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# Psychiatric Diagnosis:

## *Focus on Bipolar Disorder*

By Cheryl Yanuck, MD

**D**iagnosis in psychiatry is more art than science: there are few blood tests or X-rays for most of what we consider mental illnesses. In the past, when a physical cause was discovered for a nervous condition, that condition left the domain of psychiatry and became the concern of neurologists. Examples of this are epilepsy, which can be shown on an electroencephalogram (EEG); multiple sclerosis, which is apparent on brain MRI; and neurosyphilis, which can be diagnosed with a blood test. Yet all these illnesses can manifest with changes in behavior and mood.

We know that schizophrenia and bipolar disorder are organically-induced illnesses, triggered in people with a genetic predisposition. External factors, such as *in utero* exposure to viruses, drug use, and sleep deprivation can lead to the expression of these genes. So far, there is no genetic test for either of these illnesses, although researchers are searching for one. Research is also under way on the use of PET scans for diagnosing psychiatric conditions. Questionnaires like the Beck Depression Inventory (BDI), the Mood Disorders Questionnaire (MDQ), and the Dissociative Experiences Scale (DES) can help with diagnosis and follow up.

I use all of these scales in my practice to help quantify symptoms. Physical exams and laboratory testing are helpful in ruling out other causes of emotional symptoms such as thyroid disease and other psychiatric “mimics.” But most importantly, diagnosis is made on the basis of a careful history and observation of presenting symptoms.

For instance, bipolar disorder runs strongly in families, although it can look different in different members of the same family. The symptoms typically appear after puberty, often during the late teen years. People with bipolar disorder have episodes of depression, mania, and normalcy that are separate in time. Classic depression is characterized by a lack of pleasure, motivation, energy, low mood, and hopelessness. By contrast, mania is characterized by high levels of energy and activity, reduced need for sleep (e.g., ready to go after three hours of sleep), inflated self-esteem, and euphoric or irritable mood. Mania can induce poor judgment and impulsivity. Effective medical treatments are available for bipolar disorder.

### A CASE EXAMPLE

“Joe” was an 18-year-old college student when I first met him. He had been a gifted student in high school. During his freshman year of college, his personality changed and he began to exhibit high-risk behaviors: drinking and partying more than his peers, having unprotected sex, driving fast, and spending money excessively on his parents’ credit card. He was close to flunking out of school, but his attitude was unconcerned: “Bill Gates didn’t need to finish college, and neither do I.” He talked fast, stayed up late, and was the life of the party. He came to treatment at the request of his parents and the Dean of his college. Joe’s father told me that his own mother had exhibited similar symptoms, and that she had attempted suicide once. Joe’s father himself was prone to depression but did not experience mania.

I saw Joe regularly for psychotherapy. He started taking Depakote, a mood stabilizer, and a low dose of Seroquel to help him sleep and to further stabilize his mood. Within a few weeks, Joe’s behavior calmed down. He was dismayed by the “mess” he had made of his freshman year, and got mildly depressed, but was able to drop one course and pull through in the rest. His mood returned to normal once the semester ended. Several years later, he remains on Depakote and occasional doses of Seroquel. I see him every few months to refill his prescriptions and check in. He will be starting graduate school this fall. hhh

*Cheryl H. Yanuck, M.D., is a psychiatrist who has practiced in Chapel Hill since 1992. She specializes in treating adults with mood and anxiety disorders (including bipolar disorders and depression), eating disorders, relationship and self esteem problems, and in teaching stress management. She provides both psychotherapy and medication management as indicated. To contact Dr. Yanuck, call 919-493-0406 for a consultation. Website: www.CherylYanuck.com. 101-B Cloister Court, Chapel Hill NC 27514*