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Cyclothymia: Through the Patient's Eyes

5.1 Contact Hours

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Introduction

Cyclothymic Disorder is a chronic mood disorder consisting of severe and persistent mood swings. Although it is estimated that as much as 1 percent of the population may suffer from Cyclothymia, this disease has been given little attention through medical research. Many patients feel that even the professionals who treat them know little about their illness. This course is designed to help medical professionals gain a better understanding of this complex disorder. In addition to the medical research, eleven Cyclothymic individuals contributed information about their symptoms and experiences to this course in order to help you comprehend their illness from their perspective.

Author's Note: *Within this course the names of all participating patients have been changed to maintain their confidentiality.*

Course Objectives

Upon completion of the course, the learner will be able to:

- Define and comprehend Cyclothymic Disorder
- Analyze the complaints, symptoms and behaviors described by Cyclothymic or suspected Cyclothymic patients
- Identify the DSM-IV Guidelines symptoms of Cyclothymia
- Differentiate between Cyclothymic Disorder and other mental health illnesses
- Identify and differentiate the different medical treatments available for Cyclothymic patients
- Demonstrate several non-medical treatments available for Cyclothymic patients
- Illustrate the dangers associated with the disease, including comorbidity with drug abuse and deterioration into Bipolar Disorder
- Employ methods of support for the family of a Cyclothymic individual
- Examine the different theories of mood disorders and comprehend how they relate to Cyclothymia
- Identify several positive aspects of Cyclothymic Disorder

Course Outline

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- ii. How the Bipolar Spectrum Theory applies to Cyclothymia
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 - VIII. The Silver Lining: How you can help Cyclothymic patients accept and embrace aspects of their illness
 - a. The relief of diagnosis
 - b. Understanding the symptoms to understand past behaviors
 - c. The application of a mood journal
 - d. The positive sides of the disease
 - IX. Conclusion and Summary / The future for patients with Cyclothymic Disorder
 - a. Overview of the illness
 - b. Overview of the symptoms
 - c. Overview of coping and treatment methods
 - d. The future outlook for Cyclothymic patients

Glossary

The following brief glossary is intended to provide you with a basic understanding of the various terms associated with Cyclothymic Disorder.

Bipolar Disorder – A mood disorder that involves fluctuations between full blown Mania and Major Depression, where the patient experiences no neutral states without treatment.

Euthymic State – A normal or neutral mood state

Depression - A state of upset or “blue” moods including symptoms such as: feelings of sadness and hopelessness, decreased motivation, negative thoughts, increased need for sleep, introversion, reduced activity, motivation and concentration.

Hypomania – A state of elevated mood in which a patient exhibits symptoms such as: increased energy and activity levels, decreased need for sleep, racing thoughts, extreme extroversion, unusual cheerfulness and over confidence.

Major Depression – Otherwise known as Unipolar Depression, Major Depression is a state where the patient experiences all of the symptoms of depression to a more severe degree. In addition, during Major Depression, patients experience suicidal ideation and thoughts of death.

Mania – Mania, or full blown mania, is a state in which a patient experiences all of the symptoms of hypomania to a more extreme degree. Patients in a manic state may make extremely rash and destructive decisions with no thought of the consequences.

Backgrounds of Cyclothymic Individuals

CEU 1

Will Johnson

Will stumbled off of the curb and into the street. The smoke from his marijuana joint billowed in front of him, clouding his view of the fluorescent-lit San Francisco night. He glanced at the homeless people lining the sidewalk. The *other* homeless people, he reminded himself. Will kept forgetting that he was the newest member of this unfortunate group. He wondered if he was the only person sleeping on the dirty benches who carried around two college degrees in his fraying backpack. He clumsily made his way towards "his" spot, a rusted bench under the broken street light. He found that most of the other homeless people on the block preferred the comfort of the shallow lights, but Will preferred the dark. It gave him some sense of security that none of his college friends would step out of one of the local bars and notice their old buddy sleeping on the corner with his college football jacket under his head.

He arrived at his bench and found it already occupied. He took a few steps closer, but the dark angry eyes of the heavy-set man who had already settled in for the night drove him back, cursing under his breath. He still could not believe that this situation was actually his life. Four years ago he had made a small fortune in the dot-com

industry, and lived in a spacious apartment in the most popular neighborhood of the city. Unfortunately he had chosen at the time to use his new-found wealth to take extravagant vacations and to pay his exorbitant rent payments. Shortly afterwards his stock began to fall and his abandoned college payments caught up with him. Will decided to go to work, but after a few weeks in a job he would get bored and irritable and quit. Once, after working for only four weeks as an assistant in a research facility he announced to his superior he was not coming back to work the next day. His boss informed him that he was bound by contract to stick around for another three weeks until they found a replacement, but Will ignored the warning. Before he knew it he had lost a lawsuit, his apartment and all of his savings.

At first Will appealed to his parents for help. They were disgusted at the manner in which he had “wasted his potential,” but nevertheless agreed to send him money. Will used all of the money to buy marijuana. He could not help it, it was the only way he could stabilize himself. He preferred to be high and on the streets than to be sober and trying to hold down a job. He could not stand the ups and downs of his mood, his emotions abruptly yanking his life in and out of order. And now this was his life, trying to stabilize his mood with huge quantities of marijuana when he barely had money for food, sleeping on the street and pondering his failures.

The next morning Will woke up unsure if he had slept at all. He stood up shakily and sauntered towards the small kiosk that was already setting up shop on the corner. He glanced at the newspaper, it was Thursday, the day his parents wired him money. He whistled while he brushed his teeth, ignoring the strange looks from the various people in business suits who hurried towards long days in anonymous workplaces. By the time he walked into the Western Union office, he had washed his face and shaved in the public bathroom and he was beginning to feel like a normal human being. He could tell it was going to be a good day and he knew that he had to take advantage of it before the inevitable downturn towards depression as soon as the sun set and he remembered that he had nowhere to sleep. Suddenly his mood took a premature nosedive. His father was standing in the lobby of the building, arms crossed. Will saw his own bloodshot eyes and dirt-caked nails reflected in his father's look of disgust.

"I knew it," his father said stonily.

"What are you doing here? I am thirty-four years old and you have no reason to be interfering with my life," Will said in anger, slurring his words and hoping his father would not notice the undertone of relief in his voice.

"You are coming with me, now. I am taking to the hospital. You need help."

Karen Newport

Karen was all smiles as she signed the rent agreement. The decision was freeing and empowering, and she could not wait to get home to tell her husband of twenty years that she was no longer prepared to put up with his nonsense. *What did I do this time?* She could already hear him saying in that irritating voice he used when he wanted her to know that he was just trying to placate her. Maybe this time she would not talk to him at all, she would just take her daughter, pack her bags and leave a note on the refrigerator door.

Karen pulled into her driveway and took a deep breath. She pulled the bottle of whisky out from the glove compartment and contemplated it for a few moments. She was having a good day today; maybe she did not need the alcohol. Then again, her mood was likely to fall apart any moment. She was, after all, about to move out of her home of two decades. She unscrewed the top, and slowly swallowed a bit of her potent medicine. She closed the bottle and got out of the car.

