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The Conundrum of Bipolar II Depression Part One

By Dr. David Hellerstein, M.D.

Question: What's the best treatment for Bipolar II depression?

Answer: If only we knew! First a little background: Bipolar II disorder is characterized by episodes of 'hypomania' as opposed to the full blown manic states seen in Bipolar I. In hypomania a person can feel euphoric or unpleasantly agitated, along with increased energy, rapid speech, a decreased need for sleep, and at times poor judgment including impulsive decision-making and overspending. In contrast to full-blown mania, though, there's no loss of 'reality testing,' no overt psychosis. So Bipolar II is generally a milder disorder than Bipolar I, in that the hypomanic phase is less dangerous than mania—but the depressive phase can be very disabling.

Q: Is bipolar depression different than unipolar depression?

A: The depressive episodes of Bipolar I and II are pretty much the same, symptom-wise, as those seen in plain old unipolar major depression. Symptoms such as low mood, pessimism,

sleep disturbance, fatigue, anxiety, and so on, are common in bipolar and unipolar major depressive episodes. Importantly, for both Bipolar I and II, while mania and hypomania may be dramatic and require emergency treatment, people with bipolar disorder actually tend to spend a lot more time in depressed states. Mania generally lasts days or weeks, whereas depression can last months to years. Which can lead to problems in daily functioning, in holding jobs and maintaining relationships. Therefore it's crucial to find good treatments for bipolar depression.

Q: Should Bipolar II depression be treated differently than unipolar depression?

A: Yes. There's one important difference between unipolar and bipolar depression: traditional antidepressants *if used alone* can be dangerous for people with Bipolar II depression (though exactly how dangerous is not clearly known). Research has suggested that antidepressants may cause flips from depressive to hypomanic states, and may also in-

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MDSG Board Member Receives Goldberg Outstanding Service Award

By Dr. David Brody

Dr. David Hellerstein, MDSG Board member and Medical Advisor, was selected by the New York County Psychiatric Society as the recipient of 2019 Ivan Goldberg Outstanding Service Award. The award "recognizes Dr. Hellerstein's commitment to scientific psychiatric knowledge, and how such knowledge may be translated to relieve human suffering from psychiatric illness."

Dr. Hellerstein is appointed to the clinical faculty of Columbia University Department of Psychiatry and is the author of numerous scientific articles as well as several books about psychiatric disorders.

In presenting the award, Dr. Satish Reddy, the chair of the Ivan Goldberg Award Nominating Committee, noted that Dr. Hellerstein "in the spirit of Dr. Goldberg... used the internet to disseminate psychiatric knowledge as well as to caution us to the

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The Conundrum of Bipolar II Depression

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crease the frequency of cycling between lows and highs.

Q: So should antidepressants be completely avoided in Bipolar II disorder?

A: That's the big question. Many experts say they should be entirely avoided in Bipolar I disorder. Unfortunately, there's a lack of definitive data for Bipolar II. In fact, a recent compilation of opinions of expert bipolar psychopharmacologists in a new book on Bipolar II disorder edited by Gordon Parker, as summarized by Dr. Chris Aiken, found a wide range of recommendations for antidepressant use.

Out of 18 experts, 10 felt that antidepressants are helpful in Bipolar II but are best used with a mood stabilizer to avoid hypomania. Another 6 felt that antidepressants are best avoided entirely or only used as a last resort in combination with a mood stabilizer. Only 1 expert felt antidepressants did not cause hypomania in Bipolar II, and 1 believed they should never be used. So overall the consensus is that antidepressants may be helpful in Bipolar II, but should generally be used in combination with mood stabilizers. There was also a consensus that certain antidepressants are best avoided (the tricyclics) in comparison to SSRIs and bupropion, but obviously that has to be discussed with one's doctor.

Ask the Doctor

MDSG's two medical advisors—Dr. David Hellerstein, M.D. and Dr. David Brody, M.D.—along with MDSG's Board Chair, Li Faustino, PhD., will answer your questions. Please send questions to MDSG's post office box or email them to newsletter@mdsg.org.

Books of Interest

Harrington, Ann. Mind Fixers: Psychiatry's Troubled Search for the Biology of Mental Illness.

Norton, 2019. 364p.

The author believes psychiatry has been in decline and is currently in crisis since the biological revolution of the 1980's.

Cregan, Mary. The Scar: A Personal History of Depression and Recovery. Norton, 2019.

256p.

The author documents her past writing about her episodes of mental illness, including hospitalizations. She discovered a family history of depression and details the emotional toll of mental illness.

MDSG Board Member Receives Award

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complexities that come with such technological advancement."

The New York County Psychiatric Society represents over 1,800 psychiatrists in Manhattan and Staten Island and is the largest district branch of the American Psychiatric Association, which has over 38,000 members.

More information about Dr. Hellerstein can be found on MDSG's web site.

Mood Disorders Support Group

New York

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NEW ADDRESS

P.O. Box 2359, New York, NY
10163

Phone: (212) 533-MDSG

E-mail address: info@mdsg.org

Website: www.mdsg.org

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