

Spotlight on ... Bipolar Disorder

A NEWSBRIEF OF THE ENTERTAINMENT INDUSTRIES COUNCIL, INC.

No. 27

In This Issue:

- What is Bipolar Disorder, Anyway?
- So It's Not Really Depression?
- What Are the Symptoms?
- Diagnosis: Manic Depression
- Treatment for BPD
- A Long-Term Illness That Can Be Effectively Treated
- Onscreen Treatment of Bipolar Disorder

Editor in Chief:
Brian Dyak

Editors:
Marie Gallo Dyak
Larry Deutchman
David Michael Conner

Writers:
Jane Kim
Holly Bergman

Design & Production:
Output Printing

This issue of *Spotlight on...* deals with **bipolar disorder** (BPD), also called **manic depression**. We will look at what BPD is, why it is so often confused with **major depression** and **schizophrenia**, and how it is diagnosed and treated. *Spotlight on...Bipolar Disorder* is a resource for entertainment industry professionals—writers, producers, directors, performers and others who have an interest in realistic, accurate portrayals of health and social issues—the things that concern individuals and communities alike.

If, after reading this issue of *Spotlight on...*, you have any questions about bipolar disorder or any other health-related issue, contact EIC's *First Draft* service, and we will connect you with an expert who can tell you everything you need to know within 24 hours. *First Draft's* services can be accessed by calling (818) 333-5001. There is no charge for *First Draft*.



What is Bipolar Disorder, Anyway?

BPD involves periods of depression but also periods of mania. Manic episodes can include excessive energy, inappropriately elevated moods and/or risky behavior. It is also probably the most commonly misunderstood and, therefore, misdiagnosed mental illness.

So It's Not Really Depression?

 Since treatments for depression and bipolar disorder/manic depression are different, consider depicting how misdiagnosis can exacerbate symptoms.

Major depressive disorder—many of us refer to it as “depression”—and bipolar disorder have many symptoms in common. However, they are **two different conditions that require different treatments**. Many people being treated for depression are actually dealing with bipolar disorder—and may be misdiagnosed, because they haven't recognized the symptoms. In fact, one study showed many patients with bipolar disorder initially received an incorrect diagnosis of depression.¹

What Are the Symptoms?

Bipolar disorder causes dramatic mood swings—from overly “high” and/or irritable to sad and hopeless, and then back again, often with periods of normal mood in between. Severe changes in energy and behavior go along with these changes in mood. The periods of highs and lows are called **episodes** of mania and depression.

Signs and symptoms of *mania* (or a *manic episode*) include:

- Increased energy, activity, and restlessness
- Excessively “high,” overly good, euphoric mood
- Extreme irritability
- Racing thoughts and talking very fast, jumping
- Distractibility, can't concentrate well
- Little sleep needed
- Unrealistic beliefs in one's abilities and powers from one idea to another

Continues on next page

¹ www.isitreallydepression.com



- Poor judgment
- A lasting period of behavior that is different from usual
- Abuse of drugs, particularly cocaine, alcohol, and sleeping medications
- Spending sprees
- Increased sexual drive
- Provocative, intrusive, or aggressive behavior
- Denial that anything is wrong

A manic episode is diagnosed if elevated mood occurs with three or more of the other symptoms most of the day, nearly every day, for 1 week or longer. If the mood is irritable, four additional symptoms must be present.

Signs and symptoms of a *depressive episode* include:

- Lasting sad, anxious, or empty mood
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in activities once enjoyed, including sex
- Difficulty concentrating, remembering, making decisions
- Chronic pain or other persistent bodily symptoms that are not caused by physical illness or injury
- Feelings of hopelessness or pessimism
- Restlessness or irritability
- Sleeping too much, or can't sleep
- Decreased energy, a feeling of fatigue or of being "slowed down"
- Change in appetite and/or unintended weight loss or gain
- Thoughts of death or suicide, or suicide attempts

A depressive episode is diagnosed if five or more of these symptoms last most of the day, nearly every day, for a period of 2 weeks or longer.

Diagnosis: Bipolar Disorder

Like other mental illnesses, bipolar disorder cannot yet be identified physiologically—for example, through a blood test or a brain scan. Therefore, a diagnosis of bipolar disorder is made on the basis of symptoms, course of illness, and, when available, family history. The diagnostic criteria for bipolar disorder are described in the *Diagnostic and Statistical Manual for Mental Disorders, fourth edition (DSM-IV)*.

