

# Ask Dr. K®: Writings For Your Mental Health

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## MOOD SWINGS AND MANIC DEPRESSION

Dear Dr. K.,

I have been moody at times in my life (I'm 30 years old). I can go from being happy to sad very quickly. One of my friends said that I might have manic-depression. Is it possible?

D .M., Port Charlotte, FL

Dear D.,

Just because you are moody does not mean you have manic-depression. Many people are moody each day for reasons like relationship, job or financial stress. Others are unhappy because of various problems in their lives which they refuse to face. Unfortunately, people who have what amounts to fairly normal ups and downs during the day have been labeled as bipolar by doctors and mental health professionals who do not have an ample understanding of the disease and carry the diagnosis for a good long time. And worse, they are treated inappropriately.

The problem you mention, manic-depressive illness is now more commonly termed bipolar disorder. This is moodiness at a level that goes way beyond the usual ups and downs you can feel in the course of a day. Bipolar disorder is a chemical alteration in the brain that causes unusual shifts in a person's mood, energy, and ability to function. If you have bipolar disorder, there has to be a cycling of moods from highs of elation where you can do no wrong to severe depression where you do nothing right. The cycles can last for months if untreated or occur rapidly in the course of a few days or hours in some rare situations. This is much different from the normal ups and downs that everyone goes through. The symptoms of bipolar disorder are severe. They can result in damaged relationships, poor job or school performance, and even suicide. Most people are moody to some degree. With bipolar disorder, the mood swings have to interfere significantly with your daily functioning. It is important to know that bipolar disorder can be treated, and that people with this illness can lead full and productive lives. In fact, many people with bipolar disorder are very successful.

More than 2 million American adults are diagnosed with bipolar disorder. Usually, the problem develops in late adolescence or early adulthood. However, some people have their first symptoms during childhood, and some develop them late in life, but this is more the exception. To receive a diagnosis of bipolar disorder when you are in your fifties is extremely rare. Bipolar disorder is often not recognized as an illness and people may suffer for years before it is properly diagnosed and treated. Like diabetes or heart disease, bipolar disorder is a long-term illness that, once it is properly diagnosed, must be carefully managed throughout a person's life.

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Dr. K is Stan Kapuchinski, M.D., a board-certified psychiatrist still practicing in Punta Gorda, FL. For an appointment or if you have questions, please email him at [DrK@StopYourMisery.com](mailto:DrK@StopYourMisery.com). Dr. K.'s book, ***Say Goodbye To Your PDI (Personality Disordered Individual), Recognize People Who Make You Miserable and Eliminate Them From Your Life for Good!*** is available at [Amazon.com](http://Amazon.com), [Barnes & Noble Booksellers](http://Barnes & Noble Booksellers), and [HCI Books](http://HCI Books). Visit his website: [www.StopYourMisery.com](http://www.StopYourMisery.com)

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The symptoms of bipolar disorder include-

In the manic cycle:

- Increased energy, activity, and restlessness (for example, not sleeping for days without getting tired)
- Feeling excessively "high" or in an overly good, euphoric mood
- A sense of grandiosity like you can do everything and anything
- Extreme irritability where you become mean quite quickly for little things
- Racing thoughts and talking very fast, jumping from one idea to another
- Distractibility or not being able to concentrate well
- Unrealistic beliefs in one's abilities and powers (grandiosity)
- Poor judgment
- Spending sprees (whether you have the money or not)
- The behavior lasts for an extended time
- Increased sexual drive (promiscuity, having affairs)
- Abuse of drugs, particularly cocaine, alcohol, and sleeping medications
- Provocative, intrusive, or aggressive behavior
- Denial that anything is wrong

A manic episode is diagnosed if elevated mood occurs with three or more of the other symptoms most of the day, nearly every day, for 1 week or longer. If the mood is irritable, four additional symptoms must be present.

In a depressed cycle, you have:

- A continuing sad, anxious, and/empty mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in activities once enjoyed, including sex
- Decreased energy, a feeling of fatigue or of being "slowed down"
- Difficulty concentrating, remembering or making decisions
- Restlessness or irritability

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- Too much sleep or you cannot sleep
- Change in appetite and/or unintended weight loss or gain
- Chronic pain or other persistent bodily symptoms that are not caused by physical illness or injury
- Thoughts of death or suicide, or suicide attempts

A depressive episode is diagnosed if five or more of these symptoms last most of the day, nearly every day, for a period of 2 weeks or longer.

This type of cycling is called bipolar I disorder.

