WORKING WITH BIPOLAR

WHAT EVERY CLINICIAN NEEDS TO KNOW

HARMONY PLACE MONTEREY

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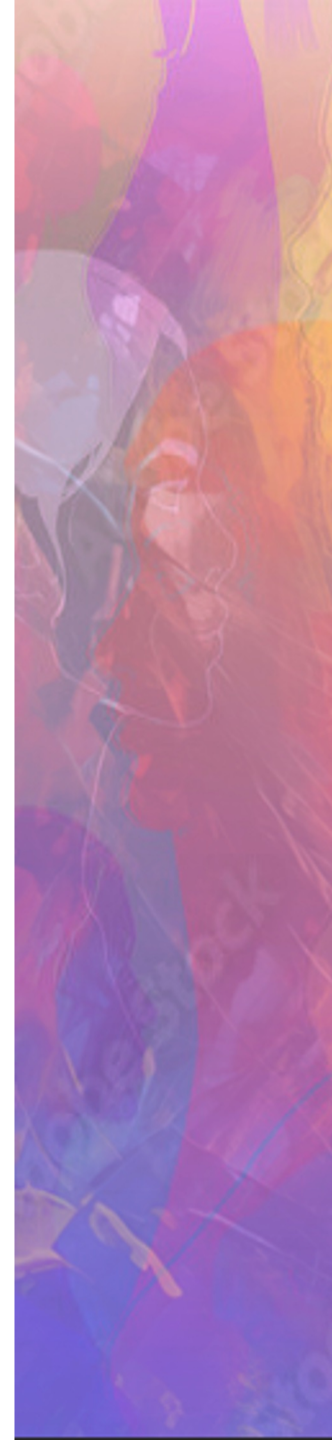
Mood Disorder Questionnaire (MDQ)

Name: ______________________ Date: ____________

Instructions: Check (☑) the answer that best applies to you.
Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	◯	◯
...you were so irritable that you shouted at people or started fights or arguments?	◯	◯
...you felt much more self-confident than usual?	◯	◯
...you got much less sleep than usual and found you didn't really miss it?	◯	◯
...you were much more talkative or spoke faster than usual?	◯	◯
...thoughts raced through your head or you couldn't slow your mind down?	◯	◯
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	◯	◯
...you had much more energy than usual?	◯	◯
...you were much more active or did many more things than usual?	◯	◯
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	◯	◯
...you were much more interested in sex than usual?	◯	◯
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	◯	◯
...spending money got you or your family in trouble?	◯	◯
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? *Please check 1 response only.*	◯	◯
3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? *Please check 1 response only.* ◯ No problem ◯ Minor problem ◯ Moderate problem ◯ Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	◯	◯
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	◯	◯



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Bipolar **Children**

- Symptoms appear abruptly and are brief and reoccurring (several times a day) with irritability, grandiosity, aggressiveness
- Often accompanied by ADHD, OCD, and recurrent depression
- Often no cycle course of symptom
- Symptoms lead distraction
- Psychomotor agitation
- Difficulty with sleep and concentration
- Poor response to antidepressants

Adolescent Bipolar

- Bipolar prepubertal is non-episodic, rapid-cycling, comorbid with ADHD and conduct disorder, with “affect storms.”
- Comorbid ADHD and Bipolar in preschooler is 95%.
- Stimulants do not worsen mania if receiving mood stabilizer.
- 40% of inpatient adolescents with Bipolar suffered substance abuse, 39% of adults with Bipolar have SA, presumably to modulate irritable and depressed moods.
- Almost all Bipolar children have elation and irritable mood concurrently. Euphoria and grandiosity with ADHD is the most common presentation.
- Areas of prefrontal cortex and limbic areas can suffer aerogenerations with prolonged, untreated Bipolar. Early interventions can change the course of the disorder.
- Screening of Bipolar might include BDNF gene, increased melatonin suppression, decreased amygdala volume, and family history.
- Each episode creates neurobiological changes that facilitate the next.
- Up to 92% of people with rapid-cycling Bipolar have thyroid dysfunction, with poorer outcome

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Seven Essential Lessons of Bipolar Disorder

