

The Vagaries of Intelligent Madness

By Emilie Karrick Surrusco

Illustration by Matt Corrado

If manic depression, also known as bipolar disorder, is represented in higher numbers among the exceptionally creative and intelligent, then one might assume that a concentration of highly educated, highly creative people, as describes much of today's local workforce, might mean there are more manic-depressives here than in the sleepy little town of Staunton, say.

Not so, say the experts consulted for this report. The incidence is the same here as anywhere. Okay, so our theory was dashed, but Northern Virginia has over 25,000 sufferers of this disease of extremes, with another 110,000 suffering major depression. We hope this report will help those suffering, and their families, communities and colleagues, better understand this odd, often intractable disease.

The Metrics

Bipolar Disease and Depression

2.3 million adult Americans have bipolar disorder. (Source: NAMI)

9.9 million adult Americans have major depression. (NAMI)

25,000 Northern Virginians have bipolar disorder. (VA Dept of MHMRSA)

110,000 Northern Virginians have major depression. (VA Dept of MHMRSA)

the #1 leading cause of disability in the world is major depression. (NIMH)

the #6 leading cause of disability in the world is bipolar disorder. (DBSA)

90 percent of bipolar disorders start before the age of 20. (DBSA)

20 percent of adolescents with major depression develop bipolar disorder within five years. (DBSA)

60 percent of people with bipolar disorder struggle with substance abuse or dependence. (Jamison - *Touched by Fire*)

22 percent of people with major depression struggle with substance abuse or dependence. (US HHS Substance Abuse and Mental Health Services Administration)

24 percent of people with bipolar disorder will attempt suicide. (Jamison)

18 percent of people with major depression will attempt suicide. (Jamison)

2/3 of people with bipolar disorder have at least one close relative with the illness or with major depression. (National Institute of Mental Health)

People are **2 times** as likely to develop major depression if they have a close relative who has the disorder. (AllaboutDepression.com)

2:1 Ratio between women and men in terms of likelihood to suffer from major depression. (Both are equally likely to suffer from bipolar disorder.)

3:1 Ratio between women and men with bipolar disorder who experience rapid cycling—four or more episodes of the illness within a 12-month period.

650 People worldwide are allowing their DNA to be studied in order to help researchers find genes that confer vulnerability to bipolar disorder. (NIMH)

9,000 Patients visit NIMH each year contributing to the world's top research on bipolar disorder, major depression and other mental disorders. (NIMH)

"Some people feel strongly about the medications decreasing their creativity. There's no body of evidence to support that, but it's a legitimate concern." Johns Hopkins University psychiatrist and author Dr. Kay Redfield Jamison

As science gallops along at a furious pace, probing deeper and deeper into our craniums to figure out once and for all what makes us tick, illnesses of the brain are becoming better understood. New and improved medications are bursting onto the market. New discoveries dominate the pages of scientific journals and mainstream media.

It's an exciting time for the brain.

Sitting squat in the middle of all this innovation is Northern Virginia. We are at the hub of the movers and shakers. The people making these discoveries and creating these medications live and work right next door.

We are also at the hub of those who suffer from the debilitating illnesses that depend on these discoveries and medications to bring relief. One illness in particular, bipolar disorder or manic depression, is found to be prevalent in creative, highly intelligent populations as well as the professional and upper social classes, as documented by Dr. Kay Redfield Jamison in her book *Touched with Fire*. As we all know, Northern Virginia is home to a concentration of highly educated minds, with its myriad intelligent, creative types.

While none of this is news—Jamison's book came out in 1993—the debate sparked by it still rages on. If creative, highly intelligent people, such as those that make up a significant portion of the Northern Virginia population, suffer from bipolar disorder, should they endeavour to get better? And if they do, won't their creativity, and ultimately their contributions to society at large, suffer as a result?

