



Bipolar diagnosis eludes many who suffer from the disorder

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Cleveland Cavaliers guard Delonte West revealed his struggle with bipolar disorder after he was arrested in Maryland last month. After some unexcused absences, he has taken time to receive treatment with the support of the team.

You may have a picture in your head of what the ups and downs of bipolar disorder look like, but odds are that picture is wrong.

The wild swings between high-as-a-kite elation and pits-of-despair depression that most of us think of as manic depressive behavior are typical only of the minority of bipolar patients.

Experts say the bulk of people with bipolar, between 6 million and 8 million in the United States, have much more subtle or complex manic episodes, and the vast majority are probably undiagnosed and misunderstood because of it.

Cavaliers guard Delonte West's struggle with bipolar disorder became public late last month when he was arrested in Maryland for cutting off a police cruiser while riding his motorcycle at high speed and carrying a loaded shotgun and two other loaded weapons.

He is scheduled to appear in court in November.

West revealed to fans in March that he is bipolar while answering a series of questions on the team blog cavfanatic.com. After unexcused absences from training camp this season, he has taken time to receive treatment with the support of the team.

Reckless driving is fairly common in manic episodes, which can

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More Information

If you're concerned that you or someone you care about may have symptoms of bipolar disorder, the first step is to get more information, said Dr. Joseph Calabrese, co-director of the Bipolar Disorders Research Center at University Hospitals Case Medical Center.

He recommends the **Depression and Bipolar Support Alliance**. You can also go to the **National Institute of Mental Health** or the **National Alliance on Mental Illness**, or call NAMI Ohio at 1-800-686-2646.

While many family physicians treat depression, "people with bipolar frequently need more intensive care," Calabrese said.

include other impulsive behavior such as spending sprees and gambling, a decreased need for sleep, racing thoughts, physical agitation and increased talkativeness, and sometimes overly inflated confidence, delusions, and hallucinations.

Bipolar got its name from its two-headed nature -- sufferers swing or "cycle" from one pole of the mood spectrum (depression) to the opposite (mania), with periods of normal mood in between. But nothing about the disease is simple.

It's the manic episodes that lead to a diagnosis of bipolar disorder and make sufferers different from those who have "pure" depression, said Dr. Stephen Pariser, director of the Mood Disorders Clinic at Ohio State University Medical Center.

While some types of mania are easy to recognize -- people who become suddenly euphoric, excessively talkative and energetic without sleep -- others are equally or more common and less obvious, complicating and delaying diagnosis, he said.

About 2.3 million people in the United States, or 1 percent of the population, have what experts call Bipolar I, which means that they have experienced at least one episode of severe mania, according to the National Institute of Mental Health.

About the same number of people have Bipolar II, called hypomania because manic episodes are less severe and don't involve delusions or hallucinations.

The majority of people with bipolar, though, have even milder highs that may be barely noticeable. These people are often called "sub-syndromal" or "soft-spectrum" bipolar patients, and may make up between 3 to 5 percent of the U.S. population, or some 6 million to 8 million people.

The difference between the three types of bipolar is a

care, Calabrese said.

If you or someone you know is suicidal or is experiencing a severe manic or depressive episode, seek help immediately. Get to an emergency department, or call Cuyahoga County's 24-hour Mental Health Crisis hot line at 216-623-6888.

Bipolar basics

Bipolar disorder, commonly known as manic depression, is characterized by alternating periods of depression and mania, which are episodes of excessive energy and either euphoric or irritable mood.

- **Prevalence:** Bipolar disorder affects about 5 to 7 percent of the population across the world, in every culture and every nation.

- **Causes:** Like schizophrenia, it is likely that bipolar runs in families: some estimate that 80 percent of the illness is genetic and 20 percent is influenced by the environment.

