

Reflections on Bipolar Disorder and Comorbid Conditions in Young Adults

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Comorbidity is a condition when two syndromes occur simultaneously in the same person.

The simultaneous treatment of comorbidities in people affected by Bipolar Disorder is “ubiquitous,” as mentioned in an article titled, “[Comorbidity in Bipolar Disorder: The Complexity of Diagnosis and Treatment.](#)”

“Bipolar Disorder is highly prevalent and heterogeneous. Its increasing complexity is often caused by the presence of comorbid conditions (which has) become the rule rather than the exception,” say Doron Sagman and Mauricio Tohen, the MD’s who authored the article which appeared in an issue of *Psychiatric Times*.

It’s estimated that more than two million Americans have Bipolar Disorder, a manic-depressive illness, which often starts in an individual during the teen years, but can also emerge later in life.

Comorbid conditions in Bipolar Disorder are “pressing to the core of (this) mood disturbance,” the authors wrote. Sagman and Tohen list the most common comorbid conditions associated with Bipolar Disorder to, “help guide the clinician through this diagnostic maze and associated treatment considerations,” including:

- Anxiety (generalized anxiety disorder, simple phobia, social phobia, obsessive-compulsive disorder, PTSD and panic disorder which “has the highest risk of comorbidity”)
- Substance Abuse Disorder
- ADD and ADHD (“occurring in up to 85% of children with Bipolar Disorder”)
- [Personality Disorders](#) (borderline, narcissistic, antisocial, histrionic)
- Medical Comorbidities (cardiovascular disease, Type2 diabetes and other endocrine disorders)

Comorbidity is, “the rule rather than the exception,” the authors claim, and treatment “invariably requires an integrated approach that focuses on *both* disorders simultaneously, incorporating both psychotherapy and pharmacotherapy...case management, vocational rehabilitation, individual and family counseling, housing and medications.”

At the [Optimum Performance Institute](#), we’ve observed over the years that the issue of pharmacotherapy (medications) isn’t an easy one for young adults to take-in. After all, they are just beginning their journey toward independence. Accepting that they must take a medication in order to function is a tremendous wound to the ego.

Of course there have been many advances in the pharmacologic treatment of Bipolar Disorder and its comorbid conditions with the objective now of using the least amount of medications at the lowest dosage: A “cocktail of medications” that fits the individual as being the most skillful method.

However, the real work begins for us once a physiologic balance is agreed upon. The “diagnostic maze,” described above by Sagman and Tohen, will continue to be explored and addressed, but this is just the starting point in our journey.

Young adults with Bipolar Disorder and comorbid conditions must be afforded opportunities to build and repair their self-esteem by being able to experience incremental successes based on real life experiences and activities. They must re-learn how to manifest feelings of passion and joy and share this with others. Self-confidence and self-esteem need to be gradually based on reality, not fantasy.

This is what creates bridges of engagement to the creative self. It is what serves as the key to breaking the internal and external sense of isolation.

Seeing a world where they are no longer protected by the omnipotence of mania or overwhelmed by the depressing sense of isolation can feel like they are starting life all over again and in some sense, they are. Seeing the world with greater clarity often reveals as much suffering as it does joy.

Simple things like getting projects completed, slowing down and taking things one step at a time can be difficult to learn. It takes time and conscious awareness to begin to deal with the frustration of ambiguity, of having small successes instead of perceived giant ones, of having failures and persevering at tasks particularly when you feel it took only the effortless mania to propel you forward, before.

That is why a “village” of skilled and dedicated clinicians and staff is needed to help each young adult understand the consequences of his/her unique diagnosis so they can learn to discover passion, joy and balance in their reality, transforming that sense of force and energy into a more subtle sense of empowerment in actual reality.

We have all been faced with this task before in our own childhoods, when we moved from a sense of magical omnipotence to begin the discovery of our true selves. We were able to accomplish this transition often because of the support we received from the people in our lives who cared for us - just as our participants in our programs receive today.

This is why treating the whole person, not just the diagnosis, is critical. Treating the whole person is what we do everyday at the OPI and within our specialized [Roanne Program](#) - and it’s never more important than when we treat a young adult with bipolar disorder.