BIPOLAR MOOD DISORDER
&
IMPAIEMENT

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Threshold of impairment unacceptable for job performance (= Disability)

DEGREE OF IMPAIRMENT

+ 

SEVERITY OF PSYCHIATRIC DISORDER

0

+ 

Labourer

Teacher

Director, GP etc

Pilot, surgeon

Alzheimer's Disease

Chronic Psychotic Disorder (schizophrenia etc)

Bipolar Mood Disorder

Major Depression

Dysthymia

Dysthymia

Threshold of impairment unacceptable for job performance (= Disability)
DIFFICULTIES WITH PSYCHIATRIC DIAGNOSES

• There are few to no objective tests to verify diagnoses

• Disorders generally lie on a continuum
  – Diagnosis not always reliable between clinicians
  – Severity often a judgement call

• Often have to rely on patients’ honesty in reporting some symptoms (they use the internet), and collateral information may be unavailable or unreliable (eg. Families collude)

• Few clinicians assess impairment separately, and assume that the diagnosis plus assurance of severity equals impairment
DSM 5

• Bipolar 1
  – At least 1 episode of mania

• Bipolar 2
  – Hypomania and major depressive episode (past/current)

• Cyclothymic Disorder
  – For 2 years symptoms of hypomania+depression that do not meet full criteria, and has not been symptom free for <2 months

• Substance/Medication-Induced Bipolar & Related Disorder
  – Disturbed mood due to intoxication or withdrawal from a substance

• Bipolar & Related Disorder due to another Medical Condition

• Unspecified Bipolar and Related Disorder
  – Has significant distress or impairment in social, occupational or other areas but do not meet full criteria for bipolar disorder
MANIC EPISODE

A. Distinct period of abnormally elevated, expansive, or irritable mood & abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week, most of the day etc.

B. 3 (or 4) of following
1. Inflated self esteem / grandiosity
2. Decreased need for sleep
3. More talkative / pressure to keep talking
4. Flight of ideas
5. Distractibility
6. Increase in goal-directed activity
7. Excessive involvement in activities that have high potential for painful consequences

C. Causes marked impairment or necessitates hospitalisation, or has psychotic symptoms

D. Not attributable to physiological effects of a substance, medication or medical condition
HYPOMANIC EPISODE

A. Distinct period of abnormally elevated, expansive, or irritable mood & abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week, most of the day etc.

B. 3 (or 4) of following
   1. Inflated self esteem / grandiosity
   2. Decreased need for sleep
   3. More talkative / pressure to keep talking
   4. Flight of ideas
   5. Distractibility
   6. Increase in goal-directed activity
   7. Excessive involvement in activities that have high potential for painful consequences

C. Unequivocal change in functioning that is uncharacteristic of the individual

D. Disturbance in mood and change in functioning are observable by others

E. Not severe enough to cause marked impairment in functioning or to necessitate hospitalization. (If psychosis then is, by definition, manic)
COURSE OF ILLNESS

• Tend to be recurrent
  — First episode of mania, on treatment, will be followed by a 60-80% relapse within 5 years
  — Mania can take weeks to months to resolve completely
  — During inter-episode periods should function well, but if disorder becomes progressively severe can be cognitively impaired even when in remission
  — Ultimately can be become ‘rapid cyclers’, i.e. More than 4 episodes of mood disturbance/year (when durations of periods of reasonable functioning lessen)

• Bipolar 2 have high recurrence of depressive episodes and can have very poor prognosis
Determination of Severity

- Number of symptom clusters
  - Mild (2)—Moderate (3)—Severe (>4)
- Duration of symptoms
- Presence of psychotic symptoms
- Poor response to standard medications at optimal doses
- Catatonia
- Need for hospitalisation
  - Need for special measures, such as seclusion, special nursing, ECT, high doses of sedation etc
  - Followed by longer periods of rehabilitation
- Comorbid disorders: esp medical illness, substance abuse etc
- ?Family history
Determination of Impairment

• Cognitive impairment
• Activities of Daily Living
  – Basic
  – Complex (compare to demands of person’s job)
• WHODAS 2.0
  – 36 item self administered questionnaire
  – Not very useful for people who have an investment in being ill
• Deemed permanent only if treatment-resistant (optimal treatment over ±2 years has failed)
• In truth there is generally always some intervention(s) that can be tried
CONCLUSION

- Impairment is the result of the clinical assessment of loss of functioning due to the severity of a psychiatric disorder, which is then aligned with the functional demands of the person’s job.
- Bipolar Disorder is now a collection of disorders, mostly characterised by the occurrence of manic/hypomanic episodes that may alternate with depressive episodes.
- Bipolar Disorder is not necessarily associated with long term significant impairment, but can be disabling during acute episodes.