



Healthy Mind
Explore the power of the mind

BIPOLAR & RELATED DISORDERS

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DISCLOSURES

- This session is a sponsored session.



OUTLINE

- History.
- Prevalence.
- Risk & Prognostic Factors.
- Signs & Symptoms.
- Differential Diagnosis.
- Investigations.
- Management.



HISTORY

- Hippocrates (460-337BC) Melancholia & Mania. Physician Aretaeus –brain dysfunction cited.
- Described by Jean-Pierre Farlet in 1851 termed as “folie circulaire”; interval present.
- Jules Baillarger described “Folie a double forme”- mania & melancholia change into each other; no interval.
- Manic Depressive Insanity –Kraepelin- Single episodes of mania or depression or a complement of many episodes of each which was incorporated into DSMI –III.
- DSM5 –TR Bipolar & Related disorders



DSM CLASSIFICATION

- DSM I:1952 –Manic Depressive Reactions.
- DSM II: 1968 – Manic Depressive Illness.
- DSM III:1980 – Manic Episode & Bipolar Disorder.
- DSM III-TR(1987)- Bipolar Disorder & Hypomanic Syndrome.
- DSM IV:1994 –Bipolar Disorder & a Mixed Episode.



DSM CONTD...

- DSM 1V-TR: 2000: Bipolar Disorders
- DSM 5 : 2013 –Bipolar & Related Disorders
- DSM 5 TR: 2022: Current classification

Behav Sci(Basel).2016 Sep;6(3):14

(Historical Underpinnings of Bipolar Disorder Diagnostic Criteria)

DSM5 Fact sheets



DISORDERS

- Bipolar I
- Bipolar II
- Cyclothymia
- Bipolar mood disorder due a general medical condition.
- Substance/drug induced bipolar disorder
- unspecified Bipolar Mood Disorder
- Unspecified Mood Disorder –residual category e.g. Acute Agitation



MANIA

Euphoria/Irritability (3/4 out of 7 symptoms)

DIG FAST

- Distractibility
- Impulsivity
- Grandiosity
- Flight of Ideas
- Activity
- Sleep
- Talkativeness



MANIA VERSUS HYPOMANIA

Parameter

Duration

Mania

One Week or any duration if hospitalization required.

Hypomania

Four Days

Dysfunction

Social or occupation

Unequivocal

Disturbance in mood/ change in functioning

Observable by others.

Psychotic Features

Present

Absent

Not attributable to drug, substance or Medical condition

Requirement

Requirement



DEPRESSION

SIGECAPS (5/9 symptoms for 2 weeks)

Depressed mood plus

- Sleep
- Interest
- Guilt
- Energy
- Concentration
- Appetite
- Psychomotor Retardation
- Suicide



CYCLOTHYMIA

Adults

- 2 years
- Hypomania episodes
- Depressed episodes

Children

- 1 year
- Hypomanic episodes
- Depressed episodes



DSM 5 SPECIFIERS

Specifier	Manic Episode	Depressive Episode
Anxious Distress	X	X
Mixed Features	X	X
Melancholic features	-	X
Atypical Features	-	X
Psychotic Features	X	X
Catatonia	X	X
Peri-partum onset	X	X
Remission	X	X
Current Episode Severity	X	X
Rapid Cycling	ILLNESS COURSE	ILLNESS COURSE
Seasonal Pattern	ILLNESS COURSE	ILLNESS COIURSE



EPIDEMIOLOGY

World Mental Health Survey (lifetime & 12-month prevalence)

- Bipolar I: 0.6%, 0.4%; Male: Female ratio =1:1
- Bipolar II: 0.4%, 0.3% ; Females >Male
- Age of onset: Late adolescence & early adulthood (Avg -25 years)



RISK FACTORS

- High income > Low income.
- Marital Status: Separated/divorced/Widowed.
- Genetic.



ETIOPATHOGENESIS CONTD...

