

HOW TO STOP A HYPOMANIC EPISODE

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Hypomania:

- 🧠 A distinct period of persistently elevated, expansive, or irritable mood, lasting throughout at least 4 days, which is clearly different from the usual non-depressed mood.
- 🧠 During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
 - Inflated self-esteem or grandiosity
 - Decreased need for sleep (e.g., feel rested after only 3 hour of sleep)
 - More talkative than usual or pressure to keep talking
 - Flight of ideas or subjective experience that thoughts are racing
 - Distractibility (e.g., attention too easily drawn to unimportant or irrelevant external stimuli)
 - Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
 - Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investments)
- 🧠 The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic.
- 🧠 The disturbance in mood and the change in functioning are observable by others.
- 🧠 The episode is not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features.

- 🧠 The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

Do you know you can stop a hypomanic episode before it fully manifests itself? Whether an episode occurs, when it occurs, for how long it lasts, and how severe it is depends to a large degree on factors that are within the control of the patient and the family.

Factors important for triggering an episode:

Periodicity

Many bipolar patients demonstrate a biological rhythm with impressive regularity with regards to mood swings. Cycles of hypomania and/or depression come with predictable occurrence. These tend to be seasonal: spring for hypomania and the fall for depression, or summer for hypomania and winter for depression.

Anniversary

A significant event, usually an 'exit' event -- a loss, such as a death of a significant person, a divorce, a major move, change or disruptions, or a previous episode makes one more vulnerable. The appearance of the episode is one way of dealing or not dealing with the psychologically remembered trauma.
Stressful life events

For some bipolar patients, positive events such as marriage, graduation, promotion, and honors can be as stress producing as negative events. For some patients, any major change or deviation from a well-ordered, stable routine may trigger bio-psycho-social disequilibrium.





Belief system

The way you think about yourself, and the world has a great deal to do with how you behave. If you believe a hypomanic episode is inevitable and that you have no control over it, chances are the episode will occur in the fashion you have prophesied. Many bipolar patients become victims of self-fulfilling prophecies, assuming little responsibility for modifying behavior that might prevent episodes from occurring. Many patients believe if they continue to take medication regularly, the medication alone will automatically prevent episodes from happening.

Recognizing symptoms

To prevent an episode, accurate knowledge of the symptoms of hypomania and depression are crucial for both bipolar patients and family members.

A support system

There is increasing evidence that individuals who live in an emotionally stable environment or who have significant others available for support during times of stress or crisis have an overall healthier outcome.

The best way to avoid an episode is to learn well from the first one.

The hypomanic episode clinically presents a clearly recognized, well-defined syndrome. This consists of a cluster of symptoms that include pressured speech, increased and, often purposeless, activity, marked decrease in need for sleep and perhaps food, a marked need for instant gratification, attention, and approval. Noticeable irritability and displeasure prevail. Hostility and argumentativeness occur when the individual is thwarted. There is a need to expand and exaggerate all behaviors. Voices

are louder and clothing colors are brighter. There is more spending of money, letter writing, phone calling, travel, gift giving, and advice giving. There is a marked lowering of inhibitions and a pronounced disregard for the rights and feelings of others. There is also increased risk-taking, for example, relationships with strangers are personalized at an inappropriate level and with little regard for social amenities.

How can an episode be prevented, stopped, or lessened before clinical symptoms occur?

When the patient is in a stable condition, it is mandatory to establish an oral contract that elicits his\her cooperation permitting a trusted significant person to make an intervention. The patient grants this person permission to intervene to prevent an episode by:

- 🗣 Giving feedback regarding the patient's thinking, mood, and behavior.
- 🗣 Calling the patient's doctor to arrange an appointment or to discuss treatment.
- 🗣 Modifying the living situation to reduce stimulation.
- 🗣 Providing consistent structured and supportive reassurance.

When you notice hypomanic symptoms in a family member or a friend, please remember:

- 🗣 Remain calm; do not panic or criticize.
- 🗣 Make statements rather than ask questions such as, "Are you getting high again?" Instead, say something like, "You are wound up and seem preoccupied. Let's talk about it."
- 🗣 Discuss with the patient the fact that he/she has a choice and options. He/she can choose to avoid an episode or allow it to escalate and run its course with the





probability of hospitalization and the loss of many present gains.

 Make suggestive suggestions to:

- Review activities and decrease one's schedule by one-third for at least 7 to 10 days.
- Reduce stimulation (loud music, noise, light, talking, violent movies, etc.). Enforce a quiet environment (no visitors or celebrations). Maintain planned, low-key days.
- Regulate sleep - no naps. Stay out of bed until at least 10:00pm and don't get up until at least 6:00am.
- Monitor medication intake. Increase medication with the doctor's approval.

Get a serum level if on lithium and make an appointment to see the doctor

- Reassure the patient that if he/she follows these steps, in 72 hours the episode may be aborted.
- Be positive in attitude and actions. Use your sense of humor. Suggest to the patient that he/she has internal control to regulate his/her behavior and thereby alter his/her biochemistry.

When you have achieved success with this episode, congratulate yourself and/or the patient. Mark the date on the calendar and write down what you observed and what you did to modify it.

"Mental illness is everybody's business."