1. The importance of recognizing mixed states (i.e., a combination of depressive and manic features—often agitation and aggression in hypomania or mania) cannot be overstated. Many patients quickly move from a hypomanic to a mixed state. Over half of these individuals had concurrently been misdiagnosed as Unipolar Depression. Many Bipolar patients not only lack insight into their mania but often have poor recollections of their manic episodes.
2. Bipolar Disorder has a high genetic determination, which helps the patient medicalize the problem, normalize the use of medication, and reduce the "moralization" of the illness.
3. The clinician should realize that psychological therapy involves recognizing and treating the specific episode while laying the groundwork for maintenance treatment over the long run.
4. Pharmacological treatment is typically essential for Bipolar Disorder. Although the first line of treatment generally entails Lithium, Anticonvulsants, and atypical Antipsychotics.
5. Helping the patient understand what Bipolar disorder is—and what it is not. Recognition of the prodromal signs of a manic or depressive episode. Importance of sleep, which is often predictive of the onset of mania.
6. There is considerable evidence that life events, coping skills, and family environment contribute to the expression of manic and depressive disorders.
7. Bipolar Disorder can be understood within a cognitive model. Specific patterns of manic overoptimism, and energizing, goal-oriented thinking may exacerbate manic episodes and increase risky behavior.

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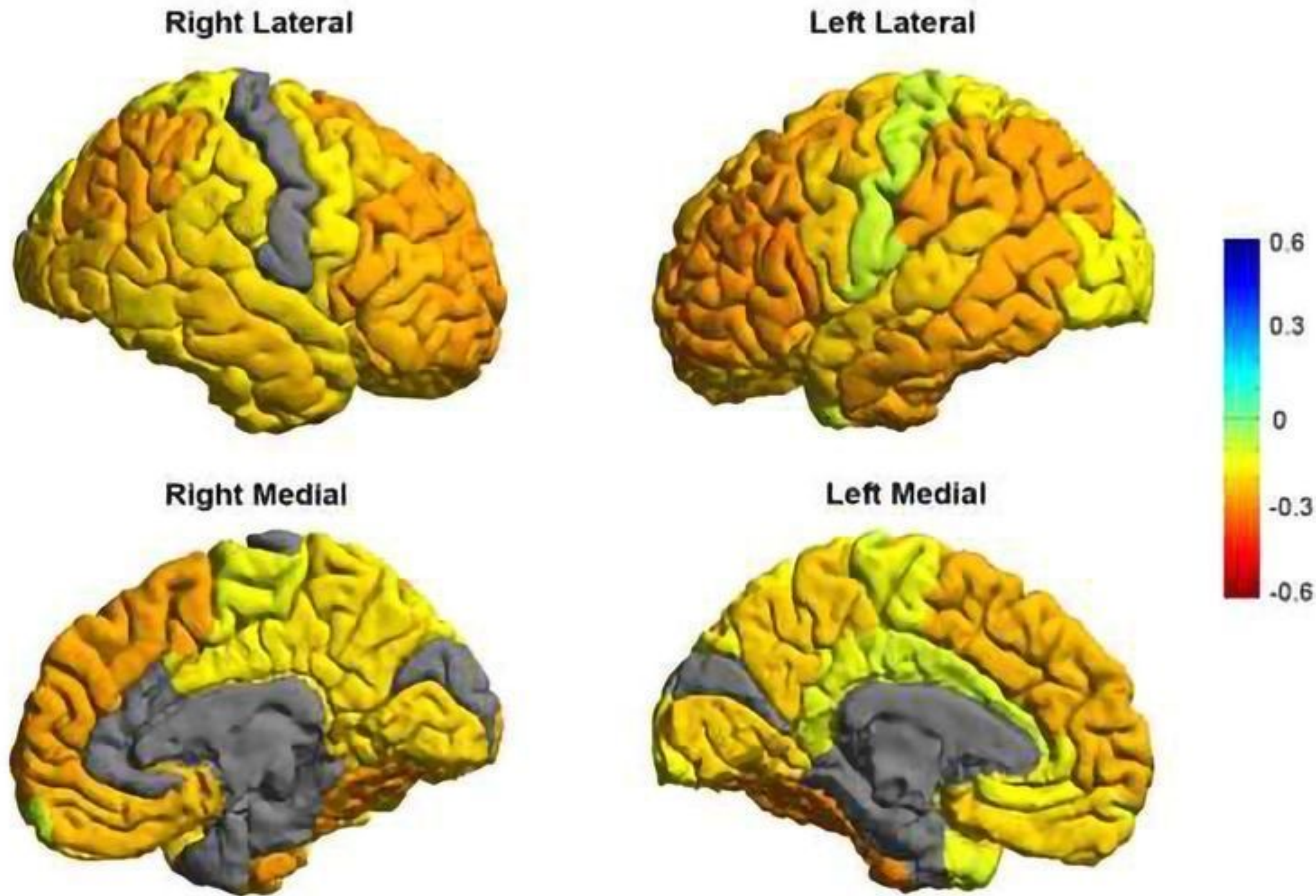

