

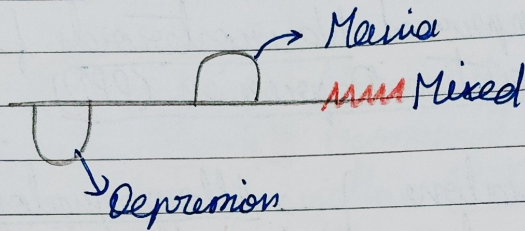
Date: _____
BIPOLAR DISORDERS

Mood Disorders

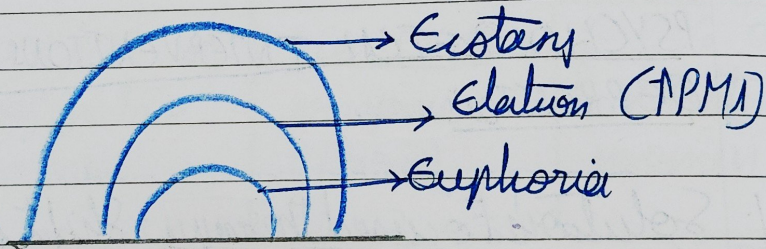
aka Affective Disorders

Mood → Long Term

Affect → Short Term (Cross Sectional)



Grades of Elevated Mood



- ① Euphoria → feeling of happiness
- ② Elation: Euphoria + ↑ PMA (Psychomotor Activity)
- ③ Ecstasy: feeling of high/bliss (due to Substance Abuse).

Bipolar
Type 1

Characteristics

- ① episodic
- ② episodic

• Mixed
& delusional

MANIA

Feeling

- ① Up
- ② ↑
- ③ ↑
- ④ ↑
- ⑤ ↑
- ⑥ ↓
- ⑦ ↓

①

25

Bipolar Disorder Type of Mood disorders

Characterised by:

- ① episodes of depression (low mood)
- ② episodes of mania/hypomania (elevated state)

• Mixed affect state: symptoms of both mania & depression

10

MANIA

Features of Mania: [DIGFAST]

- ① Distractability
- ② Impulsivity
- ③ Grandiosity
- ④ Flight of Ideas
- ⑤ Increased psychomotor Activity (\uparrow PMA)
- ⑥ \downarrow need for sleep
- ⑦ Talkativeness

Diagnosis

- ① Any 3 + elevated mood
OR
Any 4 + irritable mood } ≥ 7 days

25

MANIA v/s HYPOMANIA

	HYPOMANIA	MANIA
SEVERITY	Milder	Moderate to Severe
DURATION	≥ 4 days	≥ 7 days
PSYCHOTIC SYMPTOMS	-	+/-
ADMISSION	not required	may require admission
IDEAS	Prolivity of Speech Disordered Flight of Ideas	Flight of Ideas
SEEN IN	Bipolar <u>I & II</u>	Bipolar I
SOCIAL IMPAIRMENT	Marked Impairment	No

Types of Bipolar Disorder

BIPOLAR I	BIPOLAR II
≥ 1 episode of Mania with/without hypomania and/or depression	Episodes of hypomania & depression. Mania is never seen.
May present as: ① multiple episodes of <u>Mania</u> alone (M)	

MANIA
Moderate to Severe

7 days

require
medication

Thought of Ideas

or I

II

hypomania

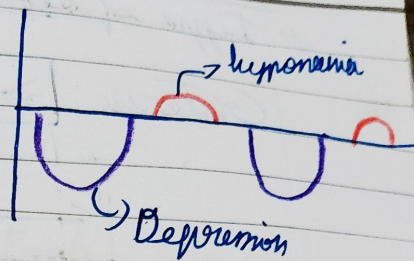
seen

BPD I

- ② episodes of mania & hypomania (M+HyM)
- ③ episodes of mania, hypomania & depression (M+Hy+D)
- ④ episodes of mania & depression (M+D)

