



Learning to live with bipolar disorder

A companion guide

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Copyright and support note

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How to use this guide

This companion guide is designed to be of practical assistance to people with bipolar disorder, their carers, friends and family. It contains guidance, advice and a number of practical tools that may help you in your day-to-day life.

You may choose to read the guide from cover to cover or simply dip into those chapters that are most relevant to your current situation. At the back of this guide are a number of practical resources that can be detached for use in different scenarios.

Introduction

'All generalisations are false, including this one.'

Mark Twain (American author 1835-1910)

No two people with bipolar disorder are the same. Everyone is an individual. Every experience is different.

Some have had the condition for many years and are receiving effective treatment. Others are still waiting for a diagnosis. Many of those affected by bipolar disorder are carers, friends or members of the family. Each will have their own story to tell and their own journey to travel.

For most this journey will be difficult. It will be challenging at times and there may be risks along the way.

Fortunately, many have travelled this road before and, by drawing on their experiences, it is possible to overcome the obstacles and to prepare for what lies ahead.

That is the aim of this companion booklet: to help people affected by bipolar disorder and to guide them in the right direction.

It does not pretend that there is a right way or a wrong way to live with bipolar disorder. Nor will it explore in great detail the causes and medical management of the condition.

What we have aimed to do, through consultation with patients, carers, family members and healthcare professionals, is to provide practical guidance that has been shown, through experience, to offer genuine help in the day-to-day lives of people affected by bipolar disorder.

It will be up to you to steer your own course through bipolar disorder. But we hope this companion guide will lighten your burden and help you find your way.

Paul Arteel (co-chair, editorial panel)

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Living with bipolar disorder

'My own brain is to me the most unaccountable of machinery – always buzzing, humming, soaring roaring diving, and then buried in mud. And why? What's this passion for?'

Virginia Woolf (English author, 1882 – 1941)

Bipolar disorder is a serious mental illness that affects mood and behaviour.

It is sometimes assumed that the symptoms of mental conditions such as bipolar disorder are due to some kind of weakness or character fault in those they affect. This is untrue. People with bipolar disorder do not choose their illness any more than those with diabetes or arthritis choose theirs. Bipolar disorder occurs when something goes wrong within the brain. It is nobody's fault and no one is to blame.

Indeed bipolar disorder is one of the more common mental illnesses. It affects between three and five per cent of all adults throughout the world. Men, women and children are all affected.

For most the condition will persist for many years. It may last a lifetime, sometimes fading away, sometimes returning months or even years later.

Living with bipolar disorder is tough. This is just as true for carers, friends and family members as it is for people living with the disease themselves.

The disorder causes severe changes in mood, from intense unhappiness, to energetic euphoria, to mixed moods in which a fidgety energy is combined with feelings of desperate sadness.

Psychiatrists use the words 'depression' or 'depressive episode' to describe the unhappiness seen in bipolar disorder and 'mania' or 'manic episode' to describe the euphoria. There is also a milder form of mania known as 'hypomania'.

These moods can last many weeks or months and go far beyond the kind of mood swings that might be considered 'normal'.

The result is often difficult behaviour, damaged relationships and severe restrictions on performance at school or in the workplace. Unfortunately the disorder also carries a stigma that can lead to unfair discrimination and isolation. All of this significantly reduces quality of life.

The good news is that once bipolar disorder has been diagnosed, all of these negative consequences can be addressed. Effective treatments can bring the severe changes in mood under control. This, in turn, can allow patients and those around them to start putting their lives back together.



In truth, rebuilding your life can be as challenging as treating the disease itself. It may require learning new skills and changes to your lifestyle. Tackling prejudice takes courage and perseverance.

But if bipolar disorder is affecting you, either as a patient or a carer, you should take comfort in knowing that thousands of people like you are living fulfilling and productive lives. It may not always be easy, but living with bipolar disorder does not mean you have to give up your ambitions and goals. No one with bipolar disorder should be defined by his or her illness.

With good guidance and skilful management, living with bipolar disorder can become as much about living as it is about the disease.

Types of bipolar disorder

Different people suffer bipolar disorder in different ways. Some experience severe unhappiness but only mild episodes of euphoria. Others have extremely troubling manic episodes and very little depression. Some switch between different moods several times a year, while others remain stuck in one mood or another for many months. Psychotic symptoms such as hearing voices or unrealistic beliefs are also common.

Once you have been diagnosed, your doctor will decide which type of bipolar disorder you have. You may then work together with your mental healthcare team to decide the most appropriate treatment.

Mother's view

Caring for someone with bipolar has been a real rollercoaster ride. I have been through every emotion imaginable. Anger, denial, grief and panic. But also hope, joy and pride. I have given up a lot – my job, my social life, many friends – and my marriage came under considerable strain. Later my daughter told me she was so glad that the family stayed together. But it was touch and go for a while. The more I have learned about the disorder, the easier it has become. Today, my daughter is stable and independent and has moved on with her life. I am involved in several carers' organisations both on a national and international scale. It's hard work, but very satisfying. It's not the life I dreamed of. But it is a good life and you can't ask for more than that.

Emily's view

I felt very alone for a long while.

Nobody understood what I was going through, because I didn't really understand it myself. I didn't know whether the problem was with me or with the world outside. There were times when I felt great, so my family and friends couldn't understand it when I suddenly couldn't get out of bed. They thought I was being lazy or arrogant or going through some sort of phase. So I ended up feeling guilty and worthless as well as depressed.

Later, when I was diagnosed and got treatment, I realised that I didn't have to feel bad about myself any more. I'm taking more control over my life now and mending broken bridges with my family. There are some friends I'll never get back. But that's OK. I'm making new ones all the time.



Do I have bipolar disorder?

'My father had a profound influence on me, he was a lunatic.'

Spike Milligan (Irish comedian, 1918-2002)

One of the unfortunate aspects of bipolar disorder is that many people spend years with the wrong diagnosis or no diagnosis at all. This means their treatment is either inadequate or non-existent. Their mental condition deteriorates, their physical health may also suffer and untold damage may be done to their lives and the lives of those around them.

Early diagnosis is therefore extremely important. However, bipolar disorder is not an illness you should try to diagnose yourself. For a proper medical diagnosis you must consult a doctor.

Guidebooks, such as this one, will list symptoms and risk factors. On the internet there are a number of sites that claim to help you assess your own bipolar risk. But these can only ever give a rough indication. They are no substitute for a proper medical examination.

Indeed, there are a number of conditions that may have similar symptoms to bipolar disorder (see table 1), so if you have any concerns at all about your mental health it is important to consult a doctor without delay.

