



# LUKENOTES

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## CASE STUDY

### "Sister Margaret" • Treating Bipolar Disorder

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Sr. Margaret has been a member of her congregation for 20 years. She is 45 years old and the Director of Religious Education for a large suburban parish. She seems to be the perfect fit for the job. Her high energy, her overflowing enthusiasm, talkativeness, and engaging personality make her a favorite of the staff and parishioners. In particular, she seems to connect emotionally with adolescents who enjoy her ebullience. Everyone marvels at her ability to do so much with as little as four to five hours of sleep each night.

Prior to entering religious life, Sr. Margaret had abused alcohol and had incurred some significant credit card debt. After entering her community, she seemed to channel her energies into her ministry. Although she continuously overworked, she did not appear to be having other significant life problems. In the last several years, however, she has taken on more and more responsibility at work and is more stressed. A few months ago, she began to act out sexually with another sister in her community. Currently, she finds herself depressed; she is struggling to keep up with her many ministerial commitments. The sisters living with Sr. Margaret are experiencing many forms of distress. Some feel angry because their routines are often disrupted and others feel anxious because they continuously anticipate a change in her mood. With her mind racing at night, her increased inability to sleep and the increasing distress in her local community, Sr. Margaret decided to talk with someone on her leadership team. After an assessment, she was admitted to the women's program at SLI for treatment.

#### **Beginning Treatment**

Prior to her evaluation at SLI, SR. Margaret had been diagnosed as having anxiety and depressions, and started on an antidepressant, Paxil. She reported some improvement in her mood, but felt only "fifty percent" better. After several weeks, the dose was increased in an attempt to relieve the lingering depression. Within days, her manic symptoms emerged. As with many people who have bipolar disorder, the usual antidepressants can induce a manic state and worsen the condition. At the time of her evaluation, a diagnosis of bipolar disorder was made and she began treatment with Lithium. Within a matter of days, she began to feel "on an even keel." Although she greatly improved over several weeks, she continued to have intermittent bouts of depression. Lamictal, a mood stabilizer that treats depression, but does not cause mania, was prescribed in addition to the Lithium. Within several weeks, she reported that her mood was fairly stable and that her depressive episodes had stopped. The current wide variety of medications makes it easier to treat Sr. Margaret's particular symptoms.

During her evaluation at SLI, neuropsychological testing revealed symptoms of attention deficit hyperactivity disorder (ADHD) that she had experienced since childhood. With her mood stabilized, she was also able to begin treatment for ADHD. She was started on Strattera, a relatively new medication for ADHD. She responded well and her concentration improved significantly. Sr. Margaret was so grateful for the medical treatment that gave her substantial relief from such crippling symptoms.

During her time at SLI, Sr. Margaret learned about bipolar disorder. Through her psychotherapy sessions, she began to understand her mood swings and the accompanying changes in thinking and behavior. She was able to see that her difficulties with alcohol and money in her twenties were her first episode of manic depressive illness, an illness which usually begins in young adulthood. As she described her childhood and adolescence, Sr. Margaret realized that her mother was also bipolar. She was consoled and her guilt diminished when she learned that biological factors play a major role in producing this illness, with risk increasing among immediate relatives. Sr. Margaret also focused on the impact of the illness on her self-esteem, on her relationships, especially in community, and on her ministry. Psychotherapy helped Sr. Margaret to relieve stress, experience personal growth and development, achieve greater balance, and become aware of early signs of potential relapse.

After several months of treatment, Sr. Margaret has returned to her community and her ministry. Overall, she experiences fulfillment in her work, and feels more in control of her emotions. She also has a better understanding of her illness, and feels that she relates to people in a healthier way. Although physically she is not as hyperactive, with her improvement in concentration, she feels more effective and efficient at work. Also, her impulse to act out sexually with others has diminished.

Sr. Margaret also realizes that she needs some help with the sisters with whom she lives. She is learning that the sisters have many feelings, especially anger at some of her previous behaviors and some guilt for being short tempered. She also knows that some of the sisters are anxious that she might relapse. The sisters have agreed to work with Sr. Margaret and a facilitator to assist them in understanding her illness, their responses and to improve their relating with one another.

### **Need for Education**

Education about bipolar illness for Sr. Margaret, her local community, and the significant others in her life is a critical factor in determining treatment outcomes. Sr. Margaret and the significant people in her life now are more aware that bipolar disorder is a biologic illness that when properly diagnosed can be managed with medication and psychotherapy. They are all learning ways to be supportive of one another and to help Sr. Margaret to manage her illness. Sr. Margaret has a much better understanding of herself, her past and how to live a healthier life. She is able to say "I am more than being bipolar; I am a person with an illness that requires my attention."

## **Bipolar References:**

Torrey, E. Fuller and Knable, Michael B. *Surviving Manic Depression: A Manual on Bipolar Disorders for Patients, Friends and Providers.*

Castle, Lana R. and Chybrow, Peter C. *Bipolar Disorder Demystified: Mastering the Tightrope of Manic Depression.*

Jamison, Kay Redfield. *An Unquiet Mind: A Memoir of Moods and Madness.*

Jamison, Kay Redfield. *Touched with Fire: Manic Depressive Illness and the Artistic Temperament.*

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