

Bipolar Disorder: Rapid Cycling and its Treatment



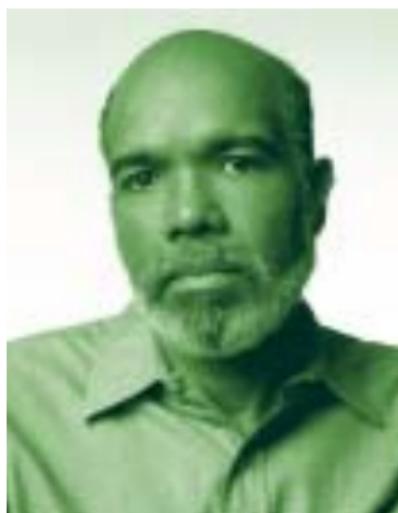
Depression and Bipolar
Support Alliance (DBSA)

Previously National Depressive and Manic-Depressive Association

We've been there. We can help.

DBSA does not endorse or recommend the use of any specific treatment or medication for mood disorders. For advice about specific treatments or medications, individuals should consult their physicians and/or mental health professionals.

What is bipolar disorder?



Bipolar disorder, also known as manic depression, is a treatable illness involving extreme changes in mood, thought, energy, and behavior. A person with bipolar disorder has moods that usually alternate between mania, or extremely “up” mood, and depression, or extremely “down” mood. This change or “mood swing” can last for hours, days, weeks, or even months. Typically, someone with bipolar disorder experiences one or two cycles a year, with manic episodes generally occurring in the spring or fall.

Manic episode

A distinct period of elevated, enthusiastic or irritable mood lasting at least one week (or less than one week if hospitalization is required), that includes at least three of the following symptoms:

- Increased physical and mental activity and energy
- Exaggerated optimism and self-confidence
- Excessive irritability, aggressive behavior
- Decreased need for sleep without becoming tired
- Grandiose thoughts, extreme sense of self-importance
- Racing speech, racing thoughts
- Impulsiveness, poor judgment
- Reckless behavior such as spending sprees, impulsive business decisions, erratic driving and sexual indiscretions
- In severe cases, delusions and hallucinations

Hypomanic episode

Similar to a manic episode, except that it is less severe and there are no delusions or hallucinations. It is clearly different from an individual's non-depressed mood with a clear change in activity and attitude, and visible behavior that is unusual or out-of-character.

Major depressive episode

A period of two weeks or more during which five or more of the following symptoms are present:

- Prolonged sadness or unexplained crying spells
- Significant changes in appetite and sleep patterns
- Irritability, anger, worry, agitation, anxiety
- Pessimism, indifference
- Loss of energy, persistent exhaustion
- Unexplained aches and pains
- Feelings of guilt, worthlessness and/or hopelessness
- Inability to concentrate; indecisiveness
- Inability to take pleasure in former interests; social withdrawal
- Excessive consumption of alcohol or use of chemical substances
- Recurring thoughts of death or suicide

Mixed state (also called mixed mania):

A period during which symptoms of a manic and a depressive episode are present at the same time. People who experience mixed states describe feeling activated and “revved up,” but also full of anguish and despair. Rapid, pressured speech can co-exist with impulsive, out-of-control thoughts of suicide and self-destruction or aggression. Hopelessness, irritability, uncontrollable swings between racing thoughts and a feeling of “being in blackness” can all happen over the course of minutes.

Who gets bipolar disorder?

Bipolar disorder affects more than two and a half million adult Americans during any given year. The illness usually begins during a person's late teen years, although it can sometimes start in early childhood or as late as a person's 40s or 50s. An equal number of men and women develop this illness, and it affects people of all races, ethnic groups and social classes.

What causes bipolar disorder?

The exact cause of bipolar disorder is not known. We do know that it is a brain-based medical illness and that certain structures of the brain related to emotions, behavior, and thinking are affected. Bipolar disorder may be related to an imbalance in certain chemicals in the brain, called neurotransmitters. There is a genetic component, meaning the illness runs in families, although genetics does not completely predict who will develop bipolar disorder and who will not.

