Bipolaire stoornissen

Bipolar disorder

- Lifetime prevalence : 0.3-1.5 %
- Chronic nature
- No gender difference in prevalence !!
- Most time suffering spend at depressive level
- Earlier onset of illness
- Highly comorbid with anxiety disorders and substance misuse
- Higher genetic load than in unipolar depression
- Insight is variably impaired !!!

- Bipolar I disorder : at least one manic episode (w/ or without depression of hypomania)
- Bipolar II disorder : at least one hypomanic episode (AND 1 depression in the absence of lifetime mania)

Manic episode

- A distinct period of abnormally and persistently elevated, expansive or irritable mood (+ energy and activity), lasting at least 1 week (or any duration if hospitalization is necessary)
- During the period of mood disturbance, 3 (or more) of the following symptoms have persisted (4 if the mood is only irritable) and have been present to a certain degree
  - Inflated self-esteem or grandiosity
  - Decreased need for sleep (eg feels rested after only 3 hours of sleep)
  - More talkative than usual or pressure to keep talking
  - Flight of ideas or subjective experience that thoughts are racing
  - Distractability (ie attention too easily drawn to unimportant or irrelevant external stimuli)
  - Increase in goal-directed activity (either socially, at work or school, or sexually), psychomotor agitation
  - Excessive involvement in pleasurable activities that have a high potential for painful consequences (eg engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

Manic episode

- The mood disturbance is sufficiently severe to cause marked impaiment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features
- Not attributable to te physiological effects of a substance or another medical condition

Hypomanic episode

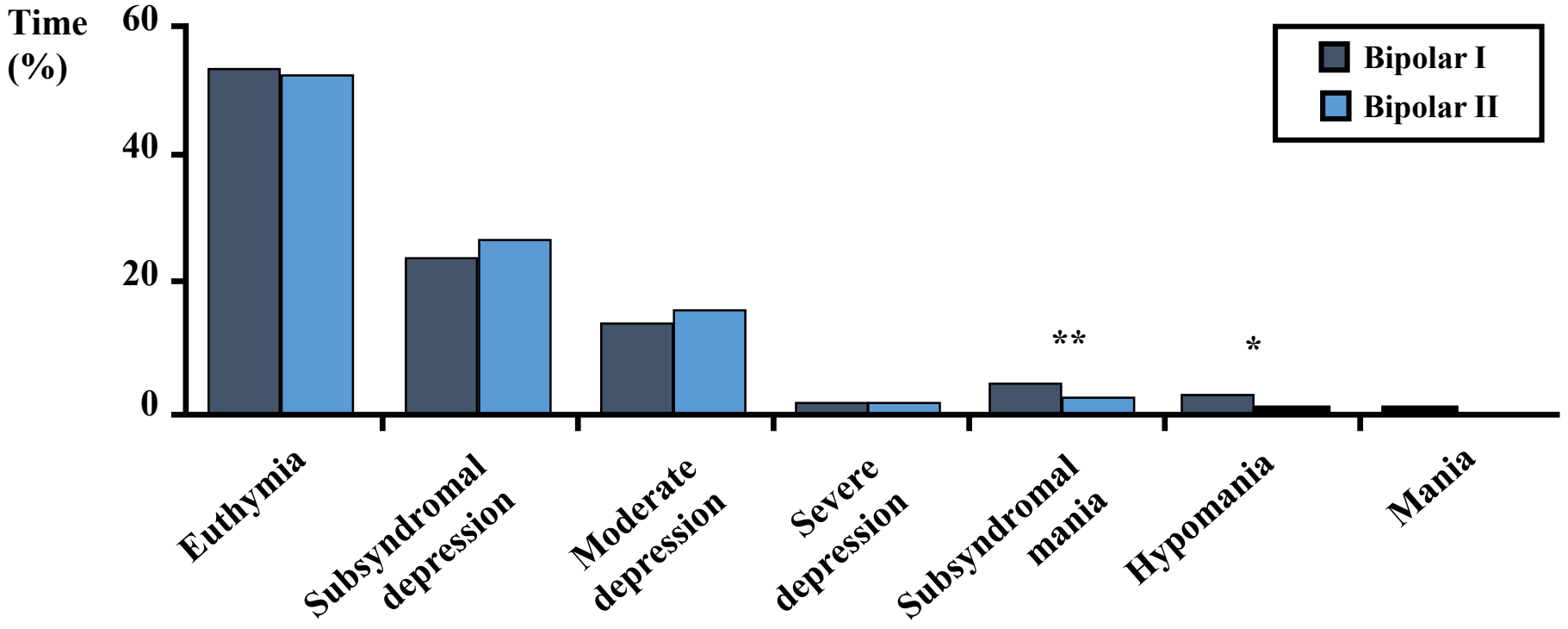
- A distinct period of abnormally and persistently elevated, expansive or irritable mood (+activity or energy), lasting at least 4 consecutive days
- During the period of mood disturbance, 3 (or more) of the following symptoms have persisted (4 if the mood is only irritable) and have been present to a certain degree
  - Inflated self-esteem or grandiosity
  - Decreased need for sleep (eg feels rested after only 3 hours of sleep)
  - More talkative than usual or pressure to keep talking
  - Flight of ideas or subjective experience that thoughts are racing
  - Distractability (ie attention too easily drawn to unimportant or irrelevant external stimuli)
  - Increase in goal-directed activity (either socially, at work or school, or sexually), psychomotor agitation
  - Excessive involvement in pleasurable activities that have a high potential for painful consequences (eg engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

