

MANIA

**KNOW BIPOLAR
DISORDER**

DEPRESSION



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1. WHAT ARE THE SYMPTOMS OF DEPRESSION?

Many people know when they are depressed. However, some people do not realise when they are depressed. They may know that they are not right and are not functioning well, but don't know why. Some people think that they have a physical illness - for example, if they lose weight.

Core (key) symptoms:

- Persistent sadness or low mood. This may be with or without weepiness.
- Marked loss of interest or pleasure in activities, even for activities that you normally enjoy.
- Disturbed sleep compared with your usual pattern. This may be difficulty in getting off to sleep, or waking early and being unable to get back to sleep. Sometimes it is sleeping too much.
- Change in appetite. This is often a poor appetite and weight loss. Sometimes the reverse happens with comfort eating and weight gain.
- Fatigue (tiredness) or loss of energy.
- Agitation or slowing of movements.
- Poor concentration or indecisiveness. For example, you may find it difficult to read, work, etc. Even simple tasks can seem difficult.
- Feelings of worthlessness, or excessive or inappropriate guilt.
- Recurrent thoughts of death. This is not usually a fear of death, more a preoccupation with death and dying. For some people despairing thoughts such as "life's not worth living" or "I don't care if I don't wake up" are common. Sometimes these thoughts progress into thoughts and even plans for suicide.

Symptoms cause you distress or impair your normal functioning, such as affecting your work performance; and

Symptoms occur most of the time on most days and have lasted at least two weeks; and

What is bipolar mood disorder?



Bipolar mood disorder, also known as manic-depressive psychosis (MDP), is a type of mood disorder characterised by mood swings. Many people experience normal mood swings from "Monday morning blues" to mild euphoria. In bipolar mood disorder, there are swings from extreme depression to great elation or mania and hyperactivity, occasionally at times losing touch with reality. However, there are also long periods of complete normality. Manic depressives suffer from an extreme of mood change over a more prolonged period and are regarded as being clinically ill during these attacks. A doctor or psychiatrist will look at whether an attack of mania is accompanied by depression before diagnosing bipolar mood disorder. Bipolar mood disorder typically begins in adolescence or early adulthood and continues throughout life. It is often not recognised as an illness and people who have it may suffer needlessly for years or even decades.



- loss of judgment & impulsive decision making
- irrational spending of money & involvement in questionable endeavors
- grandiose delusions

An early sign of bipolar mood disorder may be hypomania. This is a state in which the person shows a high level of energy, excessive moodiness or irritability, and impulsive or reckless behaviour. Hypomania may feel good to the person who experiences this and the sufferer seldom thinks that anything is wrong and may object quite violently if anyone tries to point this out to him or her.

With experience, it is possible for some people to recognise their condition but often in an extreme state, all understanding is lost. It is not unusual for someone suffering an attack to break the law perhaps during a flight of fancy, about of excessive spending, committing a fraud, or fortunately, very rarely, of committing a physical assault.



Some people with severe depression also develop delusions and/or hallucinations. These are called psychotic symptoms.

A delusion is a false belief that a person has, and most people from the same culture would agree that it is wrong. For example, a belief that people are plotting to kill you or that there is a conspiracy about you. Hallucination means hearing, seeing, feeling, smelling, or tasting something that is not real.

SEVERITY OF DEPRESSION

Severe depression - Symptoms markedly interfere with your normal functioning.

Moderate depression - Symptoms will usually include core symptoms. Also, the severity of symptoms or impairment of your functioning is between mild and severe.

Mild depression - Your normal functioning is only mildly impaired.

2. Mania & Hypomania

- elated mood
- increased activity & energy
- inability or unwillingness to sleep
- rapid speech, flow of ideas & thoughts
- inflated self-esteem
- irritability & impatience
- increased sexual drive & lack of sexual inhibitions



3. Mixed States

A few people sometimes experience a combination of symptoms from both mania and depression. For example, a high level of activity may be combined with a low level of concentration and a depressed attitude towards life. This can lead to an increased risk of suicide attempt.



Normal phase

After a period of depression or of mania, the sufferer usually return to a normal state, back to one's usual personality, thinking capabilities and energy levels without any physiological damage. However, the sufferer may start regretting the damage done to relationships or finances. There may be a loss of confidence and also embarrassment.

