

Bipolar Disorder

What is Bipolar Disorder?

Bipolar Disorder (Manic Depression) is characterized by severe swings in mood, thinking, energy, and behavior – from the extreme high of mania, to the extreme low of depression. Rather than just a fleeting good or bad feeling, the cycles of bipolar disorder usually last for days, weeks, or even months, and are so intense as to interfere with the ability to function.



By Donald V. Victorson,
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Manic Attack

During the Manic attack, a distinct period of elevated, expansive, or irritable state, you might find your thoughts racing. Judgment becomes impaired, you might go on a spending spree, abuse alcohol or cocaine, become aggressive, feel out of control or unstoppable, become euphoric and grandiose. You might even quit your job. You may experience psychosis, or a break with reality, or severe anxiety or rage.

Hypomanic Episode

Hypomania is a mild level of mania, typically you are optimistic, may speak very rapidly, experience increased energy, decreased need for sleep and increased creativity. While irritability and poor judgment are common, delusions and hallucinations are not. Hypomania may feel good and the sufferer will frequently deny that anything is wrong.

Mixed Episode

Symptoms of mania and clinical depression occur simultaneously. Agitation, anxiety, aggressiveness, belligerence, confusion, fatigue, impulsiveness, irritability, morbid or suicidal impulses, panic, paranoia, delusions of persecution, rapid speech, racing thoughts, and rage are all commonly experienced.

What Causes Bipolar Disorder?

It is thought that there may be a substantial genetic contribution. Brain imaging studies also show abnormalities in the brains of some persons with Bipolar Disorder. In addition neurotransmitter imbalances, abnormal thyroid function, cir-

cadian rhythm disturbances, and high levels of the stress hormone cortisol are all implicated.

Stressful events such as marriage, divorce, moving, going away to college, death of a loved one, or getting fired can all trigger an attack.

Abuse of drugs such as cocaine, ecstasy, and amphetamines can trigger a mania attack, while alcohol or tranquilizers can trigger depression.

In order to evaluate the insurability of someone with Bipolar Disorder you need to ask the following important questions:

When did the client first experience symptoms of Bipolar Disorder and when was the condition finally diagnosed?

Diagnosis is often very difficult and often confused with other conditions including schizophrenia, psychosis, borderline personality disorder, or drug addiction, consequently diagnosis may be delayed for 10 years or more, and during this delay, proper treatment is not being received. Misdiagnosis is still unfortunately common.

Has the Client Even Been Hospitalized for Mental Illness?

Frequently the initial crisis that prompted the diagnosis will lead to a short period of hospitalization. The fact that the client underwent hospitalization does not mean that you should expect a worse underwriting outcome. It is important to document the exact dates of hospital confinement, and the duration of treatment.

Have repeated or extended periods of hospitalization been necessary, or has involuntary admission to a mental hospital been required? What medications are currently being taken?

Bipolar disorder is a chronic, recurring illness requiring ongoing treatment and medication even when you are feeling better in order to prevent new flair-ups and in order to stay symptom free.

Is the sufferer continuing treatment and taking his medication as directed? What Type of Follow-Up Care is the Client Receiving?

Clients who have close follow-up care with a mental health professional are much more likely to experience a favorable medical and therefore underwriting outcome.

Those who avoid follow-up care are much less likely to be successful in their recovery and are therefore less likely to obtain a favorable underwriting offer.

What Lifestyle Changes Has the Client Made to Help Improve Their Chances of Successfully Managing Their Illness?

It is important to document lifestyle changes that have improved the client's life in a positive manner. This will frequently include ending a dysfunctional relationship, resolving fears and guilts, changing jobs or locale, getting involved in new activities, or discovering new spiritual meaning.

NOTE: It is extremely important to document the lifestyle changes the client has made as part of the management of their illness.

Is treatment still ongoing? Has there been measurable improvement? Is the client suicidal?

A good cover letter, from you the agent is always helpful. This is especially true in cases involving mental illness. Get into the habit of writing good cover letters to your underwriters. Your results will improve dramatically and your clients will thank you. ❖

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