

## **The Problem with Self Diagnoses; Bipolar, or just ticked off?**

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**Guest Editorial Submitted By:**

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A client, we will call her Sara for the purposes of this article, had a specific concern when she came into my psychiatric office. She was certain she had identified her diagnosis: "Doctor, I know I'm bipolar...my brothers and mother tell me that's the case because I can snap at any second."

It is not uncommon for people who experience emotional turmoil to question whether they have bipolar disorder and there are great misperceptions about what bipolar disorder is, and what it is not. In general, we know that bipolar disorder is a psychiatric condition where people have rapid shifts in mood – alternating between periods of highs and lows. While that is one of the features of bipolar disorder, making an accurate diagnosis is more complicated.

We all experience changes in our mood. Virtually anyone who feels any emotions at all, knows what it's like to occasionally feel down and alternately feel up. The student who stays up extra hours pushing him/herself through exam-week; the business man who excitedly overspends his tax rebate or people like Sara, who just "snap" are all experiencing shifts in mood. But, are these examples of being bipolar?

Bipolar Disorder consists of two "poles" of emotion. The "South Pole" is depression, in which the persistent symptoms of feeling low and down continue for two or more weeks. During a depressive episode people may lose appetite, interest, energy, or hope. This depressive syndrome is quite common, affecting, at least for a time, about 25% of women and 15% of men. It is not uncommon for difficult life events, such as the loss of a loved one, unemployment, financial problems or divorce to trigger depression. Feeling low or sad, losing sleep, appetite, energy and interest may qualify as having a major depressive disorder.

The "North Pole" consists of mania. While depressive symptoms are common, true manic expressions are relatively rare. Despite beliefs that manic episodes consists of rage attacks or sudden shifts in mood, mania is more like the opposite of depression— with features of elevated mood and a natural "high." Almost everyone, occasionally, feels good and has periods of racing thoughts, insomnia, or irritability. This is why it is so easy to read a description of bipolar disorder and question whether it applies to you.

The most important consideration differentiating mania, from ordinary changes in mood, is that during a manic episode, this feeling of supreme positivity or high energy consistently persists for at least one week.

Additionally, a number of behaviors must also co-occur, including high levels of energy, racy feelings, and increased levels of productivity or talkativeness. The intensity of this high is similar to being on drugs, often to the point where people begin to lose contact with reality; so strong are their emotions, that they often believe they have special powers or abilities. When someone has a manic episode, the behavior is not just a matter of spending money, (which everyone does from time to time), but a matter of spending thousands of dollars for useless items, or having grandiose plans to change the world despite not having any expertise or resources to do so. When people become manic, they often believe they are on a special mission from God.

Sara's story is similar to that of many individuals whom I have treated over the years. Their relationships are tumultuous, their moods are constantly changing, and they often have great difficulties coping with work or marriage. Sara struggles considerably with all of these issues, but after careful analysis, Sarah does **not** have bipolar disorder.

Sometimes the inability to control anger and aggression is based in early life experiences, including childhood neglect or abuse. This can lead to a lifetime of poor ability to regulate emotions. Sometimes inborn personality traits can cause people to be more impulsive throughout their lifetime. Sometimes the explanation is Attention Deficit– Hyperactivity Disorder (ADHD). While this disorder begins in childhood, adults with ADHD may be hyperactive, over talkative, distracted, and impulsive--symptoms that can easily be confused with mania.

But, the most common bipolar-like psychiatric problem is substance abuse. Intoxication and craving related to drugs and alcohol – or even withdrawal from these chemicals – often leads to dramatic changes in mental attitude, sleep, and decision-making. Certain personality disorders, particularly borderline personality disorder, can mimic bipolar's mood shifts. The difference is that borderline mood changes are quite rapid and often triggered by life stresses; the periods of irritability and aggression do not persist as long as they would in bipolar disorder.

These days, with access to the internet, and one Hollywood star after another allowing us a glimpse into their psychiatric conditions, it's tempting to join the bandwagon of self-diagnosis.

However, careful attention is necessary so the correct diagnosis is made, and the right treatment is found. Those are skills of the psychiatric experts in your community, including those at David Lawrence Center. Doctors and nurse practitioners who are trained in diagnostic assessment identify the correct diagnosis, help individuals understand why their lives feels out of control, and organize optimal treatment plans for healthier and more productive lives.

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