Hypomanic episode

- The mood disturbance is not sufficiently severe to cause marked impaiment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization, and there are no psychotic features
- Not attributable to te physiological effects of a substance or another medical condition

Depressive episodes and subsyndromal symptoms predominate in bipolar disorder

- Patients spent approximately half their time euthymic
- Subsyndromal depressive symptoms are common

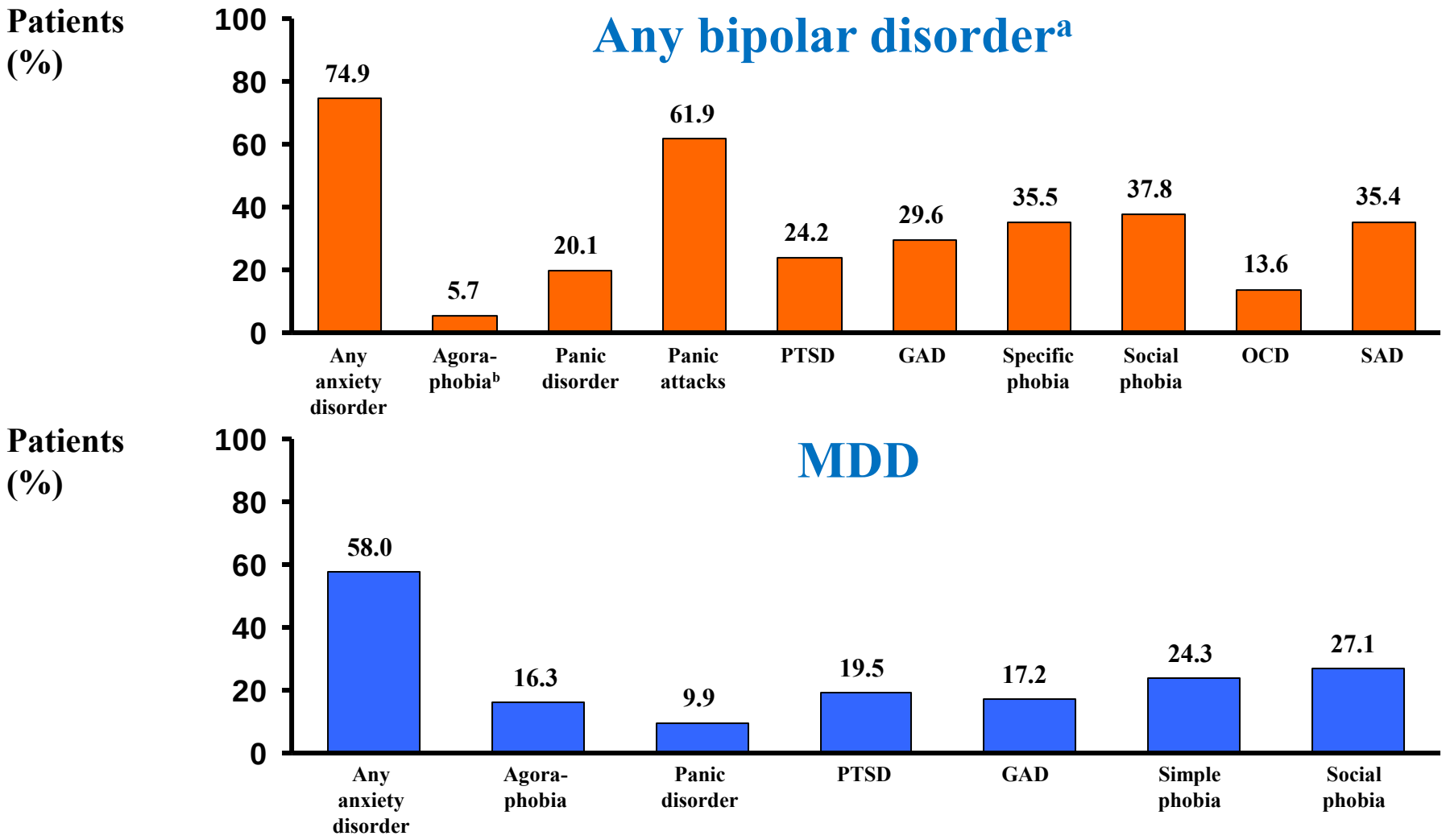


Time spent in different mood states: bipolar I vs bipolar II

n=138; *p<0.05; **p<0.01

Joffe et al 2004

Psychiatric comorbidity in bipolar disorders



[a]Includes sub-threshold bipolar disorder, bipolar I disorder and bipolar II disorder
[b]Without panic

Kessler et al 1996
Merikangas et al 2007

Epidemiology of Bipolar & Unipolar Disorder

Oxford Textbook of Psychiatry

Lifetime Risk	Bipolar Disorder about 2% (3% to 5%)	Unipolar Disorder 5 - 10% 5% to 15%)
Sex ratio (F:M)	1:1	2:1
Substance abuse	40% to 60%	30% to 40%
MZ twin concordance	85%	40% to 45%
First degree relatives : Lifetime risk for bipolar disorder	about 10%	about 2%
First degree relatives : Lifetime risk for unipolar disorder	10 - 15%	10 - 15%
Average age of onset	21 years	27 years

Unipolaire vs Bipolaire Depressie

Kenmerk	Unipolaire Depressie	Bipolaire Depressie
Aard Depressie	Duur 6-12 m, recurrentie in 2/3 pts Psychotische depressie minder frequent	Duur 3-6 m^3 , recurrentie in 95% pts Psychotische depressie grotere frequentie
Suicidaliteit	pogingen(3.5-25%)	Hogere suiciderisico(minstens 25% TS; tot 20% zelfmoorden)