If the mania is more moderate or mild, it is called hypomania. Many successful people function in the hypomanic cycle since it allows them to be very productive without a severe loss of control in their lives. However, the depression side of the cycle frequently does them in.

On occasion, severe episodes of mania or depression can cause psychotic symptoms. Common psychotic symptoms are hallucinations (hearing, seeing, or otherwise sensing the presence of things not actually there) and delusions (false, strongly held beliefs not influenced by logical reasoning or explained by a person's usual cultural concepts). Psychotic symptoms in bipolar disorder tend to reflect the extreme mood state at the time. For example, delusions of grandiosity, such as believing one is the President or has special powers or wealth, may occur during mania; delusions of guilt or worthlessness, such as believing that one is ruined and penniless or has committed some terrible crime, may appear during depression. People with bipolar disorder who have these symptoms are sometimes incorrectly diagnosed as having schizophrenia, another severe mental illness.

People with bipolar disorder can lead healthy and productive lives when the illness is effectively treated. However, if untreated, bipolar disorder does not go away and tends to worsen. Over time a person may suffer more frequent and more severe manic and depressive episodes than those experienced when the illness first appeared. But in most cases, proper treatment can help reduce the frequency and severity of episodes and can help people with bipolar disorder maintain good quality of life.

Bipolar disorder can develop in both children and adolescents. Bipolar illness is more common in families. It is estimated that 50% of bipolar patients have a parent with some kind of mood problem that requires treatment. If both parents have bipolar disorder, there is a 75% chance that the child will develop it.

Since children and especially adolescents can be 'naturally' moody people, it can be much harder to make a diagnosis of bipolar illness early on. Certainly, the doctor having knowledge of the family history is invaluable. Children with mania are more likely to be irritable and prone to destructive tantrums than to be overly happy and elated. Mixed symptoms also are common in youths with bipolar disorder. Older adolescents who develop the illness may have more classic, adult-type episodes and symptoms.

Bipolar disorder in children and adolescents can be hard to tell apart from other problems that may occur in these age groups. For example, while irritability and aggressiveness can indicate bipolar disorder, they also

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can be symptoms of attention deficit hyperactivity disorder, conduct disorder, oppositional defiant disorder, or other types of mental disorders more common among adults such as major depression or schizophrenia.

Proper treatment can cause stabilization of the mood swings. Because bipolar disorder is a recurrent illness, long-term preventive treatment is strongly recommended and almost always indicated. A strategy that combines medication and education about the illness works best. Too often, when someone with bipolar disorder feels better, they stop their medication and relapse. Frequently, the 'high' becomes desirable and the person stops his or her medication to feel that burst of energy again. Sometimes with people with Attention Deficit Disorder (ADD) have symptoms that resemble bipolar disorder and they are diagnosed as having bipolar disorder instead of ADD. To further complicate things, individuals can have both ADD and bipolar disorder. Needless to say, it takes a specialist like a psychiatrist to figure out what is going on.

Medications called mood stabilizers are used to treat bipolar illness. A psychiatrist *should* prescribe them since he or she is the specialist who deals with this disorder. Medications include:

- Lithium, the first mood-stabilizing medication approved by the U.S. Food and Drug Administration (FDA) for treatment of mania, is often very effective in controlling mania and preventing the recurrence of both manic and depressive episodes.
- Anticonvulsant medications, such as Depakote or Tegretol, also can have mood-stabilizing effects and may be especially useful for difficult-to-treat bipolar episodes.
- Newer anticonvulsant medications, including Lamictal (used for bipolar depressed individuals), Neurontin, Trileptal and Topamax, are being studied to determine how well they work in stabilizing mood cycles.
- Anticonvulsant medications may be combined with lithium, or with each other, for maximum effect.
- Other medications including Clozaril, Zyprexa, Risperdal, Seroquel, and Geodon, are used in treatment of bipolar disorder.

Medicines used in the treatment of bipolar depression include many antidepressants like Prozac, Lexapro, Zolft, Remeron, Paxil or Effexor. The doctor has to be careful since if you taking only an antidepressant and have bipolar disorder, there is a risk that the antidepressant will push you into a manic attack.

Websites for information include [www.dbsalliance.org](http://www.dbsalliance.org) (this website has a screening exam), [www.psychom.net](http://www.psychom.net), [www.bipolar.com](http://www.bipolar.com). and [www.nimh.nih.gov/publicat/bipolar.cfm](http://www.nimh.nih.gov/publicat/bipolar.cfm)

If you feel you may have bipolar disorder, it is essential that you receive proper treatment. Appropriate diagnosis and treatment can allow most people with this disorder to lead a very normal life.

Dr. K.

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