DEPRESSION and BIPOLAR SUPPORT ALLIANCE
Recognize VAPAHCs Doctor’s Research

CONGRATULATIONS to
VAPAHCs psychiatrist
Dr. Trisha Suppes, director
of the Bipolar Disorder
Research Program (part of
VAPAHCs War Related
Injury and Illness Study
Center), who received the
2008 Gerald L. Klerman
Senior Investigator Award
honoring her longstanding
contributions to research that improved
the lives of people with mood disorders. The award is the
highest honor given by the Depression and Bipolar Support
Alliance (DBSA). It recognizes contributions to the under-
standing of the causes, diagnosis, and treatment of depre-
sive and bipolar illnesses.

Bipolar disorder, also known as manic-depressive ill-
ness, is a mood disorder characterized by significant swings
between mania and depression, as well as changes in sleep
patterns, energy, activity, attention and impulsivity. The
exact cause of bipolar disorder is unknown, but is believed
to be biological; episodes can also be triggered by stressful
events. The average time from symptom onset to correct
diagnosis/treatment can take as long as 8-9 years.

According to DBSA, psychotherapy or “talk therapy” is
an important part of treatment for many people. A good ther-
apist can help modify behavioral or emotional patterns that
contribute to the illness. People with bipolar disorder and/or
chronic depression usually benefit from a combination of
medication and talk therapy. Though medication does not
guarantee a complete solution, the right medication can
improve a person’s ability to cope with life’s problems and
restore sense of judgment.

More than a Mood Swing – DBSA describes bipolar
disorder as a treatable medical illness marked by extreme
changes in mood, thought, energy and behavior. It is also
known as manic depression because a person’s mood can
alternate between mania and depression. This change in
mood (or “mood swing”) can last from hours to months.
“Mania” is an abnormally elevated mood state characterized
by such symptoms as inappropriate elation, increased
irritability, severe insomnia, grandiose notions, increased
speed and/or volume of speech, disconnected and racing
thoughts, increased sexual desire, markedly increased
energy and activity level, poor judgment, and inappropriate
social behavior.

Highs and Lows – Like depression, other illnesses and/or
medical conditions, bipolar disorder can also impact
spouses, family members, friends and coworkers. It usually
appears in late adolescence (often as depression during teen
years), although it can start in early childhood or as late
as the 40s and 50s. An equal number of men and women
develop this illness, and it is found among all ages, ethnic
groups and social classes. The illness may run in families.

Some Symptoms and
Observed Behavior include:
▲ Increased physical and mental activity
and energy
▲ Heightened mood, exaggerated
▲ Optimism and self-confidence
▲ Excessive irritability, aggressive behavior
▲ Decreased need for sleep without experiencing
fatigue
▲ Grandiose delusions, inflated sense of
self-importance
▲ Racing speech, racing thoughts, flight of ideas
▲ Impulsiveness, poor judgment, distractibility
▲ Reckless behavior (e.g. spending sprees, rash
business decisions, erratic driving and sexual
indiscretions)
▲ In the most severe cases, delusions and
hallucinations

Research Opportunity
Bipolar disorder including bipolar depression,
bipolar mania and bipolar disorder that co-occurs
with anxiety or panic symptoms

At this time there are two active studies recruiting
participants. The studies and research focus on all
areas of bipolar disorder including bipolar depression,
bipolar mania.
VAPAHCs staff would be happy to schedule an
initial screening and evaluation appointment for
potential study participation. If you are interested,
please contact us at:
(650) 849-0161 PHONE
BipolarDisorders@va.gov EMAIL
http://bipolarresearch.stanford.edu/