

ADVANTAGE

Bipolar Affective Disorder

If you have any concerns about whether your plan covers the subject matter discussed in Advantage, please contact your NMG Benefits Healthcare Advisor.

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Symptoms



Depression



Excessive sleeping or insomnia



Change in weight



Lack of concentration



Thought of suicide



Excessive happiness or irritability



Risk behaviour



Questions

for Dr Thapelo Motshudi

1 What is bipolar disorder?

Bipolar affective disorder is also commonly known as manic-depressive disorder, or in common language affected individuals are said to have “bipolar”. It is a very common and chronic lifelong condition, which can be difficult to manage. It is characterized by periods of severe depression, which alternative with periods of an excessively elevated mood or irritability, known as mania. Hence the term bipolar, meaning two extreme and opposite ends. There is no specific cause identified, and thus multiple factors might be responsible, either individually or in combination, including genetic, hormonal, and environmental factors.

2 What tests are performed?

The diagnosis is based on the history and symptoms, using some of the criteria outlined above. It is very important that the correct diagnosis is made and the phase of the illness accurately determined so that treatment can be directed appropriately. In addition, careful attention must be specifically focused on excluding the many other conditions that might look like bipolar disorder. These other conditions include epilepsy, AIDS, substance abuse, medication side effects, trauma, thyroid diseases, schizophrenia, and others. To this end, a number of blood tests will be performed to exclude physiological abnormalities; the patient’s medical history will be investigated; a potential history of substance abuse solicited; and usually a brain scan will also be performed.

3 How is it treated?

Once a diagnosis of bipolar has been made and the phase of disease determined, i.e. manic or depressive, then the 1st main management decision to be made is whether the patient is going to be treated as an inpatient or outpatient. This will be determined by the severity of the relevant phase, and whether the patient displays signs of potential self-harm. For example, someone who threatens suicide definitely needs to be admitted and stabilized in a hospital first. A number of medications are available to treat the acute phase, after which the affected individual is put on chronic maintenance. The drugs are combined with counseling. In some instances patients do not respond to medication, or there are circumstances that prohibit the use of commonly prescribed drugs. For some of these patients electroconvulsive therapy is available as an option. This is when electrical current is used to provide targeted stimulation of parts of the brain.

4 Complications

The main potential complication of bipolar disorder is suicide. This is most common in females; or if there is also a history of alcohol or substance abuse; if one is very young at first treatment for a mood episode; and in people who have longer disease duration. This can be prevented by the appropriate use of chronic mood stabilizers, routine follow-up and monitoring, and the involvement of family and other support structures like friends and work colleagues.