- Epigenetics –Myelination, Maturation
- Environmental Factors: Early trauma, Substances, Stressful events.
- Neuronal Changes: Hyperexcitability, Mitochondrial malfunction, dendritic spine loss, altered membrane permeability, endoplasmic reticulum stress.
- Circuitry & brain matter –Frontotemporal brainloss, axonal pathology, default-mode network deactivation failure, disturbed emotional processing.



SUICIDE RISK

- 15 fold that of the general population.
- Bipolar II accounts for 1/4 of completed suicides. Associated with more suicide attempt & increased depressed days in the past year.
- 1% attempt suicide by lethal means.



FACTORS IN BIPOLAR ASSOCIATED WITH...

Variable

Sex
Age
Race
Marital Status
Age of Onset
First Episode Polarity

Suicidal Attempts

Female
Younger
Minorities –youth only
Single, Divorced, single parents
Younger
Depression
Mania – more violent attempts

Suicide Deaths

Male
Older
-
-
-
-
Depressed, Mixed
Manic with psychotic features

Current episode polarity

Depressive,
Mixed



FACTORS ASSOCIATED CONTD..

Variable

Psychiatric co-morbidity

Personality Disorders

Physical comorbidity

Early life trauma

Suicidal Attempts

Substance use disorder

Anxiety Disorder

Eating Disorder

Borderline or Cluster B

Obesity or High BMI

Childhood abuse

Suicidal deaths

Anxiety Disorder



FACTORS ASSOCIATED CONT..

Variable

Psychosocial Precipitants

Suicidal attempts

Interpersonal problems
Occupational problems
Bereavement
Social Isolation

Suicidal deaths

Present within 1 week of death.

Sexual dysfunction

Present

Episode Characteristics

Rapid cycling, Anxiety, Atypical features, Suicidal ideation.

Hopelessness
Psychomotor retardation.



DIFFERENTIAL DIAGNOSIS

- Major depressive disorder.
- Dysthymia.
- Psychotic Disorders (Schizophrenia, schizoaffective, delusional disorder).
- Borderline Personality Disorder.
- Narcissistic Personality Disorder.
- Antisocial Personality Disorder.



CO-MORBIDITIES

- Substance Use Disorder
- Anxiety Disorders
- Personality Disorders
- Impulse control disorders (ADHD, ODD & CD).



INVESTIGATIONS

Laboratory

TBC

Fasting glucose

Fasting lipid profile

Renal functions

Calcium

Hepatic functions

Urinalysis

Urine toxicology for substance use

Thyroid Stimulating hormone

Prolactin

Cardiac Function

Electrocardiogram > 40 years if indicated.

Echocardiogram.

Imaging

CT Brain or MRI brain



CASE VIGNETTE

Symptoms

Ran away from Home. Siblings, father want to kill her.

Insomnia.

Being Spiritually gifted, gifted in writing, research.

Being smart, can only fly.

Wants to stay in the facility as a holiday home.

Wealthy father, wants to start a ranch.

Mental Status Exam

Flamboyant

Eye contact: Maintained

Rapport: Established with difficulty.

Speech: pressure of speech, increased rate, tone.

Mood: Euphoric

Affect: Appropriate

Thought process: Flight of ideas, Circumstantiality.

Thought content: Grandiose, Paranoid

Personal Data

M.K

29YRS

FEMALE

SINGLE

D.O.A: 10.9.2023



TREATMENT GUIDELINES

Canadian Network for Mood & Anxiety Treatments (CANMAT) & International Society for Bipolar Disorders (ISBPD) 2018 Guidelines for Patients with Bipolar Disorder.

