The International Society for Bipolar Disorders

Older Adult Bipolar Disorder

An ISBD Older Adult Bipolar Disorder Task Force Publication

A Guide for Older Adults with Bipolar Disorders and Care Partners

Basic Facts — **Diagnosis & Course** — **Treatment** — **Support**

A Guide for Older Adults with Bipolar Disorder

Basic Facts

What is OABD?

OABD stands for Older Adult Bipolar Disorder and is generally used to describe people over the age of 60 with bipolar disorder. Some people with OABD have lived with bipolar disorder all their lives, and some only started to have symptoms more recently. Usually, symptoms and management of bipolar disorders are similar for younger and older adults. Still, there are some differences that we will explore here.

About one in every 100 people (1%) develop bipolar disorder at some point in their life.

What are the manifestations of OABD?

Bipolar disorder, also known as manic-depression, is a treatable psychiatric disorder marked by extreme changes in mood, thoughts, behaviors, activity, and sleep. A person with bipolar disorder will experience intense emotional states or "mood episodes," shifting from mania to normal mood or depression. The ups and downs experienced by someone with bipolar disorder are very different from the ups and downs that most people experience from time to time. These mood changes can last for hours, days, weeks, or months. Sometimes symptoms may be so severe that an individual with bipolar disorder may need to be hospitalized for some time. In between these extremes, the person's mood may be normal. Some treatments help improve and relieve many symptoms of bipolar disorder. A combination of medication, helpful therapies, education in managing one's illness, and support can lead to reduced symptoms, improved relationships with other people, and a better quality of life.

What is the prevalence of bipolar disorder?

About one in every 100 people (1%) develop bipolar disorder at some point in their life. Bipolar disorder affects men and women at equal rates. It is found

among all ages, races, ethnic groups, and social classes. Individuals with a parent or sibling who has bipolar disorder are four to six times more likely to develop the illness than individuals who do not have a family history of bipolar disorder.

How Is Bipolar Disorder Diagnosed?

Bipolar disorder usually starts early in adulthood, but older adults often remain symptomatic as it is a chronic condition. Symptoms may also appear for the first time in later life. So-called late-onset bipolar disorder, when symptoms start after 60 years of age, occurs in up to 10% of older adults with bipolar disorder.

The diagnosis must be established by a trained mental health professional. Its unique feature, compared to other conditions that involve changes in mood, is the presence of a manic or hypomanic episode.

What is a manic episode?

A manic episode is a distinct period when a person persistently feels extremely happy or extraordinarily irritable and has increased energy. This period of abnormal mood must occur most of the day, nearly every day, usually for at least one week. Other symptoms frequently found during a manic episode include:

- Inflated self-esteem or grandiosity (has a high opinion of self and may be unrealistic about their abilities
- Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
- More talkative than usual or pressured to keep talking

- Flight of ideas or racing thoughts (has too many thoughts at the same time or rapid speech that jumps from topic to topic)
- Distractibility (attention is easily drawn to unimportant or irrelevant things)
- Increased goal-directed activities (e.g., social or at work or school) or psychomotor agitation (purposeless non-goal-directed activity)
- Excessive involvement in activities with a high potential for painful consequences (e.g., shopping sprees, driving recklessly, and unsafe sex)

Late-Onset Bipolar Disorder, when symptoms start after 60 years of age, occurs in up to 10% of people with bipolar disorder.

What is hypomania?

Hypomania is a less severe form of mania. It is a change from the usual self, often noticeable by others as the person can feel an increased level of energy, feelings of extreme happiness, excitement, the sensation of being invincible or increased self-esteem.

When symptoms appear for the first time in people older than 60 it is essential to rule out conditions such as neurological disorders or dementia

Hypomania duration is shorter, at least four consecutive days instead of one week, and if the episode is less severe, it does not significantly affect social or work/school functioning as when a mania episode is present.

What are other common symptoms that can be present in OABD?

- Anxiety or depression - very prevalent!
- Complaints of bodily aches and pains rather than feelings of sadness
- Psychotic symptoms, hallucinations (false perceptions, hearing voices), and delusions (false beliefs, such as paranoid delusions). These psychotic symptoms usually disappear when the symptoms of bipolar disorder have been controlled.
- Suicidal thoughts and suicidal risk are significant, particularly during a depressive episode. However, people who are actively managing their bipolar disorder have a substantially lower risk of suicide.
- Cognitive deficits, including slowed processing
- Physical conditions, including obesity, diabetes, and heart and vessel problems.

Is a lab test important for the diagnosis of bipolar disorder?