As noted by psychiatrists, advocates and people afflicted with bipolar disorder throughout the region, making people better doesn't necessarily mean

snuffing out their fire. "People with bipolar disorder tend to be very imaginative and independent and that's a good thing," says Jamison, professor of psychiatry at the Johns Hopkins University School of Medicine, author and expert on bipolar disorder. Jamison has suffered from manic depression for decades.

"Occasionally it's difficult because some people feel strongly about the medications decreasing their creativity. There's no body of evidence to support that, but it's a legitimate concern."

Dr. Daniel Lieberman, an associate professor and director of clinical psychological research at George Washington University, works closely with Dr. Fred Goodwin, one of the nation's preeminent experts on bipolar disorder. He suggests that creative people who suffer from untreated bipolar disorder may in fact be less creative.

"They feel like they're more creative because their thoughts are going very fast and their ideas seem very good to them so they will go off their medications," Lieberman said. "This is counter to what the lay public believes, you always hear, 'what would happen if we gave Van Gogh antidepressants,' but the fact of the matter is that these people are suffering enormously."

Marshall Epstein was diagnosed with bipolar disorder in 1995. He was an economist with the Internal Revenue Service until his illness began to interfere with his work. Now, he works in the education department at the National Alliance on Mental Illness (NAMI) in Alexandria. He also leads a support group in Arlington and teaches a "Family to Family" class that helps educate family members and loved ones about mental illness.

He jokes about his "creative" bursts during past manic cycles.

"I was on St. Martin and I convinced two women to come back here and live

People with bipolar disorder who are in a manic cycle can be extremely charming, energetic and outgoing. They feel great. The problem is that their mania keeps going.

with me," he said with a mischievous smile. "I got in the most trouble when I was manic."

People with bipolar disorder who are in a manic cycle can be extremely charming, energetic and outgoing. They feel great. The problem is that their mania keeps going.

"It's devastating to the families because you can see what's happening and you can't reason with them," said Barbara Wolff, president of the Depression and Related Affective Disorders Association (DRADA—301.926.6913), which is based in Alexandria.

"When you have bipolar you don't know when you're going to flip."

Some like being manic so much that they convince themselves they are better and stop taking their medications. Others suffer severe side effects and decide that it's just not worth it.

"Often the illness comes with denial," says Dr. James Dee, a practicing psychiatrist in Alexandria who estimates that 15 percent of his patients suffer from bipolar disorder. "I feel great, why should I take medications that make me feel lousy."

As with many serious mental illnesses, it can take time to find a medication or combination of medications that work with an individual's brain chemistry.

It took Epstein 17 years to find medications that stabilized his moods. Originally he was diagnosed with major depression. Like many others with bipolar, he never thought that what he later learned where his manic periods were a problem.

"What bothers them the most is the depression," says Dr. Betty Donskoy, a psychiatrist in Reston. "When a doctor is treating someone with depression they must make sure that they don't have a bipolar depression."

What's worse is that some people treated for depression (which is also known as unipolar depression) with an-

tiidepressants are then unsuspectingly pushed into bipolar disorder by their prescribed medications.

"They come out of the depression and keep going in the other direction," says Dr. Edward Curcio, a psychiatrist in Falls Church. "The antidepressant is making them worse."

Bipolar specialists urge all doctors to take careful histories of patients who complain about depression. They even suggest asking for input from family members who may see things the patient doesn't.

"Bipolar disorder is really something that you have to diagnose by history," said Marcia Greco, mental health manager at the Woodburn Center for Community Mental Health in Annandale. "If the client is a good reporter that helps. If the client's family is a good reporter that helps even more."

Scientists at the National Institute of Mental Health (NIMH) and local universities are working to improve the medications that treat major depression and bipolar disorder. Lieberman is working in collaboration with NIMH to find a way to cut down on the time it takes for medications to take effect.

Currently, it can take between two and eight weeks for medications to make the necessary changes in the brain's neurotransmitters that affect mood, Lieberman notes. "NIMH is doing some really interesting studies addressing these neurotransmitters," he says.

