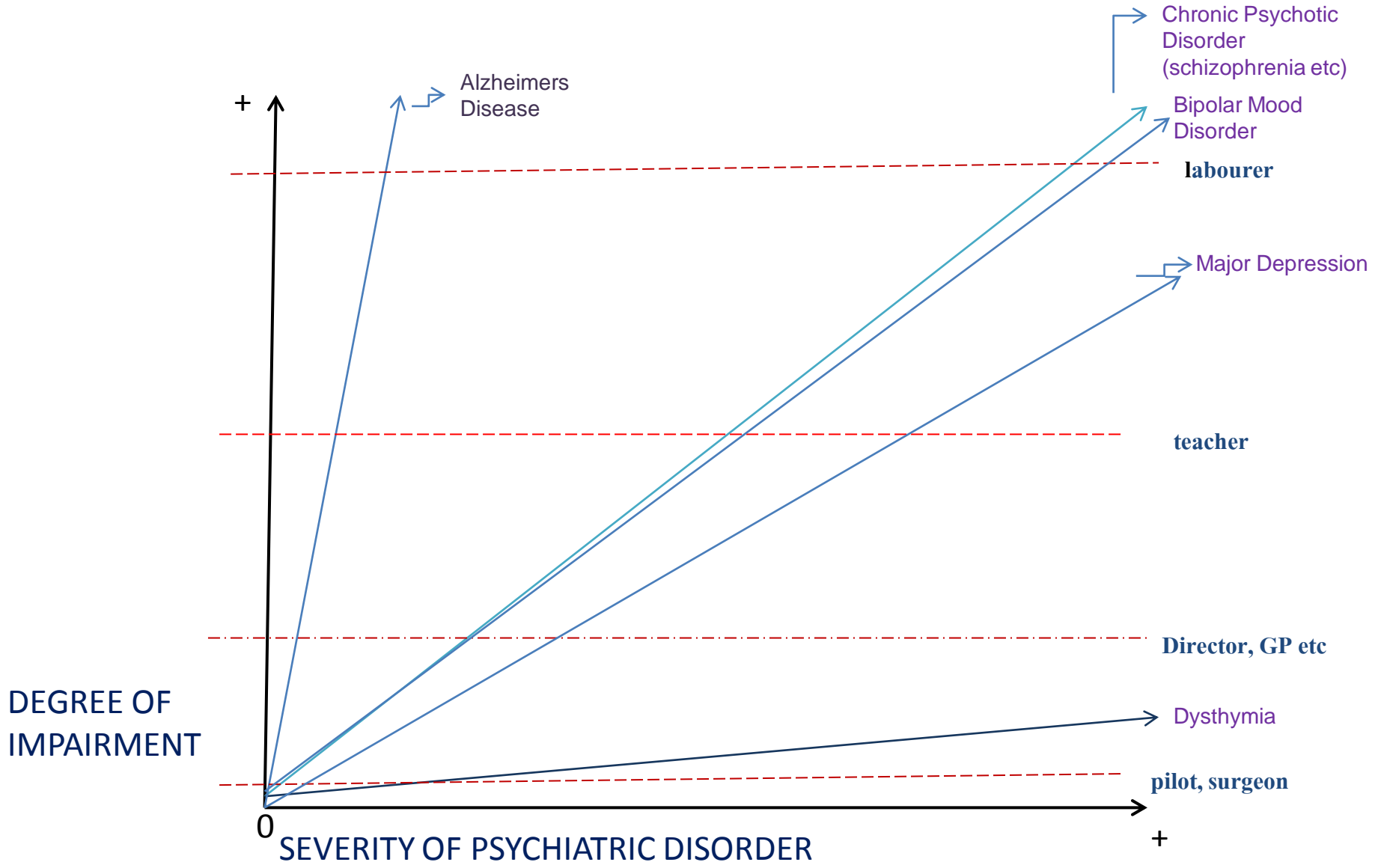


BIPOLAR MOOD DISORDER & IMPAIRMENT

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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 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