Other explanations for bipolar disorder-like symptoms

- Problems with your thyroid gland
- Poor diet (deficiency of some vitamins, such as vitamin D, has been linked to symptoms of depression)²
- Side effects of some medication (such as cortisone)
- Use of street drugs (cocaine, cannabis, ecstasy)
- Other forms of depression
- Other mood or behaviour disorders (such as Attention Deficit Hyperactivity Disorder)
- Other diseases

TABLE 1

Who gets bipolar disorder?

Anyone can get bipolar disorder. The condition affects men, women, children and adolescents. However, some people do seem to be more at risk than others.

Risk factors include:

- Family history – if a close relative has had bipolar disorder, you may be at a higher risk
- Drug or alcohol abuse
- Stressful events - bipolar disorder can be triggered by any kind of stress. This can mean upsetting events (such as divorce or the death of a loved one) or positive events (such as getting married)
- Illness – physical illness can sometimes trigger bipolar disorder
- Working night shifts – disrupted sleep patterns have been linked with the onset of bipolar disorder³



Early signs and symptoms

Bipolar disorder can begin with a whole range of different signs or symptoms depending on the individual. None of these symptoms on its own means you definitely have bipolar disorder. However, if you have noticed a number of these symptoms occurring at the same time, or find yourself switching from manic symptoms to depressive symptoms, you should seek medical help.

Symptoms of mania

- Inflated self-esteem
- Poor judgment
- Irritability
- Nervy or twitchy movements
- Needing less sleep
- Increased energy levels
- Spending too much money
- Having an unrealistic belief in your own abilities
- Increased libido (sexual drive)
- Talking much more and much quicker than normal
- Starting conversations with strangers
- Feeling euphoric, fantastic, the best you've ever felt
- Laughing a lot (even at things that aren't funny)
- Having lots of new and exciting ideas
- Jumping from one thought to another
- Losing concentration
- Making rapid decisions without thinking about them
- Making lots of changes or plans
- Phoning others late at night
- Drinking too much alcohol or misusing drugs

Symptoms of depression

- Feeling sad, anxious or empty
- Loss of interest or pleasure in all or almost all activities
- Difficulty coping
- Finding it difficult to think properly – thinking slowly, becoming forgetful
- Having trouble getting to sleep and waking up early
- Sleeping too much. Staying in bed all day
- Losing or gaining a lot of weight
- Poor appetite or increased appetite
- Lack of energy
- Feeling tired a lot of the time
- Worrying excessively and feeling overwhelmed
- Declining physical health
- Neglecting personal appearance – wearing strange or inappropriate clothing
- Neglecting personal hygiene
- Inability to carry out simple daily routines
- Suicidal thoughts
- Poor concentration – unable to read a book or even watch TV

Sometimes, people with bipolar disorder can suffer a mixture of both manic and depressive symptoms. This is called a 'mixed state'. For example, you might feel hyperactive and irritable and talk a lot, but also feel sad and hopeless.



What bipolar disorder feels like

Here's how some people with bipolar disorder have described their symptoms:

Hypomania 'Like I'm drunk on life'
'Joy is surging through my veins'
'My creativity goes into overdrive'

Mania 'It feels good at first then it turns into a monster'
'I'm so agitated I want to smash everything around me'
'I'm totally out of control'

Depression 'Like falling into a well'
'I'm drowning in black treacle'
'Everything just grinds to a halt'

Mixed state 'Everything is out of synch'
'It's an emotional overload'
'Like standing on shifting sand'

Myths and misconceptions

One of the barriers to prompt diagnosis of bipolar disorder is the widespread ignorance that surrounds the condition. This has led to many myths and misconceptions about the illness. Some of these have little truth to them. Others are simply rubbish. Here we address some of the most commonly held beliefs about bipolar disorder:

- Bipolar disorder is rare – **Wrong**. Bipolar disorder affects three to five per cent of adults at some stage in their lives⁴
- Bipolar disorder is another word for mood swings – **Wrong**. Bipolar disorder is a serious medical condition with a wide range of serious symptoms. There are other conditions that can also cause mood swings
- Manic moods make you feel fantastic – **Sometimes**. In some people. However many people suffer considerable anxiety and irritability during their manic episodes. Mania can also lead to unpleasant incidents such as arguments with family members
- You will always feel either manic or depressed never 'in-between' or normal – **Wrong**. In most cases, the illness goes through periods of 'normality', especially in the first few years. Once you begin treatment feeling normal should be, well, normal
- Delays in diagnosis are to be expected – **Up to a point**. However, you have the right to a prompt diagnosis and should make your views known if you consider the wait to be unacceptable
- Treatment for bipolar disorder is going to cost me a lot of money – **Wrong**. Treatment may be covered by your national health service / health insurance. The consequences of untreated bipolar disorder are likely to be far more expensive

4. Merikangas KR, Akiskal HS, Angst J, Greenberg PE, Hirschfeld RM, Petukhova M, Kessler RC. Lifetime and 12-month prevalence of bipolar spectrum disorder in the National Comorbidity Survey replication. Arch Gen Psychiatry. 2007 May;64(5):543-52.



- Anti-depressants are not useful in bipolar disorder – **Depends on the individual.** It is true that anti-depressants have some risks in bipolar disorder. But they can be useful in some patients
- Drug side effects are inevitable – **Common, yes. But inevitable, no.** And a change in dosing or drug regimen will usually reduce the problem significantly.
- Drugs will turn you into a zombie – **Unlikely.** Although some drugs can make you feel drowsy and/or have an effect on cognition (thinking), most of the cognitive symptoms in bipolar disorder are due to the condition rather than the treatment
- You will never lead a 'normal' life – **Wrong.** What is normal anyway? It is true you may have to make significant changes to your life. But these changes do not have to be negative

bipolar disorder
affects
up to
5
in every
100 adults⁴

Chapter 3

Seeking a diagnosis

'I went to a doctor and told him I felt normal on acid, that I was a light bulb in a world of moths. That is what the manic state is like.'

Carrie Fisher (American writer and actor. 1956 -)

If you are concerned that you or someone you care for may have bipolar disorder, it is time to seek professional help. So, where should you seek this help? The answer may vary according to your own personal circumstances and how you feel about the healthcare services available to you.

In most instances the first port of call should be your family doctor. He or she will be able to make an initial assessment and decide if you should be referred for a specialist opinion.

In some instances you may be able to seek specialist care yourself through a mental health outpatient facility.