There are currently no physical or lab tests that can diagnose bipolar disorder. Still, these procedures can help rule out other conditions that sometimes have similar symptoms to bipolar disorder (e.g., thyroid dysfunction, brain tumor or dementia, and drug use). When symptoms appear for the first time in people older than 60 it is essential to rule out conditions with similar symptoms, such as neurological disorders or dementia.

What are other psychiatric disorders that can be mistaken for OABD?

- Depression: people with bipolar disorder often seek treatment for their depressive symptoms rather than their manic symptoms. This can result in a misdiagnosis of depression.
- Dementia: changes in mood, thoughts, behaviors are also very common in dementias such as Alzheimer's disease. Usually, exams of the brain and medical examination are helpful for the diagnosis.
- Schizophrenia: some individuals with bipolar disorder can have psychotic symptoms when manic (e.g., believing that the person is Jesus Christ) just like in schizophrenia. The symptoms of these disorders, however, differ over time. Individuals with bipolar disorder usually do not experience psychotic symptoms when their mood is stable. In contrast, individuals with schizophrenia can experience psychotic symptoms even during periods of stable mood.
- Substance-induced mood disorder: in this condition, mood symptoms are judged to be the direct consequence of alcohol/drug abuse, medication, or toxin exposure.
- Delirium may resemble a manic episode because both can interfere with the sleep cycle and manifest symptoms such as disorganized thinking and speech, impulsivity, distractibility, and hallucinations. However, delirium is always caused by an underlying medical condition. For this reason, in the first episode of mania, it is important to rule out delirium by a complete medical record, physical exam, and sometimes complementary exams. Usually, delirium symptoms get worst in sundowning,

and it is not associated with feelings of happiness or increased self-esteem.

- Stroke sometimes involves parts of the brain that do not bring typical symptoms such as loss of sensitivity or movements. The first stroke symptom can be similar to mania, usually when specific lesions occur on the right side of the brain. It is necessary to perform a brain scan, preferably a magnetic resonance of the head, to establish this diagnosis.

Is it necessary to get a thorough interview to make the diagnosis of OABD?

To make the diagnosis, a trained mental health professional will conduct a comprehensive interview and pay careful attention to the symptoms experienced, symptom severity, when symptoms started, and how long they have lasted. Individuals with bipolar disorder can be misdiagnosed as having only depression because people are more likely to seek treatment when feeling depressed than when feeling manic.

Regarding OABD, it is helpful to review the symptoms across the lifetime. The person with bipolar disorder can provide this information. Still, care partners can often bring valuable complementary information, especially regarding mania or hypomania.

Cause, Course & Cognition

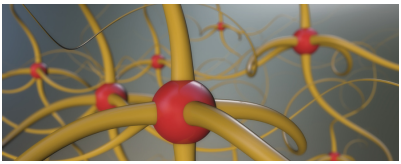
What causes OABD?

There is no simple answer to what causes bipolar disorder because several factors play a part in the onset of the disorder. Research shows that the risk for bipolar disorder results from the influence of genes acting together with environmental factors. A family history of bipolar disorder does not necessarily mean children or other relatives will develop the disorder. However, studies have shown that bipolar disorder does run in families. The

environment also plays a crucial role in whether someone will develop bipolar disorder.

For example, sleep deprivation, substance abuse, and stressful life events, such as family conflict and the loss of a job or a loved one, increase the likelihood of the disorder.

The more intense or severe these factors are, the greater the chance of someone developing bipolar disorder before 60 years of age. Therefore, some people over 60 with bipolar disorder have had symptoms for many years. Late-onset cases (symptoms starting after age 60) are less common. Additional causes include potential stressful events typical of older ages such as the loss of a partner or friends and decreased income due to retirement, among other factors. Older adults might also have some conditions that can contribute to the development of bipolar disorder. At older ages, the effects of an unhealthy lifestyle (e.g., smoking, diet, lack of physical activity) and chronic stress can contribute to the development of symptoms of bipolar disorder, especially in less resilient individuals.



Research shows that the risk for bipolar disorder results from the influence of genes acting together with environmental factors.

What is the clinical course of OABD?

The clinical course of bipolar disorder in older adults varies among individuals. The presentation, severity, and prevalence of manic and depressive symptoms differ little from adults younger than 60 years of age. Some people, however, may experience more severe symptoms and worse response to treatments after every new episode.

Usually, the rates of hospitalizations seem to decrease, probably because the severity of subsequent episodes reduces, and suicide rates go down. Nevertheless, other challenges are posed, such as difficulties from typical aging.

The risk for severe cognitive loss doubles in older adults with bipolar disorder

Are cognitive changes common to older adults also present in OABD?

