

Bipolar II disorder affects nearly 6 million in U.S. alone

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Harlan Didrickson was a model of middle-class stability. He lived with his partner of more than two decades in a handsome Victorian on a leafy North Side Chicago street. He worked as manager of executive and administrative services for a high-powered architectural firm, where he made hospitality and travel arrangements for large meetings and oversaw budgets that ran into millions of dollars.

He was not the kind of person who would go to lunch with friends and come home having spent \$4,500 on a puppy and a month of obedience training.

Or who would get up at 2 a.m., go to Dunkin' Donuts, then drive to Indiana and back, snacking on Munchkins.

But that's who he became.

Four years ago, his life was upended by bipolar II disorder, the same illness recently diagnosed in U.S. Rep. Jesse Jackson Jr.

This is not Jackson's story. People with the disorder - nearly 6 million in the U.S. - have unique experiences with the illness, which cycles between moods of manic energy and deep depression.

"The symptoms of bipolar disorder can be very different from one person compared to another," said Dr. John Zajecka, a psychiatrist with Rush University Medical Center who specializes in [mood disorders](#).

Manic states leave some people euphoric, others irritable. "There are people who can function their whole lives in these hypomanic states," though they may lose marriages, jobs and money, Zajecka said.

Depression, too, can appear in a variety of ways. Some sufferers stay in either mania or depression for decades; others cycle between them many times a day. And people respond differently to treatment.

But Didrickson's struggle provides one look at how bipolar II disorder and its treatment can affect a life.

And he does have one key factor in common with Jackson. Like the congressman, Didrickson, 54, had weight-loss surgery before being diagnosed with bipolar. He had a gastric bypass procedure; Jackson had a duodenal switch.

It became a serious complication in his treatment. The weight-loss procedure, which causes the body to absorb fewer calories, prevented him from absorbing the full dose of his antidepressant medication.

Didrickson's illness began when he started feeling extremely stressed at work. He considered himself skilled at his job but felt beleaguered by office politics.

"I felt as though I was fighting a lot of fights on different fronts in my life, and that I didn't have the wherewithal, the energy," he said. "I was profoundly unhappy."

He changed jobs, twice. He still felt miserable. And he also felt trapped, having to do work he now found unbearably stressful.

More than 60 percent of people with bipolar engage in substance abuse as they try to self-medicate their inner pain. Didrickson was among

them. At night he would wash down some hydrocodone, an opiate he had been prescribed for a back injury, with beer. He would stay up till 4 a.m. watching TV, then take Ambien to fall asleep.

"At 6 o'clock I woke up, got dressed and went to work. I was probably still high," he said. "Then somewhere around noon, I would crash. I would go to the men's bathroom, go sit on the toilet and fall asleep."

His partner, Nick Harkin, a publicist with an entertainment and lifestyle marketing firm, had no idea how deeply troubled Didrickson had become.

But then Didrickson didn't show up on time for a planned out-of-town getaway. When he arrived the next day, he was morose, secretive and exhausted. "It was a very abrupt shift," Harkin said. "It was quite obvious that something was very seriously wrong."

Didrickson was thinking of ending their relationship, he told Harkin. And he wanted to move to California's Death Valley. He wanted to start a new life.

"I was falling apart," Didrickson said. "It was this desperate: 'I will do anything to get out from under this pressure.' It was like having a heart attack, and if you don't get out from under it, it will kill you."

Back home, he called a friend who had once been his therapist. She asked if he was suicidal.

"I was, like, 'Of course I am. I think about it all the time,'" he said. "'It's the only comfort I have.'"

She told him to see a psychiatrist. He did, and was told he had depression - a common initial diagnosis for people with bipolar, who

generally seek treatment during a depressed phase of the illness.

The antidepressant the doctor prescribed didn't work. Didrickson developed memory problems, to the point where he forgot how to do simple tasks like using a phone.

"I could not take a shower, because I couldn't recall the sequence of activities ... turning on the water, stepping into the spray, getting wet, washing," he said.