She found her sixteen year-old daughter huddled over her calculus homework in her bedroom. For a moment Karen felt overwhelmed with doubt, not wanting to shatter her daughter's simple life over this insanity. But it was too late now, the decision had been made and the contract signed.

"Annie, honey..." Karen started, and then stopped, taken aback by the sharp look on her daughter's face.

"What is it mom. I know that you've gone and done something again. I heard you arguing with dad this morning. What were you fighting about anyway?" Annie asked accusingly. The truth was, Karen did not remember how the fight had started, she only knew that she had woken up angry and everything had gone downhill from there.

"Mom, whatever it is, it is a bad idea," Annie continued, "Remember what happened last time." She turned her back to Karen and returned to her homework.

Karen remembered what had happened last time. Last time she had fought with her husband she had decided that she needed a break, and had taken a significant chunk out their daughter's college fund to purchase a ticket on an extravagant one month cruise in the Mediterranean. She had flown to New York to meet the group, but never boarded the ship. It had suddenly seemed like a petty solution to a problem that was not so big after all. She had returned home in tears, apologizing to her husband and daughter for her brief disappearance. They had forgiven her. They were good people, she was lucky. She doubted that most other men would have stuck around through such tumultuous mood swings.

Suddenly Karen realized that moving out was a terrible idea. She loved her husband and had no intention of leaving him. But what was she going to do with the contract she had already signed? She sat down on a stool in the kitchen and began crying. Why was she like this? Why, at 55, had she not yet learned to hold down a job? Why couldn't she get through a day without secretly guzzling down alcohol? Why couldn't she be a steady trustworthy wife and mother? Karen decided that it was time to get some help.

What is Cyclothymic Disorder?

CEU 2

Both Will and Karen were eventually diagnosed with Cyclothymic Disorder. Both individuals saw several mental health professionals (including college counselors, alcohol and drug counselors, social workers, psychologists and psychiatrists) over the course of many years prior to their final diagnoses.

Mental health professionals who make formal diagnoses of their patients' mental illnesses usually use standardized lists of observable symptoms to classify an illness. Will and Karen were diagnosed with Cyclothymia based on the list provided by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criterion. The DSM-IV guidelines define Cyclothymic Disorder as: "a chronic, fluctuating mood disturbance involving numerous periods of hypomanic symptoms..and numerous periods of depressive symptoms... The hypomanic symptoms are of insufficient number, severity, pervasiveness, or duration to meet full criteria for a Manic Episode, and the depressive symptoms are of insufficient number, severity, pervasiveness, or duration to meet full criteria for a Major Depressive Episode."

The DSM-IV list of symptoms to classify a patient as Cyclothymic is as follows:

- For a minimum of two years the patient has had multiple periods of hypomanic symptoms as well as many periods of depression that do not meet the criteria for Major Depressive Disorder.
- The patient has not been free of mood swings for more than two months of the two year period.
- During the first two years the patient experienced symptoms of this disorder, he/she did not fulfill criteria for Manic, Mixed or Major Depressive episodes.
- Schizoaffective disorder does not provide a better explanation for the patient's symptoms, and the patient's symptoms are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder or Psychotic Disorder Not Otherwise Specified.
- The patient's symptoms are not caused by a general medical condition or by the use of substances, including prescription medications.
- The patient's symptoms cause clinically important distress or inhibit the patient's ability to function in work, social and personal environments.

Unfortunately, due to the finite nature of these classifications and the ambiguous nature of many mental illnesses, these guidelines often fall short of precision. For example, Will did experience a true manic

state, in which he disregarded commitments and recklessly spent all of his savings without thought for the consequences. Will also maintains that his mood switches from hypomanic to depressive in hours, rather than days or weeks, which does not fit the DSM-IV definition. In addition, Karen experienced mixed states, or states in which she felt both hypomanic and depressive symptoms simultaneously. In the example in CEU 1 Karen was hypomanic, recklessly signing a contract on a new home. At the same time she felt depressed and agitated after her argument with her husband.

In spite of these apparent contradictions, after finally being diagnosed with Cyclothymic Disorder and receiving treatment, both Will and Karen experienced reductions in their symptoms and managed to improve their quality of life. Had either of these individuals been diagnosed during their earlier experiences with healthcare professionals, the severity of their symptoms and harshness of their consequences may have been avoided.

When Karen first saw a psychologist nearly ten years ago, she was in a depressive period. The counselor failed to ask questions about manic or hypomanic symptoms and mistakenly treated Karen for depression, which thrust her into a more extreme hypomanic state combined with mixed periods.

Cyclothymia is particularly difficult to diagnose, because depressive and hypomanic symptoms can be uniquely ambiguous. When Karen originally saw a psychologist, the possibility of Bipolar Disorder was addressed. However, once Karen understood the symptoms of manias and major depressions, she knew that she was not part of that group. Karen knew that she never experienced the psychosis and extreme recklessness often associated with manias, and she never felt the suicidal ideation associated with major depressions. The possibility of hypomanias and mild depressions were never discussed.

After failing to address their problems with mental health professionals, both Will and Karen resorted to substance abuse to self-medicate and to soothe their mood swings.

As healthcare professionals, it is important to be aware that many other psychiatric, medical and drug-induced disorders may closely resemble Cyclothymic Disorders. Important illnesses to examine and explore in the event that you are faced with an individual with the above symptoms include: Bipolar I or II Disorder with Rapid Cycling, Borderline Personality Disorder, Cushing's Disease, Acquired Immune Deficiency Syndrome (AIDS), Epilepsy, Huntington's Disease, Hyperthyroidism, Migraines, Multiple Sclerosis, Trauma, Withdrawal from Antidepressants and many, many others. Overall it is extremely important to examine every possible facet of an individual's health and

history before assuming that he or she may have Cyclothymic Disorder.

Another important factor to explore in the identification of Cyclothymia is the family history of the individual. About 30% of all patients with Cyclothymia have family histories of Bipolar I Disorder. An examination of the family histories of Bipolar I Disorder patients shows a tendency toward these conditions that alternates across generations, i.e., Bipolar I Disorder in one generation, followed by Cyclothymia in the next generation, followed by Bipolar I Disorder again in the third generation. The incidence of Cyclothymia in families with Bipolar I Disorder is much higher than in families with other mental disorders or in the general population. When asked, many patients will describe a family history of Major Depression, Bipolar Disorder or alcohol/drug dependence.

Will has an extensive family history of mental illness, including his grandmother, who was Cyclothymic and alcoholic, and his mother, whose severe depression and hallucinating eventually culminated in her institutionalization in a catatonic state. Karen suspects that her mother suffered from undiagnosed depression, her daughter was treated for depression and her older sister is currently being treated for major depression. In addition, Karen has one nephew who is struggling with depression and another who has Bipolar I Disorder.

Because Bipolar Disorder and Cyclothymic Disorder are similar, it is important for healthcare professionals to differentiate between the two. Bipolar individuals are significantly easier to diagnose than Cyclothymic individuals, because they may describe their depressive state as suicidal and non-functioning, and their manic state can reach levels of psychosis, when they lose touch with reality. Most individuals with Cyclothymic Disorder experience subtler up/down cycles, but these cycles are debilitating. Cyclothymic cycles may be seen through changes in sleep schedule, work efficiency, level of talkativeness and concentration. Cyclothymic individuals also often have difficulty maintaining long-term relationships, and often describe many short-term relationships and multiple marriages. Repeated changes in work and living environments are also common.