Are there different types of bipolar disorder?

Physicians and researchers agree there are several kinds of bipolar disorder. Most people who have the illness experience episodes of mania and periods of depression, but the length, frequency, and pattern of these highs and lows vary. Sometimes individuals with bipolar disorder experience frequent mixed states. Some of the different combinations of symptoms may not be medically significant, while others are important enough to be classified as specific types of bipolar disorder that may be treated in very different ways. For more information, see DBSA's brochure, *Guide to Depression and Manic Depression*, available by calling (800) 826-3632 or visiting www.DBSAlliance.org.

What is rapid cycling?



Rapid cycling is defined as four or more manic, hypomanic, or depressive episodes in any 12-month period. With rapid cycling, mood swings can quickly go from low to high and back again, and occur over periods of a few days and sometimes even

hours. The person feels like he or she is on a roller coaster, with mood and energy changes that are out-of-control and disabling. In some individuals, rapid cycling is characterized by severe irritability, anger, impulsivity, and uncontrollable outbursts.

While the term “rapid cycling” may make it sound as if the episodes occur in regular cycles, episodes actually often follow a random pattern. Some patients with rapid cycling appear to experience true manic, mild manic, or depressive episodes that last only for a day. If there are four mood episodes within a month, it is called ultra-rapid cycling, and when several mood switches occur within a day, on several days during one week, it is called ultra-ultra-rapid, or ultradian cycling. Typically, however, someone who experiences such short mood swings has longer episodes as well.

Some individuals experience rapid cycling at the beginning of their illness, but for the majority, rapid cycling begins gradually. Most individuals with bipolar disorder, in fact, experience shorter and more frequent episodes over time if their illness is not adequately treated.

For most people, rapid cycling is a temporary occurrence. They may experience rapid cycling for a time, then return to a pattern of longer, less frequent episodes, or, in the best case, return to a stabilized mood with the help of treatment. A small number of individuals continue in a rapid cycling pattern indefinitely.

It is very important to get immediate treatment for this form of bipolar disorder and work with a health care provider to find the treatment that works best, since the longer someone goes without treatment, the more resistant to treatment the person may become.

Who develops rapid cycling?

As many as half of all people with bipolar disorder may develop rapid cycling at some time during their illness. While there are no absolute rules about who will develop this pattern, women may be more likely to do so, even though bipolar disorder is equally common in both genders. Use of certain antidepressants to treat bipolar disorder can bring on or worsen rapid cycling. Often, the cycling decreases when the antidepressant medication is stopped. However, when stopping an antidepressant, a person should be aware of the possibility of depressive episodes re-occurring, work closely with a doctor to find a more effective medication combination, and *never stop taking a medication or change a dosage without first talking with a doctor about it.*

There may also be a link between rapid cycling and drug or alcohol abuse. A history of substance abuse may make an individual more likely to have rapid cycling. Studies also show that substance abuse is more common in families of people with rapid cycling than in families of people with bipolar disorder who do not have rapid cycling. It is not known whether this is the result of a genetic link between substance abuse and rapid cycling, or if it is evidence of “self-medication” among people with rapid cycling.

What causes rapid cycling?

The basic cause of rapid cycling remains unknown, but three overlapping theories exist:

Kindling (Sensitization): According to the “kindling” theory, early episodes are triggered by actual or anticipated life events such as the death of a loved one or an upcoming job interview. Over time, the person with the illness becomes increasingly sensitive to more minor “triggers” or stressors, and becomes more likely to have an episode in response to these events. Eventually the person may begin to have episodes without any “triggers.” Episodes become increasingly frequent and the end result of this process, when the illness is not properly treated, may be rapid, ultra-rapid or ultradian cycling.

