

# Weathering the Extremes of Bipolar Disorder

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Many people feel sluggish and down during the gray, cold months of winter but when spring begins, the whole world seems to burst with energy and life and moods seem to magically improve. However, for the 2 million American adults living with bipolar disorder, the change of seasons can mean a change in behavior; the highs are much higher and the lows, much lower. New evidence has shown that the changing of the seasons may drive some of these extremes.

In a study published in April 2004 in the *Journal of Affective Disorders*, a team of scientists surveyed patients with various mood disorders, including depression and bipolar disorder. At the end of the year-long survey, it was found that individuals with bipolar disorder were much more likely to have mood fluctuations with the seasons than those from the depressed or normal populations.

While the true impact of this study is yet to be seen, it may change our understanding of bipolar disorder, and ultimately the way it is treated. Karen Shin, MD, the head researcher of the study and resident in psychiatry at the Sunnybrook and Women's College Health Sciences Centre, University of Toronto, tells us about these new findings.

## **What is bipolar disorder?**

Bipolar disorder is a type of mental illness. It's in the category of mood disorders. Patients with bipolar disorder suffer from both highs and lows in their mood. When you're high it's called a manic episode; people can feel euphoric and elated. It can lead to impairment in judgment and disruption in sleep and eating. Similarly, when people are depressed their mood drops. They feel quite down and sleeping, eating, social activities can also be disrupted.

## **What causes bipolar disorder?**

We don't know any specific causes. We know there is a genetic component; there is an element of heredity and we believe that neurotransmitters in the brain are contributory, but we don't know the fine details of what causes it.

## **What are the types of bipolar disorder?**

There is bipolar disorder type 1 and bipolar disorder type 2. For bipolar disorder type 1, patients suffer from a cluster of symptoms that together would be called a manic episode. That includes severe euphoria and elation and a severe impairment in functioning. People might become psychotic, become very grandiose and have hallucinations. They may or may not have a depressive episode.

For bipolar disorder type 2, patients have what's called a hypomanic episode; it's an elevated mood, but not to the same severity of a bipolar disorder type 1 manic episode. Also, they will have had a depressive episode sometime in their life as well.

## **What are the first signs of bipolar disorder?**

It's generally an early onset illness that usually appears in one's 20's. But it can happen across the lifespan. Someone who notices that they don't need to sleep at night, but they're still energized during the day [may have bipolar disorder.] They're not hungry. They're not bothering to eat. Family members or other people might notice that they're talking very quickly. Their thoughts might be racing and they become very distractible, these are things that you yourself might notice, but also people who know you well. People with bipolar disorder might start to feel overconfident and this is when it can lead to problems. This elation is related to the mania, like you're on top of the world and you can accomplish anything. This overconfidence can lead people to make poor decisions; start up their own business, clear out their bank account, go on shopping sprees or start gambling.

Someone with bipolar disorder might first have an episode of depression and they might be labeled as someone with a major depressive disorder. Then, say, ten years into it, they get a manic episode and then you look back and say, "Oh, actually this person is bipolar and not just depressed." Then, treatment would have to be tailored because treatment for depression is obviously different. The problem is that patients with bipolar disorder, run into manic times and depressive times, and antidepressants, which are used to treat depression, can sometimes trigger a manic episode. So it's a very careful balance in deciding what treatment is required.

### **What can trigger episodes?**

Life stresses can trigger an episode. And not taking medications will trigger an episode. Compliance can become an issue because it is a chronic illness. To prevent episodes, you need to be vigilant in taking your medications every day. It's hard for patients to continue that over decades, especially when they're feeling better. That's when you can run into some problems with people that stop medications on their own.

But also disruptions in sleep, related to things such as seasonal changes, can perhaps trigger episodes.

### **How does seasonality affect bipolar disorder?**

If you look across the general population, people might complain of differences in their mood and behaviors across the different seasons. Our study looked bipolar disorder patients and how they feel their moods and behaviors fluctuate across the changing seasons. And we found that they do experience significant difficulty. We measured their mood, sleep, social activity, weight, appetite and energy [over one year]. In our survey, bipolar disorder patients reported that these items would fluctuate according to the changing seasons. The spring and summer would be times when you're more likely to see patients with a manic episode whereas the depressive episodes are less likely during this time.

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### **Is this at all related to seasonal affective disorder?**

There is one line of thinking that it is related to seasonal affective disorder (SAD), [a condition in which people experience depression during the winter months which subsides in spring and summer] It's not known in either case what triggers the mood changes; its never been clearly described.

### **What treatments are available to people with bipolar disorder?**

Mood stabilizers are the mainstay of treatment. With a mood stabilizer you want to prevent manic episodes and depressive episodes. There are several different mood stabilizers and they all have different side effects.

Lithium, valproic acid and carbamazepine are common mood stabilizers. They require that your doctor constantly check to make sure that blood levels are proper. Lithium can cause some sedation and weight gain. It can cause dizziness and upset stomach. People might develop tremors. Valproic acid can also cause some sedation, some upset stomach.

And then a class of antipsychotic medications is also available as mood stabilizers. Often people do complain that they cause some tiredness. Sometimes people get some muscle stiffness as well.

All of these side effects would be monitored by a physician and medication adjustments made to minimize the side effects and maximize the treating potential.

### **Do you think the new information about seasonal affects on bipolar disorder might effect treatment?**

Bipolar disorder is a chronic illness with a high mortality rate; between 10 and 15 percent of patients commit suicide. This stresses the need for appropriate illness detection, care and treatment. Finding out that bipolar patients have more difficulty in certain times of the year, shows that it would be important to monitor their symptoms, sleep and activity levels [during the different seasons]. They might need a little bit more medication to stabilize them over certain period of time where things are a bit more tenuous. You might have to add medications to help them sleep a little bit more. But these are projected ideas, there is no standard method to deal with seasonal changes and bipolar disorder.