



Exploring both poles of bipolar mood disorder

We all have our ups and downs but if your mood swings are extreme, you may have bipolar mood disorder. And your medical scheme must help.

What is bipolar mood disorder?

Bipolar mood disorder, commonly called bipolar, is a type of mood disorder. It used to be called manic depression and the term is still often used.

If you suffer from bipolar, you go from feeling sad, hopeless, helpless and worthless (depression) to feeling on top of the world, hyperactive, creative, irritable and grandiose (mania) either very often, or within short periods of time. The disease is called *bipolar* mood disorder because your mood alternates between opposite poles, namely euphoric happiness and extreme sadness.

What are the signs and symptoms of bipolar?

People in the manic phase feel indestructible, full of energy, and ready for anything. They make unrealistic plans, go on spending sprees, and display generally reckless behaviour. They may sleep and eat less than usual, stay up all night but not accomplish much (because they are easily distracted), and talk fast but jump between thoughts. They may not be able to stop talking and moving. People in the manic phase find it difficult to control their temper and can be extremely irritable and agitated. Their self-esteem and self-confidence may be inflated.

They may display poor judgement due to inappropriate optimism and make decisions without proper consideration. Their clothing choices may also change; the person in a manic phase may start wearing brighter, more flamboyant colours. They often have delusions of grandeur and in severe cases suffer from hallucinations. People in the manic phase are usually unable to function in their normal day-to-day lives.

Hypomania is a milder form of the manic phase which either precedes the manic phase or replaces it. People affected by this phase have many of the same features as those in the manic phase but they are still able to function in their normal day-to-day lives. It may even seem as if they are more productive than usual.

Most people in the manic phase of bipolar deny that anything is wrong with them and refuse to see a medical professional. Although the manic phase is said to alternate with depression, most people with bipolar have more depressive episodes than manic ones. The

depression phase may include extreme sadness and crying spells, excessive worrying and feelings of guilt. Those affected may sleep too much or have difficulty sleeping and this may result in a loss of energy. A person in the depression phase often has no interest in food and can therefore lose weight, although some people may eat excessively. Once in the depression phase, people withdraw from friends and stop practising the hobbies and activities which used to bring them pleasure. They feel hopeless, helpless, pessimistic, negative and worthless.

'Treatment may also include psychotherapy sessions which focus on giving the patient a better understanding of their disorder so they can manage it better.'

Some develop chronic pain or other bodily complaints that do not have any physical cause. Depressed people do not see a point in living and may actually think about ways to kill themselves.

Research shows that if bipolar is left untreated, there is a 15% chance that the person will commit suicide. The risk of attempted suicide is nearly 10 times higher in patients with bipolar than in the general population.

Most people with bipolar alternate between the two extreme phases every few weeks or months. In rare cases people cycle several times a day. This is called rapid cycling.

How is bipolar diagnosed?

There are no blood tests or X-rays to diagnose bipolar. Diagnosis is made on the basis of all signs and symptoms. Certain tests may be ordered to rule out medical conditions which could cause mood swings, especially when the first manic episode occurs after the age of 40. These are blood and urine tests to check the balance of electrolytes and blood glucose in the body, the hormone function, blood cell counts, and drug and alcohol levels. A Computed Tomography (CT) scan or Magnetic Resonance Imaging (MRI) scan of the head may be ordered to check for blood clots, bleeding, or tumours.

How is bipolar treated?

Treatment of bipolar is complex and may include the use of mood-stabilising medicine, anti-depressant drugs, and anti-psychotic drugs (drugs used to treat hallucinations and delusions). Treatment may also include psychotherapy sessions which focus on giving the patient a better understanding of their disorder so they can manage it better.

How must your scheme help?

Bipolar is included on the Chronic Diseases List (CDL) and it has a specific medicine algorithm, both outlined in the Medical Schemes Act 131 of 1998.

The prescribed minimum benefit (PMB) Regulations in the Medical Schemes Act specify that bipolar be treated with hospital-based management of up to three weeks per year or outpatient psychotherapy of up to 15 sessions per year.

The diagnostic tests (blood and urine tests, and scans) which are ordered to exclude physical causes of the symptoms must also be funded as part of the PMB level of care for bipolar.

Prescribed minimum benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them.

A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment.

PMBs include 270 serious health conditions, any emergency condition and 25 chronic diseases; they can be found on our website by accessing the link provided (www.medicalschemes.com/medical_schemes_pmb/index.htm).

Reference

eMedicineHealth - http://www.emedicinehealth.com/bipolar_disorder/article_em.htm

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