Biological rhythm disturbances: This theory proposes that people with rapid cycling have daily biological rhythms that are out of sync with typical “time-giving” events such as dawn and dusk. This theory could account for the sleep disturbances typical of mania and depression and explain other symptoms as well. If biological rhythms are important, a link between rapid cycling and seasonal affective disorder (SAD) may be suggested. It is also possible that abnormal daily biological rhythms do not cause the illness itself but do contribute to the length and seriousness of a manic or depressive episode. For example, if insomnia is treated early and aggressively, mild or moderate symptoms can be prevented from snowballing into a severe and destructive episode.

Hypothyroidism: This theory proposes that rapid cycling is due to inadequate amounts of thyroid hormone in the brain. Most people with rapid cycling do have adequate levels of thyroid hormone in the blood, but they may respond well to treatment with thyroid hormone regardless of their initial blood levels.

Are there effective treatments for rapid cycling?



Yes, although it can be challenging to find the right treatment.

People with bipolar disorder shouldn't give up hope if the first few medications or medication combinations prescribed are not successful.

There are many different treatment options to try.

Keep a good record of what has worked, has not worked, or has partially worked to help your doctor with future medication choices for you. For more information about medications for bipolar disorder, read DBSA's Brochure, *Finding Peace of Mind: Medication and Treatment Strategies for Bipolar Disorder*, available by calling (800) 826-3632 or visiting www.DBSAlliance.org.

Be sure to talk to your doctor before adding any medication—including prescriptions, natural/herbal supplements and over-the-counter remedies—to your treatment.

Psychotherapy can be an important part of your treatment plan. Not only are people with bipolar disorder at risk for further manic or depressive episodes, it's possible to experience difficulty as a result of past episodes. Characteristics such as irritability, tendency to cry, racing thoughts or impulsiveness may cause social problems. Because people with bipolar disorder are often unfairly judged, they may lose opportunities to develop friendships or romantic involvement, or have trouble achieving their career goals. These struggles may contribute to self-esteem problems. That's why it's helpful for people with bipolar disorder to consult their physicians or mental health professionals about one-on-one counseling and/or the benefits of couples, family, or group therapy. Discussing sticking to a treatment plan that works and managing and preventing suicidal thoughts can prove to be lifesaving.

Charting your moods can help you and your doctor identify patterns and things that cause stress, track your improvement on different medications or get an idea of when new episodes might occur. DBSA offers the *Personal Calendar* as a mood-tracking tool. This calendar has a place for you to record the medication you take each day, changes in your mood level, stressful life events, side effects and other symptoms. It's available by calling (800) 826-3632 or visiting www.DBSAlliance.org.

Helping yourself, helping others: The value of local DBSA support groups



No one with bipolar disorder (rapid cycling or any other type) needs to feel alone

or ashamed. With a grassroots network of nearly 1,000 support groups, DBSA offers an opportunity for people to meet and share coping skills, support and inspiration with others who understand. Each group has a professional advisor and an appointed facilitator. Members are people with depression or bipolar disorder and their family members.

When combined with a treatment plan, DBSA support groups:

- Can help you stick with your treatment plan and may help you avoid hospitalization.
- Provide a place for mutual acceptance, understanding and self-discovery.
- Help you understand that a mood disorder does not define who you are.
- Give you the opportunity to benefit from the experiences of those who have “been there.”

Take the next step toward wellness for yourself or someone you love. Call DBSA at (800) 826-3632 or (312) 642-0049 to find the DBSA chapter or support group nearest you, or visit www.DBSAlliance.org. If there is no group in your area, DBSA can help you start one.

Conclusion

Research suggests that rapid cycling differs from other forms of bipolar disorder. Individuals with these patterns of mood changes may respond differently to standard and experimental treatments than other people with bipolar disorder. With its sudden and unpredictable mood changes, rapid cycling may be more difficult to manage than other types of bipolar disorder. This challenge makes it particularly important for people with this illness to work closely with their physicians and/or mental health professionals to get the best results possible, to stick with the treatment plan they are given, to find support and not to give up hope. As we learn more about the brain, many more treatments will become available. A great deal of progress has been made recently, and more discoveries are expected in the years ahead.

