Mental Health: Screening and Treatment for Bipolar Disorder, Schizophrenia, Personality Disorders, and Eating Disorders

ASSOCIATION OF NURSE PRACTITIONERS ANNUAL CONFERENCE SEPTEMBER 15, 2022, OKLAHOMA CITY, OK

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Maria Trapp, Ph.D. Health Service Psychologist, OU Physicians Metabolic and Bariatric Surgery Clinic Assistant Professor, OUHSC College of Medicine

- Under Accreditation Council for Continuing Medical Education guidelines disclosure must be made regarding relevant financial relationships with commercial interests within the last 12 months.
- I have no relevant financial relationships or affiliations with commercial interests to disclose.
- -Maria Trapp, Ph.D.

#### **Objectives**

#### Summarize

Summarize key features of each mental health illness

#### Identify

• Identify diagnostic and screening criteria and focus for each illness

#### Outline

 Outline best practice treatment modalities and expected outcomes

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#### Bipolar Disorder

- · Consists of extreme emotional highs and often extreme lows
- Usually diagnosed in late adolescence or early adulthood
- Long term condition
- NIMH reports 4.4 % of American Adults suffer from Bipolar Disorder
- Not caused by a person, situation, or event
- No actual test, diagnosed through time and exposure

## Types of Bipolar Disorder

- Bipolar 1 Disorder: has been called manic-depressive disorder, creates dysfunctionality in life, moods are excessive and expansive.
- Bipolar 2 Disorder: individual again will experience both manic and depressed moods which alternate but the moods issues are not as severe or inhibit daily functioning
- Cyclothymic Disorder: briefer episodes of both hypomania and depression

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#### Diagnostic Criteria:

To be defined as mania, the elevated mood must last at least one week and be present daily. For hypomania, though not as severely elevated, mood must last 4 consecutive days.

During these periods, 3 or more of the following concerns and behaviors are manifested:

- 1. Grandiosity
- 2. Less need for sleep
- 3. Racing thoughts
- 4. Talkative
- 5. Easily distracted
- 6. Psychomotor agitation
- Poor choices of behaviors that typically have negative consequences such as overspending

#### Diagnostic Criteria (cont):

The depressed mood feature is also significant and creates life dysfunction. The individual must manifest 5 or more of the following symptoms for at least 2 weeks:

- 1. Depressed mood
- 2. Anhedonia
- 3. Weight loss or decrease in appetite
- 4. Feeling fatigue
- 5. Feelings of guilt and/or worthlessness
- 6. Decreased concentration
- 7. Suicidal ideation, thoughts, or attempt



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# Treatment Options for Bipolar Disorders

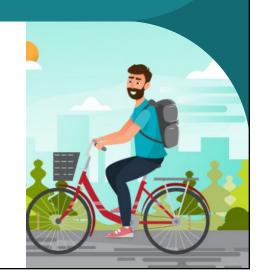
Long term care with multimodalities appears to be most effective

- Mood stabilizers like lithium, valporoic acid (Depakote) or lamaotrigine (Lamictal)
- Antipsychotics such as Zyprexa, Resperdal, Seroquel, and Abilify
- Antidepressants such as Paxil
- Antidepressant-antipsychotic combo such as Symbyax which combines Prozac and Zyprexa
- Anxiolytics such as Xanax or Valium

# **Treatment Options (cont)**

Combined with psychotherapy and lifestyle changes such as:

- 30 minutes of daily exercise
- Healthy diet
- 7-8 hours of sleep daily
- Abstain from alcohol
- Change unhealthy relationships



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#### Schizophrenia

Combination of cognitive, behavioral, and emotional symptoms

Difficult to diagnose

Approximately 1.1% of US population

Small numbers but exceedingly detrimental

Usually diagnosed late-teens to early 30's. Peak onset of psychotic feature is mid-20's for males and late 20's for females.

