

BIPOLAR DISORDER: SADDLING MOOD SWINGS

PART 1

I AM (Tim Reside) **DIAGNOSED WITH BIPOLAR I DISORDER:** On March 22, 2001, I shared some of my mental health experiences at a Tulsa conference. A subsequent Tulsa World front-page article, "Saddling Mood Swings," highlighted my story raising awareness about mental health challenges among the largest audience that I had experienced to date.¹

PERSONALLY, WHAT IS BIPOLAR DISORDER?

One of my heroes, Dr. Kay Redfield Jamison, herself diagnosed with bipolar disorder, and today, globally recognized as a foremost authority on BD, has written:

*"Manic-depression (BD) distorts moods and thoughts, incites dreadful behaviors, destroys the basis of rational thought, and too often erodes the desire and will to live. It is an illness that is biological in its origins, yet one that feels psychological in the experience of it, an illness that is unique in conferring advantage and pleasure, yet one that brings in its wake almost unendurable suffering and, not infrequently, suicide."*²

MEDICALLY, WHAT IS BIPOLAR DISORDER?

From a medical perspective, bipolar disorder (BD) is a chronic, often lifelong brain disorder characterized by extreme shifts in mood, energy, activity levels, and cognitive function. It was formerly known as manic-depression. These mood shifts range from intense highs (mania/hypomania) to intense lows (depression), impacting a person's ability to perform daily tasks.³

NOTES:

HOW DANGEROUS IS BIPOLAR DISORDER?

Bipolar disorder is considered a high-risk health condition because it significantly reduces life expectancy and increases the risk of both natural and unnatural causes of death. On average, individuals with bipolar disorder die 8 to 13 years earlier than the general population. The average life expectancy for women is 81.4 years, while for men it is 76.5 years, according to the latest CDC National Center for Health Statistics data for 2024.⁴

WHEN DO MOOD SWINGS BECOME A MOOD DISORDER?⁵

Everyone experiences mood fluctuations, but BD causes extreme emotional shifts that when taking place disrupt daily life.

- Signs That Bipolar Disorder May Require Treatment:
 - Episodes of extreme energy, racing thoughts, or impulsive decision-making (mania/hypomania).
 - Depressive episodes marked by deep sadness, fatigue, and hopelessness.
 - Difficulty maintaining relationships, jobs, or daily responsibilities due to mood swings.
 - Engaging in risky or reckless behaviors during manic episodes.
 - Feeling emotionally “out of control” and unable to regulate highs and lows.

CORE SYMPTOMS:⁵

Symptoms are typically divided into two main categories: manic episodes and depressive episodes.

- **Manic Symptoms:** Feeling extremely “up,” euphoric, or energized; decreased need for sleep (feeling rested after only a few hours); racing thoughts and rapid speech; impulsivity and risky behavior (e.g., overspending, reckless driving); and, in severe cases, a break from reality called psychosis.
- **Depressive Symptoms:** Feeling overwhelmingly sad, hopeless, or empty; loss of interest in almost all activities; low energy and fatigue; difficulty concentrating or making decisions; and recurring thoughts of death or suicide.
- **Mixed Episodes:** Experiencing symptoms of both mania and depression at the same time, such as feeling very sad while also feeling extremely agitated or “wired.”

MAIN TYPES OF BIPOLAR DISORDER:

Medical professionals use the DSM-5 which stands for *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. They use it to categorize the disorder into several types based on the severity and pattern of episodes.⁶

The DSM-5-TR (Text Revision), released in 2022 as an update to the 2013 DSM-5, identifies at least five separate types. Below are the three main types generally noted:⁵

- **Bipolar I Disorder:** Defined by at least one manic episode lasting at least 7 days or requiring hospitalization. Depressive episodes are common but not required for diagnosis.
- **Bipolar II Disorder:** Characterized by a pattern of depressive episodes and hypomanic episodes (milder than full mania), but never a full manic episode.
- **Cyclothymic Disorder:** A chronically unstable mood state involving hypomanic and depressive symptoms for at least two years (one year in children) that aren't severe enough to meet full criteria for the other types.

NOTES:

IS BIPOLAR DISORDER GENETIC?⁷

Yes, bipolar disorder has a strong genetic component and is widely considered one of the most heritable mental health conditions. While genetics play a major role, the

disorder is not caused by a single bipolar gene; instead, it involves a complex interplay between multiple genetic variations and environmental factors.

Genetic Risk and Inheritance

- **Heritability Rates:** Experts estimate that genetics account for **60%** to **80%** of the risk for developing bipolar disorder. Some twin studies have suggested heritability could be as high as **90%**.
- **Family History:** The risk is significantly higher if you have a first-degree relative (parent or sibling) with the condition.
 - **One parent** with bipolar: 10% to 25% chance for the child.
 - **Both parents** with bipolar: 10% to 50% (some estimates up to 75%) chance.
 - **Identical twin** with bipolar: 40% to 70% chance for the other twin.
- **Polygenic Nature:** Bipolar disorder is polygenic, meaning it is influenced by many different genes that each contribute a small amount of risk. Recent large-scale studies have identified nearly 300 gene locations linked to the disorder.