Day-to-day Life: Cyclothymia Before Treatment

CEU 3

In this section I will explore the pre-treatment experiences of Will and Karen, and we will see how the symptoms of Cyclothymia manifest themselves in individuals' lives.

Will is a thirty-five year old male from San Francisco with two advanced educational degrees. Will's severe Cyclothymia symptoms began ten years ago while in university, although he believes that he has been experiencing fluctuations in mood from as early as grade school. While in college, Will began having hypomanic periods during which he would experience sleeplessness and racing thoughts. During these states Will would often over-commit himself to various courses, projects and activities. Occasionally his hypomania would bring feelings of elation, but often his hypomania would present itself as dysphoric, with irritable, agitated feelings accompanied by excess energy. Will's depressive states involved severely reduced motivation and obsessive thought processes. Due to the instability of his moods, Will changed his major five times. Finally it was the obsessive thinking, which was mainly directed towards ex-girlfriends, which drove Will to first seek professional help.

He saw a counselor and a psychologist, both of whom dismissed his complaints as over-sensitivity and informed him that he had an

“artistic personality.” Disheartened, Will turned to drugs and alcohol to soothe the extremity of his moods.

Will's insomnia worsened to the point that he would go months without sleeping for more than three and a half hours consecutively. While hypomanic, Will would often begin intense relationships with women, feeling deeply “in love” and entertaining grandiose thoughts about his future with the woman. However, each relationship inevitably failed whenever his mood turned downwards and Will began to feel doubtful and indifferent towards his partner. His sudden fluctuations in personality drove away personal and romantic relationships.

After finishing school Will's hypomanias expanded to include reckless money-spending, while his depressions prevented him from maintaining a steady job. During this period of Will's life, some of his hypomanias accompanied symptoms of full-blown manias, further disrupting his life. Will's severe symptoms led to periods of homelessness and even near-starvation. Five years later his drug abuse and continued obsessive thinking and sleeplessness drove him to attempt to seek help once again.

Prior to treatment, Will was unable to maintain stability in any facet of his life. Will found it difficult to cope in any work environment. His enthusiasm and motivation arbitrarily came and went, resulting in

continuous changes of work place. In spite of his multiple degrees in anthropology and interdisciplinary arts, Will has never held a job for more than two years and has never gained a position beyond entry level.

Karen is a 55 year old woman who has been experiencing symptoms of a mood disorder since her early teenage years (12-13). At the age of 18 Karen began to experience noticeable fluctuations in her motivation and enthusiasm for new projects. Her abrupt changes in personality from elated, cheerful and confident to sad, gloomy and doubtful led to serious and damaging disruptions of her lifestyle. Karen noticed that all of her life events began to come in multiples. She studied towards multiple degrees and held numerous jobs in a plethora of fields. She started various unsuccessful businesses in home decorating, pet sitting, word processing, wallpaper consulting/hanging, peony farming and candle making. Each of these ventures failed as soon as her mood turned towards depression, and each failure resulted in tremendous financial loss. In addition, Karen moved about fifteen times prior to getting married, which forced her into residential stability.

Karen has a reduced need for sleep during her hypomanias and extreme hypo-somnia during her depressions.

Karen did not seek help for many years because she did not realize that the symptoms she was experiencing were a disorder that could be treated. Karen has a nephew with Bipolar Disorder and is therefore familiar with the symptoms of that illness. When Karen saw that her symptoms did not meet the criteria for a full blown mania or major depression she thought there was no available treatment for her problem.

Finally, while accompanying her daughter to counseling ten years ago, her daughter's psychologist suggested that Karen might be depressed and angry. Karen began seeing a counselor herself and was diagnosed with and treated for depression (non-suicidal). Treatment with anti-depressants thrust Karen into a severe and continuous hypomanic/mixed state. She often felt anxious and over energized, with severe insomnia. She made reckless decisions with money management and experienced racing thoughts and feelings of lack of control. She would take her daughter on elaborate excursions without informing her husband or her daughter's school and go out to bars and clubs on a regular basis.

When Karen stopped using the anti-depressant medications her depressive periods returned, leading to irritability and over-sleeping. The fluctuations caused serious problems in Karen's marriage, as she

would grow close to her husband during her hypomanias and push him away during her depressions.

In a desperate attempt to smooth out the edges of the hypomanias and depressions Karen began to abuse alcohol. Two years ago Karen began seeing a drug abuse counselor who diagnosed her with Cyclothymic Disorder.

Both Will and Karen are currently being treated through both medications and talk therapy. Both individuals experienced some of the most common and most intrusive symptoms of Cyclothymic Disorder, including fluctuations in motivation and need for sleep, instability in work and residential environments and difficulty maintaining relationships because of changing personality. Both suffered unnecessarily because of lack of or failed diagnosis and treatment of their illnesses in early stages. Overlooked issues and misdiagnoses are common with Cyclothymic patients, and this course is designed to help you prevent this unfortunate problem from continuing. In the following CEU you will find methods of identifying and helping Cyclothymic individuals so that their illness might be treated as soon and as effectively as possible.

What You Can Do: How to Identify and Help an Individual with Cyclothymic Disorder

CEU 4

The following section is designed to help you approach and assist an individual whom you suspect may have Cyclothymic Disorder. This CEU contains guidance from mental health professionals who have experience with Cyclothymia, and advice from patients with Cyclothymia. Please keep in mind that these are suggestions, not requirements, and you should develop your own procedure for how to deal with this situation.

The onset of Cyclothymia can be fairly insidious and difficult to identify, but usually occurs in mid-adolescence with a mean age at onset of 14 years. Because certain symptoms of Cyclothymic Disorder such as hyperactivity and distractibility are also characteristic of Attention-Deficit/Hyperactivity Disorder (ADHD), the two can easily be confused. The main difference is that in the individual with Cyclothymic Disorder the symptoms of hyperactivity and distractibility are episodic, with rapid swings in activity and attention levels.

Medical professionals advise first and foremost to recommend psychological and/or psychiatric treatment to any patient that you suspect may have Cyclothymic Disorder or a similar illness. That may sound simple, but because many people who have Cyclothymia enjoy

their hypomanias, or consider their hypomanic state to be “normal,” these individuals are often resistant to suggestions of treatment. If you suspect Cyclothymia in an individual who is not willing to attempt treatment you should try to explain the disorder and the reasons why you suspect that they might have it. Explaining the difference between hypomania and mania may be particularly important, as many people, especially those who have been treated previously for other mental illnesses, are familiar with the symptoms of a full blown mania and are aware that this is *not* what they are experiencing. A clear explanation of a hypomanic stage (elevated mood, reckless behavior, reduced need for sleep) may allow these patients to identify these symptoms within their own experiences.