#### Diagnostic Criteria for Schizophrenia

Impairment in thinking, irrational emotional responses, and illogical or unsettling behaviors

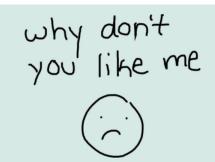
- One of the following for at least one month:
- 1. Delusions
- 2. Hallucinations
- 3. Disorganized speech
- 4. Catatonic behavior
- 5. Negative symptoms (examples: flat emotions, apathy, won't talk, withdrawn)



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#### Diagnostic (cont)

- 1, 2, or 3 must be present and 3 out of the previous 5 for diagnosis.
- Life disturbance such a fired from job, self-care or relationship issues
- Duration must be 6 months or more
- The disturbance is not caused by substance use or a medical condition



# Treatment for Schizophrenia



Combination of antipsychotic medications and therapy (when symptomatically stable). Newer antipsychotics do not have the same issues with TD

- L. Abilify
- 2. Rexulti
- Vraylar
- 4. Latuda
- 5. Zyprexa
- 6. Fanapt

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### **Treatment (cont)**

A long-acting antipsychotic injectable may be preferred (every 2-4 weeks)

- 1. Abilify Maintena
- 2. Invega Sustenna
- 3. Respiradal Consta

Individual therapy, social skills training,

family therapy and supported employment.

Support groups for both family and individual.

Hospitalization may be needed at times.

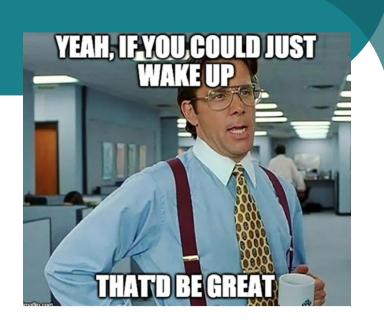
Low stress and healthy lifestyle.

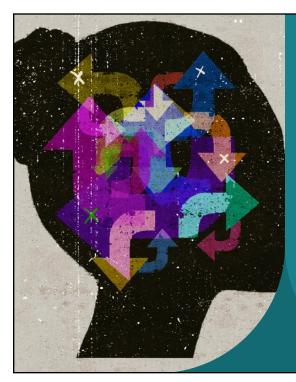
#### Personality Disorders

- 10 personality disorders according to the DSM 5
- Tend to appear in adolescence to early adulthood
- They are enduring and chronic
- Create dysfunction is most areas of life including work, relationships and goals
- Individuals with PD do not recognize they have an issue
- 10% of the population and up to half of the psychiatric population are thought to have PD

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#### Still with me?





# Types of Personality Disorders

- There are three types of groups called "clusters"
- Each cluster has shared key features and symptoms that align them
- It is possible for a person to have more than one overlapping PD
- Generally, interfere with self-image, insensitivity to others, lack of personal boundaries, irresponsibility, and inconsistency