Or, if you have concerns about consulting directly with medical staff, you may prefer to talk to a social worker, a member of a community group or someone at your place of worship. They will be able to direct you, and possibly accompany you, to the best place to get medical care.

Groups set up by people with bipolar disorder themselves, or by carers and family members, are also a valuable source of information and advice during the early (and later) stages of bipolar disorder. You will find a list of local patient and carer support groups in chapter 13 of this guide.

The big message is that, whoever you decide to talk to about your concerns, it is important that you TELL SOMEONE. Don't suffer in silence. This will only make things worse.

Often the secret of accurate diagnosis and optimal treatment is to keep talking with your healthcare team. Communication can be the key to effective care.



What to say

Having decided to seek help, your next task is to decide what information to take.

One of the reasons that bipolar disorder is so often misdiagnosed is that the doctor is given only half the story. People with bipolar disorder may not feel ill during periods of excitement or euphoria, so they only consult their doctor when depressed. The doctor only sees half the disease and may make the wrong diagnosis. This may delay adequate treatment.

To ensure your doctor has all the information needed to offer a comprehensive diagnosis you should:

- Always tell the truth. Concealing information about your illness, however insignificant, may delay your diagnosis and increase the time it takes to receive appropriate treatment
- Consider taking a family member or friend with you. They may offer a different insight to your behaviour and mood
- Give the doctor a full description of all your symptoms, both manic and depressive. If possible, write down a description of the symptoms, when you experienced them and for how long
- Mention any family history of bipolar disorder or any other mental health concerns
- Mention any changes in your sleep patterns – sleeping more than usual, less than usual, waking early in the morning etc

- Take information about any other illnesses you have
- Tell the doctor about all the medicines you take, either prescribed or bought from a pharmacist. This includes medicines you take for physical as well as mental health conditions
- Discuss your lifestyle, including stress at work and any recent upsetting events.
- Be honest about how much you drink and/or use drugs

What to expect from your doctor

Most doctors will want to assess both your mental and physical health before deciding what to do next. Techniques they may use include:

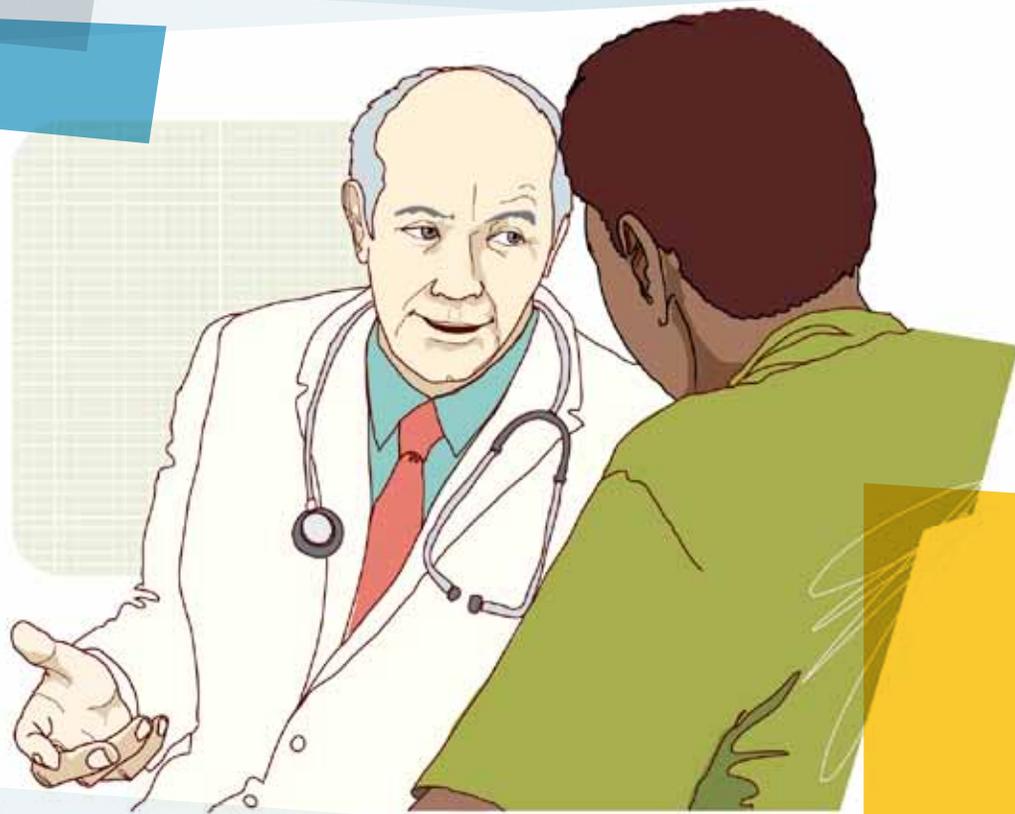
- Asking questions – taking the information described above will help you answer the doctor's questions
- Physical examination – testing weight, blood pressure etc
- Blood tests – to eliminate thyroid disease and check physical health
- Questionnaires that you fill in yourself– some doctors use standard questionnaires to assess your mental function

Based on the results of these tests the doctor may then decide to refer you to a psychiatric specialist. Or you may be asked to monitor your mood, feelings and ability to function over a period of time.

On diagnosis

If your symptoms are diagnosed as due to bipolar disorder, your doctor should then explain what happens next in terms of treatment and continued monitoring. This can be a very upsetting and confusing time. You will, most likely, have many questions you want to ask so it would be helpful to think about these in advance so that you can get as much information as possible. Here are some suggestions:





- Why do you think I have bipolar disorder?
- Can I see another doctor?
- What happens next? Do I need further tests?
- Should I be referred to a specialist?
- Can you recommend any local support groups or websites where I can get information?
- What treatment would you recommend? And why?
- How will this treatment help?
- Are there any side affects to the treatment?
- What happens next if the treatment doesn't work?
- Do I need psychotherapy?
- Who should I contact in an emergency?

Reluctance to seek help

If you are a carer or family member, there may be times when you think your loved one should seek medical help, but they are reluctant to consult a doctor.