Date:

BPD II



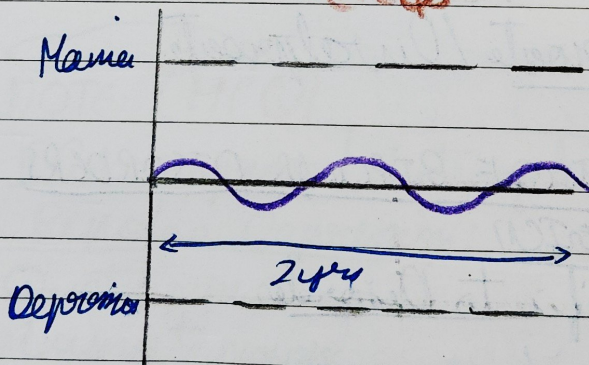
CYCLOTHYMIA

Persistent (non-episodic) mood disorder that lasts ≥ 2 years

- ~~Severe~~ Mild depression & hypomania.

DOC: Valproate / Divalproexate

4000mg

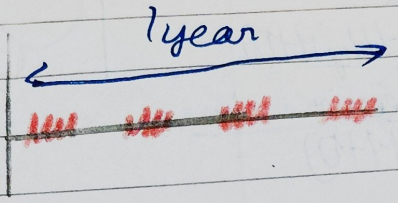


BPD	Cyclothymia
Episodic	Continuous

RAPID CYCLING DISORDER

Type of Bipolar Disorder

Criteria: ≥ 4 episodes in 1 year



Risk Factors:

- ① Female bipolar patients
- ② BPD-II
- ③ Hypothyroidism
- ④ Patients taking Anti-depressants without mood stabilizers
- ⑤ Hyperthymic personality
- ⑥ Substance Use

DOC: Valproate / Divalproate

MANAGEMENT OF BIPOLAR DISORDERS

I PHARMACOLOGICAL

Drugs Specific to Disorder

- ① Irrespective of Mood
 - a) Lithium
 - b) Electroconvulsive Therapy (ECT) in severe/ suicidal cases

- Date: _____
- ② Mania
- a) Valproate
 - b) Carbamazepine
 - c) Anti-psychotics

③ Acute Mania

- a) DOC: (Antipsychotics) (Fast-acting, well-tolerated)
 - b) Benzodiazepines → in agitated patients and to improve sleep
- ④ Depression

④ Depression

- a) Lamotrigine
- b) Anti-depressants under cover of Mood Stabilizers

15

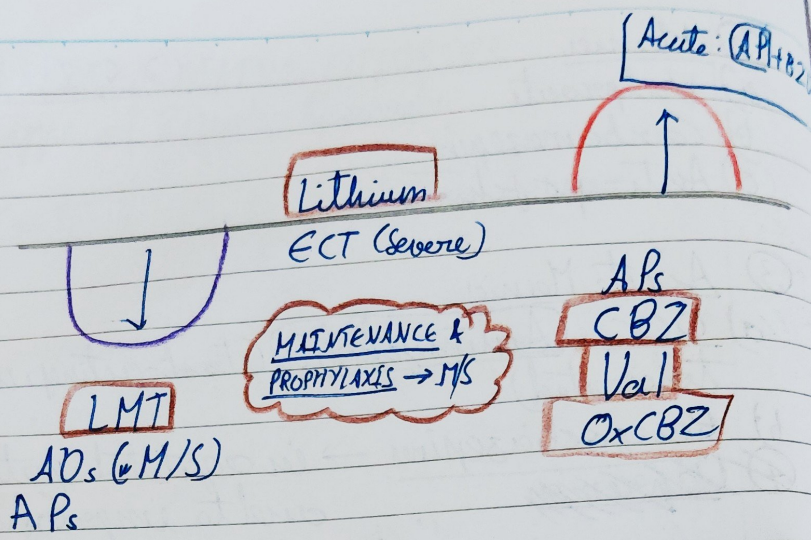
↳ NOTE: (Osmeg-Induced Switch/Mania) if used alone

20

NOTE: (MCO)

FOA-approved Antipsychotics for Bipolar Depression:

1. Quetiapine
2. Lurasidone
3. Levamisole
4. Cariprazine
5. Olanzapine + Fluoxetine



Mood Stabilizers / Thymoleptics
 for maintenance & prophylaxis

① Lithium
 GOLD STANDARD Thymoleptic for Euphoric
 Mania.

