

MOODSWINGS and MENTAL HEALTH

What is manic depressive illness?

It is a group of illnesses in which there are swings in mood related to biochemical changes.

The term "manic-depressive" is used broadly to describe any illness in which there are swings in mood related to biochemical changes. Various names have been given to this pattern of illness: manic depressive insanity, circular insanity, cyclothymia and melancholia, to name just a few.

In the 1970s a new system of categorising mental illnesses was developed: the Diagnostic and Statistical Manual of Mental Disorders. It attempted to make diagnosis of mental illnesses systematic. Since then, manic depressive illness has been divided into two categories: bipolar affective disorder (those who have both mania and depression) and unipolar affective disorder (those who have depression alone). Single manic episodes are rare.

Cyclothymia is the term used to describe a cycle of mild mood swings, ranging from being full of ideas and productive, to being flat and quiet.

The illness has a number of characteristics

It affects a person's moods and emotions. People may have persistent feelings of being high or low - some people experience frequent highs, others experience mostly depressions. Exaggerated feelings of affection, sexuality, love, generosity and hostility occur in the manic phase while in the depressed phase these feelings are reduced or absent. During episodes of elation (mania), the feeling of euphoria is far more intense than ordinary happiness or joy. It may begin with a joyful event, but keeps on escalating out of all proportion to reality.

During episodes of depression, feelings exceed normal sadness and there is a loss of interest in usual activities.

A number of famous people have had mood swings. Winston Churchill, England's prime minister during World War II, suffered from the "black dog" of depression. American statesman Abraham Lincoln, poet Sylvia Plath, the late Melbourne radio personality Mary Hardy, writer Virginia Woolf, actresses Vivien Leigh and Frances Farmer - all led extraordinarily creative lives and suffered depression.

It is episodic. Episodes may vary in length and severity. A person who suffers from manic-depressive mood swings is not ill all the time. People may have a few weeks or months of illness and then recover fully between attacks.

Most people experience distinct episodes of mania and/or depression, and lead full and productive lives between episodes. Some episodes may be relatively mild, others may require hospitalisation and cause major problems in work and relationships. The risk of recurrence is higher with mania than with depression.

Before treatment, these episodes may be severe and disruptive. Mood-stabilising drugs, such as lithium carbonate, can help to prevent episodes or lessen their severity.

It is a fairly common condition.

At some time in their lives, about one to two persons in every hundred will develop symptoms so severe that hospital care is necessary. Some people may have only one or two episodes - usually following extreme physical or emotional stress, such as the death or serious illness of a close friend or spouse, childbirth, or the beginning or ending of a romantic relationship. It is only when people have had more than two three episodes that the likelihood of their having a further episode is increased.

What causes mania and depression?

Most people now believe that manic-depressive illness is caused by a combination of factors.

Heredity. There is evidence that the illness is genetically transmitted. Twins and first degree relatives of patients carry a higher risk of developing mania or depression. Exactly what is transmitted is not clear.

Biochemistry. Research indicates that manic and depressive episodes may be associated with abnormalities in neuro-transmitters, substances that carry messages in the brain.

Biological clocks. Mania and depression are often cyclical, occurring at particular times of the year. Changes in biological rhythms, including sleep and hormone changes, characterise this illness. Depressive illness often deepens in winter, before lifting in summer; and mania is more common in summer. It has been suggested that the length of daylight hours may affect the pineal gland and normal circadian rhythms - or body cycles.

Psychological stress. People who are genetically susceptible may have a faulty "switch-off" point - emotional excitement may keep escalating into mania; setbacks may worsen into profound depression.

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Mania

It is an upswing in mood of varying severity .

Most people who experience mania also have episodes of depression at some time during their life. Rarely, mania may be due to other illnesses - such as encephalitis, epilepsy and brain tumours. Drugs such as steroids, thyroid preparations, and L-dopa may precipitate episodes of mania. The term mania describes an increase in mental and physical activity. There are different degrees of mania:

Hypomania is a term given to mild forms of an upswing in mood of limited duration, lasting more than three days. Generally this term is used when the sufferer has good contact with reality. Sometimes the switch from hypomania into mania can happen very quickly.

Mania is the term used when the changes are more marked, severe and persistent, lasting weeks, and there may no longer be contact with reality.

Common symptoms of mania as described by sufferers:

Feeling high. The "rose-coloured glasses" feeling: everything looks wonderful, one feels above the petty concerns of everyday life.

Irritability. Keeping on top of the rapid flow of thoughts is hard work. As the mania continues, many people become irritable, not seeing that others don't share their enthusiasm and wild ideas. They become impatient when people disagree. This may flare into anger and rage.

Not needing or wanting to sleep. People with mania have a decreased need for sleep. They feel less tired and have so many ideas that they just don't have time to go to bed.

Fast flow of ideas. Manics experience their thoughts very rapidly. They move from one subject to another, but generally there is a link between subjects. If the mania has been going on for some time, the thoughts may come so fast that they appear completely jumbled and incoherent. This is usually why severe mania can be confused with other sorts of psychoses such as schizophrenia.

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Pressure of speech. This accompanies the fast flow of ideas and the feeling that everything is terribly significant and therefore must be communicated at once. In late stages of mania, speech may become difficult to understand.

Increased sexual activity. People with mania become more aware of sexuality, with increased libido, and may be less discriminating about the people they have sex with - often to the dismay of spouses and lovers.