Bipolar patients tend to have gray matter reductions in the frontal brain regions involved in self-control (orange colors), while sensory and visual regions are normal (gray colors).

Image courtesy of the ENIGMA Bipolar Consortium/Derrek Hibar et al.

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Bipolar Basics

- Sleep, impulsivity, purchasing, forced speech, start many projects, grandiosity, sexuality, can't to attune others, cycling into depression, motor movements.
- Angry, irritable, suicidal, paranoid.
- Median age onset 25. 25% onset age 17.
- Mania lasts 1-4 days of elevated irritability, expansive mood for one week and depression 40% of the time. Many exceptions and "spectrum."
- Rapid cycling: Four or more episodes in a year.
- Ninety percent (90%) will have occurrences of mania without meds.
- Takes on average of eight years to get diagnosis and treatment.
- Stress causes a 4.5x greater risk of relapse.
- Sixty-one percent (61%) had alcohol or substance-abuse disorder.
- Cannabis usage triples risk of mania relapse.
- Mixed episode: Both hypomania and depression.
- Childhood adversity.

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Neurodegeneration

- Prefrontal cortex and limbic areas suffer neurodegeneration with untreated illness.
- With medication, there is repair of prefrontal cortex gray matter.

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High Heritability

Rate of mood disorders among first-degree relatives 25%.

One in four siblings, parents, or children of a person with Bipolar, will have mood disorders.

Identical twins: One in two chance the other twin will have the disorder.

Probability of passing to kids is 9%.

Bipolar II: One episode of hypomania, one episode of major depression.

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Bipolar Meds

FIVE MEDS approved for Bipolar, (80%) with acute mania response)

- Lithium
- Thorazine
- Depakote (anti-convulsant)
- Zyprexia (atypical)
- Lamictal (anti-convulsant)

- LITHIUM SIDE-EFFECTS
  - Weight gain, sedation, motor tremors, thirst.
- Depakote as effective as Lithium, with fewer side effects for depression.
- Atypical and Zyprexia are good for mania and mixed states.
- Lamictal, Bipolar depression (side effect: skin rash).

Anticonvulsants	**Atypical**	**Lithium**	**Adjunctive**
Depakote Lamictal Topamax	Zyprexia Respiridol Vrylar Seroquel Sephris Abilify Geodan		Pramipexole (antidepressant) – Improved depression by 50% Vrailar

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Bipolar Meds

Depakote as effective as Lithium with fewer side effects– depression.

Lithium – Weight gain, sedation, thirst, motor tremors.

Lithium reduced manic episode by 50% over 1-2 years and reduces risk of suicide.

Zyprexia – “atypical” though good for mania.

Lamictal – mood stabilizer for depression (skin rash).

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Bipolar Management

- Up to 60% are non-adherent with medications.
- Cannabis usage triples risk of hypomanic episodes, increases risk of 1st episode by five.
- Triggers: Chaos, change, medication nonadherence, shift-work, travel, relationship issues, stress, work, school, work, money, and/or high negativity.

