

Report of February Meeting 2013

Royal Society

Southern Highlands Branch

Speaker: Professor Gordon Parker, Scientia Professor of Psychiatry, University of New South Wales and Executive Director of the Black Dog Institute, Sydney.

Topic: Different Depressive and Bipolar Mood Disorders

Professor Gordon Parker's address took the form of a short introduction, followed by a long session of discussion questions from the 120 person audience. It was in essence a Depression Forum, clearly enjoyed and appreciated by those attending.

The term "depression" doesn't really say much in and of itself. Parker made a comparison with the term "breathlessness" which is clearly not a single condition. It could result from running in to see the doctor, climbing a high mountain, and from asthma, pneumonia or a pulmonary embolism, to name a few. Similarly, the term "depression" is used to cover biologically depressive conditions, depressions caused by stress or personality predisposition, bipolar disorders, non-polar mood disorders and many others. Parker does not support use of the word "depression" as if that were all-explanatory of the huge range of conditions that he sees.

Management of the depressive condition is also problematic. If a person has depression Type X and consults a doctor, usually an antidepressant drug will be prescribed. A visit to a psychologist for the same type of depression will very likely result in cognitive behaviour therapy, while a visit to a counsellor will result in counselling as the preferred method of treatment. Parker expresses concern that when the treatment is being more dictated by the background training or discipline of the practitioner, then it is not consistent with a classical medical approach. Medicine would say for example in the case of breathlessness, "Is it asthma or is it a pulmonary embolism or is it pneumonia?" and would rightly in turn give a bronchodilator or an anticoagulant or an antibiotic.

The consequences of using the general term "depression" for a huge range of conditions, and then treatment of these conditions according to the background of the practitioner results in both over-treatment and under-treatment, according to Parker. People who would benefit from medication, having biological disorders, often do not get medication, and conversely people who do not need medication often receive it.

Patients presenting with melancholic depression typically show main symptoms of a loss of 'light' in the eyes, inability to get out of bed and impaired concentration. Psychotic depression sufferers have similar symptoms, but also delusions and/or hallucinations. Bipolar disorders are characterized by mania and melancholy. Of the two types of bi-polar,

Type I and Type II, Type II is a 'lite' version of Type I. In recent decades, the term bipolar disorder has replaced the older diagnosis of manic-depressive illness, with bipolar I disorder involving alternating states of mania and depression, and bipolar II disorder essentially comprising non-psychotic episodes of hypomania and melancholic depression.

While less symptomatically severe than bipolar I disorder, bipolar II disorder involves comparable impairment levels and suicide risk. Those with a bipolar II disorder experience oscillations (often brief) of mood and energy. In hypomanic phases, individuals feel energised, wired, "buzzy", playful, creative and often "bullet-proof". They need less sleep and do not feel tired, and can be verbally and behaviourally indiscreet. They may spend more money, and increased libido can create predictable problems. They often take stimulant drugs or consume alcohol to induce or maintain a high. The depressed state is a mirror-image state of low mood and low energy, associated with a non-reactive, anhedonic and morbid mood, with mood and energy levels generally worse in the mornings, and with "atypical" depressive features of hypersomnia and overeating being common. Bipolar II disorder is far more common than bipolar I disorder, with a 6% risk in adolescents and young adults resulting in high suicide rates.

Professor Parker has published his research widely in journals as well as in his books, "Journeys with the Black Dog", "Bipolar II Disorder", "Managing Depression Growing Older" and others. His books on display at the lecture were keenly sought by the enthusiastic audience. It was a very successful evening for the Royal Society, with people responding from a large area of the Southern Highlands and the Illawarra.

Anne Wood