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#### Cluster A

Characterized by eccentric or odd behaviors

Paranoid Personality Disorder: somewhat pervasive in US population

Schizoid Personality Disorder Schizotypal Personality Disorder

#### Cluster B

Characterized by dramatic or erratic behaviors

Antisocial Personality Disorder: unconventionally tends to show up in childhood

Borderline Personality Disorder

Histrionic Personality Disorder

Narcissistic Personality Disorder

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#### **Cluster C**

Characterized by anxiety and fear

Avoidant Personality Disorder

Dependent Personality Disorder

Obsessive-Compulsive Personality Disorder

#### Diagnosis for Personality Disorders

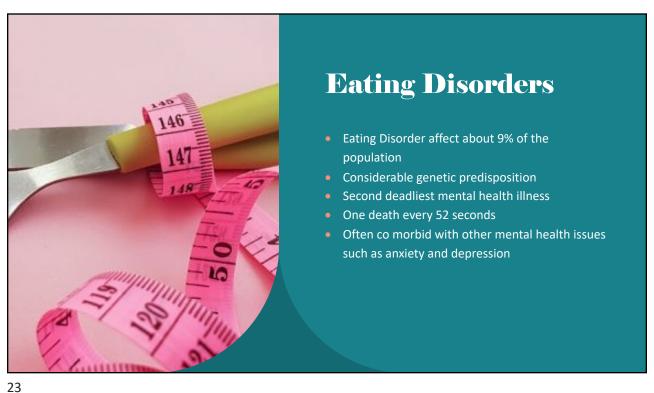
- Difficult to diagnose
- Difficult to treat
- Chronic and pervasive patterns that interfere with all areas of life
- Symptoms affect 2 or more of the following areas:
  - Thoughts
  - Emotions
  - Relationships
  - Impulse control
- · Behaviors cannot be explained by other factors

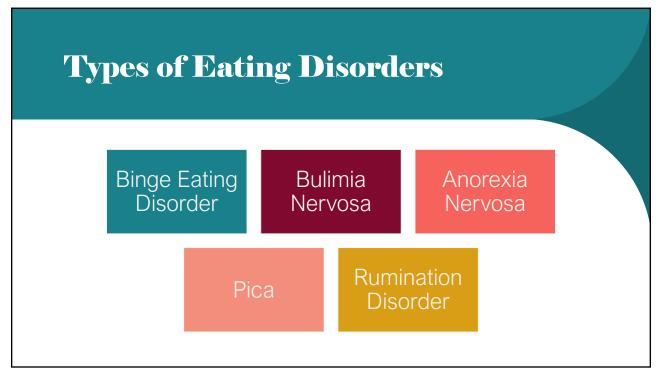
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#### **Treatment of Personality Disorders**



- Few studies that confirm effective evidence-based treatment
- Psychotherapy such as DBT, CBT, and family therapy
- Medications
  - Antidepressants
  - Anxiolytics
  - Antipsychotics
  - Mood stabilizer
- And as always, good health hygiene





### Binge Eating Disorder

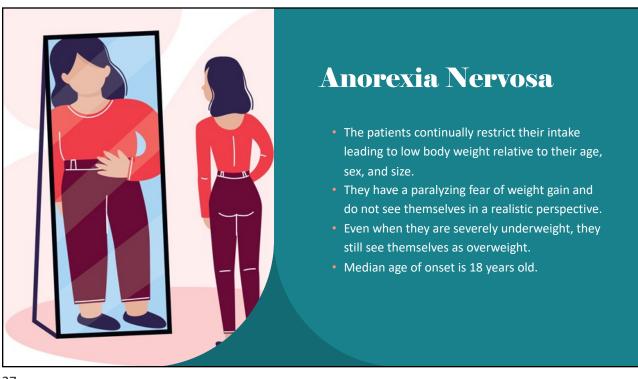
- Main feature comprised of episodes of eating a great quantity of food in a short period of time with an inability to stop.
- Emotional upheaval will be part of the episode. It is not followed by any purging behaviors.
- The individual is usually overweight or obese.
- Median age of onset is 21 years old

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#### **Bulimia Nervosa**

- The illness is comprised of binge eating episodes followed by compensatory behaviors such as purging or fasting, and/or excessive exercise.
- They also have emotional upheaval but unlike binge eating disorder, these individuals usually fall in a normal weight category.
- Median age of onset is 18 years.







#### **Treatment of Eating Disorderes**



- Goals are to normalize eating patterns, develop problem solving/coping skills, and improve relationship with food
- CBT, family-based therapy, and group cognitive behavioral therapy
- Educate about nutrition and body, practice meal planning, strategies to avoid dieting or bingeing
- Antidepressants are helpful with some issues
- Hospitalization
- Residential treatment programs
- Day treatment programs

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# Heath Problems Associated with Eating Disorders

- Digestive issues
- Heart problems and HBP
- Malnutrition
- Mental health comorbidities
- Problems with fertility and menstruation
- Dental problems
- Diabetes type 2
- High cholesterol
- Back/joint pain



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#### Resources

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