It is crucial that you explain to any individual with suspected Cyclothymic Disorder that talk-therapy and medications do have a high degree of success with such cases. It will be reassuring for these individuals to understand that with treatment Cyclothymic patients usually experience a reduction in their depressive states, increased control over their moods, improved work capabilities and improved quality of relationships.

Both Will and Karen have experienced significant reduction in their symptoms and stabilization of their lifestyles through talk-therapy, medication and other treatments that will be discussed later

on. Medications commonly prescribed for Cyclothymia (and recommended by the DSM-IV guidelines) include: Antimanic Drugs, Lithium Carbonate, Carbamazepine (Tegretol), Valproic Acid (Depakene, Depakote) and Verapamil (Calan). The following chart provides a brief overview of these medications and their effects:

Medication	Alternate Name	Possible Severe Side Effects	Possible Mild Side Effects	How it Works
Depakote	Devalproex Sodium	Liver Damage / Liver Failure Pancreatitis	Tremor, weight gain, hair loss, menstrual changes, drowsiness, anemia, headaches	Affects chemicals in the body in a manner that is connected to seizures, migraines and manias. Exactly how it works is unknown.
Lithium	Eskalith, Lithobid, Lithonate	Lithium Toxicity	Dizziness, drowsiness, dehydration, tremor, thirst, headache, rash	Lithium reduces the chemicals in the brain that cause excitation or mania.
Tegretol	Carbamazepine, Carbatrol, Eptol	Confusion, psychosis, suicidal ideation, jaundice, vision disturbances	Dizziness, drowsiness, nausea, vomiting, constipation, decreased appetite, dry mouth, impotence, joint/muscle aches	Tegretol affects the nerves in the brain, decreasing natural pain or seizure impulses.
Neurontin	Gabapentin	Seizures, anaphalaxis	Dizziness, drowsiness, poor coordination, blurred or double vision, nausea, vomiting, tremor, mental side effects (in children)	Neurotin affects the chemicals and nerves that are involved in seizures and pain. It is not known exactly how Neurontin works.
Lamactil	Lamotrigine	Severe/Life Threatening Rashes	Dizziness, drowsiness, poor coordination, blurred vision, nausea, vomiting, headache	It is assumed that this medicine affects the chemicals in the brain that are connected to seizures and bipolar disorder; however, it is not known how this medicine actually works.
Verapamil	Calan Isoptin Covera-HS	Heart failure, hypotension, AV block, rapid ventricular response	Constipation, dizziness, nausea, vomiting, diarrhea, dry mouth	There is evidence of abnormalities of intracellular calcium levels in Cyclothymia and bipolar disorders. Verapamil is a calcium channel blocker that may have antimanic effects, but its action has not been established.

*The side effects listed above do not encompass all of the possible side effects associated with these medications.

As you can see from the preceding chart, medical research for mood disorder treatment is a work in progress. Researchers are still unsure what treatments are the most effective for which individuals and patients with mood disorders often spend lengthy periods of time adjusting their drug types and dosages. It is still unclear how many of the available treatments actually work within the body.

While the prospect that treatment is available often improves a patient's state of mind, it is also important that you express clearly that there is no "magic pill" for Cyclothymia. Every patient that you refer for psychiatric treatment and talk-therapy should be aware that both treatments take time. While recent research is improving these medications, today most biomedical treatments for psychiatric illnesses take about one month to take effect, and then there is usually a period of several months in which patient and doctor work together to adjust the dose to fit the individual's needs.

As a medical professional it is vital for you to understand the seriousness of this illness. Among Cyclothymic patients followed from 1 to 3 years, 35-40% have progressed to Bipolar I or II Disorder, a development which can lead to complete destruction of personal and professional lives, and even suicide. Many psychiatrists believe that with early treatment, Cyclothymic patients have a better chance of delaying or even preventing this deterioration.

As you read above, most patients with Cyclothymia differ in significant ways from the DSM-IV criterion for the illness, so if you suspect Cyclothymia, yet the patient does not seem to match the symptom set precisely, you should not necessarily rule out the illness. One of the most important things to identify is the cycle from depression to hypomania. If you encounter an individual in a depressed stage, you should always inquire as to hypomanic periods or moods, naming specific characteristics and symptoms, and vice versa. Keep in mind that Cyclothymic individuals, unlike those with Bipolar Disorder, do have periods when their mood is categorized as normal, so if an individual's present behavior is not obviously hypomanic or depressed, yet he/she is complaining of Cyclothymic symptoms, you should not rule them out.

If you suspect Cyclothymia, you should investigate the possibility of comorbidity with substance abuse. Cyclothymia is a common diagnosis in those with substance abuse, and substance abuse is common in those diagnosed with Cyclothymic Disorder. This leads us to ask which condition pre-exists. Research indicates that in most cases of this sort, drugs (particularly alcohol and marijuana, but sometimes harder drugs such as cocaine) are used as self-treatment. If the individual denies substance abuse, you might warn them that

there is a large danger of Cyclothymic individuals attempting to self-medicate through drugs and alcohol to calm their extreme moods.

Will and Karen both resorted to substance abuse after failing in their initial attempts to seek treatment, but now that their diagnoses have been finalized they have both found effective and safe treatment methods.

Will has found that the most helpful part of his treatment is a mood diary. As a healthcare professional, you may suggest this diary as an activity for Cyclothymic individuals. Will recommends a mood charting method described in Dr. David Burns book of cognitive psychology called *Feeling Good: The New Mood Therapy* which contains a process of writing down and analyzing irrational thoughts in five steps:

1. Write down the incident or situation in which you felt emotional distress.
2. Write down the specific feeling that you experienced at that time.
3. Try to understand that underlying thought process or self-deprecating idea that led to that thought (e.g. I am stupid / I am ugly).
4. Dispute the thought with facts and logic, with the assistance of Dr. Burn's list of cognitive "mistakes" such

as “mind reading” (assuming people are talking about you or looking down on you) “all or nothing thinking,” etc.

5. Write down the new feeling or conclusion that you come to after this explanation.

Will, as well as many other Cyclothymia patients, say that this mood diary has helped them to understand and control their mood swings, separating his irrational thoughts from his rational ones.

Both Will and Karen, like many other Cyclothymic individuals, have discovered that maintaining stability in many aspects of their lives have helped control their moods. This includes a regular sleeping schedule and a regular and healthy diet. Will nearly always experiences a depressive period if he has a serious disruption in his sleep schedule.

Another treatment method that you might suggest to Cyclothymic individuals is participation in a regular activity, such as kickboxing or meditation. Will noticed a significant improvement when he began taking regular yoga classes and Karen has felt better since she has begun weekly art therapy. This treatment method is non-intrusive and enjoyable, and is a good activity to suggest to individuals who are enduring the difficult period at the beginning of treatment waiting for the medications to take effect.

Including Will and Karen, every individual interviewed for this course expressed a strong desire to have been given information about Cyclothymia upon their diagnosis. Information about this illness is not readily available and is often vague. If possible, you should have some handout material about Cyclothymic Disorder that you can distribute to individuals whom you suspect might suffer from this disorder. ***A sample, one-page handout about Cyclothymic Disorder is included at the end of this course. It is recommended that you keep a copy of this handout should you encounter a patient who is seeking more information about this illness.***

*Activity – Keep a mood journal for yourself for three or four days. Make sure to try and write in it when you are in a negative mood (angry, upset, irritated) and to detail why you feel that way. Did it help improve your mood? Why?

