

**NAMI Education Meeting
Dr. Nancy Diaz Granados
Mood Disorders
November 8, 2007**

According to Dr. Nancy Diaz Granados, bipolar depression is the sixth leading cause of disability in people between the ages of 15-44. Eighty three percent of adolescents diagnosed with bipolar depression will be on disability by age thirty!

In unipolar depression the individual is sad, has markedly diminished interest or pleasure in activities, significant weight loss or weight gain, insomnia, too much sleeping or insomnia, psychomotor agitation or slowed movements and extreme fatigue. There is an inability to think. The client has feelings of guilt and may have suicidal ideation.

Symptoms of mania are an abnormally elevated, expansive, euphoric or irritable mood, decreased need for sleep, increase in goal-directed activity, and involvement in pleasurable activities that bring painful consequences. The consumers' thinking has grandiosity, excessive talking, rapid thoughts, and distractibility.

Dr. Diaz said that a client could have a mixed episode of mania and depression. In that mixed stage, the client would feel no need to sleep or eat but on the other hand feel miserable.

Dr. Diaz pointed out that if someone is depressed they will tell you "I need to sleep more." They lack energy. In contrast to the depressed state, the client in the manic phase will tell you that he/she "slept for two hours and feels those two hours are too much."

Dr. Diaz stressed the importance of allocating research for mental illness. It is imperative that research for mental illness comes from some place that is not making money off the drug being tested.

Dr. Diaz pointed out that nothing has been published on the treatment for bipolar depression. Mental health professionals use drugs to treat Bipolar depression that is borrowed from some where else (for example drugs for anti psychotics or epilepsy).

It is important to catch the illness of bipolar depression at an early state. Most manic episodes can be aborted if it is treated at the beginning. Delayed treatment can change the outcome of the illness.

Many consumers with bipolar depression don't seek treatment. Out of those who go for treatment, there is a 10 year delay in

obtaining a diagnosis from the beginning of when the symptoms first appear. That is because at the outset, most consumers don't go to an expert in the field. For example, the consumer may go to their internist because they feel depressed. The consumer usually doesn't go to the psychiatrist until the symptoms are severe.

Dr. Diaz pointed out that 50% of consumers with bipolar depression have never received a mood stabilizer.

Medicines are essential to treating bipolar disorder. The goal of treatment is to keep the consumer in a base line mood. The person should have enough sleep to function the way they want to. The consumer should feel good with themselves – not too high or too low.

The problem with mood disorders is that the consumer may not be compliant with taking their medicines. When you tell someone who is 20 years old that they must take medicines for the rest of their lives, that may not sit well with them. On the other hand, if a consumer is on meds, they are less likely to have a relapse.

Dr. Diaz pointed out that with bipolar disorder the body is not in balance. This is because there is there is a problem with the neurotransmitters in the body. Consumers with bipolar depression have a higher risk of migraines and heart disease. A person with depression is more likely to die from a heart attack than someone who is not depressed.

Someone who is has bipolar disorder is at a higher risk for diabetes. If a consumer with bipolar depression gets diabetes, it is harder to treat than it is for someone who does not have that disorder.

Research on when manic episodes points to it occurring mostly at two peaks in the year – fall and spring. Circadian rhythm is affected by light and the environment. That may cause a shift to a manic episode.

National Institute of Mental Health is doing research to see if there are markers in the blood for bipolar depression.

Dr. Diaz said that we don't want someone to walk around delusional and therefore we need anti psychotic medicines. Some antipsychotic medicines like zyprexa that are prescribed for someone who has bipolar disorder, may cause the consumer to gain weight.

Gaining weight puts a consumer at risk for metabolic syndrome. In metabolic syndrome a person may gain weight and have excessive

fat tissue in and around the abdomen, have high triglycerides, low HDL cholesterol and high LDL cholesterol, elevated blood pressure, glucose intolerance, and a pro inflammatory state (elevated C-reactive protein in the blood)

It is essential that exercise be part of the treatment plan for bipolar depression. Exercise counters the weight gain.

Dr. Diaz said that psychiatrists should routinely test a consumer's blood for sugar, cholesterol, and a lipid profile. The consumer should also have their blood pressure checked.

Most psychiatrists will begin treating someone with a mood disorder by first putting that person on a mood stabilizer. If that medicine doesn't work, the consumer is given a different mood stabilizer. The consumer may take anti psychotic drugs. Most consumers take a combination of different medicines.

In order for a new drug to be put on the market there has to be a trial period. Drug trials in humans takes about five to ten years. The drugs being tested for bipolar depression are mid way there.

There are more drugs for mental illness outside of the US. For example, there are two of the strongest drugs for depression in the US. In Canada there are six types of the strongest drugs.

Dr. Diaz also discussed ways of treating bipolar depression that don't use drugs. One of the methods is called transcranial magnetic stimulation (TMS). TMS is a noninvasive method of exciting neurons in the brain using a weak electric currents induced in the tissues by changing magnetic fields. Dr. Diaz pointed out that there are some positive and negative results on that method.

Vagal nerve stimulation is used for treatment resistant depression and epilepsy. It involves a procedure performed under general anesthesia as an outpatient. Two small incisions are required; one on the upper chest area and one on the left neck. Flexible wires connect the pulse generator to the vagus nerve. Vagal nerve stimulation has been approved by the FDA but insurance companies won't pay for it to be used to treat depression. They will only pay for vagal nerve stimulation to be used to treat epilepsy.

Dr. Diaz closed the meeting by stating that the goal of treatment for bipolar depression should be to focus on the dreams of the consumer.

Scientists want to develop drugs for bipolar depression. They are studying all the biological mechanisms of bipolar disorder so there will be a drug developed that is targeted specifically for bipolar disorder. Productivity in the US could be improved if we treated clients with mental illness properly.

Notes taken by Rochelle Banta