How frequent are the attacks ?

The frequency of attacks varies not only from one individual to another but also within the same individual. Some have a regular cyclic pattern: daily, monthly, yearly or every few years. Other people go for years free from the problem and then have a series of random attacks.



Why is treatment necessary?

If untreated, sufferers will probably recover by themselves in time but often with devastating effect to their lives, their families and considerable unnecessary suffering. Wherever possible, early admission to hospital either for mania or severe depression does facilitate a quicker recovery. In addition, in-patient treatment also helps to protect the patient from the consequences of the illness, such as rash judgments in mania or suicide attempts in severe depression.



How is Bipolar mood disorder treated?

Mood swings in many cases (60-80%) can be controlled or reduced by medications such as mood stabilisers. The most frequently used medication is lithium carbonate, carbamazepine and divalproex sodium.

At times other drugs are also used to treat either the depression or the mania. Sometimes, more than one drug is required. These drugs include antidepressants, antipsychotics and benzodiazepines. For every drug, there is a "side effect". These drugs are used only to hasten a return to normality and it is seldom that they have to be continuously given.

Another treatment sometimes used in cases of severe depression and occasionally mania is Electro-Convulsive Therapy (ECT). When administered, the patient is given a muscle relaxant and a short acting general anaesthetic. A strictly controlled electrical current is passed across the brain from electrodes placed against the head. There may be a loss of memory for the period of the treatment but there is no evidence of long-term effects on memory. Generally severe depression can be successfully improved by ETC.



How to cope with the illness?

The effects of the mood swings put a great strain on marriages and children (or parents), and on employers and friends as well as the individual sufferer. In a number of cases this leads to isolation, loss of job, or loss of home, making for further strains and increasing the loneliness of the sufferer. Hence this illness affects the sufferer, the family and society in different ways.

a. The Sufferer

Sufferers need to admit that they are ill and this is not easy. He or she may have to take mood stabiliser, in one form or another, for an appreciable length of time, possibly even for the rest of their lives.

Try to recognise symptoms early as it is sometimes possible to stop a mood change from becoming more intense either by early drug treatment or by avoiding difficult situations. A change in sleep pattern is often a useful indicator of early relapse. Prevent complications by not abusing alcohol and caffeine products (tea, coffee, coke) and maintaining a balanced diet.

By **Savita Verma** in New Delhi

IF YOU are suffering from symptoms such as sadness or loss of interest for several days, the chances of slipping into major depression are high, according to a new study carried out in 18 countries.

The chances of one sinking into depression if at least one symptom persists for many days vary from country to country. In India, the risk is 35 per cent, while it is 12 per cent in China. Overall, in high-income countries, 28 per cent of people who had at least one depressive symptom ran the lifetime risk of a major depression. In low and middle-income countries this risk was around 20 per cent.

In addition, people with the lowest education are 14 times more likely to have depression in comparison to those with the highest education in India, according to the study. In Japan and China, pattern was reverse with the least educated having the lowest risk of depression.

The study concluded that 15 per cent of the population in high-income countries and 11 per cent in low and middle-income countries are likely to suffer from depression over their lifetime.

The study was published in the journal *BMC Medicine*. Researchers from 20 institutes such as Harvard Medical School, State University of New York at Stony Brook, and Netherlands Institute of Mental Health and Addiction carried out the study.

Depression stalks India & the world

THE REPORT TELLS A PAINFUL STORY

121mm people are affected by depression worldwide	8.5 L people lose their lives as a result of depression	35% risk of people in India suffering from depression	32yrs the age of onset of depression in the country
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QUICK FACT: Women are twice as likely to suffer from depression as men. Loss of a partner — whether from death, divorce or separation — is a leading cause for depression

As the illness can be stress-related, learn what causes you stress and plan your life to try and avoid unnecessary stress. Never make major decisions when ill. Should you have a tendency to spend money when "high", then consider putting your affairs into a trust or appoint an attorney to act on your behalf. Recognise that those close to you are trying to help.

b. Relatives and friends

First of all, loved ones and relatives should recognise that the strange behaviour, violent or abusive language or prolonged silences, which characterise certain phases of the illness, is not a previously hidden facet of the personality but a symptom of the mood disorder. Understand that you may have to lock away or hide household poisons or tablets on certain occasions or at other times go out and find the sufferer.