Family Support: Advice You Can Give to Help Family Members Live with Cyclothymic Individuals

CEU 5

It is possible that you will encounter spouses, children, parents and maybe even friends of individuals who suffer from Cyclothymic Disorder. Although it is not possible in many circumstances, it would help both the afflicted individual's family and the individual him or herself if their family and friends understood Cyclothymic Disorder. Will recalls that when he was first diagnosed he had a hard time accepting the "taboo" idea of having a mental illness, and that it was difficult for him to speak to his family about this problem. He believes that if a third party would have had the opportunity to explain his illness to his family, it may have avoided a lot of hardship.

This CEU will provide you with methods of explaining Cyclothymia to family and friends of Cyclothymic individuals, as well as some advice you might give them for improving their relationships with the afflicted individual. Of course, in all circumstances you should use your expertise and your knowledge of the individuals you are speaking with to tailor your explanation of the illness to your audience.

First, it is always helpful to have some handout material (such as the page attached at the end of the course) about Cyclothymic Disorder that you can distribute to family members and which they can

contemplate and interpret in their own ways and on their own time. When you speak to the family of an afflicted individual you may find that they harbor a lot of anger towards the individual due to their past behavior. It would be valuable to attempt to explain that the individual does in fact have a clinical disorder that may account for some of his or her actions and that can be treated. Explain how the symptoms of Cyclothymia may have affected the specific actions and decisions of their family members. For example, if you were to encounter Will's father, you might explain to him that in a hypomanic stage Will felt the need to engage in pleasurable activities with little inhibitions, causing him to recklessly spend his money. If you were speaking with Karen's spouse, you could attempt to explain that the ups and downs of Cyclothymia often cause individuals in relationships to pull close to their partner and then abruptly push them away. You should try to encourage family members to forgive the afflicted individual for their past mishaps, and explain to them that their forgiveness and support will help the Cyclothymic individual's treatment process.

As when you speak to a Cyclothymic individual, it is important to express to their family members that while treatment is available and progress is likely, there is no magic cure or instant pill to eliminate the illness. Treatment processes for Cyclothymia are directed towards coping, rather than curing, and support, patience and understanding

from an individual's family will expedite and improve this difficult process.

It is important that you express to family members that the afflicted individual's mood swings are likely to continue even with treatment, although hopefully with a lesser degree of severity. You should encourage them to be thoughtful in their relationships with these individuals, realizing when they are going through hypomanic and depressive periods that they may not be able to control, and most importantly, not taking the mood swings personally.

Cyclothymic individuals often express feelings of being weak, annoying, immoral or lazy; and these feelings are often encouraged by unsupportive family members. In addition, many Cyclothymic individuals complain that their family and friends do not treat their illness with validation, believing that they are exaggerating or using the illness as an excuse for histrionics or extravagance. It is extremely important for family members and friends of these individuals to understand the severity of Cyclothymia, and encourage their relative to seek and maintain a treatment schedule.

On the other hand, it is important to explain the difference between Cyclothymia and Bipolar Disorder. It is especially recommended that you explain that with treatment, Cyclothymic

individuals have a much stronger capability of living happy and reasonable lives.

Family members should be told that there is a 35-40% chance that the individual will cycle into Bipolar Disorder. They should be made aware of the symptoms of this disorder as well so that they might catch any warning signs of deterioration and encourage their relative to seek immediate treatment. If the situation is appropriate, it may be helpful to tell family members that Cyclothymic individuals who do not use biomedical treatments often resort to drugs and alcohol to "self-medicate" and lessen their mood swings.

Cyclothymic individuals often have a great deal of difficulty with the feeling of being "stuck" inside a situation. They often struggle to deal with long-term commitments, including maintaining relationships and places of employment. Family members can help by supporting the individual in seeking flexible hours at work, or finding new solutions within a relationship to allow the Cyclothymic individual to avoid the feeling of being trapped.

You may advise receptive families to participate in support groups or online forums for relatives and friends of individuals with mental disorders. One online forum which contains a lot of information written by individuals with mood disorders and recommended by Cyclothymic individuals is the Icarus Project website.

When an individual is first diagnosed with Cyclothymia, it will most likely be extremely difficult for him or her to accept the diagnosis. The beginning of treatment is often especially difficult as the patient struggles to understand Cyclothymia and waits for the medications and other treatments to take effect. During this period it is especially important for family members to be supportive.

Theories of Mood Disorders: The Reason Behind the Confusion

CEU 6

The study of mood disorders and their diagnosis and treatment is ongoing. The DSM-IV guidelines are widely accepted as a work-in-progress and it is known among mental health professionals that it is often impossible to accurately diagnose an individual solely according to that categorization. Currently there are several main theories of the cause and development of illnesses related to Cyclothymic Disorder. Understanding these theories may help you relate to Cyclothymic patients and will also help you to comprehend other individuals with similar symptoms and complaints. The two such theories in today's mental health forum are the Kindling Theory and the Spectrum Theory. These theories are conducive to one another and are widely accepted by mental health professionals around the world.

The Kindling Theory

The Kindling Theory implies that Cyclothymia and other related mood disorders function much like a fire. While when a fire is first lit, a large log, although appropriate fuel, will not catch flame; but after enough time and enough kindling, the log will burn. In the context of Cyclothymia, this theory means several things. First, an individual at the beginning stages of Cyclothymia may shift from hypomania to depression or vice versa due to external triggers, but as the disease

develops their brain will be more susceptible to changes in mood even without outside stimulus. In addition, unchecked, the mood fluctuations are likely to occur more and more often. This deterioration occurs because with each episode the brain becomes increasingly sensitized (kindled) and the destructive pathways inside the central nervous system are strengthened. The Kindling Theory is strongest in patients who had periods of noncompliance with medications, or patients who were diagnosed later rather than earlier. This implies that medication and treatment can prevent or delay deterioration of Cyclothymia and serves as an added incentive for healthcare professionals to encourage individuals whom they suspect to have Cyclothymic Disorder or any other mood disorder to seek treatment as soon as possible.

It may be advisable for you to inform Cyclothymic individuals of the adverse affects of kindling and the help that their medications can provide. There is always a danger of mental health patients stopping treatment after a period of time because they decide that they no longer need them. Premature stoppage of treatment is a frequent cause of worsening of mental health illnesses, and patients who are informed of the Kindling Theory may have an incentive to continue with their treatment as prescribed.

The Bipolar Spectrum Theory

Another significant theory relating to mood disorders is the theory of the Bipolar Spectrum. The spectrum theory describes Bipolar Disorder, Cyclothymic Disorder, Unipolar Depression and more as all different parts of the same spectrum of up/down cyclic disorders. The Bipolar Spectrum begins at severe mania and drops to major depression, with euthymic (normal mood state) in the middle. Mood disorders are then labeled as points on this spectrum depending on the severity of the mood swings. Cyclothymic Disorder lies between Bipolar Disorder and Unipolar Disorder on the spectrum.