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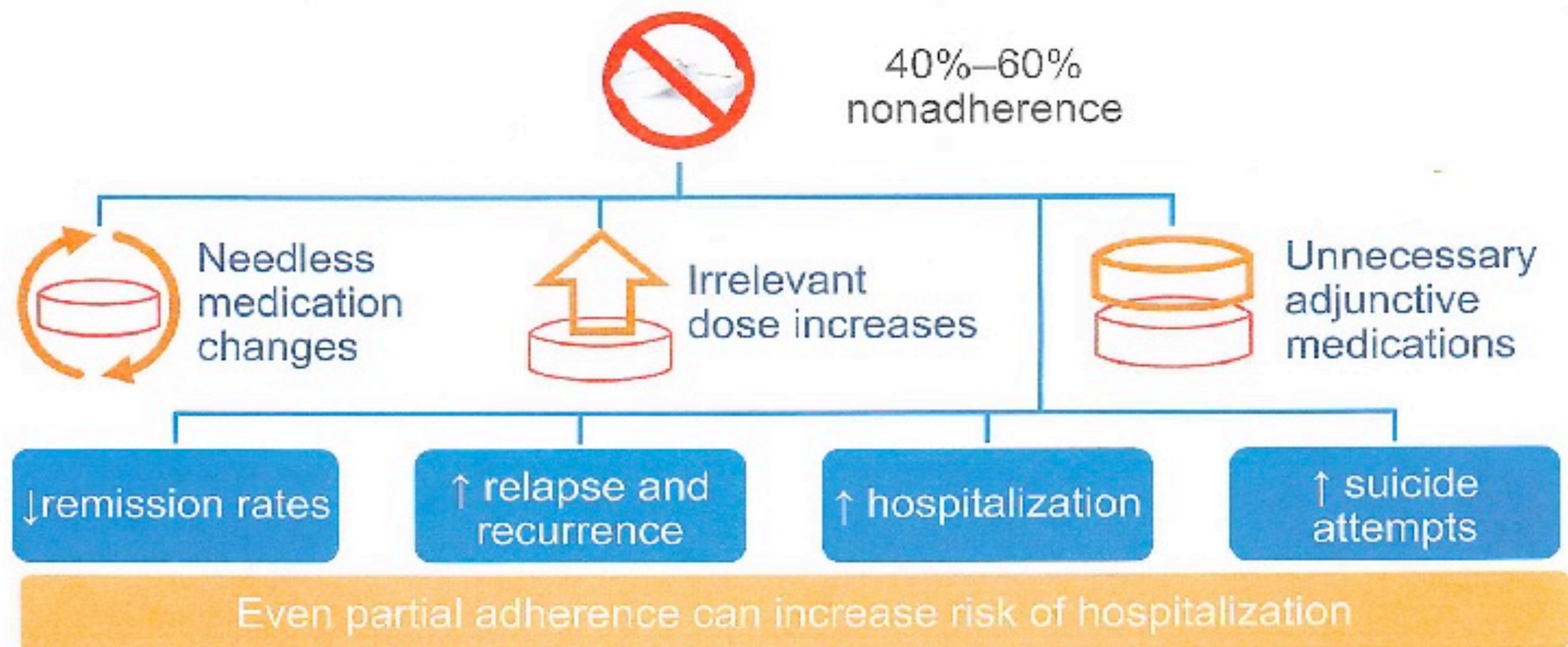

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Limitations of Mood Stabilizers

Lithium

- Narrow therapeutic index* (blood level)
- Long-term thyroid and kidney damage
- Tremor
- Weight gain
- GI issues
- Hair loss
- Rebound mania if abruptly stopped
- Stigma about use
- Benefit for mania > depression

Divalproex

- Hepatotoxicity*
- Pancreatitis*
- Very teratogenic*
- Class warning of SI
- Blood levels
- Tremor
- Weight gain
- GI issues
- Hair loss
- Sedation
- Benefit in mania

Carbamazepine

- Risk of SJS/TEN*
- Aplastic anemia, agranulocytosis*
- Class warning of SI
- Teratogenic
- Extensive drug–drug interactions
- Benefit in mania

Lamotrigine

- Risk of SJS/TEN*
- Slow titration restart if >5d missed
- Class warning of SI
- Hormonal treatment interaction
- Only prevents depression
- Found ineffective in
  - Acute mania (2/2)
  - Acute bipolar depression (3/3)
  - Rapid cycling (2/2)
  - Acute MDD (3/3)

*Boxed warning in USPI.

GI = gastrointestinal; SI = suicidal ideation; MDD = major depressive disorder; SJS/TEN = Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis.

