

Bipolar Disorder: Difficult To Accept, Treat

BY DR. MIKE ROSMANN PH.D.

"Pam" was at her wit's end when she called me late last March. Her 45-year-old husband, "John," was having another manic depressive episode, and wouldn't consider her advice.



Dr. Mike ROSMANN

Pam said she was tired of taking care of her husband because John wouldn't take his medication for bipolar disorder. He spent most of his days driving around or visiting coffee shops and bars. She worked full-time to pay for their two children's college educations.

Usually John returned home around dusk, glib and obstinate. "It's still winter," he said. "I deserve 'down' time before starting spring planting and hard work."

Pam couldn't reason with John. She worried he wasn't taking care of their hog finishing unit properly. When she checked it, often the feeders were empty.

She worried even more that John would do something foolish-like drive his vehicle while inebriated or make an unnecessary purchase such as he did last year when he bought a new truck even though his previous one was only a year old. They didn't have the money to pay for the new vehicle and Pam had to cash in a retirement account to pay for it.

What is bipolar disorder? Bipolar disorder, also called manic depression, is a mental illness with a strong genetic inclination, although its severity varies from person to person and some carriers of the genetic proclivity never develop the disorder.

The National Institute of Mental Health indicates that children with a parent or sibling who has bipolar disorder are up to six times more likely to develop the illness than children who do not have a family history of bipolar disorder.

It's almost always a life-long condition, caused by chemical imbalances in the brain that produce extreme mood swings. Persons with the disorder may experience either manic or depressed phases, maybe both. Serious symptoms usually first appear in early adulthood, but children and adolescents may develop the illness.

Bipolar disorder symptoms are different than normal "ups" and "downs." They can result in damaged relationships, poor school or work performance and even suicide. Each mood episode is accompanied by extraordinary changes in energy, activity, sleep and behavior.

A diagnosis of bipolar disorder, according to diagnostic manuals, requires five or more symptoms of depression or mania. Depression symptoms include the following: unusually sad mood (or irritable mood in children) that lasts more than a week, loss of interest in activities once enjoyed, strong feelings of worthlessness or guilt, changes in eating habits that result in significant recent weight gain or loss, difficulty sleeping or excessive sleep, loss of energy to carry out usual activities, more than usual

complaints about pain, physical agitation or psychomotor retardation, difficulty concentrating and recurring thoughts of suicide and death.

Symptoms of mania include the following: overly silly or grandiose mood, inflated self-esteem, decreased need for sleep (feels rested after only 3-4 hours of sleep), more talkative than usual or pressure to keep on talking, feelings that perceptions are unusually intense, flight of ideas and easily drawn to unimportant stimuli, increase in talking and thinking about sex and behaving in risky ways such as pursuing unwise purchases or relationships.

Treatments of bipolar disorder usually entail medications that modify brain activities, called mood stabilizers, along with counseling about the disorder and its effects. Family members or other loved ones often are involved in counseling as a support team.

In John's case, as in many cases involving a severely bipolar individual, others are needed to detect the emergence of bipolar episodes, to ensure maintenance of a medication regimen and to protect the individual from mistakes.

Pam had to take charge of the checkbook and overall family finances during John's episodes of mania. She and others helped pursue his periodic hospitalizations when he was depressed or manic, refused to take medication and was a danger to himself or others.

Mood stabilizing medications, such as lithium, anticonvulsants such as valproic acid, or atypical antipsychotics such as risperidone almost always are needed to control bipolar disorder. The medications must be carefully regulated to prevent poisoning and to reduce side effects while still sufficient to control symptoms.

Most persons who take mood stabilizing medications don't like the intended effects because they "slow" the bipolar person down and reduce the exuberance that accompanies a manic episode. John purposefully avoided taking medications because he enjoyed his boundless energy and enhanced sense of power while manic.

Behavior management greatly assists control over bipolar disorder during both depressed and manic episodes. Psychotropic medications may rectify the chemical imbalances in the brain but medications don't guide the person's behavioral choices. Persons with the disorder can learn to recognize and curtail their abnormal mood tendencies and to respect and respond to the feedback given them by persons who have their best interests at heart.