This can be an extremely difficult situation that needs very delicate handling. You know your loved one best, so only you can decide the best way to proceed. Techniques that can help include:

- Discussing the situation in advance, while your loved one still feels well. Ask their advice on how you should proceed should this situation arise
- Asking advice from a carers' or family support group
- Introducing your loved one to someone who has already been diagnosed with bipolar disorder. Simply talking to someone who has been through the process may help ease many fears
- If possible try to arrange for a doctor to visit your loved one at home. A home visit may be particularly useful as it allows family members, who share their everyday lives with the patient, to give additional information about the illness in its various stages
- If all else fails, there is a legal process that can lead to compulsory admission and treatment. Clearly this may be a very distressing course of action for both of you, so it should never be taken lightly. You may obtain further information on compulsory admission and treatment from your local support group, citizen's advice agency or through the healthcare services

Websites – the good and the bad

The internet is a valuable source of information on bipolar disorder. Unfortunately it is also a source of a considerable amount of unreliable or untrue information. One way of identifying a good healthcare website is to search for sites accredited by the Health on the Net Foundation (HON). HON is a non-profit, non-government organisation designed to help members of the public find reliable and trustworthy medical websites.

By visiting the site at <http://www.hon.ch/> you can use the HONsearch function to identify hundreds of HON-accredited websites with good quality information on bipolar disorder.

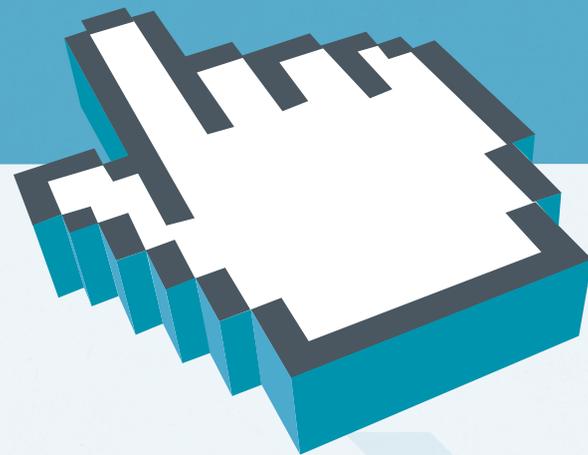


TABLE 2

Chapter 4

Dealing with the diagnosis: What now?

'Life is like a B-movie. You don't want to leave in the middle of it but you don't want to see it again.'

Ted Turner (American businessman, founder of CNN. 1938 -)

To some people, the diagnosis of bipolar disorder offers a welcome explanation for the way they have been feeling. To others it comes as a crushing blow. Many more have mixed feelings.

Whichever way you feel about it, you are likely to have a number of concerns and questions surrounding your diagnosis and what it will mean for your life.

How will bipolar disorder affect my life?

It is likely that your life will change now you have been diagnosed.

On the positive side you are in a much better position to receive the most appropriate treatment for your disorder to help reduce and alleviate your symptoms. There is no doubt that this should improve your life immeasurably.

On the other hand you will have to come to terms with the fact that you have a chronic mental illness. This is undoubtedly a challenge. But, with the right help and guidance, it is a challenge that can be overcome.

Will I ever get better?

Most people with bipolar disorder find their condition improves significantly once they begin appropriate treatment. There is no 'cure' for bipolar disorder, but effective treatment will enable you to control the illness.



In time you will learn how to monitor your condition, recognise the triggers and work with your healthcare team to tailor your treatment accordingly. Equally, you will learn how to adjust your lifestyle to minimise the impact of your condition. This will allow you to live a full and active life.

How will the illness progress?

With good treatment most people with bipolar disorder will have periods of their life when they are free of symptoms. However, manic and/or depressive 'episodes' are likely to recur from time to time. How often this happens and how long you will have between recurrences depends on the individual, on how well the treatment is working and on other issues such as whether or not you have other illnesses. Left untreated, bipolar disorder tends to get worse over time, which is why it is so important to get an early diagnosis and begin appropriate treatment.

Will I need to go to hospital?

Many newly diagnosed people are understandably afraid that they may have to be admitted to hospital. This is not usually necessary once the disorder has been diagnosed and is being effectively managed. However, untreated or poorly treated bipolar disorder can lead to manic or depressive episodes that may make you act in a way that puts your own wellbeing or that of others at risk. Under these circumstances, you may be admitted to hospital to get your condition back under control.

Am I to blame?

Sometimes a diagnosis of bipolar disorder can lead the patient or family members to question whether it is something they have done that has led to the onset of the illness. The truth is that bipolar disorder is nobody's fault. It occurs due to a number of factors, many of them still poorly understood. If you have bipolar disorder it is unlikely that there is anything you or your family could have reasonably done to prevent it.

Father's view

For me, the day my son Michael was diagnosed was devastating. Up until that point I think I had always felt that his strange behaviour was a phase or something that would pass in time. Now, suddenly I realised that my life, Michael's life and our family life would never be the same again. It took a long time for me to come to terms with this.

Michael's view

In many ways the day I was diagnosed was a good day for me. Here was proof that I wasn't imagining it all. There really was something wrong with me and maybe now I could get help. But at the same time I was really afraid of losing control over my life. I did not want to be defined by my illness.



Treatment

There are four cornerstones to the treatment of bipolar disorder:

- 1 **Psychotherapy**
- 2 **Medication**
- 3 **Self-help**
- 4 **Psychoeducation**

You will need to work together with your psychiatrist and healthcare team to determine what combination works best for you. But it is likely that the best package of care will include elements of each of these four types of treatment.



Chapter 5

Psychotherapy

'In the midst of winter, I finally learned that there was in me an invincible summer.'

Albert Camus (French author and philosopher, 1913-1960)

You might think that 'psychotherapy' would involve lying on a couch in a darkened room while a bearded analyst asks you difficult questions about your childhood. In fact psychotherapy is usually a lot more enjoyable than that. Mostly it involves simply sitting down with a therapist, either one-to-one or in group sessions, and talking about your condition and how to cope with it. Indeed, psychotherapy is often referred to as 'talking therapy'.

Psychotherapy is an important part of managing bipolar disorder and is used **in conjunction with medication**. Its aim is to ensure that once your symptoms are under control, you have the skills and strategies to take charge of your condition and put your life back on track.

Psychotherapy will help you manage your mood, respond positively to whatever triggers your symptoms and build a supportive environment in which to live with your condition. It will also focus on some of the life skills you need to put your life back together once you have started out on the road to recovery.

There are a number of different approaches to psychotherapy which are delivered in slightly different ways. You can therefore choose the approach and the therapist with whom you feel most comfortable. Your healthcare team will be able to guide you towards the best approach for you. Or you can obtain contact details through therapists' professional organisations or through bipolar support groups.