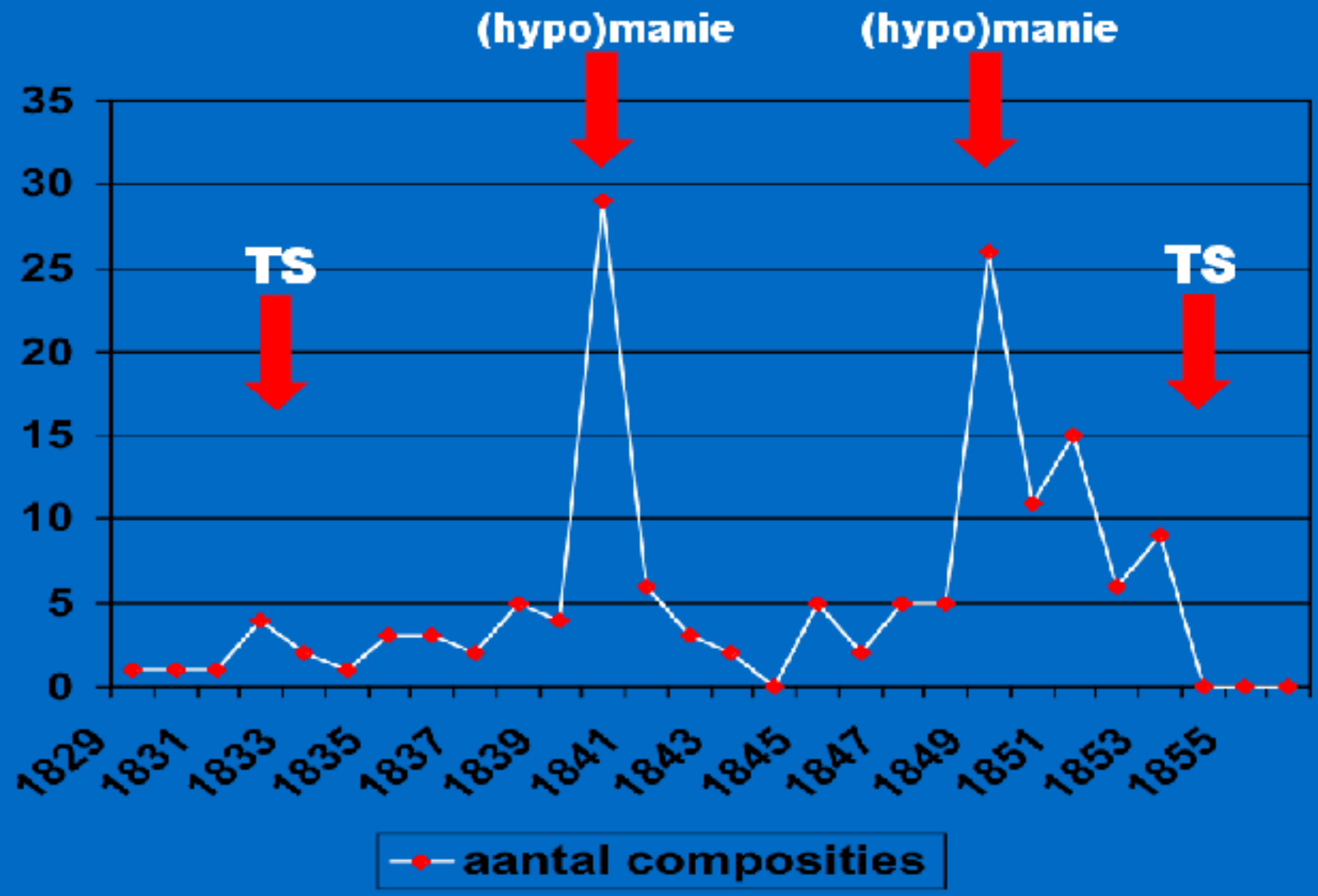
Enkele bekende patienten …

Hans Christian Andersen
Ernest Hemingway
Charles Dickens
Emile Zola
Victor Hugo

George Frederich Händel
Ludwig Von Beethoven
Gustaf Mahler
Hector Berlioz
Sergey Rachmaninoff
Robert Schumann
Peter Tchaikovski
Kurt Cobain
Cole Porter

Paul Gauguin
Michelangelo
Vincent Van Gogh
Monticelli
Jackson Pollock
Andy Warhol

Robert Schumann



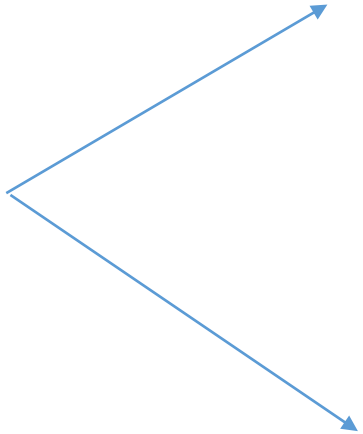
Prognose en verloop

- 35 jaar follow-up

- 64% goed
- 14% redelijk
- 22% niet goed (klinisch & sociaal)

Tsuang MT ea 1979, *Arch Gen Psychiatry*, 36, 1295

Differentieel diagnostisch



bipolair / borderline

bipolair / ADHD

Bipolar Disorder	Borderline Personality Disorder
Onset in teens or early 20s	**No defined onset**
Spontaneous mood changes	Mood changes **precipitated** by internal or external events
Euthymic, dysphoric, anxious and elated mood shifts	Euthymic, dysphoric, anxious and **angry** mood shifts **but elated mood is rare**
Episodic impulsivity and risk-taking	**Chronic impulsivity** and risk-taking