Next week's column will elaborate on behavioral approaches to managing bipolar disorder and I'll describe John's outcome as well. Stay tuned.

Dr. Rosmann is a Harlan, Iowa, farmer and psychologist, available at: www.agbehavioralhealth.com.

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Visiting Hours

Be Mindful Of Kids' Exposure To Loud Noise

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February is Kids Ear, Nose and Throat Month.

The world is a very noisy place. Many of the noises in our world are helpful. Some noises allow us to engage in conversations, enjoy music and avoid dangerous situations. Other noises can be harmful if they are excessively loud or if we listen to loud noise for too long. Noise induced hearing loss is the most common cause of hearing loss which affects people of all ages. Most noise induced hearing loss occurs gradually, which makes it more difficult to notice.

A recent survey revealed that approximately 13% of children ages 6 to 19 have permanent damage to their ears caused by exposure to loud noises. The same survey showed that approximately 16% of adolescents ages 12 to 19 have some permanent hearing loss in one or both ears from noise exposure. These numbers have risen in recent years, but the good news is this type of hearing loss is 100% preventable.

Children of all ages can be exposed to excessive noise in their everyday lives. This noise can come from almost anything: toys, mp3 players, farm equipment. It is the role of parents to

help identify the sources of loud sounds that can contribute to hearing loss and try to reduce exposure to those sounds or reduce the sounds to safe levels. Parents can also help their children by being good role models on how to protect their hearing. If hearing and the use of hearing protection are important to a parent, it will be important to their children, as well.

Toys for very young children are often noisy. Unfortunately, toy companies are not required to keep toy noise at safe levels. A toy might be perfectly safe when it is used appropriately, but we all know kids like to be creative with the way they play with toys. For example, a whistle blown appropriately would not likely cause immediate harm, but a whistle blown loudly in a siblings ear has the potential of causing irreversible hearing loss.

The Sight and Hearing Association publishes a list of the noisiest toys each year (www.sightandhearing.org). Each year they find popular toys for young children sold in this country which are louder than chain saws. Some of these toys can begin causing damage after just 15 minutes of play. Many parents have a false sense of safety because they assume harmful toys are not permitted to be sold in this country.

As children grow older, their risk of damaging their hearing comes from dif-

ferent sources. One of the most prevalent causes of hearing loss for children through young adults is the use of iPods or mp3 players. Maximum sound levels of personal music devices are estimated to be between 100 and 115 decibels which is extremely harmful to listeners. Other dangers include video games, firearm exposure and concerts.

When encountering excessive noise, there are three options to protect our hearing and the hearing of our children:

1.) Walk Away - Simple enough. Remove yourself from the source of noise or at least increase the distance between yourself and the noise. (An example would be to sit further back at a concert. Never stand near the speakers.)

2.) Turn It Down - Turn the volume down. (This is effective for music, television, radio, video games, etc.)

3.) Protect Yourself - Earplugs, earmuffs or even custom earmolds can all offer protection when used properly. (This is best used for noises without adjustable volume such as mowing the lawn, hunting, tree trimming, etc.)

For more information on kid's ear, nose and throat health, contact Avera Medical Group Ear, Nose & Throat Yankton at (605) 655-1220 or the AAO-HNS website at www.entnet.org/kidsent.

A Bag Full Of Spirit



During Catholic School Week, Sacred Heart Middle School students delivered Spirit bags filled with goodies to various service providers around the community. Pictured are SHS students (left to right) Keegin Bose, Billi Jo Dayhuff and Anneliese Haahr delivering a spirit bag to the Yankton Community library.

SUBMITTED PHOTO

Additional Assistance For Heating Announced

PIERRE — Gov. Dennis Daugaard recently announced his plan to assist South Dakota households during the current national propane shortage. The South Dakota Low Income Energy Assistance Program (LIEAP) is offering one-time assistance to help low-income households with critical propane needs.

