



Rapid Cycling Mood Disorder

According to the DSM-IV, the essential feature of rapid cycling bipolar disorder is the occurrence of four or more mood episodes during the previous 12 months. These episodes can occur in any combination and order. However, the episodes of Major Depression, Mania, Mixed or Hypomanic episodes must be separated by a period of full remission or by a switch to an episode of the opposite polarity.

Rapid cycling occurs in approximately 10%-20% of individuals **with bipolar disorder**. Although the gender ratio is equal for bipolar disorder, women comprise 70%-90% of individuals with a rapid-cycling pattern. The mood episodes are not linked to any phase of the menstrual cycle and occur in both pre and postmenopausal women. Rapid cycling may be associated with hypothyroidism, certain neurological conditions (e.g. multiple sclerosis), developmental delay or head injury. Rapid cycling can occur at any time during the course of bipolar disorder, especially after the use of tricyclic antidepressant drugs and may appear and disappear.

Treatment

It can be challenging to find an effective treatment for rapid cycling. The lithium response rate for those with rapid cycling is only 20-40%. Anti-convulsant medications (such as valproic acid) have been effective in the treatment of lithium resistant rapid cycling and mixed states. Anti-psychotic medications can also be helpful in treating people with rapid cycling bipolar disorder. Talk to your doctor about your individual treatment plan.

Antidepressant medications, particularly tricyclics, may provoke rapid cycling. Psychotropic medications should be tapered off gradually under the supervision of your doctor.

Psychosocial considerations

Rapid cycling can often lead to turbulent behaviour and disturbed relationships. People experience rapid cycling in varying patterns. Individuals can observe themselves for signs that signal the approach of their episodes, depression or hypomania/mania. This is empowering and the knowledge gained decreases feelings of helplessness and hopelessness which often occur in depression. Prompt action taken to reduce stimuli and irritability may also decrease the severity of the episode. Sometimes, it is difficult to be completely

objective about how you are doing. Input from those people who know you well can be helpful. Your friends and family can give support. Notify your physician when you are having difficulty.

Personal strategies

- Prepare yourself for episodes of illness by learning about rapid cycling.
- Discuss difficulties and successes with peers in support groups. You are not alone.
- Sleep and rest are important. It is important to stabilize sleep, reduce or stop the use of caffeine, nicotine, alcohol and substances. Establish a bedtime routine. Rest when tired.
- Use relaxation techniques, affirmations and spiritual material.
- Tell yourself frequently when distressed that change is inevitable in rapid cycling. You got through episodes in the past and will be able to do it again.
- Don't pressure yourself with criticism and unrealistic expectations.
- Stay away from overstimulating situations. Keep your life simple and ask for assistance if you need it.
- Stay in touch with family, friends and community supports.

References

- **CANMAT, Guidelines for the Management of Patients with Bipolar Disorder (2005)**
<www.canmat.org/resources/PDF/Bipolar_Guidelines.pdf>
- **Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)**, fourth edition, American Psychiatric Association, 2000.

Websites for rapid cycling

- Bipolar: Rapid Cycling and its Treatment
www.dbsalliance.org/pdfs/rapidcycling.pdf
- Circadian Rhythms Factor in Rapid-Cycling Bipolar Disorder
www.psychiatrytimes.com/p960533.html
- Rapid Cycling by Colleen Sullivan
<www.suite101.com/article.cfm/mental_health/23220>

The Mood Disorders Association of Ontario provides support, information and education as a complement to traditional and alternative therapies. MDAO services are not intended as a replacement for other treatment options and encourages individuals to seek treatment by a qualified health professional.

Mood Disorders Association of Ontario (MDAO)

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