

Distraction: can it help control the symptoms of bipolar disorder?

Commentary by

GORDON PARKER AO, MB BS, MD, PhD,

DSc, FRANZCP

A patient finds that building Lego® models helps to focus his mind and control the mood changes of bipolar disorder.

MedicineToday 2014; 15(3): 65

CASE SCENARIO

Dean is now 36 years old and has been on medications for many years for his bipolar illness. He never liked how he felt when on medication, stating that it flattened out his emotions and totally changed his personality. But now Dean reports that he has found a nondrug way to handle his disabling psychotic thoughts and mood changes. He has spent a lot of money on Lego® building blocks and when he begins to feel unstable, he builds intricate models that he has to intently focus on; he says he then 'has no room left in his brain' to ruminate on his thoughts or moods. He sometimes also gains a great deal of relief from smashing up models that he has already constructed. In this way, he has been able to function quite normally, using no medication, for the past two years.

Is there any evidence-based research on the use of this type of distraction as a method of handling psychotic disease?

COMMENTARY

The model that I favour for managing patients with bipolar disorder is medication,

Professor Parker is Scientia Professor of Psychiatry at the University of New South Wales and Professorial Fellow at the Black Dog Institute, Sydney, NSW.

education and a wellbeing plan, with the last comprising a number of nonmedication strategies. Medication can be positioned as providing a floor for the wellbeing plan, which is more able to be assimilated and acted on when the bipolar individual is euthymic or, at least, not severely depressed or 'high.' For a percentage of individuals a wellbeing plan will allow medication to be reduced and, in a very small percentage, ceased. Formal and informal wellbeing plans are described in more detail in the book *Mastering Bipolar Disorder*.¹ As for other mood disorders, nondrug management components include exercise, diet nuances, relaxation or meditation, creative activities, having a personal organiser, using distraction techniques and avoiding overstimulation.

We can therefore speculate that Dean benefits from Lego® modelling as a consequence of a number of factors: it focuses his brain on a particular activity (being perceived by him as having 'no room left in his brain') and therefore stabilises the disequilibrium intrinsic to bipolar mood swings. Bipolar individuals have a tendency to overrespond to stimuli (including tastes, smell, sounds and interpersonal nuances). Dean's focused activity would help to dampen such input signals and therefore stabilise his concentration, attention and mood state.

Lego® would also provide a distraction activity akin to 'mindfulness' programs, which aim to have the individual focus on the moment. The literature on the application of mindfulness in assisting the management of patients with bipolar disorder is accruing.²⁻⁵

Other possible explanations must, of course, be conceded, and two are offered.

First, Lego® pieces are made of acrylonitrile butadiene styrene (ABC). As yet, there has been no study rejecting the possibility that sniffing ABC is a mood stabiliser, but clearly Dean's experience should encourage a research application to the NHMRC. Secondly, in more recent years the manufacturing company has produced a Lego® Mindstorms Robotics Invention System (involving programmable robots). Is it not conceivable that the Lego® company has innocently designed a 'Mindstorms' package that actually aborts the 'mind storm' of a bipolar illness but is unaware of such an application? Just as putting a man on the moon led to the development of the Teflon® saucepan, the Lego® company may or may not have developed a robot program (qua 'Legodomain') that acts as a mood stabiliser. **MT**

REFERENCES

1. Eysers K, Parker G. *Mastering bipolar disorder*. Sydney: Allen and Unwin; 2008.
2. Williams J, Alatiq Y, Crane C, et al. Mindfulness-based cognitive therapy (MBCT) in bipolar disorder: preliminary evaluation of immediate effects on between-episode functioning. *J Affect Disord* 2008; 107: 275-279.
3. Miklowitz DJ, Alatiq Y, Goodwin GM, et al. A pilot study of mindfulness-based cognitive therapy for bipolar disorder. *Int J Cog Therapy* 2009; 2: 373-382.
4. Weber B, Jermann F, Gex-Fabry M, Nallet A, Bondolfi G, Aubry JM. Mindfulness-based cognitive therapy for bipolar disorder: a feasibility trial. *Eur Psych* 2010; 25: 334-337.
5. Perich T, Manicavasagar V, Mitchell PB, Ball JR, Hadzi-Pavlovic D. A randomized controlled trial of mindfulness-based cognitive therapy for bipolar disorder. *Acta Psych Scand* 2013; 127: 333-343.

COMPETING INTERESTS: None.