

It's living life on a roller coaster. Welcome to SBH Bronx Health Talk produced by SBH Health System and Broadcast from the beautiful studios at St. Barnabas hospital in the Bronx I'm Steven Clark. Imagine climbing to the top in a roller coaster and the terrifying feeling as it drops down at lightning-fast speeds. This is what it's said to be like having bipolar disorder or manic depression as it was once called. Bipolar disorder is a brain disorder that causes unusual shifts in mood, energy, activity levels, and ability to carry out day-to-day tasks. It's believed to have affected well-known people like Winston Churchill and Vincent van Gogh, and contemporary celebrities like Mariah Carey and Demi Lovato. According to the National Institutes of Health bipolar disorder affects an estimated 1 to 2 percent in the US, and as high as 15% of people with bipolar disorder will die of suicide. With us today to discuss bipolar disorder is Dr. Daniel Roman, a psychiatrist at SBH Health System, welcome Dr. Roman.

Thank you

These are some statistics that 15% of people with bipolar disorder could attempt suicide or could end up killing themselves.

Yes, that sounds pretty accurate.

So, let's talk I know there's several different types of bipolar disorder without getting too technical, what do those include?

There are actually only two types, one is bipolar one disorder, the other one is bipolar two disorder. Bipolar one is more severe and usually requires hospitalization at one point or another for patients, bipolar two is less severe, and the main difference is that bipolar 2 has hypomania and bipolar one has mania for manic episode.

Ok so again, what's the difference between someone who's diagnosed as having bipolar disorder, and somebody who is emotional or mercurial or has ups and downs? Is there a difference?

Well bipolar, I'll mention some of the criteria that we need for patients to be diagnosed with bipolar disorder. We need one episode in their lifetime of what is called mania to diagnose bipolar disorder. So I'll describe a little bit the symptoms that that implies, so patients when they are in a manic episode they have a very high level of energy, they don't need to sleep much for it. Some of them can be up for two or three days without sleeping and they still don't feel tired. their mood their emotional state is either fantastic, they feel like they're on top of the world or some more rarely can be irritable, and easily angered, their speech gets very fast and difficult to interrupt, they have what we call racing thoughts, that means lots of ideas coming to their head all at once to the point that it's difficult to concentrate on anything. Typically they also have risky behaviors, such as unprotected sex or drinking and driving and usually we need these symptoms to last for about a week to diagnose a manic episode, but it's not always

required.

Do you have to see it in order to diagnose it or we just have to hear about it?

Well we usually see it when patients are brought to the hospital, but we can hear about and and it doesn't resolve by itself, so that's what happens when we get the patient's to the hospital we can diagnose by history as well, and that's a very good question because most of the patients with bipolar disorder spend the most time in the depressive phase of their illness. Some other where bipolar disorder will not ever be always manic mania alternates with depression, so if you see them in a in a depressive phase we will not see those symptoms that I mentioned above, we'll see the opposite so we with yeah, we don't really need to see it necessarily

How often do these episodes typically last?

Not treated, they can last for a long time; you know even weeks, or more. If treated usually there is all within a week, two weeks, it depends on how patients respond to medication, but yes some of the some patients do not somehow they have enough support, or they they don't end up in the hospital, so they can last you know a pretty long time maybe even a month, two month depending on how severe they are.

Does something trigger it? A trigger either a high or a low like this? Something in their life we're just sort of bang it

happens?

Dr. Roman: Not necessarily not necessarily, depression is sometimes triggered by some some event or some stressor, bipolar mania did not necessarily, it's a biological illness. Of course any stress in someone's life can you know make it worse, can exacerbate it, it doesn't have to have any specific trigger

When you say a biological illness is it like a chemical imbalance?

some neurotransmitters in the in the brain that are you know, malfunctioning, yes.

Does it tend to run in families as of genetics?

Yes, absolutely yes, there's a big genetic component to bipolar disorder, yup.

Is it different? We used to call about you know Jekyll Hyde Syndrome is this sort of the same thing?

I don't know what a Jekyll Hyde Syndrome would be.

well you know the two characters Dr. Jekyll and Mr. Hyde

uh-huh

Where it's basically two different personalities, or is that a little different? Because I guess you're dealing with

personalities versus highs and lows.

I mean that, I don't really see it as a personality component necessarily. I mean personality is one thing and bipolar disorder is kind of another aspect of someone's psychiatric, of someone's mental health let's say, so no not necessarily you can have for example someone that is an optimist or someone that you know is angry person all the time and they can both have bipolar disorder.

Okay. Is there a certain age when this starts to display itself?

Yes, usually the onset is 18,20 to early 20s it's maybe sometimes late 20s, it's rare that someone will start having bipolar disorder after their 30s.

Is there a precursor to it, are these people who tend to be more emotional, or tend to be obsessive, or anything or just comes out of nowhere?