Yes, and one should be particularly attentive to changes in cognition that might compromise independence and good decision-making, especially for one's bipolar disorder. The risk for severe cognitive loss doubles in older adults with bipolar disorder. These cognitive changes can be due to mood swings, medication side effects, or other neurological conditions such as dementia.

Treatment Options

There are a variety of medications and therapies available to those suffering from bipolar disorder. Medications can help reduce symptoms and are recommended as a treatment for bipolar disorder at any age. Individuals with bipolar disorder can also learn to manage their symptoms and improve their functioning with various therapies.

It is also essential to keep connected to others; check out possibilities in community centers or other resources available in your neighborhood.

If I have other medical conditions should I tell my psychiatrist?

Other physical conditions often

come with old age. Therefore, itis vital to inform all your physicians when a new medication is prescribed because of a potential drug interaction.

Therapies

Although some people may think it is more difficult to change behaviors in later life, many therapies work well in older adults and OABD.
Therapies can deepen information about the disorder as well as provide problem-solving techniques. In therapies, you can learn to identify maladaptive thoughts, logically challenge them, and replace them with more adaptive beliefs. You can also learn to recognize the relationship between circadian rhythms, daily routines, and mental health symptoms. For bipolar disorder, it is important to stabilize sleep/wake cycles, maintain regular daily activities (i.e., sleeping, eating, exercising, and other stimulating activities), and address potential problems that may disrupt these routines.

Resolving current interpersonal issues and developing strategies to prevent such issues from recurring in the future are important as well. Scientific studies show that the results of these therapies are a clear improvement in quality of life, depressive symptoms, and treatment adherence.

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Which medications are used to treat OABD?

Medications necessary for treating bipolar disorder are usually called “mood stabilizers,” including lithium, anticonvulsants, and antipsychotics.
Anticonvulsant drugs were initially used to

treat seizures; antipsychotics were initially used to treat psychosis. Still, they proved to be effective in helping control mood, especially manic episodes, and some can be effective for depressive episodes.

Even though older adults with bipolar disorder will often use the same medications that younger adults use, one should be more careful of medication's potential adverse effects due to aging. The interaction with other medications frequently used at an older age (for example, diuretics, anti-platelet, or non-hormonal anti-inflammatory drugs) can also be problematic. Therefore, the usual "rule of the thumb" is to start low and go slow if an increase in dose is necessary. Due to potential interaction with other medications one should try to use as few different medications as possible, whenever possible. Older adults with bipolar disorder might benefit from lower serum doses of lithium or valproic acid medications. In 2019, the ISBD OABD task force published a recommendation for serum lithium below the younger adults' usual therapeutic range. The recommendation is a range of 0.4-0.8 mmol/L in the 60 to 79 year-old age group and a range of 0.4 to 0.7 mmol/L in the over 80 year-old age group.

Should I tell my doctor if I am using other medications?

Mood stabilizing medications can interact with other drugs to create potentially serious health consequences. Be sure to tell your doctor about all the medications you are taking, including prescription medications, over-the-counter medications, herbal supplements, vitamins, and minerals.

How long does it take to get benefits from the medication?

It may take a long time and the need to try different medications to find a mood stabilizer that is well tolerated. After achieving the desired, effective dose of a mood stabilizer, it may take an additional 1-2 weeks before you can expect to see improvement in manic symptoms. It may take up to 4 weeks for depressive symptoms to lessen. You mustn't stop taking your medication because you think it's not working. Give it time!

What if I am not improving with the medication?

You and your doctor have a lot of choices of medications, and it is hard to know which one may work best for you. Sometimes the mood-stabilizing medication you first try may not lead to improvements in symptoms. This is because each person's brain chemistry is unique; what works well for one person may not work as well for another. Be open to trying a different medication or combination of medications to find a good fit.

If episodes of mania or depression occur while on mood stabilizers, your doctor may add other medications to be taken for shorter periods. Let your doctor know if your symptoms have not improved or have worsened, and do not give up searching for the proper medication!

What works well for one person may not work as well for another. Be open to trying a different medication or combination of medications to find a good fit.

What are the possible side effects of medications?

Mood-stabilizing medications can have side effects such as weight gain or dizziness. Some people have mild side effects that tend to diminish with time. Examine

with your doctor the side effects you might be experiencing, and report if any side effects persist or become bothersome. If you experience side effects, try to talk to your doctor before considering discontinuing treatment

Medications may be less well tolerated at an older age due to possible side effects such as tremors, stiff muscles, or cognitive impairment. Therefore, lower doses - and lower serum levels - might be recommended in some cases. In rare cases, these medications can cause severe side effects. Contact your doctor immediately if you experience one or more severe symptoms.

