

Introduction



Interpersonal and social rhythm therapy (IPSRT) has been shown to have beneficial and effective results on individuals diagnosed with bipolar disorder as it puts a focus on the significance of managing overall well being by implementing healthy lifestyle habits.

Social rhythms include patterns in an individual's life such as work, school, sleep, and leisure activities. The therapy proposes that regulation of these rhythms aid in preventing the onset of bipolar mood episodes.

IPSRT is designed to teach individuals with bipolar disorder how to prevent or better manage shifts in mood and behavior, and control their manic/depressive episodes.

Regulation of symptoms can be critical for those with bipolar disorder that are ready to undergo a manic or depressive episode. In combination with medication, IPSRT has been proven to increase quality of life, reduce mood symptoms or chances of a manic episode occurring, and prevent relapses.

SIGNS OF BIPOLAR

MANIA

- Extremely high energy
- Grandiose levels of self-esteem
- Loud, rapid speech
- Very little need for sleep
- Engaging in risky behaviors, like unprotected sex

DEPRESSION

- Feelings of lethargy, both physically and mentally
- A sense of personal worthlessness
- Eating too much or too little
- Overwhelming sadness
- Thoughts of suicide

healthcentral

Social Rhythm Therapies for Mood Disorders



Haynes et al: researchers pinpoint the idea of the social rhythm hypothesis of depression.

Hypothesis: stressful events in a person's life and depression can interrupt their daily routine, which then causes unpredictability in other areas such as sleep, mood, and overall well being.

Method: Total of 64 participants that were diagnosed with bipolar disorder were involved. They were asked to record the times that they performed their daily activities and keep track of their moods during the time of data entry. Researchers also asked participants to set target times for their activities, and strive to start the activity within 45 minutes of the target time. The participants were also given feedback regarding their successes through a "hit rate," which showed a percentage of time that each activity was performed within the 45 minute mark. After treatment, the participants had a "31% increase in overall social rhythm stability and a small, but significant decrease in mood severity" (Haynes et al, 2016).

Results indicate that the stability of daily activities and behaviors is essential in treatment for individuals with bipolar disorder.

Early Intervention using IPSRT

Goldstein et al., 2018

It is shown that between "5-19% of offspring of parents with BP develop BP themselves by young adulthood"

Method: The study performed by Goldstein and colleagues included 42 participants aged 12 to 18 years old with a bipolar parent that were randomized to receive interpersonal and social rhythm therapy along with a developmental intensive relationship to treat any psychiatric disorders that were present at the beginning of the study. The participants were asked to wear an actigraph, which measures sleep and wake patterns in the beginning of the study for seven days, and at the six month mark as well.

Results: No participants developed any new mood disorders, and there was found to be a decreased risk of hypomania after utilizing interpersonal and social rhythm therapy. Although very minimal, the adolescents did also experience more regular sleep and social rhythms as well (Goldstein 2018). Monitoring moods and rhythms throughout daily activities is essential in treating bipolar disorder effectively and for an extended period of time.

Bipolar Disorder I and II

Bipolar I, also known as manic depression, involves severe, lengthy, and even dangerous manic episodes in which an individual undergoes exceedingly elevated mood changes and manic episodes that last for at least seven days. Oftentimes, depressive episodes may also be experienced that can last at least two weeks, and episodes of hypomania, which encompass a less severe scale of the heightened energy of mania.

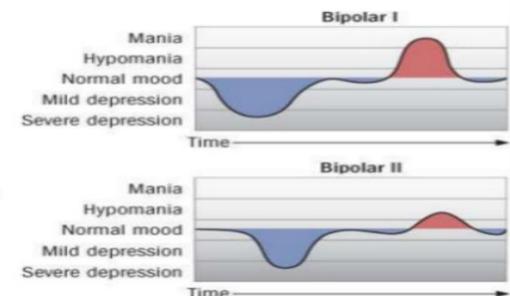
Bipolar II involves the pattern of depressive episodes and hypomanic episodes, but without the full scale manic episodes included in Bipolar I disorder (Swartz et al, 2016).

Bipolar I

- At least 1 manic or mixed episode

Bipolar II

- Never had a manic episode
- At least 1 hypomanic episode
- At least 1 major depressive episode



Results and Conclusions

In conclusion, the use of interpersonal and social rhythm therapy is beneficial to individuals diagnosed with bipolar disorder as it puts a focus on the significance of the management of overall well being through a healthy lifestyle and habits.