US Food and Drug Administration. Drugs@FDA: FDA Approved Drug Products. www.accessdata.fda.gov/scripts/cder/daf/. Ghaemi SN. *Clinical Psychopharmacology: Principles and Practice*. Oxford University Press; 2019. Suppes T, et al. *Arch Gen Psychiatry*. 1991;48(12):1082-1088.

From Brooke Kempf, 2023

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Lithium

Myo-inositol levels

Normalizes platelet serotonergic/GABA

Decreases dopamine

Increases Acetylcholine

Reduces norepinephrine

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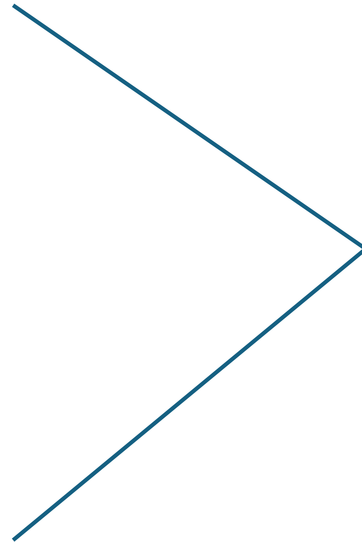
Cognitive Impairment Reduced Activation in Prefrontal Cortex

- Thinking
- Planning
- Memory
- Problem Solving



Executive Function

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Comorbidity

- **65%** have Axis 1 comorbid diagnosis, and **43%** or more have ADHD, OCD
  - Borderline Personality
  - Schizophrenia, Schizoaffective
  - Drugs & Alcohol

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Important **Things to Know** about Bipolar

- Bipolar disorder (formerly called manic-depressive illness or manic depression) is **a mental disorder that causes unusual changes in a person's mood, energy, activity levels, and ability to concentrate**. These shifts can make it difficult to carry out day-to-day tasks, sustain relationships, maintain responsibilities, or experience a sustainable sense of well-being.
- A few things to keep in mind, whether you are clinician helping those with Bipolar, or you or a family member are suffering:
    1. Many individuals are misdiagnosed for many years and given meds, such as SSRIs, without a mood stabilizer, which can make Bipolar worse.
    2. Medication management includes mood stabilizers, atypical antipsychotics, and antidepressants.
    3. Many clients have comorbidities of ADHD, OCD, and PTSD, as well as substance abuse and other addictions, which may potentially require a different treatment.
    4. Behavioral management and mood management can decrease number, frequency, and intensity of episodes, which can slow disease progression.
    5. The most common cycle is a period of depression lasting two weeks, and mania — hypomanic episodes, lasting seven days or more.
    6. Rapid Cycling means four or more mood episodes in a year. Rapid Cycling is also less responsive to Lithium.
    7. Mood episodes are triggered by any type of stress, sleep disruptions, substance abuse, seasonal changes, and medication inconsistencies.
    8. Behavioral management includes routine management, sleep routines, avoidance of substances, mood charts, meditation skills, early monitoring, relationship support, and creative pursuits.
    9. In 70% of episodes, irritability is most common.
    10. Bipolar Spectrum includes subtypes that are variants of the disorder, such as the number of days of hypomania or early age.

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Important **Things to Know** about Bipolar

11. It's a good idea for the client to have friends to reflect back with, so they can share what they see and notice.
12. It's a good idea to have a psychiatrist available to jump on Zoom with the client for crisis situations.
13. It's a known fact that people sit in depression too long when treatment is available. Don't suffer alone.
14. The way the client structures their working life is often critical to maintaining symptoms reduction.
15. Bipolar in childhood includes extreme highs and lows in energy and mood, with a propensity for ADHD, conduct disorders, academic struggles, and difficulties at school. Happiness tends to be followed by irritability — this is a common pattern. Diagnosis is usually from ages 15–24, but is increasingly diagnosed in younger teens, even children.
16. Some data suggests that early diagnosis and treatment can decrease the progression of the illness, and it can actually reverse changes in the gray matter of the brain's frontal lobe.
17. Clients need to stick to their treatment plan. Encourage them to not skip psychotherapy sessions. And even if they're feeling well, still continue to take medication as prescribed.
18. Learn about Bipolar Disorder. Empower your clients and have them empower themselves by learning about the condition.
19. Pay attention to the warning signs. Find out what triggers episodes. Make a plan so that you know what to do if your clients symptoms get worse. Help your clients make a plan so they know what to do if their symptoms get worse. Have your clients contact their doctor or therapist if they notice any changes. Have them ask friends or family to watch out for their warning signs and be there as a support system.
20. Get exercise. Physical activity reduces symptoms of depression. Consider walking, jogging, swimming, gardening, or any other physical activity.
21. Avoid alcohol and illicit drugs. It may seem like they lessen symptoms, but in the long run, the symptoms generally get worse and may make your condition harder to treat.
22. Get plenty of sleep. This is especially important. If you're having trouble sleeping, talk to your doctor about what you can do.

