



## **MOOD DISORDERS ASSOCIATION OF MANITOBA INC.**

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### **Rapid Cycling Mood Disorder**

Source: Mood Disorders Association of Toronto (MDAT)

Rapid cycling mood disorder is considered a subtype of bipolar affective disorder (manic depression) by some researchers. Rapid cycling may be a phases(s) of bipolar disorder. Other researchers consider rapid cycling a separate illness.

**Manic depressive** illness consists of episodes of depression and hypomania/mania.

**Depression** is typically characterised by periods of intense sadness, feelings of helplessness, apathy, hopelessness, guilt, and disturbances in sleep and appetite.

**Hypomania/mania** is characterised by little sleep, irritability, feelings of euphoria or intense highs, racing thoughts, and unrealistic plans and ideas.

1.5% to 2% of the general population have bipolar mood disorder.

Out of this number 13% to 20% have **Rapid cycling mood disorder**.

There is a pattern of frequent and recurring episodes of depression and hypomania/mania. There are at least four episodes in one year.

#### **Cycling can be:**

1. continuous, in which there are no free intervals between episodes.
2. ultra-rapid, in which moods shift sharply within the same day or even hour.
3. rapid, in which there are 2 or more complete cycles of a manic and a major depressive episode that succeeded each other without a period of remission within a year.

70% of rapid cyclers are women. This is associated with a higher incidence of antidepressant use, particularly tricyclics. Any abrupt discontinuation of psychotropic medication can result in rapid cycling. Rapid cycling is often found in the immediate postpartum period.

Puberty, pregnancy, perimenopause – women's life events – need further research as possible precipitants. Women are most often affected by hypothyroidism. The role of hypothyroidism in rapid cycling is controversial.

Men and children also have rapid cycling mood disorder. Children's illnesses are more severe than adults. 20% of rapid cyclers start with the first episode of illness.

Usually, rapid cyclers are in the older age group. There are several medications, especially tricyclics, that may precipitate rapid cycling. There has been a rapid increase in incidence since the use of cocaine has become more prevalent. Many medical conditions, and abrupt discontinuation of mind-altering medications are associated with rapid cycling.

The alteration of circadian (body) rhythms is an important factor in rapid cycling.

Extended wakefulness, exposure to light, increased activity, and/or body rhythms could contribute to daytime mood elevation.

Sleep, darkness, reduced activity, and/or body rhythms could contribute to the tendency to switch into depression.

There is a high incidence of suicide in rapid cycling mood disorder.

Relatives of rapid cyclers do not usually have bipolar disorder, unipolar disorder, rapid cycling disorder, or substance abuse.

*“My life as a rapid cyler was chaotic and unpredictable. I lacked a consistent support system and was barely able to maintain relationships. I had a very responsible job. Shift work and irregular hours made stability even more difficult to achieve. My medical regimes were not very effective. After my psychiatrist refused to give me appointments, I was devastated and my illness deteriorated further. Five years ago, a friend directed me to a wise and caring psychiatrist who has seen me through many episodes of mental illness, two hospitalizations for physical illness, changes in income, loss of employment, transfers, and family deaths. All these events have been stressful and have certainly impacted on my rapid cycling illness. Now I am medicated effectively. As much as possible I live within my limits. My rapid cycling episodes are less disruptive and I am able to enjoy my volunteer work and the company of family and friends.”*

### **Treatments**

- Rapid cyclers are often partially or nonresponsive to lithium alone. Divalproex is the drug of choice. Lithium and/or carbamazepine may be added to divalproex. Other mood stabilisers may be used.
- Electroconvulsive therapy is used when medication is ineffective or not recommended.
- Any mood-altering medication should be discontinued gradually.
- Midday light therapy added to a stable medication regime is effective in the depressive phase of rapid cycling.
- Taking medication as prescribed helps establish a stable regime.

### **Psychosocial considerations**

Rapid cycling can often lead to turbulent behaviour and disturbed relationships. People experience rapid cycling mood disorder in varying patterns. Each individual 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, for example, in depression. Prompt action taken to reduce stimuli and irritability, for example, in hypomania, may 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 you support and get your psychiatrist's attention when you have difficulty doing this yourself.

### **Personal strategies**

- Prepare yourself for episodes of illness by learning about rapid cycling. This will give you confidence and expertise.
- Discuss difficulties and successes with peers in support groups. You are not alone.
- Tell yourself frequently when distressed that change is inevitable in rapid cycling. You got through episodes in the past and are very able to do so again.
- Don't pressure yourself with criticism and unrealistic expectations.
- Stay away from overstimulating situations.
- Keep your life simple and ask for assistance when you need it.
- Keep contact with family, friends, and community support.

### **Practical suggestions**

- Sleep and rest are important. Establish a bedtime routine. Rest when tired.
- Reduce or stop the use of nicotine, caffeine, alcohol, and substances. These interfere with sleep and may precipitate episodes of illness.
- Make lists and set priorities. Accomplish the necessary.
- Stock up on easily prepared food when well.
- Make use of relaxation techniques, affirmations, and spiritual material.
- Follow a healthy lifestyle.
- When the thoughts, feelings, and events of your life are distressing you, write it out. This will help calm you.
- Save housework and laundry for better days.
- Keep a written record of the times you are well, to accomplish your plans and dreams.
- Treat yourself with small pleasures.
- Don't get stuck in the pain or pleasure of your episodes. Go through the episodes, learn from them, and go on with your life.
- Patch up your relationships. Be patient and kind to yourself.

Knowledge and experience will help you identify your limits and develop strategies for a fulfilling life in spite of living with rapid cycling mood disorder.