Descriptions offered by people with bipolar disorder give valuable insights into the various mood states associated with the illness:

Depression: I doubt completely my ability to do anything well. It seems as though my mind has slowed down and burned out to the point of being virtually useless.... [I am] haunt[ed]... with the total, the desperate hopelessness of it all.... Others say, "It's only temporary, it will pass, you will get over it," but of course they haven't any idea of how I feel, although they are certain they do. If I can't feel, move, think or care, then what on earth is the point?

Hypomania: At first when I'm high, it's tremendous... ideas are fast... like shooting stars you follow until brighter ones appear.... All shyness disappears, the right words and gestures are suddenly there... uninteresting people, things become intensely interesting. Sensuality is pervasive, the desire to seduce and be seduced is irresistible. Your marrow is infused with unbelievable feelings of ease, power, well being, omnipotence, euphoria... you can do anything... but, somewhere this changes.



Consider showing how a person with bipolar disorder *may put his or herself in great danger* during manic episodes. Such dangers could include unprotected sex, drug use, injection drug use, reckless driving, overspending, etc.

Mania: The fast ideas become too fast and there are far too many... overwhelming confusion replaces clarity... you stop keeping up with it—memory goes. Infectious humor ceases to amuse. Your friends become frightened.... everything is now against the grain... you are irritable, angry, frightened, uncontrollable, and trapped.

Treatment for BPD

Research has shown that people with bipolar disorder are at risk of switching into mania or hypomania, or of developing rapid cycling, during treatment with antidepressant medication. Therefore, "mood-stabilizing" medications generally are required, alone or in combination with antidepressants, to protect people with bipolar disorder from this switch. Lithium and valproate are the most commonly used mood-stabilizing drugs today. Other alternatives include atypical antipsychotic. Doctors and patients should discuss treatment options together based on safety, efficacy, and tolerability. However, research studies continue to evaluate the potential mood-stabilizing effects of newer medications.

- If insomnia is a problem, a high-potency medication may be helpful to promote better sleep. However, since these medications may be habit-forming, they are best prescribed on a short-term basis.
- Changes to the treatment plan may be needed at various times during the course of bipolar disorder to manage the illness most effectively. A psychiatrist should guide any changes in type or dose of medication.
- Anyone with symptoms of bipolar disorder should be sure to tell a psychiatrist about all other prescription drugs, over-the-counter medications, or natural supplements he or she may be taking. This is important because certain medications and supplements taken together may cause adverse reactions.
- To reduce the chance of relapse or of developing a new episode, it is important to stick to the treatment plan. Try to show characters consulting a doctor if they have any concerns about the medications.

Thyroid Function

People with bipolar disorder often have abnormal thyroid gland function. Because too much or too little thyroid hormone alone can lead to mood and energy changes, it is important that thyroid levels are carefully monitored by a physician.

People with rapid cycling tend to have co-occurring thyroid problems and may need to take thyroid pills in addition to their medications for bipolar disorder. Also, lithium treatment may cause low thyroid levels in some people, resulting in the need for thyroid supplementation.

Medication Side Effects

Before starting a new medication for bipolar disorder, a person should talk with his or her psychiatrist and/or pharmacist about possible side effects. Depending on the medication, side effects may include weight gain, nausea, tremor, reduced sexual drive or performance, anxiety, hair loss, movement problems, or dry mouth. The doctor should be told about all side effects noticed during treatment. He or she may be able to change the dose or offer a different medication to relieve them. Medication should not be changed or stopped without the psychiatrist's guidance.

Psychosocial Treatments

As an addition to medication, psychosocial treatments—including certain forms of psychotherapy (or “talk” therapy)—are helpful in providing support, education, and guidance to people with bipolar disorder and their families. Studies have shown that psychosocial interventions can lead to increased mood stability, fewer hospitalizations, and improved day-to-day functioning. A licensed psychologist, social worker, or counselor typically provides these therapies and often works together with the psychiatrist to monitor a patient's progress. The number, frequency, and type of sessions are based on the treatment needs of each person.

Interventions

Psychosocial interventions commonly used for bipolar disorder are cognitive behavioral therapy, psychoeducation, family therapy, and a newer technique, interpersonal and social rhythm therapy. NIMH researchers are studying how these interventions compare to one another when added to medication treatment for bipolar disorder.