There are several types of psychotherapy used to treat bipolar disorder:

- Family focused therapy (FFT) – This type of therapy recognises that bipolar can affect whole families, not just the individuals within it. Families are taught techniques to help them communicate better with each other, cope with difficult situations and offer each other mutual support. The aim is to reduce the levels of stress within the family (which can aggravate bipolar disorder symptoms) and to build a supportive environment that aids recovery of the patient
- Cognitive behavioural therapy (CBT) – This is a structured course of treatment that aims to help you identify and change unhealthy patterns of thinking and behaving. It can be very useful in combating depression
- Interpersonal and social rhythm therapy (IPSRT) - Bipolar disorder often disrupts sleeping patterns and the normal routines of daily life. This, in turn, can affect personal relationships and create difficulties in the way you live your life. IPSRT aims to re-establish these patterns and so help you make your life more manageable
- Other psychotherapies - There are a number of other psychotherapies or talking therapies that are often used by people with bipolar disorder, for example art therapy and music therapy. Some of these are likely to be more useful than others. Some may actually interfere with the approach being taken by your healthcare team. It is therefore important to tell your doctor or therapist of any other approach that you may have tried

Psychoanalysis

Psychoanalysis is a particularly popular type of talking therapy. Some people with bipolar disorder do find this approach helps to deal with personal issues. However, psychoanalysis does not appear to be of much use in treating bipolar disorder itself.

Chapter 6

Medication

*'I'm so ugly, that's okay 'cause so
are you.
We broke all our mirrors'*

Lithium by Kurt Cobain (American lead singer of Nirvana. 1967 – 1994)

Medication is almost always an essential part of the effective care of bipolar disorder.

Perhaps understandably, many people with bipolar disorder are nervous about taking medicines that act on the brain. However, it is important to understand that bipolar is a disorder of the brain, so this is where the medication must act if it is going to work. Bipolar medicines work by correcting faults in the way your brain regulates mood and thinking.

Once the medication has begun to have an effect and you start to feel better, it can be tempting to start skipping doses. However if you stop taking your medication, it is likely that your symptoms will return.

Also, in some instances, suddenly stopping your medication can cause symptoms such as insomnia and confusion. You should, therefore, never stop your medication unless advised to do so by your mental healthcare team.

Above all, if you do decide to stop your medication, it is important that you tell someone.

Because bipolar is a variable disorder that goes through phases and affects different people in different ways, there are a number of medicines used to treat it.



As time goes by, it is likely that your doctor will occasionally change your medication, either by increasing or decreasing the doses you take or by switching you to a different medication altogether. This does not necessarily mean that the medication has stopped working; it could mean that your condition has moved on to another phase.

Medications for bipolar disorder can be divided into three main categories: those used for stabilisation and to prevent new episodes; those used to treat manic or mixed episodes; and those used to treat depression.

The doses of medication used to treat manic, mixed or depressive episodes tend to be higher than those used for stabilisation. So, if you are suffering side effects during treatment for an acute episode, these may disappear once your condition has stabilised and the doses of your drugs are lowered.

Treatment for manic or mixed episodes

If you are experiencing an acute manic or mixed episode there are a number of drugs that can help you regain control of your feelings and behaviour. The type of medicine used will depend on the severity of your symptoms, what type of bipolar disorder you have and on what has worked for you in the past.

Medicines used include:

- Lithium – one of the first medicines used to treat bipolar disorder, lithium can help stabilise your mood and treat manic, mixed or depressive episodes. You will need regular blood tests to ensure that you are receiving the correct dose
- Anticonvulsants – some drugs used to treat epilepsy are also used for milder manic or mixed episodes in patients who have either not begun stabilisation or stopped taking their drugs
- Antipsychotic drugs – some drugs used to treat psychosis have also been shown to be beneficial in acute mania
- Combination therapy – sometimes more than one type of medicine is needed to bring your symptoms under control

Treatment for depressive episodes

Depressive episodes are often the most difficult part of bipolar disorder to treat. The aim is to bring your mood back up to a level where you can function normally. The challenge is to do this without triggering a manic or hypomanic episode.

Different kinds of drugs are used to treat depression in bipolar disorder. For example, some drugs that were originally used to treat psychosis (antipsychotics) or epilepsy (anticonvulsants) can improve depressive symptoms and mood stabilisers can also be used – either in combination or alone – to treat depression.

In the past it was quite common to use antidepressant drugs to treat depression in bipolar disorder. However we now know that, while these drugs can help some people, this is not always the case. There is also a risk that antidepressants could trigger a manic or mixed episode. For this reason doctors are often cautious about using antidepressants in bipolar disorder and usually combine them with a mood stabiliser.

Electroconvulsive therapy (ECT)

ECT may be offered in hospital to some patients who have been admitted for very severe mood episodes that do not respond to normal therapy. ECT uses electrical shocks to induce epileptic fits. This can produce a rapid improvement in symptoms.

ECT is a very effective and safe procedure, although it may cause some problems with your memory. These usually disappear within a few months.

Because ECT is a major procedure it involves a detailed informed consent process. This allows you to ask any questions and discuss concerns you may have with your doctor. You may then make your decision on whether or not to go ahead with the procedure.





Stabilisation and prevention of new episodes

During stabilisation, different types of drugs are used alone or in combination to stop your mood swinging from one extreme to the other and to keep you functioning normally. The treatment is designed to prevent the return of acute manic or depressive episodes, reduce any other symptoms you may have and help improve the way you feel in your day-to-day life.

Drugs used to prevent relapses are sometimes known as mood stabilisers. Some of these only protect against relapses into a manic phase whereas others only protect against relapses into depression. Some (such as lithium) protect against both. Sometimes drugs that were originally used to treat psychosis (antipsychotics) or epilepsy (anticonvulsants) are also used in stabilisation.

Often a combination of drugs is needed. Your doctor will choose the combination that is best for you, based on whether your biggest problem is with mania or depression and on which drugs have worked for you in the past.

Therapy for stabilisation and prevention of new episodes is designed to be taken in the long term. It does not always begin working straight away and you may not notice much improvement in your symptoms during the first two or three weeks. Nevertheless, you should keep taking your medication, as it is usually more effective if it is taken continuously rather than on and off. In the long term, continuing your medication should help prevent relapses.

After two or three weeks your symptoms should begin to improve. If they do not, make sure you let someone in your healthcare team know.

Once your symptoms have begun to improve, the next goal of treatment is to keep you free of symptoms for as long as possible. These symptom-free periods are known as remission and will help you begin to recover and live the life you want to live.

The risk of having a relapse depends on how good you are at taking your medication, how serious your symptoms are and on whether or not you have other mental health problems. Recovery can be achieved by effectively preventing relapses over the long term.

