

CMScript

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Focus on Bipolar Mood Disorder

Bipolar disorder affects approximately 45 million people worldwide and is the sixth leading cause of disability in the world. In South Africa, bipolar disorder affects up to 4% of the population. It often develops between the ages of 15 and 19 and rarely develops after 40. Men and women from all backgrounds are equally likely to develop the disorder. Men tend to have more manic episodes, while women experience more depressive episodes.

What is bipolar disorder?

Bipolar disorder is a serious mental illness that causes extreme mood swings, with periods of emotional highs (mania or hypomania) and lows (depression). During depressive episodes, individuals may experience profound sadness or hopelessness, along with a loss of interest or pleasure in most activities. Manic episodes, or the less severe hypomanic episodes, can lead to feelings of euphoria, excessive energy, creativity, grandiose or unusual irritability. These mood changes can affect sleep, energy, activity levels, judgment, behaviour, and the ability to think clearly. The severity of these episodes can make it challenging to perform everyday tasks, attend work or school, and maintain relationships.

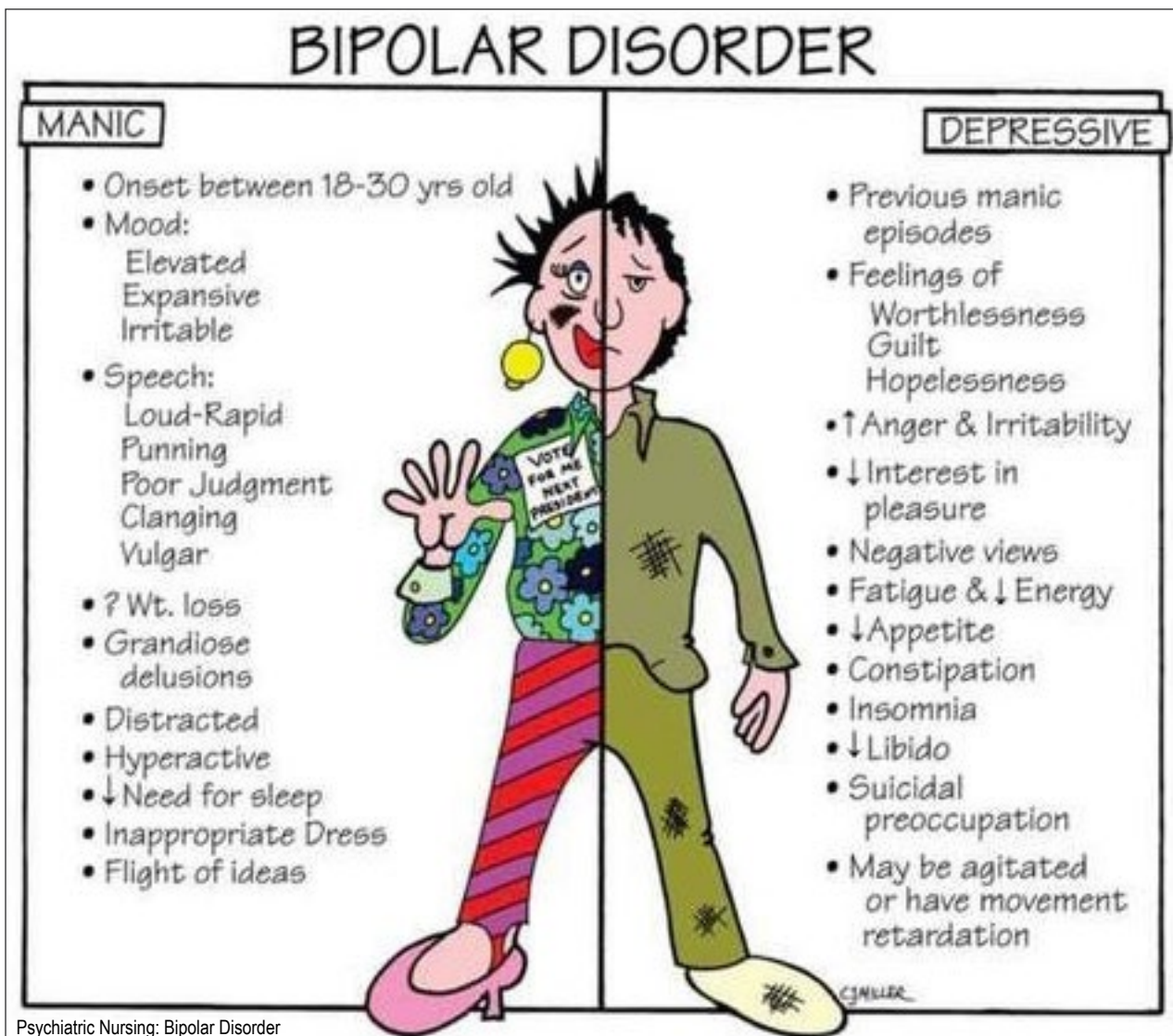
There are four main types of bipolar disorder:

- 1. Bipolar disorder type I** is characterised by manic episodes that last at least seven days or are so severe that hospitalisation is needed. Depressive episodes may also occur, but they are not necessary for a diagnosis. During manic phases, individuals often cannot function in their normal daily lives.
- 2. Bipolar disorder type II** is defined by patterns of hypomanic and depressive episodes. This type can be difficult to recognise because hypomanic episodes might seem normal, especially if the person feels happy, has lots of energy, avoids serious trouble, and continues to function in daily activities.
- 3. Cyclothymic disorder (Cyclothymia)** involves chronic instability of mood with periods of hypomania and mild depression lasting for at least two years. There may be brief periods of normal mood that last less than eight weeks.
- 4. Other specified and unspecified bipolar disorders** include periods of clinically significant abnormal mood elevation that do not meet the criteria for bipolar disorder I, II, or cyclothymia.