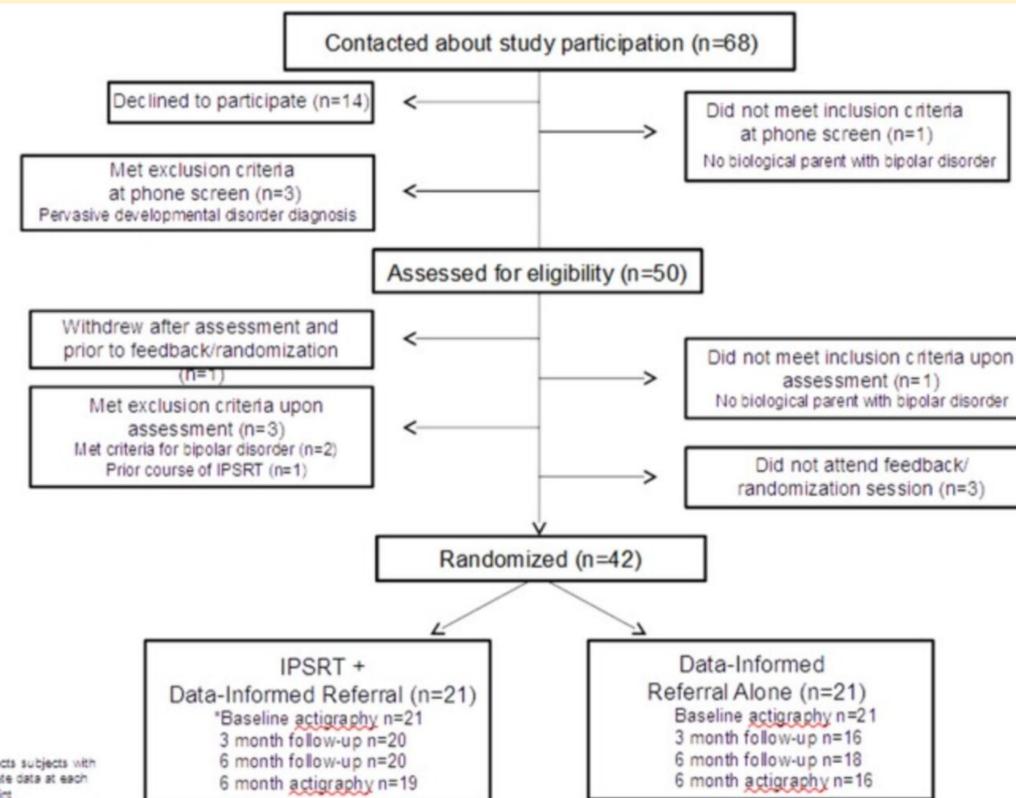
Regulation of symptoms can be critical for those with bipolar disorder that are ready to undergo a manic or depressive episode. In combination with medication, IPSRT has been proven to increase quality of life, reduce mood symptoms or chances of a manic episode occurring, and prevent relapses.

Overall, social rhythm therapy is a beneficial treatment for those suffering from bipolar disorder, and more studies should be performed to test out the efficacy of it among various age groups and demographics.

References

- Goldstein, T. R., Merranko, J., Krantz, M., Garcia, M., Franzen, P., Levenson, J., Axelson, D., Birmaher, B., & Frank, E. (2018). Early intervention for adolescents at-risk for bipolar disorder: A pilot randomized trial of Interpersonal and Social Rhythm Therapy (IPSRT). *Journal of affective disorders*, 235, 348–356. <https://doi.org/10.1016/j.jad.2018.04.049>
- Haynes, P.L., Gengler, D. & Kelly, M. (2016) Social Rhythm Therapies for Mood Disorders: an Update. *Curr Psychiatry Rep* 18, 75. <https://doi.org/10.1007/s11920-016-0712-3>
- Hoberg, A. A., Ponto, J., Nelson, P.J., & Frye, M. A. (2013). Group interpersonal and social rhythm therapy for bipolar depression. *Perspectives in psychiatric care*, 49(4), 226–234. <https://doi.org/10.1111/ppc.12008>
- Steardo, L., Jr, Luciano, M., Sampogna, G., Zinno, F., Saviano, P., Staltari, F., Segura Garcia, C., De Fazio, P., & Fiorillo, A. (2020). Efficacy of the interpersonal and social rhythm therapy (IPSRT) in patients with bipolar disorder: results from a real-world, controlled trial. *Annals of general psychiatry*, 19, 15. <https://doi.org/10.1186/s12991-020-00266-7>
- Swartz, H. A., Levenson, J. C., & Frank, E. (2012). Psychotherapy for Bipolar II Disorder: The Role of Interpersonal and Social Rhythm Therapy. *Professional psychology, research and practice*, 43(2), 145–153. <https://doi.org/10.1037/a0027671>

Goldstein et al. Results



*n reflects subjects with complete data at each timepoint