Side effects

Like many medicines, the drugs used to treat bipolar disorder can have unpleasant side effects. Your healthcare team is well aware of this and should be monitoring your progress once you have begun your treatment. Some drugs are more likely to cause side effects than others, and some drugs produce different side effects at the beginning of the treatment than later on. In any case, your doctor will be able to help reduce the unpleasant effects of medication, either by adjusting your dose or by switching you to a different drug altogether.



Side effects of medications used for bipolar disorder include:

- Excessive thirst
- Passing more urine than usual
- Blurred vision
- Muscle weakness
- Diarrhoea
- Trembling hands
- Headache
- Dizziness
- Rash
- Increased appetite
- Weight gain
- Dry mouth
- Sexual problems
- Drowsiness
- Low blood pressure

Sometimes it is difficult to tell whether an unpleasant symptom is due to your condition or to the medicines you are taking to control it. For instance, if you find that your ability to think clearly and make decisions is being affected, you may believe this is due to your medication. Sometimes it is. But more often it is a symptom of your disorder. Either way, tell your healthcare team and they will be able to help.

Husband's view

The treatment is working. It's such a relief. My wife is so much calmer now. Before she began treatment, the whole family was frantic with worry. We didn't know what she was going to do next. Everybody was anxious and it was impossible to have a normal family life. Now she is calmer we can all relax a little.

Stella's view

Slowly, slowly I feel like I am putting back the jigsaw pieces of my life. The fear, the anxiety and the restlessness have all gone. It's true that some of the excitement has gone as well and in some ways I miss that. But nothing is worth the misery of those deep, dark depressions. I never want to go back there again.

Simon's view

The treatment is not working. Or not working properly anyway. Yes, I can see my mood has stabilised and I'm not rushing about doing mad things anymore. But I don't feel myself. I can't seem to think properly and I'm afraid that I'm going to fall back into depression. I feel like I'm only 80 per cent me.

Self-help

'If you are going through hell, keep going.'

Winston Churchill (British politician. 1874-1965)

There are a wide variety of coping techniques that you can use to manage your mood and protect yourself from the impact of your condition.

Dealing with stress

Stress is a major trigger in bipolar disorder and, unfortunately, virtually impossible to avoid completely. It is, however, possible to reduce the impact stress has on your life.

The first step to dealing with stress is to recognise when it is affecting you. There are a number of warning signs (see table 3).

Learn to relax

It's easy to say, but a lot harder to do, especially if you are already feeling stressed. Here are a few strategies you could try:

- If you feel a situation is becoming stressful, withdraw gradually. Don't make a sudden escape as this, in itself, can feel stressful.
- Avoid alcohol, illicit drugs, tea, coffee and cola. These can all cause anxiety.
- Learn some relaxation techniques such as slow breathing.

- Do something relaxing such as:
 - Listen to music
 - Take a bath
 - Go for a walk
 - Read a book or magazine
 - Meditate or practice yoga
- Talk to someone. Problems often seem easier to deal with once you've got them off your chest
- Exercise. Try to get into a routine of regular exercise and consider joining a gym or sports team.

Stress Warning Signs

In your mind

- Thinking about your problems over and over again
- Circular thinking – being worried about being worried
- Becoming confused
- Feeling afraid
- Feeling out of control
- Feeling something terrible is going to happen

To your body

- Hands tremble and feel sweaty
- Dry mouth and throat
- Heart beats too fast
- Tightness in the chest
- Headache
- Tense neck muscles
- Tingling fingers
- Shortness of breath
- Feeling dizzy

TABLE 3





Simplify your life

Once you know you have bipolar disorder it makes sense to avoid the stressful situations that can trigger episodes. For instance:

- Write down the kind of situations you find stressful. If you can't avoid them, is there any way you can make them less stressful?
- Learn to say "no". Don't take on too much at work or in your social life.
- Talk to human resources at work. Is there a less stressful role you could take on?
- Avoid night shift work. This can disrupt the way you sleep and make your condition worse.
- Organise your day. Write a schedule of tasks and stick to it.

- Deal with conflict. Some conflict can be avoided. In other cases, consider asking an independent person to mediate. This may help resolve the situation.

Use assistive technology

Bipolar disorder can interfere with the way you think, causing you to get confused easily and become forgetful. This can make it difficult to carry out even simple organisational tasks. There are, however, a number of tools you can use to make these tasks easier to handle. Ranging from simple diaries, calendars and memory joggers to sophisticated pocket computers, these devices can help to bring even the most chaotic life back under control.

Understand your mood

Many people with bipolar disorder learn to predict the onset of manic or depressive episodes. For instance, by keeping a mood diary you can check to see if there are any patterns of events or feelings that commonly occur before an episode. This can then allow you to take pre-emptive action.

Dealing with low mood

There are a number of things you can do to help whenever you begin to feel down:

- Ask your doctor for help
- Get some rest. Often a good night's sleep can make the world of difference
- Keep busy. Boredom is often a trigger for depression
- But not too busy. Don't let things get on top of you
- Visit a friend or relative. Talking often helps
- Phone a helpline

Boost your confidence

When we are feeling fine, most of us just get on with living our lives. We don't think too hard about all the things we are doing well. But if we are feeling low, we all tend



to focus on the negative things in our lives. This makes us feel even worse.

So, next time you are feeling good about yourself, take a moment to think about why. Write down all the things you enjoy about your life. What are the five best things about your life right now?

1. *My family loves me*
2. *I enjoy walking in the countryside*
3. *I've joined a gym*
4. *I'm meeting new people at the support group*
5. *It's nearly summer*

Join a Support Group

Living with bipolar disorder can be lonely. You may feel that you are facing insurmountable problems and have no one to turn to for help. This is where support groups can be of huge assistance in helping you move forward with your life.

Life beyond bipolar

While support groups can be an enormous help to anyone living with bipolar disorder, it is important not to surround yourself completely with people from the 'bipolar world'. Try not to lose touch with friends and family. If possible, continue with activities that have nothing to do with bipolar disorder. Nobody wants to live in a bipolar ghetto.

There are a number of different support groups available, both for people with bipolar disorder and for those who care for them. Working at local, national and international levels these groups can help people with bipolar disorder in a number of different ways.

Most work on the principle that there is strength in numbers and that problems are better shared with people who really understand them.

Through a support group you will be able to join forces with people who have been through similar experiences to yourself. By meeting up, talking through problems or simply by socialising with people who really know what it is like to live with bipolar disorder, you may find that many of the problems in your life become easier to resolve.