Prices of propane have increased to as much as \$6.56 per gallon in some areas of the state. Current LIEAP customers who utilize propane to heat their households, who have less than \$400 remaining in LIEAP benefits for the year and who have less than 20 percent of propane remaining in their tank may be eligible for additional funding.

"This shortage of

propane was unexpected, but we have measures in place that will help those most vulnerable through this crisis," said Gov. Daugaard.

South Dakota's Low Income Energy Assistance Program sets aside five percent of LIEAP funds annually to aid in emergency situations.

To be eligible for the state's LIEAP program, households must be below 175 percent of the federal poverty level or \$41,212 for a family of four, and not eligible for tribally operated LIEAP programs. Those seeking assistance with heating their household should contact the Low Income Energy Assistance Program office at 1-800-233-8503 to see if they are eligible.

School Of Law Admin. Additions Announced

VERMILLION — The University of South Dakota School of Law announces four new administrative hires this month, including interim associate dean, registrar, admission and enrollment coordinator and career services manager.

John Henry Glover will serve as interim associate dean while a national search is conducted to fill the position made vacant with the retirement of Tom Sorensen in December. Glover, who is also serving as interim Diversity & Inclusion Officer for the School of Law, will be on leave from Black Hills State University where he is a professor and former Center for American Indian Studies director. He has been a part of the South Dakota public higher education system since 1992. In addition to more than 20 years of undergraduate and graduate teaching experience, Glover received fellowships from the Newberry Library in Chicago, was a visiting resident scholar at the American Indian Studies graduate program at the University of Arizona and an international



Glover



Piersol



Benton



McInerney

issues instructor at the Global Youth Village, in Bedford, Va. A native of western Montana, Glover moved to South Dakota after practicing law in Minnesota and North Dakota. He received his bachelor's degree from Concordia College in Moorhead, Minn. and is a graduate of Willamette University's School of Law in Salem, Ore. Among his publications is a text entitled, "Tribal Sovereigns of South Dakota," published by the Chiesman Center for Democracy.

Leah Piersol will lead the Law School's enhanced experiential or "real life" practice experiences as well as job placement as the newly created career services manager. Piersol brings a wealth of experience as both a long practicing attorney and counselor. A graduate of the University

of Minnesota School of Law, she has two decades experience in legal practice and legal affairs both in and outside South Dakota. More recently, Piersol received a master's degree in counseling from South Dakota State University and has done a variety of private, nonprofit and public work as a counselor, mediator and consultant.

Lee Benton will serve as the law school's registrar with the retirement of Jean Henriques, who departs with 36 years of service at USD. Benton grew up in the region and received a B.B.A. in economics and her M.B.A. from USD.

Nicholas McInerney joins the School of Law as its first

full-time admissions and enrollment coordinator. Originally from Michigan, McInerney completed his B.S. in business administration at National American University. He also received his M.A. in political science and J.D. from the School of Law at USD. McInerney's professional background before law school includes management and training work for Midcontinent Communications.

"The legal profession and legal education is in the midst of transformative change. There is a window of opportunity for South Dakota's law school to help lead this transformation," said Thomas Geu, dean of the School of Law. "These additional and new professionals at law school better position us for that leadership role in meeting the needs of the profession and the public whether those needs are a criminal prosecution, child custody, or economic development. It is a very exciting time here at the law school."

MILITARY

RONALD KOSTROUN

On Nov. 19, 2013, Ronald Lee Kostroun entered the United States Navy from Sioux City, Iowa.



Kostroun

Ronald is from Yankton and graduated from Gayville-Volin High School. He attended

eight weeks of training at Great Lakes Naval Academy in Chicago. Ronald graduated from the Academy on Jan. 17, 2014.

Ronald, now Seaman Kostroun, left to train for Navy Aviation Support Equipment Technician of United States Navy in Pensacola, Fla. This is 17 weeks of schooling.

Ronald is the son of Dave Wells and the late Tamara Kostroun.

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