This theory is increasing in popularity as mental health professionals realize increasing discrepancies in their patients' symptoms from the DSM-IV guidelines. As there are an infinite number of points between two points on a line, the spectrum theory basically states that while individuals may be diagnosed with either Bipolar II Disorder or Cyclothymia, they may in fact lie anywhere in between. Recently, many mental health professionals have taken the spectrum theory even further, saying that a patient who suffers from a reoccurrence of depression also experiences a cycle.

The Complications of Diagnosis

If you consider both the Kindling Theory and the Bipolar Spectrum in the context of Cyclothymia, you can see why this disorder

is so difficult to diagnose. The symptoms may vary depending on the amount of time the illness has been untreated; and patients with Cyclothymic Disorder may exhibit symptoms that resemble either Unipolar Disorder or Bipolar II Disorder.

An additional factor that complicates the identification of Cyclothymia is the Mixed State. Mixed States are the periods that Karen experienced when she was mistakenly treated with antidepressant medication. Because the medication was inappropriate for her disorder it thrust her into a continuous state of hypomania with mixed periods. During her mixed states Karen was simultaneously hypomanic and depressed. She described those periods as the most disturbing and functionally disruptive of all aspects of her illness. She would experience hopelessness and helplessness accompanied by restlessness and risk-taking behavior. For Cyclothymic individuals with more severe symptoms these periods are extremely dangerous, because recklessness and impulsiveness can arrive along with depression.

The Silver Lining: How You Can Help Cyclothymic Individuals Accept and Embrace Aspects of Their Illness

CEU 7

Of the eleven individuals interviewed for this course, every one expressed positive aspects of their diagnosis and treatment processes. This information may allow medical professionals like you to help Cyclothymic individuals not only accept their illness, but explore the possible positives of such a diagnosis.

Many Cyclothymic individuals, when first diagnosed, feel relief that many of their past, previously inexplicable, irrational behaviors had a cause. When Will was diagnosed, he began to understand why he had so unreasonably squandered his savings and why he had been unable to maintain a steady job or relationship. After learning that he had Cyclothymia he felt less guilt about his past behavior, which allowed him to cope better with his illness and move on with his life. Many Cyclothymic patients harbor intense guilt and shame over their past actions, and you can help them understand that with treatment they will learn to better understand and control their mood swings.

Karen's diagnosis with Cyclothymia allowed her to better analyze her relationship with her husband. She had been trapped in a cycle of getting angry and picking arguments with her husband during depressive states and then realizing that her anger was unjustified

when she cycled back to hypomanic or neutral. When she understood that her arguments had been baseless, Karen would feel extremely guilty for hurting her husband and would feel foolish and child-like for her outburst. Understanding that her sudden onsets of irritability were caused by her Cyclothymic cycles helped Karen to analyze her thoughts and control her urges to start such unfounded fights. She uses her mood journal to write down her feelings in such moments, including why she felt angry with her husband and what caused her to feel that way. A sample list that Karen made when she began to feel angry with her husband one morning before he left for work was as follows:

- I think that he is thinking about other women
- He is not being thoughtful
- He is not loving enough
- He does not value my opinion

Using Dr. Burn's mood diary journal we discussed above, Karen was able to understand that her thoughts were unreasonable and not worth fighting over. For example, according to the book, the feeling "I think he is thinking about other women," is called "mind reading." Dr. Burns describes mind reading as the act of being upset or angry with another person because of something that one assumes the person is thinking. Using her mood journal Karen was able to understand that

her other feelings were unreasonable, as she does usually consider her husband to be a thoughtful, loving and respectful individual. Her feelings that he was being "mean" or thoughtless were based on her mood, and not on his actions. Since Karen's diagnosis she has noticed that her relationship with her husband has improved significantly. Her enhanced self-awareness has allowed her to control her mood swings and therefore strengthen her relationships with others.

Many Cyclothymic individuals expressed through their interviews that their illness has the benefit of making them more sensitive to their surroundings. This awareness causes many of these individuals to become involved in meaningful and charitable activities, which in turn give them a feeling of self-fulfillment and purposefulness. Will said during his interview that "there are benefits to this condition; I am glad that I am an emotional person." After Will graduated from university, he worked in Ecuador as a journalist for an American newspaper. He recalls an instance where he saw two children fighting in the street. The larger child was beating the other, who was cowering on his knees on the hot pavement. His fellow journalists were amused, and watched passively, but Will was concerned for the child, and came forward to intervene. The larger boy ran away when he saw Will approach, and Will comforted the other boy. He helped him bandage his cuts and bought him a soda. Will recalls that experience as one

where his over-sensitivity served a positive purpose. You should encourage Cyclothymic individuals to embrace these feelings and to put them to good use, as positive activism not only provides self-fulfillment but can also provide a steady activity for these individuals, which is a recommended and necessary part of their treatment.

While Cyclothymic patients are in a hypomanic state, they often express themselves as “full of ideas and plans,” which often fall through when they revert to a depressive stage. However, many of these ideas may be valuable and feasible, and you should encourage Cyclothymic patients to write down these ideas as they occur to them. That way, when they are ready, they may work on some of those projects towards a positive outcome. You may also want to ask these individuals’ family members not to disregard all ideas that come from hypomanic moods, but rather to gently encourage the Cyclothymic individual to consider their thoughts and follow through on those that seem reasonable and positive.

While Cyclothymia is often harmful to relationships, some individuals have expressed the positive affects of the disease in this arena. Cyclothymic individuals often describe themselves as caring, thoughtful, loving and empathetic. These qualities can serve to strengthen a relationship, and you should encourage Cyclothymic

individuals to embrace the positive characteristics that may be associated with Cyclothymia.

Many Cyclothymic individuals feel that their illness has helped them to pursue their artistic skills. Both Will and Karen believe that their extraordinary perceptiveness and sensitivity encourage their writing skills. Since Will has begun treatment he has been working on a novel; he believes that Cyclothymia has contributed to the emotional charge and thoughtfulness that he attributes to his writing. According to experts, healthcare professionals can help Cyclothymic individuals by urging them to pursue any artistic tendencies they may have. These activities may not only help these individuals to reach a state of active stability, but they will help them to seek the positive aspects of their diagnosis and their personalities.

*IMPORTANT NOTE: All of the positive attributes described above were portrayed by individuals with Cyclothymia who are currently receiving treatment. This section is designed for you to help Cyclothymic individuals accept their diagnosis and find the positive side to the situation, *not* to discourage any patient from seeking both biomedical and talk-therapy treatment.

Conclusion and Summary: The Future for Patients with Cyclothymic Disorder

CEU 8

Cyclothymic Disorder, or Cyclothymia, is a severe and chronic mood disorder consisting of frequent fluctuations between depression and hypomania. Recent studies have shown that up to 1% of the population may suffer from this illness, although most are undiagnosed. Due to the ambiguous nature and high comorbidity rates associated with Cyclothymic Disorder, this disease is vastly understudied and often misdiagnosed or missed entirely. This illness is extremely disruptive to the afflicted individual's lifestyle, and without treatment, a Cyclothymic individual may never succeed in maintaining a course of study, steady employment or a long-term relationship. The severe mood fluctuations can affect a Cyclothymic individual in every facet of their lives, including their money management skills, sleep cycles, ability to follow through on commitments, familial and romantic relations, employment, decision making and general quality of life.