He lost 40 pounds and neglected bathing and grooming. And yet there were also times when Didrickson felt powerful, energetic, nearly like a superhero. He could do anything he wanted, no matter how dangerous or destructive, with no consequences.

He ran red lights. He drove the wrong way down one-way streets. "I felt like I was back to being in charge, like I was back to saying, 'It's going to go like this because I said so,'" Didrickson said. "I felt kind of emancipated.

"I thought, 'Wow, this (antidepressant) Paxil is really working.'"

But it wasn't. A psychopharmacologist gave him a new diagnosis: bipolar II disorder, a form of bipolar disorder with less extreme mood swings.

His new doctor told him to stop self-medicating - Didrickson said he hasn't had a drink or abused a drug since - and put him on a mood stabilizer. And then began the painstaking process of trying to find the right antidepressant: six weeks getting to a therapeutic amount of a drug, then six weeks being weaned off when it didn't work, again and again.

"My symptoms came back. I just felt terrible," he said.

He was still manic, once getting up at 4 a.m. to drive to Lake Shore Drive to look at newly fixed potholes. He spent money recklessly. He spent hours obsessing over the paper stock to use for custom stationery.

The manic states always turned dark, ending with him lashing out at people - usually Harkin.

"When I begin my mania, it's a great party," he said. "But when it gets to be months into it, it gets uglier and uglier and uglier, to the point where you really are a monster.

"Mania isn't happy; mania is crazy," he said.

No antidepressant worked. Then a friend with bipolar recommended Adderall, the stimulant often prescribed for attention deficit disorder.

His doctor prescribed a standard amount. It did nothing.

So Didrickson took another dose. And he felt a little better.

"I started to feel buoyant," he said. "I always talk about feeling underwater. I felt like I was finally breaking the surface."

He didn't know why he needed a higher dose. But then he came upon online message board postings by people who had undergone gastric bypass surgery and then found that their antidepressant medicines stopped working.

The gastric bypass surgery he had undergone years earlier to lose weight, he concluded, was keeping his body from absorbing the medicine.

Indeed, Zajecka said, [gastric bypass](#) surgery can change how people absorb medicines given for bipolar disorder.

The Mayo Clinic statement announcing Jackson's diagnosis also noted that the weight-loss surgery he had "can change how the body absorbs food, liquids, vitamins, nutrients and medications."

Didrickson's doctor would only marginally increase his dosage of the notoriously abused amphetamine. It wasn't until he switched doctors because of a change in his health care coverage that he got what he found to be an effective dose.

His longtime internist, Dr. Eric Christoff, assistant professor of clinical medicine at Northwestern University's Feinberg School of Medicine, gradually increased Didrickson's dosage, with weekly appointments to check his blood pressure.

The depression lifted. He has been on the higher dosage for a year and a half.

"We have never seen any evidence of drug toxicity or high blood pressure," Christoff said. "He's really not absorbing much of any dose he's taking."

Many people with bipolar disorder are able to resume their previous lives.

"It's one of the most treatable illnesses we have in medicine," Zajecka said. "If it's diagnosed properly and treated appropriately, there's no reason they can't get back to resuming a normal lifestyle and their normal goals in life."

But Didrickson has been unable to go back to work and still has periods of depression and mania, though much milder ones. He manages the house, cooks and has taken up woodworking.

"Going out in the evening can be very, very, challenging for him," Harkin said. "If we go to a concert or a dance performance and it's too noisy, he'll have to leave. If ... there's someone in a film who's violent or cruel, that's very upsetting to him too."

"It's nothing like I thought my life would be," Didrickson said.

"The good thing, I guess, is that I don't hold on to yesterdays," he said. "That's a blessing, I think, frankly. But I also don't have tomorrow. My life isn't about tomorrow."

He has gone back to writing, which he did in college. He writes a blog about his experiences with bipolar, under the name T.M. Mulligan. The moniker stands for "Taking My Mulligan."

"I'm having my do-over," he said. "I'm taking the second chance."

More information: For more information and to find support groups, contact the Depression and Bipolar Support Alliance, a national peer-directed organization based in Chicago, at dbsalliance.org or 800-826-3632.

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