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Bipolar Disorder ... Misunderstood & Misdiagnosed

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Category: Treatments & Techniques

Specialty: Mental Health

Stacey is a 27-year-old female who presented at her Primary Care Physician's office with significant symptoms of depression, which have been present consistently over the past three weeks. She recently finished her graduate thesis and attributed her mood change to exhaustion and stress. Her depressive symptoms included severe fatigue, crying spells, decreased appetite and insomnia. Stacey also reported feelings of hopelessness, a sense of failure and pessimism about the future. She had been planning on starting a position as an adjunct professor, but her loss of concentration and lack of energy stopped her from accepting this position.



Her PCP diagnosed Stacey with depression and prescribed Prozac 20 mgs. Stacey initiated medication and after the third day felt “great.” After approximately 10 days though, Stacey had anger outbursts, feelings of grandiosity, excessive energy, was awake for 48 hours straight and began having passive suicidal thoughts. The PCP then referred Stacey to a qualified psychiatrist and after doing a thorough history and evaluation, she was diagnosed with bipolar II.

This case scenario, unfortunately, is not uncommon.

“The presenting symptoms of a bipolar disorder are often the feelings of depression and sleep disturbances [hypersomnia],” says Kelly Cowan, MD, a respected San Antonio psychiatrist. “The patient will often under-report the symptoms of hypomania and mania because they ‘feel good.’ A complete history and evaluation of the patient’s symptoms, along with a thorough family history, is imperative to accurately diagnose a bipolar patient.”

Dr. Cowan says that it is often difficult for PCPs to have time enough to screen for a complete history and uncover symptoms of mania or manic symptoms.

“Before starting a patient on an antidepressant, all doctors should know the warning signs,” Dr. Cowan says. “Is the patient presenting with any of the following symptoms: sleep disturbances, angry outbursts or trouble regulating temper, sexually acting out or change in libido, poor financial management [high credit card debt], and impulse control problems? Doctors need to make a referral to a mental health professional sooner rather than later.”

When a bipolar disorder is successfully treated, a patient will often experience remarkable changes in the quality of his or her life. Successful treatment is the result of a highly skilled and experienced clinical team. Often a clinical therapist is the first line of defense in accurately diagnosing and referring to a psychiatrist for medication management.

A creative, highly skilled and committed therapist in the area of bipolar disorder is able to assess the individual needs of the patient and implement therapeutic techniques such as CBT, mindfulness and psychoeducational therapy. Holly Swartz, MD, Professor of Psychiatry at the University of Pittsburgh School of Medicine, states that bipolar disorder-specific therapy, when combined with medication, is most effective in achieving positive outcomes.

Expert bipolar-specific therapists understand the “window of opportunity” when therapeutic techniques are needed for a patient to achieve a successful treatment outcome. Often bipolar patients will state that they have a difficult time adjusting to a life of stability, stating that there is often a painful sense of emptiness. This feeling of emptiness left untreated often will result in feelings of depression and noncompliance with medication. With the guidance of a skilled therapist, the patient learns to develop a ‘sense of self,’ resulting in a life of healthy fulfillment.

How Serious Is Bipolar Disorder?

Bipolar disorder is an extremely difficult psychiatric disorder to both recognize and treat. However, it is also one of the most lethal. In a recent study reported by *Medicina*, 20% of bipolar subjects end their life by suicide and approximately 40% attempt suicide at least once in their lifetime. According to the National Institute of Mental Health, approximately 4% of people in the United States have experienced bipolar disorder during their lifetime.

Deborah Levi Lane, LCSW, is a clinical therapist in private practice. She provides individual and group psychotherapy to children, adolescents and adults. She also consults with medical groups, hospitals and schools about the treatment of patients with bipolar disorder, depression, anxiety, ADHD and other psychiatric disorders. For more information, please contact Lane at 210-326-4294 or email deborahlaneLCSW@gmail.com.



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