- **Diagnosis:** Typically emerges in late adolescence or early adulthood, but can begin earlier. It may take between 6 and 12 years for patients to get a proper diagnosis of bipolar disorder because of difficulty recognizing manic episodes. Mania can be subtle, can be obscured by drug or alcohol abuse, or can be simply overlooked by physicians.

- **Risk factors:** Anyone with a family history of bipolar disorder, early onset of mood episodes (either mania or depression), or a great number of mood episodes is at risk for bipolar disorder.

Anyone with depression should be aware of the possibility of bipolar, because using antidepressants when you are bipolar can make the illness worse.

Sources: *National Alliance on Mental Illness, National Institute of Mental Health*

matter of degree, said Dr. Joseph Calabrese, co-director of the Bipolar Disorders Research Center at University Hospitals Case Medical Center.

The more common mild highs can be hard to recognize because they aren't as severe, and the energy boost or "extra oomph" can be somewhat desirable.

"A mild high would look like everything you and I and everyone else would like to live in," he said. "So it's like being on a little bit of cocaine, but not too much."

Jane Pauley, who revealed her own struggle with bipolar in 2004 when she published her memoir "Skywriting" said her manic episodes were strange only to her. "New Yorkers, by reputation, are fast-talking, assertive and easily annoyed; I fit right in," she wrote.

The problem is, like all euphoric manic episodes, the good feeling goes away, and never really feels under control, said David Miklowitz, professor of psychiatry at the UCLA Semel Institute and author of "The Bipolar Disorder Survival Guide."

"I've heard mania described as being on a carousel that's going out of control," he said. "At first it feels good and exciting, but then it just feels like you're running too fast and you start getting tearful and angry."

Same symptoms, different feelings

For some bipolar patients, mania never feels good. People with dysphoric mania, sometimes called "mixed" mania, have all the same symptoms of euphoric mania, but they feel angry and irritable instead of happy.

"They go from being depressed to being agitated, anxious and aggressive on top of their depression," Calabrese said. "That's really tough."

Whichever type of mood variations a bipolar person experiences, if they're mild, they're often brushed off as normal mood swings, hormonal changes or reactions to stress, Pariser said.

There is serious danger in not recognizing them, though.

Several studies have found much higher rates of attempted and completed suicide in bipolar patients than in depressed or schizophrenic patients. The lifetime risk of completed suicide has been estimated to be as high as 15 percent for bipolar patients, Calabrese said.

Another potential danger lies in misdiagnosis.

Bipolar patients are depressed 70 percent of the time and will usually go to a doctor because they feel low. If the physician fails to ask about highs, or the patient doesn't mention or hasn't noticed them, the usual treatment is anti-depressants.

For some reason, bipolar patients and traditional anti-depressants like Prozac and Zoloft don't mix.

"Antidepressants can actually make bipolar [patients] worse, make them more agitated and cycle more," Pariser said.

There is even some evidence that untreated manic episodes beget more episodes, an idea called the kindling effect also seen in epileptic seizures.

The good news, Miklowitz said, is that bipolar is highly treatable. Ideally, a patient will even out the highs and lows with a mood stabilizer like lithium or an anti-convulsant, and use psychotherapy to learn to cope with the disease.

Sticking with medication is key. Patients who stop taking mood stabilizers abruptly, as Delonte West told reporters he had over the summer, may suffer sudden swings in mood and extreme manic episodes.

One of the major predictors of suicide in bipolar patients is suddenly stopping a medication, Miklowitz said.

Also, medications that worked well before often don't work anymore if a patient stops taking them and has another manic episode. It may take time to find something else that works.

"It's a huge problem," Miklowitz said. "At least 50 percent of people with the disorder go off their medication at some point, and I would guess the number is actually higher than that."

Some think they can handle their emotions on their own, some dislike medication side effects like weight gain and hand tremors, and those with euphoric mania might miss the highs when they're feeling low, he said.

Pariser added: "The irony is that while these patients can present as some of the sickest individuals anyone could ever imagine seeing, at the same time once they get well . . . they have great potential for a full and rich life.

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