Bipolar Disorders 2018; 20:97-170



LEVELS OF EVIDENCE

- Level 1: Metaanalysis with narrow confidence interval or replicated DB, RCT n>30
- Level 2: Metaanalysis with wide confidence interval one DB n>30
- Level 3: At least one double blinded RCT (n =10-29)
- Level 4: Uncontrolled trial, anecdotal reports, expert opinion



ADJUNCTIVE PSYCHOTHERAPIES

Psychotherapy

Psychoeducation

CBT
Family Focused Therapy

Interpersonal & Social Rhythm
Therapy

Peer Support

Cognitive & Functional Remediation

Dialectical Behavioural Therapy (DBT)

Family/Caregiver Interventions

Mindfulness based Cognitive Therapy

Online interventions

Maintenance

First line (level 2)

Second line (level 2)

Second line (level 2)

Third line (level 2))

Third line (level 2)

Insufficient

Insufficient

Insufficient

Insufficient

Insufficient

Depression

Insufficient

Second line (level 2)

Second line (level 2)

Third line (level 2)

Insufficient

Insufficient

Insufficient

Insufficient

Insufficient

Insufficient



ACUTE MANAGEMENT OF BIPOLAR MANIA

First line- MonoRX

Lithium
Quetiapine
Divalproex
Asenapine
Aripiprazole
Paliperidone (>6mg)
Risperidone
Cariprazine

Fist line CombiRx

Quetiapine +Li /DVP
Aripiprazole + Li/DVP
Risperidone+Li/DVP
Asenapine +Li/DVP

Second Line

Olanzapine
Carbamazepine
Olanzapine +Li/DVP
Ziprasidone
Haloperidol
ECT



ACUTE BIPOLAR I DEPRESSION

First line

- DVP
- SSRIs/Bupropion (adj)
- ECT
- Cariprazine
- Olanzapine-fluoxetine

Second line

- Quetiapine
- Lurasidone+Li/DVP
- Lithium
- Lamotrigine
- Lurasidone



MAINTENANCE

First line

- Lithium
- Quetiapine
- Lamotrigine
- Asenapine
- Quetiapine+Li/DVP
- Aripiprazole +Li/DVP

Second Line

- Olanzapine
- Risperidone (LAI)
- Carbamazepine
- Paliperidone
- Lurasidone



BIPOLAR MANIA

Third Line:

- Carbamazepine/Oxcarbazepine +Li/DVP
- Chlorpromazine
- Clonazepam
- Haloperidol + Li/DVP
- rTMS



ACUTE MANAGEMENT OF BIPOLAR II

First line

Quetiapine

Second Line

Lithium

Lamotrigine

Bupropion (adj)

ECT

Sertraline

Venlafaxine

Third Line

Agomelatine

Bupropion

DVP

Fluoxetine

Ketamine

Pramipexole

Thyroxine

**Paroxetine NOT RECOMMENDED



SIDE EFFECTS (1)

- Weight gain: Carbamazepine, lamotrigine & Lurasidone are associated with less weight gain.
- Gastrointestinal symptoms: Nausea, vomiting & diarrhoea with lithium & divalproex.
- Renal toxicity: Lithium.
- Hematological effects: Carbamazepine –risk of leucopenia, Clozapine.



SIDE EFFECTS (2)

- Cardiovascular effects: Lithium-QT elongation, clozapine-myocarditis, dilated cardiomyopathy, pericarditis.
- Endocrine effects: Lithium- hypothyroidism, hyperparathyroidism. Valproate- oligomenorrhoea & hyperandrogenism.
Hyperprolactinaemia-Risperidone, amisulpride & paliperidone more likely & in the long term gynecomastia & osteoporosis.
- Cognition- Lithium, lamotrigine.



SIDE EFFECTS (3)

- Sedation
- Metabolic syndrome, Dyslipidemia: olanzapine & clozapine have greatest risk. Lithium & valproate associated with weight gain. Minimal impact of aripiprazole & lurasidone.



MEDICATIONS & INVESTIGATIONS

- Antipsychotics
- Mood Stabilizers
- Antidepressants
- Laboratory – Serum lithium levels, lipid profile, HBA1C
- Imaging/ Referral to other specialists.



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THANK YOU!

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