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978-0-521-87314-7 - Bipolar II Disorder: Modelling, Measuring and Managing

Edited by Gordon Parker

Frontmatter

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## **Bipolar II Disorder**

Modelling, Measuring and Managing

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Bipolar Disorder is now more commonly viewed as a spectrum of conditions rather than a single disease entity. Bipolar II Disorder exists on this spectrum as a condition where the depressive episodes are as severe as in Bipolar I Disorder, but where the mood elevation states are not as extreme, often leading to failure to detect a condition thought to affect up to 6% of the population.

This book reviews, for the first time, our knowledge of this debilitating disorder, covering its history, classification and neurobiology. In a unique section, fourteen internationally recognised experts debate management strategies, building to some consensus, and resulting in treatment guidelines where no such advice currently exists. It should be read by all health professionals managing mood disorders and will also be informative to those with Bipolar II who wish to learn more about the condition.

**Gordon Parker** is Scientia Professor at the School of Psychiatry, University of New South Wales and Executive Director of the Black Dog Institute.

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## Modelling, Measuring and Managing

Edited by

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## Preface

Gordon Parker

This is, we believe, the first monograph focusing on Bipolar II Disorder by itself. ‘By itself’ raising an obvious question. If Bipolar II is a true mood disorder, is distinctly more common than Bipolar I (or manic depressive illness) but has comparable disability, sequelae and suicide rates, why has it not invited any previous definitive overview? The answer will be quickly apparent to readers.

Firstly, Bipolar II is a relatively ‘new’ condition, in the sense of it being defined and detailed only over the last few decades. Secondly, its status as a ‘condition’ is challenged by many. Thirdly, its detection by professionals is low and delayed. Fourthly, it is commonly viewed as a mild condition (e.g. ‘bipolar lite’), and as therefore of little consequence in terms of its differentiation from unipolar depression. Fifthly, there are no treatment guidelines for its management, with clinical management – if conceding such a diagnosis – generally extrapolating strategies from the management of Bipolar I Disorder.

Most psychiatric monographs are written when there is a bank of knowledge. Not on this occasion. Here, author after author, all with expertise in the bipolar disorders, note the lack of a clear knowledge base and of any formalised clinical guidelines. This book was designed, however, to detail both what is currently known or debated, and what needs to be clarified. We aim to provide an advance on current clinical management, which has had to operate largely within a vacuum over the last decade – despite rapidly increasing interest in Bipolar II Disorder.

This book proceeds in two broad ways. To begin with, individual chapters review specific issues of relevance. All are informative but there is a predictable lack of integration as each writer addresses their specialist domain. Next, an unusual strategy, a set of international researchers turn from simply interpreting research studies, to considering the clinical nuances that *they* have observed. We learn what they actually do on a day-to-day basis, and their management recommendations. Personal views iterate with thoughtful interpretations of the literature. The tone is

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consequently quite different to most clinical overviews. Rather than reference, rely on and often reify previously published treatment guidelines, here the writers bring freshness to their clinical observations – providing new knowledge rather than over-viewing old information. Despite some disparate individual views, it is possible to observe integration emerging, but without the collective tone of a ‘consensus conference’ – which often reflects the majority lining up with the views articulated by the most dominant and charismatic members.

The two sections – respectively prioritising literature overviews and clinical observation – combine to provide management strategies that should assist clinicians. Such strategies are not ‘black and white’, nor beyond debate and challenge, and are not necessarily easy to assimilate – but it is rich material that provides as many hypotheses for clinicians as for researchers. Most importantly, most of the multiple treatment options considered and questioned by clinicians are examined – so that this monograph should prove of practical use to clinicians and many who suffer from this condition.

A brief overview of the book. We start with an introduction – a young man’s essay captures the day-to-day oscillations experienced by those with Bipolar II Disorder. Of greater salience is the tone of the writing. The reader can detect the exuberant chords and cadences of an individual communicating during a ‘high’ – a quality which is sometimes palpable in patients during their first visit and which may alert the clinician to the possibility of a bipolar mood disorder. This personal story sets a scene in many ways.

The first six chapters overview historical, definitional, classification and measurement issues, consider epidemiological nuances, and identify the limited research examining neurobiological underpinnings to Bipolar II Disorder. The status of Bipolar II Disorder is considered, from its ‘non-existence’, to it being a discrete categorical type, or its lying within a spectrum, and that it may even exist in the absence of any elevated mood states. Such thoughtful considerations of its status (most evident in Chapter 2) help explain why Bipolar II Disorder has long resisted encapsulation. The chapters following on from these six provide contemporary overviews of a number of possible management strategies, including psychotropic drugs (i.e. antidepressants in general, SSRIs, mood stabilisers, and antipsychotics), fish oil, and psychological interventions, and two chapters consider wellbeing plans and survival strategies.

In Chapter 15, one model for managing Bipolar II Disorder is presented – as a template for consideration and debate by a number of international experts – with their astute independent observations allowing some integration. By close, I suggest that we can no longer view ourselves as having little understanding of the condition. Consensus may not have been achieved, but that is rarely truly achievable in psychiatry. Agreement on many issues is clearly evident. While

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ambiguities remain, many have now been defined and their parameters are marked out for resolution by researchers and sharp clinical observations. The hope then is that this book will not only be helpful to clinicians in their daily practice but also to the research community in highlighting key questions that remain to be answered.

I would like to express my appreciation to a number of people. My particular thanks to the many authors who willingly responded to the demands involved in preparing this book, and who provided thoughtful, comprehensive and informative chapters. Then to Kerrie Eyers, who, as in-house editor, has rigorously and precisely edited the volume; and to my secretary Yvonne Foy, who has addressed the multiple administrative demands responsively and smoothly. Many thanks to Black Dog Institute colleagues (Kathryn Fletcher, Dusan Hadzi-Pavlovic, Gin Malhi, Vijaya Manicavasagar, Philip Mitchell, Amanda Olley, Anne-Marie Rees, Meg Smith, Lucy Tully) who contributed to the research underpinning my chapters and to independent chapters. My gratitude to the editors and publishers of the *American Journal of Psychiatry* and *Journal of Affective Disorders* for permission to republish from papers published in their journal, and to Allen & Unwin publishers for permission to republish the 'D club' essay. Sincere appreciation to Richard Marley, Alison Evans and Lesley Bennun of Cambridge University Press for their professional excellence at every stage of this production. Finally, I salute my wife Heather, for her support and graciousness in allowing me the time to write.