"People are getting better in a manner of hours, but there are too many side effects at this point."

Lieberman and others believe the future is full of hope for people suffering from bipolar disorder.

"When I first started practicing we had lithium and nothing else," Dee says. "Now there are a whole lot more options out there." **NM**

Help for the Unwell and Their Families

Close to 100 private psychiatrists across the Northern Virginia region specialize in depression and manic depressive illness. To find one, contact the Washington Psychiatric Society at 202.244.7750 and www.dcpsych.org, or the Medical Society of Northern Virginia at 703.934.8818 and www.msnva.org.

Northern Virginia also has six Community Services Boards that provide sliding fee or free mental health services, emergency care, and prescription assistance. They are:

Arlington County CSB
703.228.4871 www.arlingtonva.us/csb

Fairfax-Falls Church CSB
703.573.5679 www.fairfax.va.us/csb

Loudoun County CSB
703.777.0377
www.loudoun.gov/mhmr/index.htm

Prince William County CSB
703.792.7800 www.co.prince-william.va.us

Alexandria CSB
703.838.6400 alexandriava.gov/mhmrsa

Rappahannock-Rapidan CSB
(Serves Culpeper, Fauquier, Rappahannock, Orange and Madison counties.)
540.825.3100

These Northern Virginia advocacy organizations provide support groups, education and information:

National Alliance for Mental Illness (NAMI): (HQ in Arlington)
www.nami.org 1.800.950.NAMI (6264)

NAMI Northern Virginia:
www.naminova.org 703.525.0686

NAMI Loudoun County:
James or Nancy Merrill 703.444.5326

Depression and Bipolar Support Alliance (DBSA) (HQ in Chicago)
www.dbsalliance.org 1.800.826.3632

DBSA Centreville:
Fran Blair 703.803.6442

DBSA Falls Church:
Anne Cowley 703.354.5104

DBSA Leesburg:
Marilyn Frazier 703.669.1928

Depression and Related Affective Disorders Association (DRADA)
(HQ in Alexandria) www.drada.org
703.610.9026

National Mental Health Association (NMHA) (HQ in Alexandria)
www.nmha.org 703.684.7722



Manic Depression's Strong Grip One Woman's Story

By Emilie Karrick Surrusco

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It was an October evening at dusk as Claudine Gilavski made her way down a small hill in Pennsylvania, stepping carefully along the gravel walkway. Her head turned toward the sky, she watched as storm clouds came in over mountaintops kissed by the last remnants of the sun.

All of a sudden, she lost her footing and went tumbling down. She landed somewhere near the bottom of the hill in a disheveled heap.

Her eyes were still watching the storm clouds as they filled the sky.

"I just lay there thinking, 'It's starting again,'" she says. "It was almost a metaphor—I'm looking at the beautiful mountains and then I'm looking at the storm clouds. And all of a sudden I fall."

That moment marked the beginning of Gilavski's latest struggle with a serious mental illness she shares with thousands of others in Northern Virginia—an illness known as bipolar disorder or manic depression.

People with bipolar disorder experience dramatic mood swings—going from manic to depressed in varying degrees—often with periods of normal mood in between. Along with these dramatic mood swings come major shifts in energy and ability to function.

Gilavski, who lives in Leesburg, was first diagnosed with bipolar disorder in 1997. A project manager and trainer with Electronic Data Systems in Herndon, she has maintained a successful career, often traveling the world to conduct trainings.

A former cheerleader, she has always been very energetic and outgoing. Because of her personality, she has never felt as out of character when she's manic as she does when she's depressed.

"I knew I was ill. I didn't really know how depressed I was, how ill I was, until I was driving down to Charlotte to teach a class," Gilavski explains. "I was coming up Route 15, and somehow I followed old Route 15, which eventually led me to an old tobacco field. There was no one in sight. I just sat there and cried hysterically."

