



BASIC INFORMATION

A disorder that is characterized by extreme mood swings, and the relationship between the moods and what is actually happening in the person's life is not direct. Periods of unexplainable elation and overactivity (mania) alternate on an irregular, but cyclical, basis with deep depression. Periods of normal behavior (that can last for a short time or for years) occur in between the mania and the depression.

FREQUENT SIGNS AND SYMPTOMS

Mania:

- Accelerated energy levels; euphoric mood.
- Getting up earlier and earlier in the morning (some may not sleep at all for 3 to 4 days).
- Easily distracted and restless (which can cause work output to fall). Enthusiastically start, but rarely finish, new projects.
- May go on spending sprees.
- May become sexually promiscuous.
- Often irritable and has attacks of rage.
- Speech becomes rapid, wild and illogical.
- May have very high opinion of one's abilities and exaggerated thinking (grandiosity).
- May forget to eat; may lose weight and become exhausted.
- May develop delusions of grandeur or intense anger at one's ability to carry out wild schemes.

Depression:

- May become increasingly withdrawn; has disturbed sleep; late rising becomes a habit.
- May stay in one's room, afraid to face the world; lacks self-esteem.
- Self-neglect.
- Decreased sex drive.
- Slowing of speech and movement.
- Imagined problems multiply.
- Excessive worrying about imagined illnesses.

CAUSES

Unknown. Biologic, psychological and hereditary factors may play a part. Extreme stress or a death may trigger a sudden episode of mania or depression.

RISK INCREASES WITH

Family history of the disorder.

PREVENTIVE MEASURES

No specific preventive measures known.

EXPECTED OUTCOME

May be restored to nearly normal health with long-term therapy that reduces the frequency and severity of episodes. Many famous executives, scientists and government leaders have this disorder.

POSSIBLE COMPLICATIONS

- Relapse, especially if medication is stopped.
- Job loss; marital problems.
- Failure to improve.
- Suicide.



TREATMENT

GENERAL MEASURES

- Medical history and physical exam by a doctor (sometimes a psychiatrist). Psychological testing.
- Psychotherapy or counseling along with drug treatment achieves the best results.
- Hospitalization or inpatient care at a treatment center may be required for severe symptoms.
- Electroconvulsive therapy (ECT) may be used for patients who fail to respond to medication.
- Comply with the medication regimen provided by your doctor. Schedule regular office visits to monitor the effectiveness of the treatment and to watch for side effects.
- Do not discontinue medication when you feel better. This may cause a relapse that may not respond well to medication.
- Counseling can provide the methods needed to help you cope with the disorder. Family members should learn to recognize signs of an impending episode and how to help the person.
- Seek support groups. Contact social agencies for help. Call the local suicide prevention hot line if you feel suicidal.
- For additional information, contact National Depressive and Manic Depressive Association, Merchandise Mart, Box 3395, Chicago, IL 60654; (800) 82-NDMDA.

MEDICATION

Your doctor may prescribe lithium, valproic acid or carbamazepine (Tegretol). Antipsychotic medications may be necessary for more severe symptoms.

ACTIVITY

No restrictions. Maintain daily activities, even if you don't feel like it.

DIET

Eat a normal well balanced diet, even if you have no appetite. Vitamin and mineral supplements may be necessary. Your doctor may advise you to avoid caffeine, as it is a stimulant.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of depression or mania.
- You feel suicidal or hopeless.