Different groups specialise in different areas of support. So it is worth looking around for one that is most likely to meet your own specific needs. Who knows, you may decide to join several.

The benefits that support groups can bring include:

Shared experiences

Most support groups have been set up by people who have been through similar experiences. It can be a huge relief simply to sit down in a safe and relaxed atmosphere to chat with someone who really knows what you are talking about. It may help you express your feelings more freely and start to resolve some of the confusion that often surrounds people affected by bipolar disorder. If you are feeling angry or frustrated about your situation or the care you have received, it is much easier to express these views to someone who might share them than to a professional who may be part of the service you are angry about.

Information and expertise

The only real experts on living with bipolar disorder are those who are already doing so. As a result, most support groups are full of people who can share how they have managed to cope and move on with their lives. They may be able to deal with your questions themselves or know where to go to find the answers. Many support groups have used this expertise to produce helpful information in leaflets, videos and on websites.



Advocacy

People affected by bipolar disorder can sometimes find themselves in conflict with the law, in financial difficulties, struggling with the benefits system or facing discrimination at work. In these situations it is a lot easier to stand up for your rights when you have a strong, well-informed support group behind you.

Networking

Many bipolar support groups have extensive links with groups in other areas of mental health and beyond. This enables them to join forces and campaign on a wide range of issues that may affect people living with bipolar disorder. It also enables them to join in consultation exercises that can be hugely influential in deciding future government policy.

Fighting ignorance and prejudice

It is not just people with bipolar disorder who need to know more about the illness. Society at large remains extremely ignorant of the disorder. This can lead to misconceptions, prejudice and abuse. Many support groups seek to address this ignorance through awareness-raising initiatives and educational campaigns.

There are a wide variety of groups and organisations that can offer support, guidance or even just a friendly ear. Good sources of information and support are listed in Chapter 13.



Daniel's view

It was only after joining the support group that I began to feel I wasn't alone. The group has allowed me to share my experiences and I have learned an enormous amount from other members. Sharing the same experiences creates a bond of friendship within the group and it is a kind of healing experience to meet other people who know and understand what it is to live with bipolar disorder.

The support groups are a kind of safe haven. Here people with bipolar disorder can meet and share stories with peers that have had the same experiences as themselves. All of us understand what it means to have been through a disruptive manic episode and through a terrible deep depression. Often you find that the person you are speaking to understands what you are saying before you have even finished your sentence. The support group is the only place where I can speak frankly about my problems and fears. I know that the others understand me and that everything I say will be kept confidential. This has given me a lot of strength and enabled me to find hope again after a very disruptive episode that changed my life completely.

I have also started to volunteer with the group and this is extremely rewarding. It has helped me regain confidence in my own abilities and given me the courage to rebuild my life. I have made a number of changes to enable me to cope with my disorder and, through the group, I have been able to pass on my experience. I have been able to use the suffering that I have gone through in a positive way, to help others facing the same questions that I did.

The outside world does not always understand what it means to be depressed or manic. In the group everyone understands and this has been a great help with my recovery.

Psychoeducation

The more you learn about your condition the better placed you will be to take control of it.

Psychoeducation uses this principle within a clearly defined therapeutic programme in which a trained therapist delivers targeted information that is designed to reduce both the frequency and the severity of your symptoms.

Psychoeducation should be an integral part of your overall treatment plan. It will increase your knowledge and understanding of your illness and treatment and help you cope more effectively. It may also help you to keep taking your medication.

Many people find that they benefit not only from the information they receive during psychoeducation, but also from the learning process itself.

There are several different ways in which psychoeducation can be delivered. These include one-to-one sessions with a therapist, sessions aimed specifically at carers and family members, group sessions attended by several people with bipolar disorder and mixed group sessions attended by a number of people with bipolar disorder and members of their family.

A course of psychoeducation should include a series of sessions over a period of months or even years. It is likely to be most effective if given during your more stable periods when you are most able to absorb the information.

A typical psychoeducation programme would cover issues such as:

- Recognising causes and trigger factors of manic and depressive episodes
- Early detection of symptoms of mania and depression
- Strategies to help prevent early symptoms developing into full-blown episodes
- How to use mood diaries to chart your condition's progression
- The use of medications
- How to recognise side effects and what to do about them
- Pregnancy and genetic counselling
- The risks of stopping treatment
- Help to avoid alcohol and street drugs
- Help with establishing a regular lifestyle routine
- How to deal with problems sleeping – either too much or not enough
- How to manage stress
- Help with problem solving

Family-focused psychoeducation may also cover such issues as the financial, social and psychological strains that can be caused by looking after someone with bipolar disorder.

You can access psychoeducation services either directly by contacting the psychoeducation coordinators in your region, or through your mental healthcare services, your family doctor or via a mental health support group.



Managing personal relationships

'But, truly, I have wept too much!
The Dawns are heartbreaking.
Every moon is atrocious and every
sun bitter.'

Arthur Rimbaud (French poet. 1854 -1891)

Bipolar disorder is not easy to live with. It puts an often unbearable strain on relationships which can begin to crumble and crack. If you are in the midst of a manic or depressive episode, you may be unaware of the damage being done to your friendships and family relations. Then, when you emerge into recovery you can find that your life has become a rather lonely place.

Caring for someone with bipolar disorder can also put relationships with friends, colleagues and family under huge strain. Indeed, it is at times like these that you find out who your real friends are. You may find that people you thought were friends slowly stop coming around. Even family members may become distant. Existing tensions in your close relationships can start to rise to the surface.

There are no easy answers to any of these problems. However there are some practical steps you can take to make things easier.

- Learn more about bipolar disorder and explain it to your friends and family – they will be more understanding of your behaviour if they know what / why it is happening
- Keep talking – even if things are difficult, try to keep communicating with those you care about and who care about you
- Be honest – about your fears, your hopes, your plans for the future.

- Draw boundaries - tell those close to you what you want from them and, importantly, what you don't want them to do
- Try to trust your close friends and family. Know that they do want what is best for you
- Don't be ashamed – bipolar disorder is not your fault
- Learn from others – bipolar support groups will all have members who have been through this and can help



Elaine's view

My husband Graham has had bipolar disorder since before we were married 30 years ago. He's always managed really well. Taken his medication, held down a high-pressure job and helped bring up our two children. But everything changed when he retired last year. He stopped taking his pills, became very agitated and started making ridiculous plans and buying things we didn't need. Eventually he moved out. I was so worried and missed him so much. As a family, we made sure that Graham had good support from the psychiatry outreach team. But sometimes I wondered: 'What about me? Where's my support?' I got in touch with a local carers' group. Just having someone to talk to was a tremendous help and helped me realise that none of this was my fault. Slowly, with some gentle persuasion, I managed to convince Graham to come back home. It's wonderful to have him back. Things are still hard, but they are getting better.