Long Term Adverse Effects

- a) Diabetes Insipidus Nephropathy
- b) Tremors
 - Fine / Benign Tremors
 - ↳ (Tx: β -blockers / Trifluoperidol)
 - Coarse / Malignant Tremors

- c) Hypothyroidism
- d) Glutein Anomaly \rightarrow ↑ Risk

Therapeutic
 $> 1.5 \text{ mEq/L}$
 $< 0.5 \text{ mEq/L}$

BEST RES

① Serum
 monitor

after
 tests

② for
 10

③ Val
 In

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- * Mo
- * Mo

Ter

④
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Date: _____
Therapeutic Range : 0.5-1.5 mEq/L
> 1.5 mEq/L → Toxicity
< 0.5 mEq/L → Failure

BEST RESPONSE @ 0.8-1.2 mEq/L

Serum level monitoring

① monitored at Steady State concentration (MCO)

↓
after $5t_{1/2}$ ($t_{1/2} \rightarrow 12-14$ hrs) (as it takes \approx half-lives to reach it in blood)

② for best results, check while fasting,
10-12 hrs after last dose

③ Valproate

In patients with:

- * Atypical (irritable) depressive mania
- * Mood disorders with a head injury
- * Mood disorders with dementia

Terazosin → NTDs

④ Other Drugs

- Lamotrigine
- Carbamazepine

NOTE:
Mood Stabilizers in Child
Valproate
CBZ.

Date: _____
⑤ ENDOXYFEN (X)

◦ Metabolite of Tamoxifen

MoA: Protein Kinase C (PKC) inhibitor
↳ Lithium Analogue

◦ Licensed only in India

◦ ↓ metabolic & hormonal side effects

Mood Stabilizers in pregnancy (MCQ)

◦ Safest: Lamotrigine
◦ Use with Caution → Lithium (d/t risk of Epstein Anomaly)

◦ Absolute C/I: Carbamazepine & Valproate (NTDs)

II PSYCHOLOGICAL MANAGEMENT

- ① Cognitive Behavioural Therapy [CBT]
- ② Interpersonal Therapy
- ③ Solution focused Therapy
- ④ Interpersonal & Rhythmic Social Rhythm Therapy (IPSRT) (MCQ)

* Building a routine
* Sleep hygiene

* Maintain stable relationships

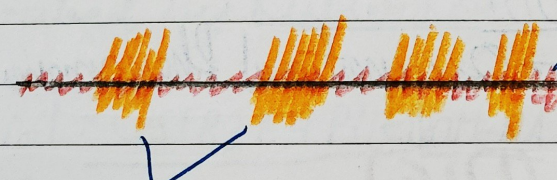
NOTE: IPSRT is really useful in BPD

DISRUPTIVE MOOD DYSREGULATION DISORDER (DMDD)

Developmental disorder diagnosed in children < 10 years.

C/F

- Chronic persistent irritability
- Spikes of verbal / physical tantrums ≥ 3 times/week for ≥ 1 year
- Typical symptoms of bipolar disorder are absent.


Tantrum
(≥ 3 /week for ≥ 1 year)

Chronic Irritability
(≥ 1 year)

Mx

- ① Mood Stabilizers
- ② Behavioural therapy
- ③ Low dose anti-depressant

NOTE: DMDD patients can have a variant of BPD (require monitoring)