Early diagnosis, education essential in bipolar disorder

BY BARBARA PERKINS
Special to the Mountain Express

Part II: Hope for Others

Tim Pollock, a bright, enthusiastic 26-year-old with a profound faith in God, took his life June 3 in a depression fueled by a severe form of mental illness: bipolar disorder.

Tim was diagnosed with bipolar disorder in the fall of 2001 at the age of 24. Adult onset bipolar is often first diagnosed in the late teens or early 20s. Stabilization and retraining of the sufferer’s nervous system and thought process may be difficult in severe cases such as Tim’s. Diagnosis with bipolar disorder, also called manic depression, does not always have the same result as Tim’s.

Surprisingly Common

Mental illnesses are disorders of the brain. A person’s thinking, feeling, moods and ability to relate to others are disrupted, diminishing the capacity for coping with ordinary demands of life. Mental illness is actually quite common. An estimated 22.1 percent of Americans ages 18 and older, or about one in five adults, suffer from a diagnosable mental disorder in a given year, according to statistics from the National Institute for Mental Health, a division of the U.S. National Institutes of Health, a division of the U.S. National Institutes of Health.

New treatments are on the horizon and may eventually lead to a cure. In the meantime, treatment and education are essential for the sufferer and his or her family. The sufferer needs help. Family members need education about the illness and how to support the sufferer. Encouragement is important. Patience is also important.

Diagnosis with bipolar disorder is not the end. It is the beginning. A sufferer can have a good life. He or she can achieve success through education and hard work. A sufferer can help others by sharing his or her experiences.

BY GREG STAHL
Express Staff Writer

Sawtooth hatchery processes chinook

A few of Idaho’s kings are returning to the ramparts of the Sawtooth Moun- tains this year in a big, big way.

Among the chinook salmon returning to Idaho are a few five-year-olds measuring more than 40 inches and weighing nearly 40 pounds. At the Sawtooth Fish Hatchery on Saturday, Idaho Depart- ment of Fish and Game biologists measured and released two fish measuring roughly 106 centimeters. That’s 42.4 inches or 3.5 feet.

Chinook, sometimes called king salmon, are “quite often” that big, said Sawtooth Hatchery fish culturist Mel Hughes. However, the largest fish this year measured 117 centimeters, he said.

The fish are “slimy, big,” said Mallory Robison, 4, from Logan, Utah. Robison, who was visiting the hatchery with her parents, said the chinook salmon she saw were far-and-away the largest fish she had ever seen.

Each day at 9 a.m. between June and early September, biologists at the Sawtooth Hatchery empty a large fish trap containing salmon that have traveled 900 miles from the Pacific Ocean to spawn in the region’s cold, clear water.

On Saturday, a group of specta- tors was well accommodated, and gasps of excitement emerged from shining faces as the largest of the fish was handled, anesthetized and measured.

Sawtooth Hatchery Assistant Manager Mark Olson said the fish were trapped in order to determine whether they are of hatchery or natural origin, and to return some of the fish to the hatchery’s broad- stock program. All naturally-born fish are returned to the river, along with some of the returning hatchery-raised fish, he said.

Wearing waders to protect him from the cold water, Tony Herold, a Fish and Game biological aid, climbed into the deep trap and net- ted the salmon, before passing the net to Olson and Mike Setlock, who immersed the fish in anesthet- ic.

Once anesthetized, the fish were measured, and genetic samples were taken. A test was also performed to determine if the fish possessed a metal wire in their jaws. Detection of a wire indicat- ed a hatchery-raised fish.

Natural-origin fish, along with some hatchery-raised fish were then placed in the back of a truck, which was used to deliver them back to the river, where they will spawn naturally.

By Saturday, 807 chinook had returned to the Sawtooth Fish Hatchery. Of those, 379 were hatchery-raised, and 428 were born in the wild.
BIPOLAR
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Institutes of Health in Washington, D.C. That adds up to approximately 44.3 million people or an estimated two out of the 10 people standing in the grocery checkout line.

More than 7 million adults and 5 million children and adolescents suffer from serious, chronic brain disorders, according to the National Alliance for the Mentally Ill, a national organization based in Washington, D.C. In fact, four of the 10 leading causes of disability in the United States and other developed countries are mental disorders, including major depression, bipolar disorder, schizophrenia and obsessive-compulsive disorder with many people suffering from more than one mental disorder at a given time, according to NIMH.

In Blaine County, 20 mental and substance abuse hold inci-
dents were recorded in fiscal year 2001, according to statistics from Eileen Rodman at County Health Services. Nineteen were admit-
ted to either Intermountain Hospi-
tal or Canyon View Hospital. The number of incidents more than doubled to 49 in FY 2002, ac-
cording to her statistics.

Bipolar Disorder
Tim suffered from bipolar disorder, which af-
fected more than 2 million American adults with some estimates running as high as 3 million. The disorder caused episodes of mania and depression, suffered equally by men and women.

Often, clear symptoms of depression don’t appear until the teen-ager has left home for college, with manic episodes showing up after the start of that first big job following grad-
uation or another major life event. The sufferer is often far from family and lifelong friends who might recognize personality changes evident during the early stages of the disease.

Aggressive treatment with medications to counter the chemical imbalances in the brain and supportive therapy allow most sufferers to control their symptoms.

“We have good science that early, aggressive treatment is effective,” said Dr. Gerald Brooks of Ketchum.

