

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 understanding of the causes, diagnosis, and treatment of depressive and bipolar illnesses.

Bipolar disorder, also known as manic-depressive illness, 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 therapist 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/>