I don't think so, not necessarily there's a correlation that is described between ADHD in childhood or teenage years, who can develop later on into bipolar. Yeah

So when is it time to see a doctor?

well as soon as you know that the patient or someone close to them notices such symptoms.

Steven: Is there a stigma out there? Are people afraid to get medical help?

Of course there's stigma associated with all all the mental illness, is not just bipolar but by bipolar disorder as well. Yes, people are afraid to you know to have a to be judged, to have a mental illness, to have to have a psychiatrist, to be on medications, many times people do not take medications because of the stigma associated with it, that's a big problem.

Okay, so when they come to the hospital how do you treat them?

We treat them, it depends a lot on what phase they come with, most of the time they come, what requires admission is the manic episode of the illness which I described earlier not the depressive one but that sometimes too. So we treated with what we call mood stabilizers, these are medications that will tone, make the the the mood more stable to have less ups and less downs. The classic one and it's still considered well standard for a manic episode is called Lithium, that's a very old medication still very effective and we have a few other ones of a Valproic Acid, Tegretol is another one, Trileptal, Limotrigine, and these are you know newer medications.

Do you keep them in the hospital until they're stabilized typically

uh huh

and then so it may be typically it's a short period of time right?

It really varies, every patient responds differently to medication sent to you know the inpatient setting. I would say on average a week, two weeks

Really? That long?

Rarely more than that yeah

But but I guess certain patients just by evaluating them and describing meds don't have to be hospitalized right?

Sometimes they don't, yeah. I mean they usually end up you know seeing a psychiatrist in some setting you know it's usually in the ER or an outpatient referral from the emergency room, that's how they usually you know they get in contact with the first time at least with a provider and yes some of them you don't they don't require necessary hospitalization that's true.

Do many come through the emergency department here?

Yes

In other words, there's been an episode that has, I guess caused enough concern that they end up in the emergency room.

Correct

Is it sometimes as a result of the school or the police intervention?

uh huh can be a variety of ways you know by standard, from school, families, the police, at work, anything you know, any sending where they can someone notices, you know some interferes with a work, the patients will work. In this context it's I think useful to mention that patients with bipolar disorder can be very high-functioning, they can be CEOs, people working in arts, and they with treatment, they can function very well and have very productive lives. It's a little different compared to schizophrenia, where the patients are usually not very few can manage to be high functioning. In bipolar disorder is very possible so it can be treated and patients can be basically without symptoms.

Do these patients tend to have delusions?

They can they can in both phases of the manic phase or the depression; they can become delusional as well that's usually when it's more severe. For mania, it's usually the delusions are what we call the delusions of grandeur OCD, they feel like they have super power, or they are God, or they can cure things, or that they are someone famous, there can be other delusions and they can be they can have delusions in in the depressive phase as well.

In addition to medication do you psychotherapy?

Of course we don't psychotherapy for, you know, every mental illness and bipolar disorder included yes. Usually it's done at St. Barnabas at least and in many hospitals is done by the psychology department, but by the doctors as well.

I did a little reading on this which is probably a little dangerous, but electroconvulsive therapy, is that something you also do?

It can be done for severe bipolar, for severe mania, for severe depression it is still done it can be very effective, yes.

Steven: What exactly is that?

It's some control, basically seizures in a you know control setting, usually an anesthesiologist is present and it's done by a psychiatrist or its induced seizures. They are usually a couple of times a week there's induction therapy, you have to do a number of sessions for a few weeks and then you know subsequently it's more not as not as frequent, yes it's done mostly, it's done for bipolar disorder, for depression, for schizophrenia, but can be very effective for bipolar disorder too, big stigma associated with that as well.

Now again, if left untreated there are certain risk factors, right? I mean you mentioned that earlier, what are some of

the concerns that you have if patients do not come and see a doctor?

Well in the manic phase of these patients can be very impulsive, they can you know run, they can drive recklessly, they can they can spend and that's very common actually I forgot to mention that risky behavior is also spending, they can lose all their money, they can give their belongings away, you know make decisions that are really not not good, they can end up in jail that that happens suicide, homicide, I mean it can, yes, can be very dangerous.

So the bottom line is you gotta see a doctor. If you're concerned, if you believe that you are a loved one, or may have a condition like this are there any resources that you would recommend?

The main one that I give patients or families is called NAMI the National Alliance on Mental Illness. They have also offices and various support groups across the country. They have a famous NAMI walk on suicide, I'll mention the website that I have for New York at least, they have a national one also. so it's NAMINYCMetro.org, they have telephone numbers as well there.

Okay, thank you Dr. Roman for joining us today at SBH Bronx Health Talk for more information on services available at SBH Health System visit www.SBHNY.org and thank you for joining us today have a good one. Bye.