You may also have to encourage the person to visit the psychiatrist, or ask for urgent help whenever the sufferer is so "high" that he or she is no longer aware that anything is wrong. Visiting the sufferer at the hospital can also be a real test of your beliefs and understanding. You may not be well received, being accused of putting them in hospital etc. It helps the sufferer if you remain consistent and firm in attitude. You may gain further insight and understanding of the illness from the nursing and medical staff.

Depression is a significant public health concern across all regions of the world and is strongly linked to social conditions, researchers said.

"Understanding the patterns and causes of depression can help global initiatives in reducing the impact of depression on individual lives and in reducing the burden to society," Evelyn Bromet from State University of New York at Stony Brook said.

The study is based on interviews of over 89,000 people from 10 high-income countries — Belgium, France, Germany, Israel, Italy, Japan, Netherlands, New Zealand, Spain, US — and eight low-to middle-income countries — Brazil, Colombia, India, China, Lebanon, Mexico, South Africa and Ukraine. From India, Pondicherry was included. Jagdish Kaur from the Directorate General of Health Services was involved in the research.

The surveys involved either national household samples or representative samples of urban areas. The people who had at least one of the symptoms such as sadness or depressed mood, feelings of discouragement, and loss of interest lasting several days or longer were assessed for depression. To be classified as suffering from major depression, requires five of nine

symptoms that persist for two weeks or longer, are present for most of the day and cause significant distress.

These symptoms are depressed mood and markedly diminished interest or pleasure, clinically significant weight gain or loss or appetite disturbance, insomnia or hypersomnia, unintentional and purposeless movements due to mental tension and anxiety such as pacing around a room, wringing hands, pulling off clothing and putting it back, fatigue or loss of energy, feelings of worthlessness or excessive guilt, diminished ability to concentrate or think, and recurrent thoughts of death or suicide.

The study found that women were twice as likely to suffer from depression as men. Loss of a partner, whether from death, divorce or separation, was a leading contributing factor to depression.

In India, the age of onset of depression was around 32 years. In high income countries, the age of onset of depression was 26 years and in low and middle income countries it was 24 years.

Depression can affect a person's ability to work, form relationships and destroy quality of life. The WHO ranks it as the fourth leading cause of disability and projects that by 2020, it will be the second leading cause.

Indians are a depressed lot: Report

36% Suffer From Major Depressive Episode, Finds WHO-Backed Study

Kounteya Sinha | TNN

New Delhi: Indians are among the world's most depressed. According to a World Health Organization-sponsored study, while around 9% of people in India reported having an extended period of depression within their lifetime, nearly 36% suffered from what is called Major Depressive Episode (MDE).

MDE is characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration, besides feeling depressed.

Lowest prevalence of MDE was in China (12%). The average age of depression in India is 31.9 years compared to 18.8 years in China, and 22.7 years in the US.

The study, published in the BMC Medicine journal and based on interviews of more than 89,000 people in 18 different countries by 20 different researchers, says depression affects

UNHAPPINESS AT LARGE

Country	Depression prevalence	MDE prevalence	Average age of onset of depression
India	9%	36%	31.9
France	21%	32.3%	28.4
USA	19.2%	30.9%	22.7
China	6.5%	12%	18.8
Germany	9.9%	23%	27.6

nearly 121 million people worldwide. It is the second contributor to shorter lifespan for individuals in the 15-44 age group.

The percentage of respondents, who had lifetime MDE was higher in high-income (28.1%) than in low to middle-income (19.8%) countries. When it came to lifetime prevalence rates of depression, France (21%) and the US (19.2%) reported the highest rates of depression. Women are twice as likely to suffer depression as



WHO ranks depression as the fourth leading cause of disability worldwide and projects that by 2020, it will be the second leading cause.

Prof Evelyn Bromet from State University of New York said, "This is the first study which compares depression and MDE across countries and cultures. Depression is a significant public-health concern across all regions of the world and is linked to social conditions."



men and the loss of a partner, whether from death or divorce, was a main factor, the study reveals.

