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Bipolar Disorder - De-stigmatizing Mental Illness

Bobby L. Clark*
Health Services & Outcomes Research, Walgreen Co., 1415 Lake Cook Road, Deerfield, IL 60015, USA

Bipolar disorder (or manic-depressive disorder) is characterized by dramatic mood swings ranging from extreme depression episodes to extreme manic episodes [1,2]. There are two main types of bipolar disorder, bipolar disorder I and bipolar disorder II [3]. The primary distinction between these main types is that manic episodes in bipolar disorder II patients are not as severe (hypomania) as those in bipolar disorder I (mania). Symptoms often appear in the late teen years to early adulthood and persist throughout one's lifetime. The depression episode may include the following symptoms, (a) feeling sadness or hopelessness over a long period of time, (b) loss of interest in activities you once enjoyed, (c) problems concentrating, remembering and making decisions, (d) being irritated or restless, (e) suicidal thoughts or attempts and (f) psychosis. Manic episodes may include (a) long periods of euphoria, (b) extreme irritability, (c) speaking fast and changing topics often, (d) impulsive and engaging in high risk behaviors, (e) having unrealistic beliefs in one's ability and (f) psychosis [4]. These depression and manic episodes represent a major change from one's usual mood or behavior.

Bipolar disorder is diagnosed using guidelines from the Diagnostic and Statistical Manual of Mental Disorders (DSM). Patients who present with manic or mixed episodes that last at least seven days, or, are hospitalized due to severe episodes are classified as bipolar disorder I. Those who present with a pattern of depressive episodes and hypomania episodes are diagnosed as bipolar disorder II. Among patients who are eventually diagnosed as bipolar, 70% were missed diagnosed, and 33% were missed diagnosed for 10 years or more [5].

There is currently no cure for bipolar disorder, but symptoms can be better managed with medications and psychotherapy. Mood stabilizers (e.g, Lithium), atypical antipsychotics (e.g. Abilify), and antidepressants (e.g., Zoloft and Prozac) are typically used to treat bipolar disorder 4 (please note that approved drug information, including any applicable boxed warning, is available at: http://dailymed.nlm.nih.gov/dailymed). Psychotherapy includes cognitive behavior therapy, family-focused therapy, interpersonal and social rhythm therapy, and psycho-education [4].

Approximately 4% of the United States population will develop bipolar disorder in their lifetime [4]. In addition, the treatment of bipolar disorder cost the U.S. healthcare system over $30 billion in direct cost (inpatient cost, outpatient cost, pharmaceuticals and community care) and over $120 billion in indirect cost (loss of employment, loss of productivity, sick leave, and uncompensated care) annually [5]. Medication non-adherence is arguably the most significant contributor to poor outcomes of patients with bipolar disorder, yet it has been estimated that more than 78% have suboptimal medication adherence rates (medication possession ratio less than 75%) [5]. In addition, suicide rates among people with bipolar disorder are 20 times greater than that of the general population.

Controversy exists among those involved in the diagnosis, treatment and scientific study of bipolar disorder. Some believe the disorder is over-diagnosed and thus over-treated, while others believe that the disorder (more specifically, bi-polar II) is under-diagnosed, under-studied, and patients are not properly treated [6,7]. There is not a DNA test or blood test to detect bipolar disorder, the diagnostic criteria for the illness have changed over time, and the disorder spectrum has expanded. These facts are intertwined in this debate and make it more difficult to resolve this controversy.

Though this controversy is real and important, the answers are not forthcoming overnight. However, de-stigmatizing bipolar disorder through educating the general public can begin to occur almost immediately. In the United States the broader general population is not well educated about mental illness, and thus with a lack of education comes misconceptions and discrimination. Common erroneous beliefs include (1) 'individuals cause their disorder', (2) 'you can will yourself out of your mood swings', (3) 'you'll never be normal', (4) 'bipolar is easy to diagnose' and (5) 'medical treatment is worse than the disorder'.8 However, the truth is that bipolar disorder is caused by some combination of genetic, biological and environment factors, and is treated by both medications and psychotherapy. There is no cure for bipolar disorder, but the disorder can be managed with treatment, and patients can live full and productive lives with the assistance of a support network of family and/or friends.

In addition to misconceptions, people with bipolar disorder and other mental illnesses are discriminated against and characterized with derogatory names like, 'crazy', 'coocoo', and 'deranged'. This occurs in the general public, law enforcement, legal circles and the news media. People with bipolar disorder are blamed for their disorder and discriminated against because of the episodic behaviors that accompany the disorder. A week of news reports, court room television, news murder mysteries, and the like will support this contention.

A few positive, though indirect, popular culture outlets have emerged to reach the general public in regards to bipolar disorder. First, through advertisements pharmaceutical companies have begun to promote their bipolar disorder medications heavily, therefore making it easier for the general public to at least recognize bipolar disorder as an illness. However, very little is communicated about the symptoms of the disorder, but at least the name of the illness is disclosed. Second, movies like 'Silver Linings Playbook' (an adaptation from a novel) have leading characters with bipolar disorder. This romantic comedy was nominated for eight Academy Awards, including Best Picture and Best Adapted Screenplay. Though only a fictional movie, this likeable character with bipolar disorder provides an avenue for the general public to become acquainted with the disorder, sympathize with patients who suffer from the disorder, and find those suffering from the disorder as likeable as any next door neighbor. So imagine what could really be done if there

***Corresponding author:** Bobby L. Clark, Health Services & Outcomes Research, Walgreen Co., 1415 Lake Cook Road, Deerfield, IL 60015, USA, Tel: 847-964-6515; E-mail: bobby.clark@walgreens.com

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were a concentrated effort to de-stigmatize bipolar disorder and other mental illnesses. Some support organizations, family mental health counselors, and other mental health facilities do an admirable job of educating affected families, but the general public remains virtually in the dark. Deliberate efforts to de-stigmatizing bipolar disorder and other mental illnesses best serves this substantial population, the affected families, and the nation as a whole in terms of productivity, cost, and most importantly compassion.

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