

MOOD ROLLER COASTERS

People who experience polar opposites from elation or agitation to despair are said to have bipolar mood disorders. This term includes any significant up-and-down cycles in moods and makes it easier to recognize the problem before it reaches the incapacitating stages that warranted a (now out-of-date) diagnosis of manic-depressive illness. Low periods are often confused with “unipolar” disorders of major depression, recurrent depression, and dysthymia (low energy, pessimism, and withdrawal). Medication that treats one disorder may not be effective for the other. The table below can help distinguish these two branches of the same biochemical tree.

Unipolar Mood Disorders	Bipolar Mood Disorders
<p>Course of illness</p> <ul style="list-style-type: none"> • Likely to begin in late 20s or early 30s • Two-thirds of all cases will have recurring depression. • Can be triggered by illnesses, stress, grief, hormonal changes (in women), or nothing. • Frequency and intensity of depression can increase over the years. <p>During depressed periods</p> <ul style="list-style-type: none"> • Shallow sleep and early waking more likely. • Interest in food is reduced. <p>Genetics and biochemistry</p> <ul style="list-style-type: none"> • There is a 43% chance of identical twins having episodes of depression.¹ • Depression may be due to overregulation or depletion of chemical messengers that enhance mood. • Lithium alone will not relieve depression but may boost the effect of other antidepressants. 	<p>Course of illness</p> <ul style="list-style-type: none"> • Likely to begin in late teens or early 20s. • Almost all cases have recurring highs and lows. • Can be triggered by changes in seasons, jet lag, sleep loss, grief, stress, or nothing. • Frequency and intensity of highs and lows can increase over the years. <p>During depressed periods</p> <ul style="list-style-type: none"> • Lengthened sleep (12+ hours) more likely. • Increased desire to eat. <p>Genetics and biochemistry</p> <ul style="list-style-type: none"> • There is greater than 70% chance of identical twins having bipolar disorder.² • Possibly due to poor regulation of neurotransmitters that excite the brain, causing “high” periods followed by depletion. • Lithium alone can sometimes stabilize mood by reducing brain excitability and strengthening serotonin.

¹ See *A Mood Apart* by Peter Whybrow (Harper Perennial, 1997, p. 113). Other research shows a 0–13% chance of both fraternal twins having depression, suggesting a strong genetic link in unipolar depression.

² Ibid.

DETECTING BIPOLAR DISORDER AND ITS COUSINS

The best way of identifying a bipolar disorder is by careful observation of mood over time. The 0–100 scale on the *Mood Chart* is offered for that purpose. It can also be used to classify several varieties of mood disorders:

- Normal mood: Moods vary from 40 to 60 except for periods of grieving a loss.
- Cyclothymia: Mood cycles from 30 to 70 over a period of hours or days.
- Dysthymia: Mood has been in the range of 30 to 45 for over a two-year period.
- Hypomania: Mood stays in the 55 to 70 range most of the time but can have manic episodes.
- Bipolar II disorder: Mood is most often in the 30s or 40s, with periods of relief in the 60s.
- Bipolar disorder: Mood can swing from the 30s or below to the 70s or above.
- Major and reoccurring depression: Mood is below 40 for two or more weeks.