Newsletter of the Mood Disorders Support Group—New York

MOODS

Serving People with Unipolar and Bi-polar Illness, Their Families and Friends, since 1981 May 2017

From the Chair by Dr. Li Faustino

A Word about Anxiety and Bipolar

If you were to take a snapshot of the MDSG groups from years ago and compare them to today, the differences would likely reflect changes such as more and better medications, less stigma (hopefully), and the use of the internet for information and access to treatment. One other possible difference might be in the presentation of the illness itself. The New York Times recently published an article about what they called "the anxious generation". Perhaps not distinct from that is the rise in the occurrence of anxiety with bipolar illness. Anxiety has a long and well-known history of co-occurrence with depression, but anxiety and bipolar together were not as popular 10 or 20 years ago as they appear to be today. Figuring out why this would be is beyond this article, however, what is relevant is that anxiety changes one's experience of their illness and this should be considered in treatment.

For people who are bipolar, the anxious state is particularly uncomfortable because it sometimes means an episode of either depression or mania is coming. Further, anxiety can appear and feel a lot like hypomania and vice versa.

Anxiety is tricky because many people like to avoid situations that make them anxious and avoid even talking about the anxiety. In addition, some people look fidgety when anxious and some look calm and quiet despite the "noise" in their head. At MDSG groups, the chances are high that others also have anxiety alongside their depression or bipolar. So you get a useful, informative and safe environment to talk about it. Others in the group could share their own experiences as well and everyone can learn more about how best to talk to their psychiatrist, psychologist or other talk therapist about it.

Web Sites Offering General Information about Mental Health Disorders, Part 4

Prepared by

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www.nyaprs.org

The New York Association of Psychiatric Rehabilitation Services, Inc. (NYAPRS) is a statewide coalition of people who use and/or provide recovery oriented community based mental health services. They value difference and promote cultural competence. NYAPRS is dedicated to improving services and social conditions for people with psychiatric disabilities or diagnoses, and those with trauma-related conditions by promoting their recovery, rehabilitation and rights so that all people can participate freely in the opportunities of society. NYAPRS has a Peer Services division that promotes the simple principle that all people, regardless of psychiatric disability or trauma-related condition have the capacity to recovery and that all people should be afforded the opportunity to try. Through a set of programs located through NYS and NYC, they partner peers with individuals utilizing mental health services to offer a unique opportunity at successful recovery.

http: amandagreenauthor.co.uk/300-famous-people-celebrities-who-have-suffered-with-mental-illness-or-issues-help-highlight-the-stigma-in-our-society/

300 famous people & celebrities who have suffered with mental illness, mental health or learning issues help highlight the stigma in our society

Tory is the vice-chair of the MDSG board and a long-time West Side facilitator.

Ask the Doctor with

David Hellerstein, M.D. and Li Faustino, Ph.D.

I hear there are two types of bipolar disorders: Bipolar 1 and Bipolar 2. What's the difference?

There are indeed two main types of bipolar disorder, but there are other conditions also within what has been called the 'bipolar spectrum.' The two main types are Bipolar I, which is classic 'manic-depressive illness," and Bipolar II, in which there are depressive episodes along with 'hypomanic' episodes.

Both types of Bipolar include episodes of Major Depression, it's just that the cycling in Bipolar I leads to higher highs than those in Bipolar II. The main difference is that the 'high' episodes of Bipolar I disorder include symptoms of full-blown mania, including very rapid speech, extremely grandiose thinking, euphoric or agitated mood, a feeling that a person doesn't need to sleep, and even psychotic symptoms.

In contrast, hypomanic episodes are less severe, and a person has a lesser degree of excitement, so they may talk too rapidly or make bad decisions or feel a decreased need to sleep, but are not in a psychotic state. It's also worth noting that the manic or hypomanic state is not always pleasant—it's often very distressing and can include a lot of anxiety or agitation, which can increase the risk of various bad outcomes. Full-blown manic states generally require emergency treatment, but hypomanic states can be very risky as well. One of the risks of Bipolar II is that hypomania can be more subtle and a person can be hypomanic for a long time before anyone realizes that he or she is not making good decisions.

How do I know if it's just a mood or a depressive disorder?

Generally, time will tell. The Diagnostic and Statistical Manual of psychiatry (the DSM) (now up to version 5) has a time component for nearly all diagnoses. For Major Depression, a person has to have had symptoms for at least 2 weeks. For Persistent Depressive Disorder (formerly known as Dysthymic Disorder), the time requirement is 2 years, since it's a chronic condition. Also, if we're talking about the Mood Disorders, it's worth taking a look at the criteria for that section of the DSM-5, which can easily be Googled or Wikipedia'ed (if that's a word!).

To make a diagnosis of Major Depression a person has to have had at least 5 of 9 key symptoms for at least 2 weeks: depressed mood; decreased interest or pleasure in life; significant weight loss or weight gain; insomnia or increased sleep; agitation or being physically slowed down; fatigue or low energy nearly every day; excessively worthless or guilty feelings; trouble thinking or concentrating; and thoughts of death or suicidal ideas, plans, or acts. Plus, the symptoms have to cause impairment in functioning, and can't be caused by another condition (like a medical illness or effects of alcohol or recreational drugs).

In contrast, the DSM-5 has a diagnosis of Adjustment Disorder with Depressed Mood, in which a person can feel depression during the 3 months following a stressful life event (You can Google this diagnosis too for the rest of the diagnostic criteria).

The difference between Major Depression and an Adjustment Disorder with Depressed Mood is that the adjustment disorder symptoms would tend to improve by themselves over time after the person adjusts to the impact of the stressful life event. Therapy may be helpful to make that adjustment, but medicine isn't routinely needed. In contrast, the person with Major Depression almost always needs treatment, with psychotherapy, medication, or both.

Ask the Doctor Send your questions about depression and bi-polar illness to newsletter@mdsg.org Questions will be answered by a psychiatrist or psychologist as appropriate and as space permits.

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