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THE ROLLER-COASTER OF BIPOLAR DISORDER

Sadie is a 25-year-old student at university in Gauteng. She hasn't managed to complete her studies in the allocated time and now, her father is refusing to pay for her studies any further. Moreover, her head is still bursting at 16h00 in the afternoon after last night's party. She thinks she slept with John, the hunky B.Eng student. Her GP's receptionist phoned her today with her blood results from last week and she has contracted a nasty STD. "Hopefully I will never hear from him again," she thinks. "But, ugggh," she sighs and thinks if she does, she's going to have to tell him! Sadie has had several sexual partners on her nights out. She has no regard for decorum. "If I like a

guy, I want him and if I want him, I get him," is her motto.

Mandy, her roommate is admiring the shopping lying all over the floor and cannot thank her enough for the beautiful bracelet Sadie bought her. Sadie went on a post-exam-spending-spree of all spending sprees. How on earth, is she going to explain this one to her dad? He has just curbed her spending on her credit card.

"**JUST GO AWAY,**" she snarled at Mandy. Mandy is just not getting it, Sadie feels Mandy is 'so in her face'. Mandy retreated hurt to her side of the room and cannot understand Sadie's sudden change of mood.

COMMON BIPOLAR TRIGGERS

The above is a typical scenario in the life of someone with Bipolar I

Disorder. Bipolar Mood Disorders are divided into two different types, namely Bipolar I Disorder (the classic manic-depressive type mood disorder) and Bipolar II Disorder. In short, the bipolar moods are characterised by two very different mood sets, one epitomised by manic behaviour and the other, a depressed mood for some time, to the extent that it has an impact on the patient's social, financial, economic and/or academic life. Sometimes this cycle takes weeks or months to repeat and sometimes it happens within a day (rapid cycling).

The manic episode consists of elevated, increased, expansive or irritated mood and/or an increase in energy to the extent that it exhausts one. Together with the above, there can be other symptoms, such as:

- Inflated self-esteem or grandiosity, thinking one is very important and exhibiting excessive optimism.
- A decrease in the need for sleep
- Being more talkative
- Racing thoughts or paying attention to unimportant issues, such as cleaning or ordering.
- Being easily distracted and not being able to pay attention.
- Increase in goal-directed activity

MOOD SWINGS

- Excessive involvement in activities that can be harmful, such as increased spending, sexual indiscretions or foolish business ideas.

The depressive episode is characterised by either a depressed mood OR a loss of interest or pleasure, as well as the following:

- The depression must last for most of the day.
- Loss of interest in activities that used to be pleasurable.
- Weight loss
- Too much or too little sleep
- Feeling restless to the extent that other people notice it
- Feeling tired or loss of energy
- Feeling worthless or unnecessary guilt
- An inability to think straight, concentrate or not being able to make up one's mind
- Thinking about death without actually doing anything about it.

RED FLAGS FOR BIPOLAR DIAGNOSIS:

- If recently divorced or separated
- If someone in the family has been diagnosed with bipolar disorder
- If there is one manic episode, the chances that it will reoccur are higher
- Females are more likely to experience rapid cycling bipolar
- People with bipolar are 15 times more likely to think or complete a suicide

BIPOLAR MOOD DISORDERS CAN BE TRIGGERED BY:

- Very stressful life events (or even positive). Sadie was faced with not having passed her exams again.
- Disrupted sleep patterns, as in studying all night or even partying all night. Sadie can either sleep less and less or even sleep for days on end.
- If routine is disrupted, it can also be triggered by a mood shift. Sadie has been very good attending class all semester, but with exams, not getting up at her usual time and studying until late at night and not getting enough sleep she becomes very irritable.
- Excessive external stimulation. Sadie's room is a mess with the shopping all over the floor. Her room is cluttered which leads



to her being distracted and not concentrating.

- Sadie is hyped up from all the caffeine she drinks that she's unable to think straight. Stimulants play a big role in overstimulating and exciting clients. Sadie also still has a hangover from the night before.
- Very often conflict and stressful interaction with people can lead to a manic or depressive episode. Sadie's father is refusing to pay for her continued studies which are leading to conflict in Sadie's life.

THERE ARE CERTAIN MEDICAL CONDITIONS THAT CAN MIMIC BIPOLAR MOOD DISORDER, SUCH AS:

- Attention Deficit Disorder
- Substance abuse, such as street

drugs and alcohol.

- Thyroid, hormone and pituitary glands
- Schizophrenia and Schizoaffective Disorders
- Cerebral vascular accidents (strokes)
- Premenstrual Dysphoric Disorder, approximately a week before your periods a severe form of premenstrual syndrome affects some women.
- Lupus; Lyme's disease, brain or head trauma; multiple sclerosis and neurosyphili

What can one do for Sadie? If Sadie knew what her triggers were, she would be able to keep her stress in check. One of the biggest hurdles is to get a diagnosis and knowing oneself:

- Set manageable goals
- Know what sets the person off.
- Keep a diary of episodes and check what preceded it and identify stressors.
- See what makes their mood worse
- Take regular medication and have regular sleeping patterns
- Maintain a basic routine which includes an exercise regime.
- Keep a check on external stimulations
- Stick to a healthy diet, as well as finding ways to relax. **MHM**

References available on request