- Cognitive behavioral therapy helps people with bipolar disorder learn to change inappropriate or negative thought patterns and behaviors associated with the illness.
- Psychoeducation involves teaching people with bipolar disorder about the illness and its treatment, and how to recognize signs of relapse so that early intervention can be sought before a full-blown illness episode occurs. Psychoeducation also may be helpful for family members.
- Family therapy uses strategies to reduce the level of distress within the family that may either contribute to or result from the ill person's symptoms.
- Interpersonal and social rhythm therapy helps people with bipolar disorder both to improve interpersonal relationships and to regularize their daily routines. Regular daily routines and sleep schedules may help protect against manic episodes.
- As with medication, it is important to follow the treatment plan for any psychosocial intervention to achieve the greatest benefit.

Other Treatment Considerations

• In situations where medication, psychosocial treatment, and the combination of these interventions prove ineffective, or work too slowly to relieve severe symptoms such as psychosis or suicidal tendencies, electroconvulsive therapy (ECT) may be considered. ECT may also be considered to treat acute episodes when medical conditions, including pregnancy, make the use of medications too risky. ECT is a highly effective treatment for severe depressive, manic, and/or mixed episodes. The possibility of long-lasting memory problems, although a concern in the past, has been significantly reduced with modern ECT techniques. However, the potential benefits and risks of ECT, and of available alternative interventions, should be carefully reviewed and discussed with individuals considering this treatment and, where appropriate, with family or friends.

• Herbal or natural supplements, such as St. John's wort (*Hypericum perforatum*), have not been well studied, and little is known about their effects on bipolar disorder. Because the FDA does not regulate their production, different brands of these supplements can contain different amounts of active ingredient. **Before trying herbal or natural supplements, it is important to discuss them with your doctor. There is evidence that St. John's wort can reduce the effectiveness of certain medications. In addition, like prescription antidepressants, St. John's wort may cause a switch into mania in some individuals with bipolar disorder, especially if no mood stabilizer is being taken.**

• Omega-3 fatty acids found in fish oil are being studied to determine their usefulness, alone and when added to conventional medications, for long-term treatment of bipolar disorder.



EIC East

1760 Reston Parkway
Suite 415
Reston, VA 20190-3303
v. (703)481-1414
f. (703)481-1418
eiceast@eiconline.org

EIC West

2600 West Olive St.
Suite 574
Burbank, CA 91505
v. (818) 333-5001
f. (818) 333-5005
eicwest@eiconline.org

A Long-Term Illness That Can Be Effectively Treated

Even though episodes of mania and depression naturally come and go, it is important to understand that bipolar disorder is a long-term illness that currently has no cure. Staying on treatment, even during well times, can help keep the disease under control and reduce the chance of having recurrent, worsening episodes.

Onscreen Treatment of Bipolar Disorder

 Try to keep in mind that bipolar disorder, depression, schizophrenia and other mental illnesses have strong stigma associated with them, often prompting people to ignore their symptoms, putting themselves in danger. Think about ways to show how stigma associated with mental illnesses can cause people to suffer more than is necessary, and how treatment by knowledgeable experts can relieve many of the symptoms of most mental illnesses.

 People with family histories of bipolar disorder are at a greater risk of suffering from the illness. Consider showing how families can be affected, including the person or people suffering from the disorder and those who do not.

 People across all gender, ethnic and socioeconomic lines are at risk for bipolar disorder. Yet, people in specific populations, especially those in lower economic groups or immigrants who may not understand English-language health news, are less likely to seek treatment because they may not know it is available to them. If you are showing characters included in one of these groups, consider showing how they might deal with their health problems, and how treatments are available.

 As with the treatment of any illness, it is imperative that people undergoing treatment for bipolar disorder adhere to medication schedules and dosing regulations and consult their doctors and pharmacists to check for potential allergies and harmful drug interactions. Also try to show how support of family and loved ones improves treatment and reduces stigma associated with bipolarity and other mental illnesses.

 Clearly, BPD is a complicated medical issue, which makes it even more challenging to portray accurately in the half hour, hour or two that entertainment productions typically have to work with. But there are some things that we can keep in mind to make onscreen depictions as realistic as possible, and potentially even more engaging.