Episodic suicide attempts related to depressive episodes	**Recurrent suicidal gestures** associated with both depression and internal/external precipitants
Self-mutilation rare	**Self-mutilation** common
Endorse 'depressed mood' as descriptor	Endorse '**emptiness**' as descriptor
Family history of bipolar I or II or recurrent depression	**Family history negative** for bipolar I, II and recurrent depression

Yatham L, et al. *Bipolar Disord* 2005: 7 (Suppl. 3): 5–69.

- Stemming vs aandacht/ impulsiviteit - hyperactiviteit
  - ADHD is *attention/ impulsivity – hyperactivity* disorder
  - Bipolaire stoornis is een *stemmingsstoornis*

- Continu vs cyclisch
  - ADHD patiënten hebben *persisterende problemen* in aandacht/impulsiviteit/hyperactiviteit
  - Bipolaire patienten hebben *cyclische veranderingen* in hun stemming : depressieve en manische fasen

- Aanvang van symptomatology
  - ADHD patientsen moeten sommige symptomen reeds vertonen *op 7 jaar tenminste 6 maanden lang*
  - Bipolaire patienten zullen *meestal een depressie* doormaken tijdens adolescentie of zelfs kindertijd

Sachs GS, et al. *Am J Psych* 2000;157(3):466-468.
Giedd JN, *J Clin Psych* 2000;61 (suppl 9):31-34.