Bipolar disorder: Am I at risk? [1]

Alice,

My mother was recently diagnosed with bipolar, so it's been an emotional roller coaster ride as she adjusts to the medications. She is also Obsessive-compulsive, and is being treated for anxiety and depression.

I'm terrified that this is going to happen to me or it already has. I see a shrink on a regular basis, but he hasn't suggested going for psychiatric testing. Should I? Because my mom has all these conditions...will I?

Thanks,

Bi Polar literate

Answer

Dear Bi Polar literate,

Okay, so your mom had three conditions or diagnoses: bipolar, obsessive-compulsive, and anxiety and depression. And you want to know if you need to be tested for those three diagnoses. Well, let's start with some background.

Bipolar disorder, also known as manic-depressive illness, causes drastic shifts in one's energy, mood, and ability to function, swinging between manic and depressive episodes. This illness usually manifests itself during late adolescence to early adulthood, with some people exhibiting symptoms during childhood and middle age. Bipolar disorder symptoms include:

The Manic Episode

- Excessively "high," euphoric mood
- Increased activity, restlessness, and energy
- Increased sex drive
- Spending sprees
- Abuse of alcohol and/or other drugs
- Aggressive behavior

The Depressive Episode

- Feelings of hopelessness
- Loss of pleasure and interest in things previously enjoyed (i.e., sex, sports, interacting with friends)
- Sleeping too much or not sleeping at all
- Thoughts of death, suicide, or suicidal attempts
- Decreased energy
- Restlessness or irritability

Studies have shown that when one parent has bipolar disorder, their children are 15 to 30 percent more likely to develop it; when both parents have it, their children are 50 to 75 percent more likely to develop it. This data suggests that bipolar disorder is a genetically predisposed mental illness. However, it’s hard to determine what exactly predisposes one to developing it, as the genes linked to bipolar disorder seem to be held in several different chromosomes.

Obsessive-compulsive disorder (OCD) is a kind of anxiety disorder that compels people to experience very fixated, unwelcome thoughts, such as the desire to harm oneself or the need to constantly revise a paper, and to repeatedly and uncontrollably carry out tasks in order to rid themselves of these thoughts. Examples of compulsive activities are constantly washing one’s hands to combat fear of germs, spending hours a day straightening a room in fear that it is not neat and tidy, or repeatedly checking over work that someone has already thoroughly completed. While this disorder is not contagious, it does appear as if OCD can be attributed to some degree to genetics. Scientists cannot pinpoint one specific gene that makes a person susceptible to OCD; they suspect that it is attributed to multiple genes. Evidence seems to show that a person who has OCD has at least a 25 percent chance of a blood relative also having it. Likewise, if a twin has OCD, there is about a 70 percent chance of the identical twin and about a 50 percent chance of the fraternal twin having OCD.

Social anxiety disorder is a psychological state that causes a devastating fear of interacting with people in public situations. Some examples include a very high amount of distress or immobilizing fear of speaking with others, addressing large groups, and being in crowded places. Physical responses can include the fight/flight reactions, including rapid heartbeat, intense sweating, tense muscles, and difficulty in concentrating on the situation at hand. Once again, this is not contagious. Some studies have shown that while those who have social anxiety can have parents who do, this behavior also may be learned from their elders. Studies of twins have shown that environment may be more of a factor than genetics.

Depression is a psychological condition that causes one to have constant feelings of hopelessness and despair. People who are depressed have decreased energy, distance themselves from activities and friends they once enjoyed, and may have thoughts of suicide. As with other psychological imbalances, depression is not contagious. Research shows, however, that depressed behavior can also be passed on by learning it from others who are depressed.

What's important to know is that each of these conditions can be managed with therapy, sometimes behavioral therapy, medication, or a combination. It is so fortunate that you and your mother can take advantage of these new kinds of medications that were non-existent even 20 years ago.

It is interesting to read about your concern since you are currently seeing a mental health care provider. Because of your mother's diagnoses, you might find it useful to talk with your therapist about your concerns and fears, including wondering about your own diagnosis, if you haven't already. You can also bring up how you are feeling, perhaps about your mother's
vulnerability and/or around her capacity to care for you. All of these feelings and thoughts are important to talk about with your therapist, since only then, when your therapist knows your thoughts, worries, and concerns, can s/he have the additional information needed to move your therapy along.

As far as getting a diagnosis for you is concerned, what is it about testing in particular that makes more sense to you? Are you eager for a diagnosis, or a multiple diagnosis? What does your current psychologist or psychiatrist say is your current diagnosis, which is often determined by a clinical interview that could be clarified by testing? What do you expect to gain from the testing about you? And again, what will the diagnosis mean to you?

If testing will help put your worries at ease, then do so. Your psychologist or psychiatrist may be able to conduct the assessment, or s/he can refer you to a qualified specialist. Testing involves searching for symptoms that correlate with the manic and depressive episodes that make up bipolar disorder.

If your assessment reveals a diagnosis of bipolar disorder you can then address the disorder, and you can work on getting on with your life. While this may be difficult at first, with the right treatment, and the right person to work with, who may indeed be the therapist with whom you are currently working, you can begin living your life as you want to, maybe for the first time ever. After talking with you, a psychiatrist can prescribe the medication, if it's needed, that is best suited for you to manage your illness. It may take some time and trial with different prescriptions, since each person reacts differently to medications, but in time, the right medication, if needed, can be found. In the meantime, you can develop specific coping mechanisms to help alleviate the symptoms of bipolar disorder or any of your own discomfort.

The following websites may have additional info and/or list support groups in your area:

Depression and Bipolar Support Alliance web site [2]
"Bipolar Disorder" on the National Institute of Mental Health (NIMH) web site [2]
Science News About Bipolar Disorder on the NIMH website [3]
Anxiety and Depression Association of American website [4]
Alice!
Category:
Emotional Health [5]
Blues & Depression [6]

Related questions

Manic-depression? [7]
Learning about lithium [8]
Staying awake for days on end ? Unhealthy? [9]
Legit reasons to go to therapy/counseling? [10]

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Go Ask Alice! is not an emergency or instant response service.

If you are in an urgent situation, please visit our Emergency page to view a list of 24 hour support services and hotlines.

Source URL: http://goaskalice.columbia.edu/answered-questions/bipolar-disorder-am-i-risk

Links