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Typical Cognitive Therapy Interventions

General Coping Strategies

Education and increasing knowledge
- Discussing symptoms, effect on lifestyle
- Information about treatments and outcome
- Encouraging questions, providing information

Self-regulation
- Sleep, eating, exercise routines
- Structured daily diary

Self-monitoring
- Mood, thoughts, behaviors
- Changes in symptoms with events or treatments

Adherence Management
- Assume patient will not always adhere to medication regime
- Explore fears, attitudes and thoughts
- Discuss advantages and disadvantages
- Identify factors that increase or decrease risk of non-adherence

Relapse Prevention

Identifying and Modifying Dysfunctional Beliefs
- Stressful events (specific personal meaning)
- High-risk behaviors (alcohol, drug use)
- Relapse 'signature': identify two or three symptoms that are early-warning signs of relapse (avoid using mood, as misattributed as health)
- Identify three components: depression-specific, mania-specific and idiosyncratic
- Determine action plans, e.g. increasing self-regulation and self-monitoring
- Identify and modify core beliefs

Crisis Management
- Hierarchy of coping: stepwise action plan
- Avoidance of major decisions
- Prior agreements for action with family and clinicians

From JAN SCOTT, 2024

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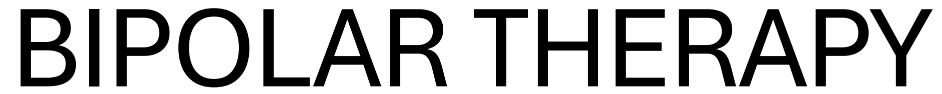

- Stabilize daily routine, sleep-wake cycles, mindfulness meditation, support network
- Diffusion technique
- Monitor symptoms
  - Sleeplessness, suicidality, appetite, irritability, pessimism, isolation, purchases, impulsiveness, sadness, stress, grandiosity, speech, sexuality, starting tasks.
- Family Support
- Lifestyle Change
- Mindfulness Therapy (positivity)
- Sleep deprivation, traveling
- Relationship changes

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WEEKLY MOOD TRACKER

Current Mediations & Adherence:

Hypomanic Symptoms:
- Sleeping
- Eating
- Impulsivity
- Irritability

Depressive Symptoms:
- Crying
- Sad thoughts
- Can't concentrate
- Loss of interest

Stress:

"Hot" Self-Talk:

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Diffusion Practice:

Relational Stuff:

Pleasant Activities:

Weekly Goals:

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Bipolar: **Working a Program**

1) **Lifestyle changes you want to make:** ______________________________

2) **Meds & Dosages:** ______________________________
   - Mood Stabilizer:______________________________
   - Antidepressants:______________________________
   - Atypical:______________________________
   - Anti-Anxiety:______________________________
   - Attention Deficit/OCD:______________________________

3) List of Manic Symptoms: (Circle one)

A. Energy Change: YES or NO Example: ______________________________

B. Sleep Problems: YES or NO Example:______________________________

C. Impulsive Behavior: YES or NO Example:______________________________

D. Self-Destructive Behavior: YES or NO Example:______________________________

E. Grandiosity: YES or NO Example: ______________________________

F. Addictive Behavior: YES or NO Example: ______________________________

G. Self-Confidence: YES or NO Example: ______________________________

H. Increase Sex: YES or NO Example: ______________________________

4) Depressive Symptoms: (Circle One)