Eleven individuals who suffer from Cyclothymic Disorder were interviewed for this course. They offered their experiences and opinions in order to provide you with a mechanism for understanding Cyclothymia beyond the realm of medical criterion and through the eyes of individuals who suffer from this disorder. While all names and

identifying information in this course have been disguised, the stories and information are all true.

In this final section of this course, I will provide a brief overview of the symptoms, identification methods and treatment options for Cyclothymic Disorder, as well as a discussion of the possible future outcomes of patients afflicted with this illness.

Symptoms of Cyclothymic Disorder

The most common symptoms and warning signs of Cyclothymic Disorder, as seen above through the medical definitions and through the experiences of Will and Karen include:

- Periods of hypomania frequently fluctuating with periods of depression
 - Hypomania = A state of elevated mood, increased energy and activity levels, decreased need for sleep, racing thoughts, excessiveness, extreme extroversion, unusual cheerfulness and over confidence.
 - Depression = A state of upset or “blue” moods milder than Major Depression (Cyclothymia patients are usually not suicidal). Symptoms include: feelings of sadness and hopelessness, decreased motivation, negative thoughts, increased need for sleep, introversion, reduced activity, motivation and concentration.

- Substance abuse (usually marijuana or alcohol) often as an attempt to self-medicate
- Resistance to anti-depressant medications
- Inability to maintain long term relationships, employment or course of study
- Frequent changes in residence or lifestyle
- Family history of Depression, Bipolar Disorder, Substance Abuse or Cyclothymic Disorder

Many diseases may resemble Cyclothymia, and it is important to rule out many other Psychiatric, Medical and Drug-Induced conditions before making assumptions. In addition, keep in mind that Cyclothymia can easily be missed or misdiagnosed. One of the most important factors in correct diagnosis of this illness is the exploration of mania or hypomania in any individual that complains of depressive symptoms (and vice versa). As Karen's experiences and certain psychology theories such as the Kindling Theory suggest incorrect treatment or lack of treatment can be extremely harmful to patients with Cyclothymic Disorder.

How to Help Your Cyclothymic Patient Live With Their Illness

Once you or another medical professional has diagnosed an individual with Cyclothymic Disorder, there are many ways in which

you can help him or her improve their quality of life beyond their medical treatment.

One of the most important, and most lacking, aids you can give to Cyclothymic patients is information. Any handout information, websites or support group contacts will encourage the individual to learn about their illness and gain control of their mood fluctuation. The one-page handout included at the end of the course may be given out to patients who wish to learn more about the disease.

It is also recommended by both mental health professionals and by individuals with Cyclothymic Disorder that the patient start a mood diary in which they analyze their thought processes on a daily basis. This method has helped many Cyclothymic individuals understand and control their mood swings, and thereby improving their quality of life.

In addition, it may be helpful to recommend to Cyclothymic individuals that they become involved in a regular activity. This can help stabilize their lifestyles and provide them with an outlet for their emotions.

If it is possible, discussing support mechanisms with the individual's family will be extremely helpful to both the Cyclothymic patient and his or her close relatives. Family counseling should include encouragement of forgiveness for the individual's past behavior,

validation of Cyclothymia as an illness and education as to the future outlook of the Cyclothymic patient.

The Patient's Future: The Outlook for Cyclothymic Individuals

Overall, 35-40 percent of Cyclothymic individuals will deteriorate into Bipolar I or II Disorder. However, it is believed that with early and steady treatment this statistic may improve.

With medication and therapy, most Cyclothymic patients are able to reach a state of remission (in which they experience little or no symptoms). Many of these individuals have experienced the most success working in a flexible environment and maintaining consistent sleeping and eating schedules.

The Cyclothymic individuals interviewed for this course related that they hope that in the future they will be able to better control their moods and reach their potential as successful employees, spouses and parents. As a healthcare professional, by helping Cyclothymic individuals accept their illness, seek treatment and live with Cyclothymia, you can help these individuals and others achieve these goals.

*IMPORTANT NOTE: This course is not an official scientific study; assumptions and recommendations therein are entirely those of the author, as well as the patients and medical health professionals interviewed for this course.

Cyclothymic Disorder Handout

Cyclothymic Disorder is a chronic mood disorder that consists of periods of hypomania (elevated mood) and depression. Patients can fluctuate between hypomania and depression in periods of months, weeks, days or even hours, with intermittent neutral periods. This disorder can prevent afflicted individuals from succeeding in their employment, education, familial relations and other aspects of their lives.

Symptoms of depressive states include:

- Upset or "blue" moods
- Lowered motivation
- Lowered self-esteem
- Increased need for sleep or hyper-somnia, difficulty getting out of bed
- Difficulty concentrating
- Irritability
- Lowered functioning at work or in studies
- Introversion

Symptoms of hypomanic states include:

- Racing thoughts
- Decreased need for sleep or insomnia
- Inflated self-esteem
- Reckless behaviors (excessive spending)
- Excessive talkativeness
- Promiscuity

Hypomanic states may occasionally be pleasurable, as patients enjoy the lessened need for sleep, ability to focus on work, a rise in creativity and heightened self-confidence; however, most often hypomanias have negative affects other aspects of the individual's life, such as their money management and personal relationships.

Another danger specific to patients with Cyclothymic disorder is substance abuse. Many individuals use drugs or alcohol in an attempt to self-medicate and to calm their moods and unexplained emotions.

While Cyclothymic Disorder is treatable both through medications, talk therapy and other support mechanisms, treatment is a process and must be approached as a coping mechanism, not an instant cure. One non-clinical treatment that can help a Cyclothymic individual embark on the recovery process is a mood journal.

Information about this journal can be found in Dr. David Burn's book "Feeling Good: The New Mood Therapy," and on the website www.amoodjournal.com.

Many mental health professionals believe that postponing treatment can increase the severity of Cyclothymic Disorder and encourage cycling into Bipolar Disorder. If you believe that you or anybody you know may be suffering from this illness, seek help immediately.

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Post Test

1. A euthymic state is:
 - a. An elevated mood state
 - b. A state of sleeplessness
 - c. A depressed state
 - d. A normal or neutral mood state

2. The difference between Hypomania and Full Blown Mania is:
 - a. Full Blown Mania is a more severe manic state, with more severe symptoms of mania
 - b. Hypomania often involves instances of psychosis
 - c. Full Blown Mania is described as an overly elevated mood, while Hypomania is the lack of an elevated mood
 - d. Full Blown Mania is caused by a problem in a different part of the brain than Hypomania

3. Which of the following options is not a DSM-IV symptom of Cyclothymic Disorder?
 - a. The patient has not been free of mood swings for more than two months of a two-year period.
 - b. The patient describes persistent suicidal ideation and the desire to self-harm
 - c. Schizoaffective disorder does not provide a better explanation for the patient's symptoms
 - d. The patient's symptoms cause clinically important distress or inhibit the patient's ability to function in work, social and personal environments.