Insensitivity to other people. Many manic people cannot empathise with other people and become very self-centred. A psychologist who had a manic episode described it as Feeling one is great or significant or especially chosen. Initially this may be a quite reasonable feeling, as one may in fact be very productive and creative. Many people find this self-confidence from a mild mania very useful in their careers; but if it becomes out of touch with reality it can lead to trouble.

Increased religious/spiritual feelings. Many people feel they have been chosen to be the next Christ or Virgin Mary. The feelings can be very powerful.

Lack of insight. People with mania are unable to understand that their ideas or actions are inappropriate or unusual. Criticisms are seen as unwarranted, and pleas to seek help dismissed out of hand.

Lack of self-criticism. The ability to weigh up ideas and discard inappropriate ones is often lost in mania.

Spending lots of money without caring or thinking about the consequences. Sometimes this is due to tremendous optimism about luck, fate, the generosity of others (God will help me win the lottery, I am going to get rewarded) or because the rational part of the brain just isn't working any more.

Reduced sense of danger. Reckless driving, dangerous sports, foolish business investments, gambling, indiscriminate sex pickups.



Depression

It is a down-swing in mood state and energy.

The word "depression" is used to describe a whole range of experiences - varying from feeling "blue" or "out of sorts" or "caught in a rut" to overwhelming "black despair". Most people have experienced the depression which is a response to grief, loss or other painful life experiences.

Most people have felt overwhelmed by situations or felt too tired or too fed up to keep going. Not everyone, however, has the genetic and biochemical predisposition to experience severe manic depressive mood swings or depressive illness.

Primary depressive illness as it occurs in manic depression is a serious condition. Early diagnosis is important so that correct treatment may be started promptly. Someone who has been depressed for a long time has probably stopped seeing friends, and lost all interest and pleasure in their usual activities; they may feel that life will never be any better. She or he may therefore not seek medical advice, and suicide is a real danger.

Each person experiences depression in their own way. Sometimes people feel tired and heavy, their muscles feel slack and their faces look weighted down. Others experience such overwhelming anxiety that they feel agitated and restless. Some people experience constipation, others diarrhoea. Changes in sleep pattern almost always accompany depressions; these can take the form of an increased need for sleep, difficulty in falling asleep, or waking up during the night.

Some women find that their depressions are intensified pre-menstrually.

People report their emotions are "dried out", that they want to cry but are unable to do so. They feel sad and worthless. Mood can alter during the day; many people feel most depressed early in the morning and late at night. Thoughts move slowly in times of depression. Ideas are few. Memory may be impaired. The mind feels sluggish and unresponsive. If you suffer from depression, try to identify your own pattern of symptoms - perhaps with assistance from family and friends - so that treatment can be sought promptly whenever such symptoms occur in future.

Depression can be caused by a number of factors, and a thorough assessment is necessary to work out a program of treatment. Treatment that is effective for one type of depression may be quite

inappropriate and ineffective for another. A common type of depression occurs as a result of an *unpleasant or stressful event*. This might be, for example, the loss of a job, or the break-up of a relationship. The depression usually lasts a short time, is reactive to circumstances and may cause disturbed sleep, loss of appetite, tearfulness and unhappiness about the event. Some supportive counselling may be necessary; symptoms often lessen and disappear with time. Most people recover without the need for antidepressants. This type of depression is called reactive or situational depression.

A continuing problem - such as an intolerable living situation, difficulty in coping, dissatisfaction with self, or difficulty in forming relationships may cause symptoms of depression. It can last for years if not dealt with. People may be generally unhappy, bored and pessimistic; they may sleep well, but sometimes have trouble falling asleep. Their mood is often lifted by pleasant events and company. Active discussion about living situation and coping skills - with a skilled counsellor (psychologist, social worker, doctor, nurse), or in a self-help group or mutual support group - can be very helpful.

Depression may be secondary to an illness, medicine or a drug. Secondary depression can develop with physical illnesses such as cancer, pernicious anaemia, thyroid disease, stroke, 'flu, glandular fever and hepatitis. It can also be a symptom of a pre-existing mental illness, such as dementia or schizophrenia. Secondary depression can also be caused by the medication used to treat these illnesses; by some drugs used to treat hypertension; by the contraceptive pill; by some tranquillisers. Alcohol can also cause it.

Symptoms of depression, as described by sufferers:

Lack of energy - not being able to get out of bed, everything seems like too much trouble, small tasks seem tremendously difficult.

Changes in self-image - feeling ugly and worthless, nothing looks right.

Changes in sleep pattern - for example, waking at 3 or 4 am and being unable to get back to sleep.

Terrible sadness that never lifts.

"Worthless" thoughts - being convinced that one is worthless, has done dreadful things, will do dreadful things.

Guilt - feeling guilty about doing things and about not doing things; having second thoughts about everything one does.

Wanting to escape the horrors of one's mind - many depressed people take overdoses/get drunk/try to sleep as much as they can, just to escape the feeling of being awake and depressed. Unfortunately some succeed through suicide.

Self-centredness - being unable to see that other people have faults too, or that the world looks good to other people; often unable to offer help to other people who are going through a rough time.

Feeling dead emotionally - unable to experience pleasure or feel the concern or love of others.

Irritability - feeling put upon by ordinary demands of life.

Reduced interest in sex.

Decreased appetite and interest in food - leading possibly to malnutrition with vitamin deficiencies and loss of weight.

Inability to concentrate, slowed thinking, indecisiveness.

Agitation or retardation.