A. Suicidal Thoughts: YES or NO Example: ______________________________

B. Irritability: YES or NO Example: ______________________________

C. Sadness: YES or NO Example: ______________________________

D. Isolation: YES or NO Example: ______________________________

E. Distractibility: YES or NO Example: ______________________________

F. Food & Appetite: YES or NO Example: ______________________________

G. Worthless Feelings: YES or NO Example:______________________________

5) Mixed Episode: (Circle One)

a. Too Fast Example: ____________________

b. Too Slow Example: ____________________

6) Triggers:

a. ______________________________

b. ______________________________

c. ______________________________

7) Doctor Visits:

a. Who? ____________ When? ____________ How Often: ____________

8) Therapist/Life Coach:

a. ______________________________

9) Co-Morbid Issue: ______________________________

10) Side Effects: ______________________________

11) Relationships: ______________________________

12) Stressors: ______________________________

13) Exercise Routines: ______________________________

14) Sleep Cycle: ______________________________

15) When do you stop meds?: ____________________

16) Getting Ready for Sleep Routine: ______________

17) Money: ______________________________

18) Pleasurable Activities: ____________________

19) Mood Chart? Daily: ____________________

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Bipolar Mood/Medication Tracker

MONTH ________________

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
MOOD	Elevated	+ 4																															
		+ 3																															
		+ 2																															
		+ 1																															
		0																															
	Depressed	− 1																															
		− 2																															
		− 3																															
		− 4																															

Hours of Sleep																															

Medications																															
Morning																															
Mid Day																															
Evening																															

Weight																															

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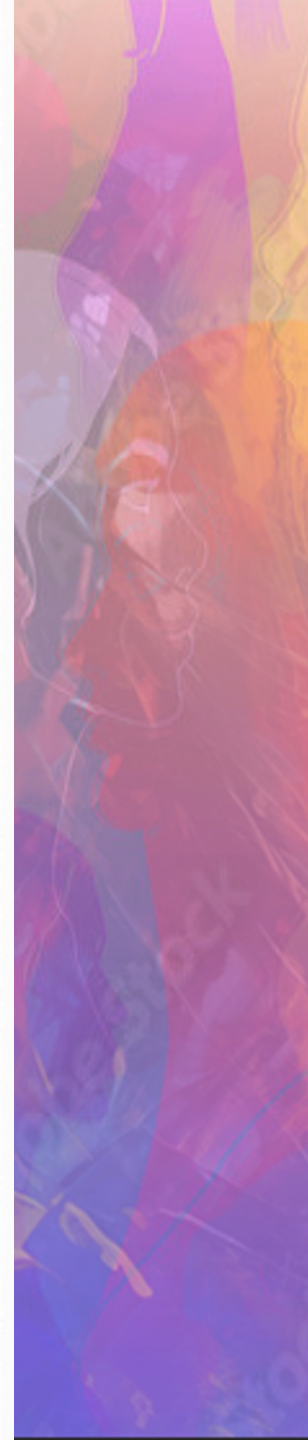

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10/2 10/3 9/30 10/1

BIPOLAR SYMPTOM TRACKER

	[illegible]	MON	TUES	WED	THURS	FRI	SAT	SUN
[illegible]	Y/N 0-5	Y 5	Y 3	Y 5	Y 5	Y 3	Y 3	Y 4
FEELING SAD OR HOPELESS	0-5	2	3	1	3	3	3	4
DIFFICULTY CONCENTRATING	0-5	1	4	2	2	3	3	4
FEELING RESTLESS	0-5	1	5	2	2	1	3	3
FEELING IRRITABLE	0-5	1	2	1	1	1	[illegible]	1
DIFFICULTY SLEEPING	0-5	0	0	0	0	0	1	0
FEELINGS OF GUILT	Y/N	Y	Y	N	N	Y	Y	N
AUDITORY OR VISUAL HALLUCINATIONS	Y/N	N	N	N	N	N	N	N
RACING THOUGHTS	0-5	Y	Y	Y	1	2	1	3
OVERSPENDING MONEY	Y/N	Y	N	N	Y	Y	N	Y
APPETITE [illegible]	0-5	1	3	3	1	3	3	1
ENERGY LEVELS	0-5	5	4	4	4	5	1	4
GRANDIOSE THOUGHTS	0-5	0	3	1	0	0	0	1
RELATIONSHIP PROBLEMS	0-5	3	2	2	4	1	4	3
SELF-DESTRUCTIVE AND/OR RISKY BEHAVIOURS	Y/N	N	Y	N	Y	Y	N	Y
SUICIDAL THOUGHTS	0-5	0	0	0	0	0	0	0
SPEAKING FAST	0/5	0	2	1	3	4	0	0
MOOD SWINGS	0-5	1	5	1	3	4	1	3
OBSESSING OVER NEW IDEAS	0-5	4	4	3	3	2	3	2
FEELING ANXIOUS / WORRYING	0-5	4	3	3	4	1	4	3
FORGETFULNESS / DISORGANISATION	0-5	1	3	3	4	4	3	3
SELF ESTEEM	0-5	4	2	3	3	5	2	4
SELF-CARE ACTIVITIES	Y/N	Y	Y	Y	Y	Y	Y	Y
ATTENDED THERAPY	Y/N	N	N	N	therapist N cancelled	N	N	N
SOCIALISED	Y/N	Y	N	Y	Y	Y	Y	Y
LOGGED DIARY	Y/N	Y	Y	Y	Y	Y	Y	Y

