

Case Study: Sister Mary Francis

Sister Mary Francis is a 42-year-old Director of Religious Education for a large vibrant suburban parish. She had accepted this position with a great deal of enthusiasm, filled with ideas for expanding the religious education programs for the children, teens, and adults. In past assignments, she often struggled to organize her tasks and projects, yet by tapping into her seemingly boundless energy she somehow would get the job done. Her cheerful outward demeanor made it easier for those around her to overlook the loose ends she left in her work.

Upon starting her new assignment, she quickly tried to implement her proposals at the beginning of the school year. Her suggestions were initially met with some hesitation from the staff and parishioners. Concerns were primarily raised about the amount of effort it would take to accomplish these goals in a relatively short period of time. Not to worry, she said. They put their trust in her, and she forged ahead.

Almost immediately Sr. Mary Francis became overwhelmed. She struggled with organizational skills and concentration on tasks. With her intelligence and pleasant personality she had always been able to compensate for these symptoms of Attention-Deficit Disorder (ADD). With the added stress, she could not longer do this.

Within a few weeks Sr. Mary Francis noticed that she was sleeping only three to four hours per night. She surprisingly did not feel tired at all, having plenty of energy to work throughout the day and into the night. But she wasn't actually getting much done. Her mind was flooded with ideas for projects. Late at night, she watched the QED shopping network, often impulsively purchasing a variety of items and charging them to a secret personal account.

After a few days, she began to feel depressed. She became preoccupied with critical thoughts about herself and excessive feelings of guilt. Her sleep pattern changed again. She was now sleeping up to 12 hours at a time and having difficulty getting out of bed in the morning. Her appetite increased and

she gained about 20 pounds. She withdrew socially from her community and friends. Thoughts of death often entered her mind; fortunately she did not wish to harm herself. She could no longer contain her emotions, often becoming tearful or at times irritable with others.

Her community leadership suggested she have an evaluation at a residential treatment facility. Because she experienced mood swings between a hypomanic state to depression, she was found to have a Bipolar Disorder, Type 2. Hypomania is a milder form of mania but has similar features, such as excessive energy, excitement, irritability or aggression. It was noted that she had suffered from Attention-Deficit Disorder (ADD) since early childhood.

The evaluation team explained to her that it is not unusual for someone who has had Attention-Deficit Disorder (ADD) in childhood to develop a Bipolar Disorder as an adult. Occasionally the ADD will remain in adulthood, and both conditions together will impact the person's functioning.

Prioritizing Treatment

The mood swings of the bipolar condition are usually addressed before the ADD symptoms. Initially, a mood stabilizer is typically prescribed. Because Sr. Mary Francis had the milder form of bipolar disorder, the mood stabilizer Lamictal was recommended. Over the course of several weeks, the dosage was slowly increased, and her mood gradually became more stable. Her depression lifted and she felt more like "herself" again.

Other mood stabilizers include Lithium, Depakote, Trileptal, and Topamax. Each one is effective in the treatment of manic and depressive symptoms to varying degrees. The psychiatrist will try to match the person's symptoms with the appropriate mood stabilizer. For example, if someone is in an acute manic state they might benefit from a trial of Lithium or Depakote. Each of the mood stabilizers has its own set of side effects that must be considered for any given individual. Sometimes other medications such as antipsychotics are

used to "boost" the effect of the mood stabilizers. The newer antipsychotic drugs include Seroquel, Abilify, Risperdal, Geodon, and Zyprexa. Sr. Mary Francis took a low dose of Seroquel for a period of time while waiting for the Lamictal to take effect.

Once her mood was stabilized, Sr. Mary Francis participated in additional interviews and took a series of neuropsychological tests to determine if she continued to have symptoms of Attention-Deficit Disorder (ADD). From the results of the interviews and testing, the diagnosis of ADD seemed very likely. She agreed to a trial of an ADD medication. The choices here typically include a medication called Strattera or one of the "psychostimulants" such as Ritalin, Concerta, Adderall, and Vyvanse. Strattera was recommended for Sr. Mary Francis. It was thought to be less likely to cause her to have another hypomanic episode compared to the psychostimulants. After a 30-day trial on Strattera, she reported an increase in her ability to concentrate on her tasks. Neuropsychological testing confirmed improvement in these cognitive areas.

Maintaining Stability

Sr. Mary Francis developed an interest in learning about her Attention-Deficit Disorder and Bipolar Type 2 Disorder. She learned that a person should take the medications regularly, especially for the bipolar condition. Even when she feels better, she needs to continue with the medication, since abruptly discontinuing a medication can trigger a depressive or hypomanic episode. Individuals with bipolar disorder often have immediate or extended family members with a mood disorder such as depression or bipolar. She shared with her community some of the early symptoms of depressive and hypomanic episodes, so her sisters can alert her if they notice any recurrence. Although she is likely to have bipolar disorder the rest of her life, her condition can be managed effectively with medication so that she may return to ministry and lead a fulfilling life.

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