NOTES:

The Role of the Environment:⁷

Having genetic predisposition does not guarantee you will develop bipolar disorder. Environmental “triggers” often interact with these genetic vulnerabilities to cause the first episode:

- **High Stress:** Traumatic events, such as the death of a loved one or severe personal loss.
- **Substance Use:** Misuse of drugs or alcohol can trigger or worsen symptoms.
- **Sleep Disruption:** Major changes in sleep patterns or the circadian rhythm.

- **Physical Factors:** Traumatic head injuries or certain hormonal changes (like those during pregnancy).

IS IT CURABLE?

Bipolar disorder is not curable, as it is a chronic, lifelong condition. However, it is highly treatable and manageable. With consistent, long-term care — including medication, psychotherapy (or psycho-spiritual therapy), and lifestyle changes — most people with bipolar disorder can effectively manage their symptoms, reduce the frequency of mood episodes, and lead fulfilling lives.

END NOTES

1. **Google:** Saddling Mood Swings: A Pastor Comes to Grips with Bipolar Disorder / Bright Tomorrows (<https://brighttomorrows.org/saddling-mood-swings-a-pastor-comes-to-grips-with-bipolar-disorder/>).
2. Kay Redfield Jamison, *An Unquiet Mind: A Memoir of Moods and Madness*, Vintage, 2009. Quote retrieved June 23, 2024, from https://www.goodreads.com/author/quotes/19038.Kay_Redfield_Jamison.

SPECIAL PRESENTATION: Google: Kay Redfield Jamison | Professional and Personal Perspectives on Bipolar Illness. **Note:** This is a special video presentation in which Kay Redfield Jamison, Ph.D., Dalio Professor in Mood Disorders, Professor of Psychiatry and Behavioral Sciences at the Johns Hopkins University School of Medicine, and co-director of the Johns Hopkins Mood Disorders Center, discusses how her experiences with bipolar illness have shaped her personal life and career. **Further Note:** Kay Jamison begins to speak about five minutes into this YouTube presentation. (<https://www.youtube.com/watch?v=9Jw2jKOGKu0>)

3. **Google:** Bipolar disorder / MAYO CLINIC (<https://www.mayoclinic.org/diseases-conditions/bipolar-disorder/symptoms-causes/syc-20355955#:~:text=Request%20an%20Appointment-,Care%20at,the%20ability%20to%20think%20clearly>).
4. **Google:** Life expectancy and years of potential life lost in bipolar disorder: systematic review and meta-analysis / CAMBRIDGE UNIVERSITY PRESS (<https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/life->

expectancy-and-years-of-potential-life-lost-in-bipolar-disorder-systematic-review-and-metaanalysis/3C1A114F0B3E703984F95FDE7D68B171).

5. **Google:** Bipolar Disorder / NAMI (<https://www.nami.org/types-of-conditions/bipolar-disorder/>); **Google:** Bipolar Disorder / MedLinePlus (<https://medlineplus.gov/bipolardisorder.html>); **Google:** Bipolar Disorder / Cleveland Clinic (<https://my.clevelandclinic.org/health/diseases/9294-bipolar-disorder>); **Google:** Bipolar Disorder / SAMHSA (<https://www.samhsa.gov/mental-health/what-is-mental-health/conditions/bipolar>); **Google:** What Are Bipolar Disorders American Psychiatric Association (<https://www.psychiatry.org/patients-families/bipolar-disorders/what-are-bipolar-disorders>)

6. **Google:** What is the DSM? / American Psychiatric Association (<https://www.psychiatry.org/patients-families/what-is-the-dsm#:~:text=The%20Diagnostic%20and%20Statistical%20Manual,of%20medications%20and%20other%20interventions>).

7. **Google:** The Family Tree: Is Bipolar Disorder Hereditary? / HOPE & HARMONY FOR PEOPLE WITH BIPOlar (<https://www.bphope.com/unraveling-the-family-tree/>); **Google:** Bipolar disorder / MAYO CLINIC (<https://www.mayoclinic.org/diseases-conditions/bipolar-disorder/symptoms-causes/syc-20355955>); **Google:** Bipolar disorder / MedlinePlus (<https://medlineplus.gov/genetics/condition/bipolar-disorder/>).

DISCLAIMER: The eighteen video chapters and syllabi are meant for information and education only, not clinical advice. Tim Reside is not a healthcare provider; he seeks expert guidance for his own care. Please consult medical professionals before making health decisions.