4. A Cyclothymic patient is likely to describe a family history of:
 - a. Bipolar disorder, depression and/or substance abuse
 - b. Diabetes
 - c. Multiple Personality Disorder
 - d. All of the above

5. Which medication is not commonly prescribed for Cyclothymic patients?
 - a. Depakote
 - b. Lithium
 - c. Lipitor
 - d. Tegretol

6. What percentage of Cyclothymic individuals will eventually cycle into Bipolar Disorder?

- a. 0-15%
 - b. 35-40%
 - c. 50-75%
 - d. 75-100%
7. If you believe that your patient may have Cyclothymic disorder, you should attempt to:
- a. Call an ambulance and rush the patient to the hospital
 - b. Talk to the patient about his/her symptoms to try to identify the cycle between depression and hypomania
 - c. Recommend that the patient sign up for a yoga class for a year and seek treatment later
 - d. Both A and B are correct
8. Cyclothymic individuals who are not being treated often attempt to soothe their mood swings by:
- a. Excessive eating
 - b. Self mutilation
 - c. Self medicating through substance abuse
 - d. Watching television
9. A mood diary is often recommended to Cyclothymic individuals because:
- a. It helps them control to gain control of their moods
 - b. It helps them understand the causes of their mood swings
 - c. It provides an outlet for their creativity
 - d. All of the above
10. The symptoms of Cyclothymia lead to patterns in Cyclothymic patients' lives, a common pattern is:
- a. Inability to maintain steady employment
 - b. Inability to maintain long-term relationships
 - c. Substance abuse as an attempt to self medicate
 - d. All of the above
11. The Kindling Theory implies that without treatment, Cyclothymic Disorder may:
- a. Disappear
 - b. Deteriorate into a more severe illness
 - c. Lead to Diabetes
 - d. Both B and C are correct
12. On the Bipolar Spectrum, Cyclothymic Disorder lies somewhere in between:

- a. Bipolar Disorder and Unipolar Disorder
 - b. Unipolar Disorder and a euthymic state
 - c. Hypomania and Depression
 - d. Cyclothymic Disorder is not on the Bipolar Spectrum
13. A symptom of a Mixed State for a Cyclothymic individual is:
- a. Hypomania
 - b. Depression
 - c. Restlessness
 - d. All of the above
14. Treating a Cyclothymic patient with anti-depressant medications may cause:
- a. Heart burn
 - b. Hypomanic states
 - c. Severe depression
 - d. Bipolar Disorder
15. Some Cyclothymic individuals describe their illness as a positive contributor to their lives in that:
- a. They feel that their sensitivity helps them to be more socially aware
 - b. They feel that moving around a lot makes life more interesting
 - c. They get satisfaction out of their mood swings
 - d. Both A and B are correct
16. One symptom of hypomania is:
- a. Over sleeping
 - b. Psychosis
 - c. Elevated activity and energy levels
 - d. Lack of motivation
17. Which of the following options is not a common complaint of a Cyclothymic individual:
- a. Difficulty maintaining employment
 - b. Difficulty maintaining long-term relationships
 - c. Separation anxiety
 - d. Problems with money management
18. What treatments are recommended to improve a Cyclothymic individual's quality of life?
- a. A regular sleeping schedule
 - b. A mood diary

- c. A scheduled activity
- d. All of the above

19. What is one aspect of Cyclothymia that you may warn a Cyclothymic individual's family to look out for?
- a. The fact that the individual may resort to substance abuse to self medicate
 - b. The tendency of a Cyclothymic individual to become violent
 - c. The fact that Cyclothymia often deteriorates into Cushing's Disease
 - d. Both B and C are correct
20. What other illnesses display similar symptoms as Cyclothymic Disorder?
- a. Bipolar disorder
 - b. Multiple Personality Disorder
 - c. Withdrawal from anti-depressants
 - d. Both A and C are correct



Name:	
Address:	
City/State :	Zip:
Phone:	Email:
Date Submitted:	

**CYCLOTHYMIA
POSTTEST ANSWER SHEET**

Please use pencil or black pen. Always keep a copy of your answers for future reference.
Read ALL the choices carefully.

Question #	Answer
1.	
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Your opinion is important to us. Please let us know what you thought of this course by answering the following questions by circling the response that best represents your opinion.						
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
COURSE OBJECTIVES						
1.	The activity was valuable in helping me achieve the stated learning objectives.	5	4	3	2	1
COURSE CONTENT						
2.	The content was up to date.	5	4	3	2	1
3.	The number of credit hours was appropriate for the content.	5	4	3	2	1
TEACHING/LEARNING METHODS						
4.	The teaching/learning methods were effective in helping me learn.	5	4	3	2	1
5.	The material was clearly explained.	5	4	3	2	1
6.	The answers to the post-test were appropriately covered in the activity.	5	4	3	2	1
OVERALL ACTIVITY						
7.	The material was relevant to my professional development.	5	4	3	2	1
8.	Overall, I am pleased with this activity and would recommend it to others.	5	4	3	2	1
OBJECTIVITY AND COMMERCIAL BIAS						
9.	The content was presented objectively and free of commercial bias.	5	4	3	2	1

Continued on Next Page

If you feel the content was presented with commercial bias or not presented objectively, please explain why:

Cite one new piece of information you learned from this activity:

Please provide suggestions for other topics you would like to see.

Please add any additional comments or suggestions:

How did you hear about this educational activity? (please circle one or more)

- a) Returning customer
- b) Employer
- c) Friend
- d) Search engine
- e) Online directory
- f) Email
- g) Mailing
- h) Other: _____

With my signature I confirm that I am the person who completed this independent educational activity by reading the material and completing this self evaluation.

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Congratulations on downloading this self-study packet. We hope that you enjoy the program and that it meets your educational needs. In order to receive a certificate with contact hours you must read the information, complete the registration form, evaluation form and the post test. You may mail or fax the forms to Corexcel. Send to Corexcel, 201 Webster Building, 3411 Silverside Road, Wilmington, Delaware 19810 or fax them to 302-477-9744. If you decide to fax and pay with a check, please note on the registration form when the check will be mailed. We will mail you the certificate within a week after we receive your paperwork and payment as long as you achieve a 70% or better on the test. If you would like the certificate sent by overnight mail please send a check for an additional \$15 with your registration, evaluation and test. Thank you for ordering this self-study packet and if you have any questions you may contact our office at 1-888-658-6641.

To receive ANCC continuing education credit for this learning packet the completed evaluation form must be submitted to Corexcel no later than January 9, 2011.

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201 Webster Building
3411 Silverside Road
Wilmington, DE 19810
888.658.6641
www.corexcel.com

Written Program Registration Form (Please return with Evaluation and Post-test)

Date: _____

Name & Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Florida License No. (Required for Florida): _____

Email: _____

Employer: _____

(W) # _____ (H) # _____ (F) # _____

Have you registered with us before? Yes No

Course #	Title	Date	Amt.
CX0026	Cyclothymia		30.00
	Shipping & Handling		8.95
			Total: \$38.95

Paying By: Check Credit Card Money Order Cash

Credit Card Number: _____ Exp. Date _____

Cardholders Name _____ Security Code _____