For more information

For additional information about medications for bipolar disorder, see the *Physicians' Desk Reference (PDR) Guide to Prescription Drugs*. You can also ask your pharmacist for package inserts of the medications you want to know more about.

Call DBSA at (800) 826-3632 to receive any of the brochures listed in this publication or a *Bookstore Catalog*, which lists all of the materials DBSA provides, along with books about bipolar disorder and depression available for purchase. Or visit www.DBSAAlliance.org to buy books, download brochures, and find information about mood disorders, treatments, advocacy and more.

Resources

Other Organizations that Offer Help

The following organizations also offer information and/or assistance with mood disorders and related topics. While you may find additional support from these organizations, DBSA assumes no responsibility for the content or accuracy of the material they provide.

American Foundation for Suicide Prevention

(888) 333-2377 • www.afsp.org

American Psychiatric Association (APA)

(888) 357-7924 • www.psych.org

American Psychological Association

(800) 374-2721 • TDD: (202) 336-6123 • www.helping.apa.org

The Center for Mental Health Services (CMHS)

(800) 789-2647 • TDD: (866) 889-2647
www.mentalhealth.org

Child & Adolescent Bipolar Foundation

(847) 256-8525 • www.bpkids.org

National Alliance for the Mentally Ill (NAMI)

(800) 950-6264 • www.nami.org

National Foundation for Depressive Illness (NAFDI)

(800) 239-1265 • www.depression.org

National Institute of Mental Health (NIMH)

(800) 421-4211 • (301) 443-4513 • www.nimh.nih.gov

National Hopeline Network

(800) 442-HOPE (800-442-4673) or
(800) SUICIDE (800-784-2433)

National Library of Medicine/National Institutes of Health/Medline

www.nlm.nih.gov/medlineplus/

National Mental Health Association (NMHA)

(800) 969-6642 • www.nmha.org

Please help us continue our education efforts

We hope you found this brochure helpful. Your gift will help us continue to distribute this information and assist people with rapid cycling and other mood disorders. Call (800) 826-3632 or visit www.DBSAlliance.org for more information.

Please fill out the form on the opposite page and send it to: DBSA 730 N. Franklin Street, Suite 501, Chicago, IL 60610-7224.

Credit card payments (Visa, MasterCard or Discover) may be faxed to (312) 642-7243.

Secure online donations may be made at www.DBSAlliance.org.

DBSA is a not-for-profit 501(c)(3) Illinois corporation. All donations are tax deductible based on federal and state IRS regulations. Please consult your tax advisor for more details. All information is held in strict confidence and will never be shared with other organizations.

Thank you for your gift!

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I'd like to receive more information about mood disorders.

Please send all correspondence in a confidential envelope.

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Depression and Bipolar Support Alliance (DBSA)

Previously National Depressive and Manic-Depressive Association

We've been there. We can help.

THE MISSION of the Depression and Bipolar Support Alliance (DBSA) is to improve the lives of people living with mood disorders.

DBSA: Your Resource for Education and Support

The Depression and Bipolar Support Alliance is the nation's largest patient-run, illness-specific organization. Incorporated in 1986 and headquartered in Chicago, Illinois, DBSA has a grassroots network of nearly 1,000 support groups. It is guided by a 65-member Scientific Advisory Board comprised of the leading researchers and clinicians in the field of mood disorders.

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730 N. Franklin Street, Suite 501

Chicago, Illinois 60610-7224 USA

Phone: (800) 826-3632 or (312) 642-0049

Fax: (312) 642-7243

Website: www.DBSAAlliance.org

Visit our updated, interactive website for important information, breaking news, chapter connections, advocacy help and much more.

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This brochure was reviewed by a member of DBSA's Scientific Advisory Board, Robert Post, M.D., of the Biological Psychiatry Branch at the National Institute of Mental Health, and by Jacqueline Mahrley of DBSA Orange County.