CONTINUE TO THE NEXT PAGE

BIPOLAR SYMPTOM TRACKER

	FREQ. / SEVERITY	MON 10/2	TUES 10/3	WED	THURS 10/5	FRI 10/6	SAT 9/30	SUN 10/1
EXERCISE	MINS	30	20	1:30	20	30	—	20
FEELING CALM	0-5	4	3	4	3	2	2	3
FEELING HAPPY	0-5	5	3	4	5	5	1	3
FEELING PRODUCTIVE	0-5	5	1	4	4	4	4	3
WORK STRESS	0-5	3	0	0	0	0	3	0
MANIA	Y/N 0-5	N		N		Y 3		N
HYPOMANIA	Y/N 0-5	Y 3	Y 3	Y 2	Y 5	Y 4		Y 1
DEPRESSION	Y/N 0-5	N	N	N	N	N	Y	N
MEDICATION: Topiramate	DOSE	300mg	300mg	300mg	300mg	300mg		300mg
MEDICATION: Fluoxitene (prozac)	DOSE	20mg	20mg	20mg	20mg	20mg		20mg
MEDICATION: Prazosin	DOSE	3mg	3mg	3mg	3mg	3mg		3mg
MEDICATION: Levothyroxiene	DOSE	75mcg	75mcg	75mcg	75mcg	75mcg		75mcg
MEDICATION: trazodone	DOSE							
vitamin D3		25mcg	25mcg	25mcg	25mcg	25mcg		25mcg
Sumatriptan								

FILL IN THE CHARTS TO TRACK SYMPTOMS AND THEN PUT DETAILS AND POST POSSIBLE TRIGGERS IN THE NOTES BELOW.

10/2 Monday · Spending money when mood is up. - treated inner child. added 2 new Sewing projects. I have 3-4 projects going (guilt I haven't finished)

10/3 Tuesday - pressure to keep talking, goal directed behavior - cleaning - my desk, my room - watering plants, new project · clap [illegible]. didn't finish.

10/4 Wednesday High self esteem while drawing, racing thoughts while thinking about [illegible] [illegible], getting distracted task to task. [illegible]

10/5 Thursday Doing Art - Happy. Meetings. Feelings. Thought about Mom - Cry. Thought about Flo - Anxious + lonely. - Coda Meeting - Pressured speech. I hosted.

10/6 Friday chocolate, sugar, Hot Day, pressured speech, high self esteem. Big energy - & low low energy. Stayed out all day - spent lots of money.

9/30 Saturday loneliness - Isolation. Working on Divorce papers

10/1 Sunday - more ideas, distractability, high self esteem

HOW OFTEN DID YOU FILL OUT THIS CHART?

NOT AT ALL [ ] 1-3X PER WEEK [ ] ALMOST EVERY DAY [ ] EVERYDAY [ ]

Radical Acceptance

- Denial
- Restructure your Life
- Why Me?
- Relationships
- Isolation
- Moody
- Discussion with others
- Kids
- Contact

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Depression

- Schedule Pleasurable Activities
- Hang Around with Friends
- Diffusion
- Mindfulness | Meditation
- Get Rid of Means to Hurt Yourself
- Reasons for Living
- Educate Family
- Problem-solving

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