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Signs and symptoms of bipolar disorder



Risk factors of bipolar disorder

The exact cause of bipolar disorder is unknown. There are risk factors such as:

- **Genetic factors:** The risk is increased if there is a family history of bipolar disorder or other mood disorders. The likelihood of having bipolar disorder is increased if a first-degree relative, such as a sibling or parent, has the illness.
- **Biological differences:** People with bipolar disorder often have abnormal structures in the part of the brain that controls thoughts, actions, and emotions. The significance of these changes is still uncertain but may eventually help pinpoint causes.
- **Substance abuse:** Misusing drugs or alcohol can worsen the symptoms of bipolar disorder and increase the risk of developing the condition.
- **Stressful life events:** Traumatic events, significant life changes, or chronic stress can trigger bipolar disorder or exacerbate its symptoms.
- **Other mental health disorders:** Having other mental health issues such as anxiety disorders, post-traumatic stress disorder (PTSD), or attention-deficit/hyperactivity disorder (ADHD) can increase the risk of developing bipolar disorder.

How do you diagnose bipolar disorder?

There are no blood tests or X-rays to diagnose bipolar disorder. The diagnosis is made on the basis of all signs and symptoms and relies on a comprehensive assessment by mental health professionals. The process typically involves the following steps:

- **Clinical evaluation:** This involves assessing a patient's history, symptoms, and daily functioning through various tests, including clinical interviews that examine mood fluctuations, the length and intensity of episodes, and any family history of mental health illness. Additionally, a comprehensive medical history and physical examination are conducted to rule out other medical conditions, such as thyroid disorders or neurological conditions, that could mimic bipolar disorder.
- **Psychological assessment:** Standardised psychological tests and questionnaires, such as the Bipolar Spectrum Diagnostic Scale (BSDS) and the Mood Disorder Questionnaire (MDQ), may be used to aid in the diagnosis process.
- **Collaboration with family members:** Information from family members or close friends can help confirm the diagnosis by offering more context for the patient's behaviour and symptom patterns.
- **Diagnostic criteria:** Mental health professionals use standardised diagnostic criteria from the DSM-5 (Diagnos-

tic and Statistical Manual of Mental Disorders, Fifth Edition) to diagnose bipolar disorder. These criteria outline specific symptoms and the duration required to confirm the diagnosis.

- **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, 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.

Prevention of bipolar disorder

Because the precise causes are unknown and many risk factors, such as genetic predisposition, are unavoidable, preventing bipolar disorder is difficult. Nonetheless, a number of tactics could reduce the risk of developing bipolar disorder or lessen the intensity and frequency of episodes. The following are important preventive measures:

- **Early identification:** Prompt intervention can be achieved by keeping an eye out for early indications of mood disorders in people with a family history of bipolar disorder.
- **Reducing stress:** Developing and using techniques to reduce stress might assist in controlling and possibly preventing mood swings.
- **Regular sleep patterns:** Maintaining a consistent sleep schedule can help stabilise mood and reduce the risk of mood episodes.
- **Balanced diet and exercise:** Regular physical activity and a balanced diet can improve overall mental health and help prevent mood swings.
- **Avoiding alcohol and drug use:** Substance abuse and recreational drugs can trigger or worsen bipolar disorder symptoms.
- **Continuous monitoring:** Regular check-ups with a mental health professional can help in early identification and treatment of any mood changes or other symptoms.

How do you treat or manage bipolar disorder?

When diagnosed with bipolar disorder, it is important to be able to recognise the triggers and the signs of an episode of depression or mania. Bipolar disorder can be treated using a combination of different treatments that may include one or more of the following:

- Medication is often the cornerstone of managing bipolar disorder and typically includes mood stabilisers, antipsychotics, and sometimes antidepressants.
- Various forms of psychotherapy (talk therapy) are essential for managing bipolar disorder, helping patients understand their condition and develop coping strategies.
- Lifestyle modifications and support systems play a crucial role in managing bipolar disorder.

Hospital treatment may be needed when the symptoms are severe or if there is a danger of self-harm or to hurt others.

What is covered under PMB level of care?

Bipolar disorder is covered as part of the prescribed minimum benefit (PMB) conditions, under Diagnosis and Treatment Pair (DTP) code 902T. This DTP refers to “major affective disorders, including unipolar and bipolar depression”. The treatment component for this condition is specified in the Regulations to the Medical Schemes Act 131 of 1998 as “hospital-based management up to 3 weeks per year (including inpatient electro-convulsive therapy and inpatient psychotherapy) or outpatient psychotherapy of up to 15 contacts per year”.

Bipolar disorder is also included on the Chronic Diseases List (CDL), and it has a specific medicine algorithm that is outlined in the Regulations to the Medical Schemes Act 131 of 1998. Click here to view the [algorithm](#).

More detailed entitlements for bipolar disorder are available [here](#).

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