Gilavski was first treated with lithium, a common starting point for bipolar patients. The problem was that the lithium took about three weeks to kick in.

During that three-week span, Gilavski went away for a long weekend with her then-boyfriend. The two started out on a bike ride. By the end of the day, Gilavski had ridden her bike 45 miles, run another five miles and then walked another two. Even after all that, she was raring to go.

"I couldn't stop moving," she says.

Her boyfriend put her in a cold shower and then put her to bed. Eventually, her manic state dissolved in a fit of hysterical crying.

"It felt like a tremendous release," she says.

When Gilavski's medication eventually started working, she had several years where her bipolarity was under control. That all changed four months ago when she was walking down that hill in Pennsylvania.

"A veil of gray goes over me," Gilavski says of that memorable moment.

Gilavski experienced a phenomenon that happens to many people with major mental illnesses—her

"I just lay there thinking, 'It's starting again.'"



medication stopped working. This, combined with several stress-related triggers, brought her right back to square one.

"I know when I'm in the depressed cycle because my hygiene suffers," she says. "By the time I got into [my doctor's] office I probably looked like I'd come in off the streets."

Gilavski eventually took a leave of absence from work. She and her doctor tried several different medications—including one that still causes extreme soreness and cramping in her muscles.

"I was constantly twitching," she says of that medication. "My chin was shaking and there was drool coming out of my mouth."

Her ability to function deteriorated so rapidly that Gilavski's doctor eventually called her 83-year-old mother in Chicago and told her she needed to come take care of her daughter.

"It wasn't until this time when my mother came to stay with me that she accepted me for my illness," she says. "My mother had always said, 'You're a very intelligent woman. Surely you can read a book and figure this out. You're not exercising enough, she'd say. 'Make a plan to get out of bed everyday and do a load of laundry.'"

The day before her mother arrived, Gilavski suffered a severe panic attack. Her apartment hadn't been vacuumed in months. Her cats' litter boxes were overflowing and she hadn't showered for weeks. She had 10 loads of laundry, sorted by color, lined up on the floor and she was madly pacing in circles. To top it off she had no dining room table because she had given it away weeks earlier in one of her manic states.

She finally called her friends for help.

"They cleaned my house, washed all my dirty clothes, went grocery shopping for me and fed me," Gilavski says. They even brought over an extra dining room table.

The next morning Gilavski summoned all her strength to pick up her mother from the airport. Her mother didn't recognize her.

"She burst into tears," she says.

A few days later, Gilavski was clearing the breakfast dishes when she dropped a pitcher full of hot coffee all over her legs. She believes she lost her balance due to the twitching that was brought on by her medication. She suffered third-degree burns.

"I wear this bracelet to remind me of what day that was," she says, pointing out the hospital ID tag that still encircles her wrist.

It turns out that day was her absolute bottom point. From there, things have only gotten better.

"The veil has lifted," Gilavski says.

She talks matter-of-factly about some of the continued habits she attributes to her bipolar disorder.

"I talk to myself when I walk my dog. I cry when I walk at night," she says. "For some reason I collect pajamas and socks, and they have to have Tinkerbell on them."

Throughout her life, she has struggled with close relationships. She now feels that she has reached a point where she can commit to another person.

"I have always picked the wrong men or had the wrong reactions to what could have been the right men," she says. "The new me wants commitment."

While still on a leave of absence from work, Gilavski has been involved with the National Alliance for the Mentally Ill (NAMI), which has headquarters in Alexandria as well as a Northern Virginia chapter. She has talked to several audiences about her illness through NAMI's "In Our Own Voices" program.

"My goal in life is to get people to understand that there's my illness and then there's me," Gilavski says. "People tell me, 'You're so well spoken, intelligent, attractive. You don't look like you have a mental illness.'

I tell them, 'That's why I'm here talking to you.'" ❧

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