The late onset of manic episodes makes the disorder difficult to distinguish from clini-
cal depression in the early stages of the disease when treat-
ment is so effective.

Manic or mania describes the activated phase of bipolar dis-
order with symptoms that can range from elated, happy moods to, in some individuals, irritable, angry, unpleasant moods. Increased en-
ergy, agitation, pressured speech, and decreased ability to think clearly are common during this time.

The Pollock family laid their son Tim to rest June 10 after he felt-
ings of hopelessness, rooted in severe mental illness, overpow-
ered him so that he took his own life. The family’s search for un-
derstanding has fueled a desire to inform others about bipolar disorder in the hope other fami-
lies may recognize the symp-
toms and seek treatment early.

Last week, we told Tim’s story. This week, in the second of a two-part series, we turn our focus to understanding the numbers, recognizing symp-
toms of bipolar disorder, or manic depression, as it is also known, and revealing resources for education and treatment.

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BIPOLAR
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people died by suicide in the United States, according to gov-
ernment statistics. Suicide was the third leading cause of death
among 15- to 24-year-olds that year.
More than 90 percent of them had a diagnosable mental
disorder, with more than 60 per-
cent suffering from a depressive or bipolar disorder, according to
NIMH.

Patients suffering from de-
pression and bipolar disorder
are more likely to take their own
lives than individuals are in any
other psychiatric or medical
risk groups. Without effective
treatment, and sometimes even
with it, bipolar disorder leads to
suicide in nearly 20 percent of
cases, according to information
on the NAMI/HBO Web site for the
documentary “Suicide.”

“The families must be in-
volved,” said Dr. Brooks, regard-
ning treatment and prevention,
but their involvement may not
save the patient.

In many cases, family mem-
bers are the only ones who can
recognize a sudden change in
mood that indicates the onset of
an episode of the illness. A
quick adjustment in medicine
dosage or counseling is some-
times all that’s needed to regain
control, according to Dr. Brooks.
Any youngster with a family
history of mental illness should
be monitored, stressed Dr. Brooks.

With early intervention, these bipolar sufferers can teach
their nervous system to react in a certain way to situa-
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Living as Bipolar

Once correctly diagnosed, ac-
ceptance of the diagnosis by the
patient is key to successful treatment. If someone has high
blood pressure or epilepsy, he or she must avoid the same ex-
cercise and watch that diet. It’s the same with bipolar disorder.

Life-changing decisions may need to be made, including pos-
sibly a new line of work. A suf-
ferer of bipolar disorder usu-
ally must avoid high-stress jobs.
Informing family friends and
co-workers of the situation can
help individuals be more aware
of shifts in mood indicative of
an upcoming episode in time to
seek treatment or adjust med-
ication levels.

Bipolar disorder is not cur-
able. Treatment is life long and
surrounding oneself with car-
ing, supportive people who un-
derstand this is an illness, not a
behavior problem, is essential to leading a productive life with
the disorder.

Support groups and educa-
tional resources are available in the
Wood River Valley and on the
Internet. The National Alliance for the Mentally Ill has a Wood
River Valley chapter. For infor-
mation on local support group
meetings, contact Tom Hanson at
788-3178. NAMI also has a web site
called NAMI.org.

The Crisis Hotline is a 24/7
counseling organization that can be reached locally at
726-3586 or 788-3976 any time.

The Idaho Suicide Prevention
Hotline is at 800-564-2120.

RESOURCES

General Information
The Center for Mental Health Services Knowledge Exchange
Network, with information and resources on prevention, treat-
ment, and rehabilitation services for mental illness.
http://www.mentalhealth.org


Substance Abuse and Mental Health Services Administration
(SAMHSA), http://www.samhsa.gov

Associations


National Mental Health Association, http://www.nmha.org

NAMI - National Alliance for the Mentality Ill, http://www.nami.org/


American Association of Suicidology, http://www.suicidology.org

Diagnosis is Difficult
The cause of bipolar disorder is not known. It is believed to be the
eresult of a chemical imbalance in parts of the brain. Although the
disorder tends to run in families, it is not always the case.

Diagnosis is difficult even with a family’s history in hand, and
often takes place after a serious life event (such as a serious
loss, chronic illness or financial problem) triggers an episode. A
bipolar episode may also occur without any obvious trigger.

Misdiagnosis can trigger it. Studies show that treating de-
pression in a bipolar individual with an antidepressant medica-
tion may trigger a switch to the manic state, according to NAMI.

Sleep deprivation may trigger mania or hypomania and may
produce depression, according to literature on the disorder.

Bipolar disorder is highly treatable after an accurate diag-
nosis in 80 to 90 percent of cases. Medication is an essential part
of successful treatment, despite the side effects, along with fam-
ily support, therapy and educa-
tion to understand the disease.

Individuals suffering a mania episode rarely seek treatment because they do not recognize anything is wrong despite their risky activities and poor judgment, according to NAMI, yet seeking treat-
ment during a period of de-
pression can lead to misdiag-
osis as clinical depression. Information from family and friends
is crucial to making the correct diagnosis.

Another hurdle to diagnosis is the wide range of symptoms
and severity associated with bipolar disorder.

Some sufferers only have occa-
sional episodes of mania and fre-
quency depression. Others experi-
ence a switch to depression, and
infrequently to mania.

Patients suffering from de-
pression and bipolar disorder
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