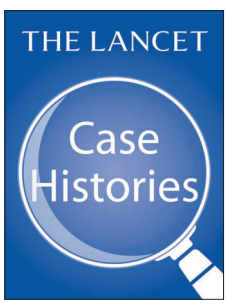
Case histories
Bipolar disorder



Adrian Roots

For more on Case histories see **Comment** *Lancet* 2016; **387:** 211 and **Perspectives** *Lancet* 2018; **392:** 908

Riffing on Raymond Carver's most famous title is about as original as paraphrasing Jane Austen's most famous first line, but what do we talk about when we talk about bipolar disorder? Does this deceptively simple term denote a human experience with a very long history or a neuropharmaceutical frame with a comparatively short one? Mania, as the psychiatrist and historian David Healy has observed, is an ancient and enduring concept, with analogous terms in Indian and Chinese medical cosmologies. For Hippocratic physicians, thinking in terms of balance and imbalance, mania was a feverish excitation of the encephalon—the consequence of an excess of hot bile or a deficiency of cooling phlegm—whose opposite was not melancholy but stupor. Melancholia, a condition of fixated intensity, delusions, and suspicion, arose when black bile pooled in the pit of the stomach. So classical and early modern humoral framings of mania or melancholy might, following the psychiatrist German Berrios and the historian Roy Porter, be better characterised as "states of existence" than "states of mind".

The decisive break between concepts of physical and mental disease, and the emergence of a distinct frame for a cyclical disorder of mood, came in the mid-19th century, as asylum-based psychiatry sought to carve out professional and intellectual space for itself as a specialty. In 1854, two French alienists, Jean-Pierre Falret and Jules Baillarger, described *folie circulaire* or *folie à double forme*, in which patients experienced cycles of mania and melancholy lasting weeks or months. Falret and Baillarger fell into an acrimonious dispute over priority, but three decades later, the German alienist Karl Ludwig Kahlbaum published an account of what he called cyclothymia, a recurring disorder of the emotions in which the energy and abandon of the manic phase were most dangerous for patients. In the 1899 edition of his *Lehrbuch der Psychiatrie*, Emil Kraepelin, a colleague of Kahlbaum, combined cyclothymia with a new concept: depression. Kraepelin presented manic-depressive insanity as an affective disorder similar in some ways to dementia praecox but with no inevitable cognitive and physical decline.

In retrospect, Kraepelin seems to have been one of the leading influences on 20th-century psychiatry, but beyond Germany his ideas were not widely adopted until after World War 2. Practitioners reacting to what they saw as the inhumane and intellectually stagnant atmosphere of asylum psychiatry, and the unwieldy theoretical structures of psychoanalysis, took inspiration from what the historian Edward Shorter has called the second biological psychiatry, beginning with the discovery of the first effective anti-psychotic drugs in the 1950s. Since the 1850s lithium had been known to improve mood, and occasionally used to treat asylum inmates. Through the 1960s clinicians in Europe and the USA argued over whether its value in treating manic-depressive insanity outweighed its serious side-effects—an argument not ended when the US Food and Drug Administration approved lithium therapy for mania in 1970. All these factors pushed American psychiatry in a neo-Kraepelinian direction exemplified in the third edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (1980). *DSM-III* introduced a new terminology: two types of bipolar disorder, I and II, distinct from cyclothymia and unipolar mania or depression.

In the 1980s and 1990s, the cultural presence of the condition grew, notably in the writings of the US psychologist Kay Redfield Jamison, and the 1990s witnessed another neologism: mood stabilisers, a new class of drugs beginning with sodium valproate. The legalisation of direct-to-consumer pharmaceutical advertising in the USA in 1997 ran in parallel with an explosion in the prescription of mood stabilisers and a broadening of the diagnostic criteria for bipolar disorder, most controversially to include young children. More recent studies highlight the importance of early diagnosis in older adolescents, and the problems associated with delays in getting a diagnosis or access to services.

Despite the efforts of clinicians, charities, and service user groups, bipolar disorder remains a leading cause of disability and death in young people. Clinical and social responses are made vastly more complex by its protean place in contemporary practice. In Healy's words, "the landscape of bipolar disorder is changing from month to month, never mind from decade to decade".

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Further reading

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Healy D. Mania: a short history of bipolar disorder. Baltimore: Johns Hopkins University Press, 2008

Martin E. Bipolar expeditions: mania and depression in American culture. Princeton: Princeton University Press, 2007

Redfield Jamison K. An unquiet mind: a memoir of moods and madness. London: Picador, 1995

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