For how long should I take the medication?

Once you have responded to medication treatment, it is essential to continue taking your medication as prescribed. Usually, it is necessary to continue taking mood-stabilizing medications for extended periods. Discontinuing treatment earlier may lead to a relapse of symptoms. If you have had several episodes of mania or depression, your doctor may recommend longer-term treatment.

Do not abruptly stop taking your medication, even if you feel better, as this may result in a relapse

To prevent symptoms from returning or worsening, do not abruptly stop taking your medications, even if you feel better, as this may result in a relapse. You should only stop taking your medication under your doctor's supervision.

If you want to stop taking your medicine, talk to your doctor about how to correctly stop.

Care Partner Support

Here we show some valuable information for care partners or carers of older adults with bipolar disorder. We considered that this information is appropriate both for family members that are care partners and for professional caretakers. The family environment is vital in the recovery of individuals with bipolar disorder.

Encourage treatment and rehabilitation

Should I accompany my older adult with bipolar disorder to a medical appointment? It is often helpful for care partners to be present at the medical assessment to offer support, help answer the doctor's questions, and learn about the illness.

How can I help with medication?

If medication is prescribed, care partners may provide support to the older adult with bipolar disorder in regularly taking those medications. Care partners may help a person with bipolar disorder fit taking medication into their daily routine. Encouragements and reminders are helpful as there will be times when an individual with bipolar disorder may not want to take it or may just forget to take it.

How can I help with therapy?

An individual with bipolar disorder may also be referred to psychosocial treatment and rehabilitation. Care partners may also be very helpful in supporting

therapy attendance. Some ways to encourage therapy attendance are giving reminders, offering support, and providing transportation to the clinic.

Is family therapy important?

Yes, it is very important! It improves outcomes for persons with bipolar disorder. In addition, helping an individual with bipolar disorder pursue meaningful goals and activities can be very beneficial in the process of recovery. It is best if family members try to be understanding rather than critical, negative, or blaming. It may be difficult at times, but families often do best when they are tolerant and appreciate any progress that is being made, however slow it may be.

Is it helpful to get more information about OABD?

Try to get as much information as possible on the characteristics and challenges of OABD. The belief that people have control over and are responsible for their symptoms can lead to feelings of anger and may prevent family members from being supportive

Self-care strategies for care partners

Care partners also need to take good care of themselves! Care partners of older adults with bipolar disorder may be overburdened. Sources of burnout can be the inability of an older adult with bipolar disorder to have an independent life and more severe psychiatric symptoms.

Share responsibilities

Care partner burden may also be related to the number of tasks performed for the person with bipolar disorder. Therefore, whenever possible, try to share a few tasks with other care partners or other family members, especially during the

person's depressive and manic episodes. Care partners should not feel responsible for solving all problems themselves. Care partners may also consider joining a support or therapy group. Counseling can often help family and friends better cope with a loved one's condition. Family members should take time away for self-care. Spending time alone or with other family members and friends is vital for their own well-being.

Attention to care partners' own mental health

Care partners may get depressed or anxious themselves because of the burden of helping older adults with bipolar disorder. Studies have shown that a care partner's own depression and anxiety lead to an even heavier burden. Hence, it is critical to take good care of the care partner's physical and mental health. They should get the help of a mental health professional if needed. Care partners will do a better job they are well looked after and have a suitable self-care routine.

Resources and Local Support

Look for local advocacy groups for support, specialized treatment and information on research. Some examples in the US are the Depression and Bipolar Support Alliance (DBSA), the International Bipolar Foundation (IBPF), and the National Alliance on Mental Illness (NAMI).

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About the ISBD

The International Society for Bipolar Disorders (ISBD) is a nonprofit organization whose mission is to foster international collaboration in education, research and clinical care to improve the lives of those with bipolar disorder and related conditions. The Society accomplishes its mission through hosting an annual conference, organizing task forces to address important scientific questions, awards and more. For further information on the ISBD, please visit www.isbd.org.

About the OABD Task Force

The ISBD Older Adults with Bipolar Disorder (OABD) task force is a passionate group of international experts focused on improving outcomes for older-age patients with bipolar disorder. The OABD task force was established in 2012 and since that time has produced numerous scientific articles and presented its data at both national and international meetings. Details regarding this and other ISBD Task Forces can be found on the ISBD website at www.isbd.org/task-forces. If you would like to support the work of ISBD Task Forces please visit www.isbd.org/donate.