Graham's view

When I retired I thought: 'This is great. Now I can really live my life like I've always wanted.' I bought a faster car, moved into an expensive new apartment, decided to learn the piano and joined the golf club. Six months later I found myself living alone, surrounded by unused sports equipment and a piano I could neither play nor afford. I must admit I got very low. Things seemed very bleak at the time.

Fortunately my family were incredibly supportive. When I left home, my daughters kept an eye on me and made sure I kept in touch with the healthcare team. Then, when I started to get depressed, my wife came round and made sure I was eating properly. Eventually she was coming round so often it made more sense for me to move back home. I'm starting to feel a bit better now. I feel so grateful to everyone who has helped me, quite humble and very embarrassed for all the trouble I've caused.

Chapter 10

General health

'I like living. I have sometimes been wildly, despairingly, acutely miserable, racked with sorrow, but through it all I still know that just to be alive is a grand thing'

Agatha Christie (British crime writer. 1890-1976)

Many people with bipolar disorder struggle with their physical as well as their mental health.

There are several reasons for this. The symptoms of bipolar disorder can make it difficult to lead a healthy, stable life and can encourage certain unhealthy activities and behaviour, such as drinking, taking illicit drugs and smoking. Some side effects of the treatments used for bipolar disorder can have an effect on general health. And bipolar disorder also tends to occur in conjunction with a number of other physical and mental disorders (comorbidities).

While it is not the intention of this guide to preach about how healthily you should live your life - you can make your own decisions about how much exercise to take or what to eat - it is worth pointing out that there are a number of areas where looking after your general health will help in the overall management of your bipolar disorder.

These include:

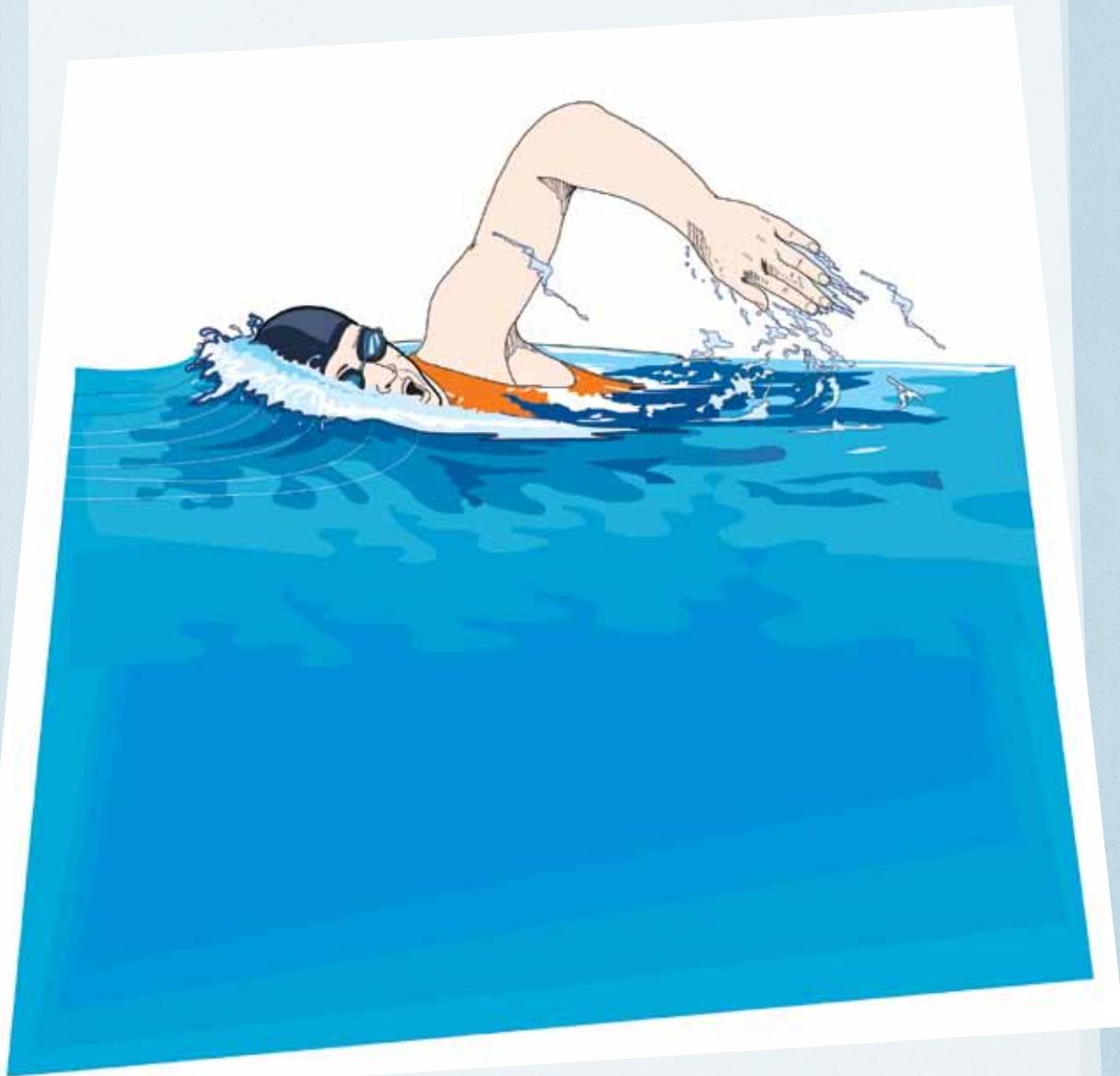
Diet

Clearly a healthy diet is a good thing to aim for, whether you have bipolar disorder or not. In particular, some treatments of bipolar disorder can raise the risk of weight gain and obesity, so a low fat diet, high in fresh vegetables, oily fish and whole grains is to be recommended.



Physical exercise

Not only will a physical exercise programme help with weight control, it is also likely to improve your mental health. It is believed that hormones released during exercise can help to lift mood. Exercise can be used to bring a healthy routine to your life and to improve the way you sleep.



Sleep

Healthy sleep is very important in bipolar disorder. Too little sleep can trigger manic episodes. Too much can be an early sign of depression. Here are some tips to help you get a good night's sleep:

- Have a bed-time routine
- Go to bed at the same time each night
- Get up at the same time each morning
- Avoid tea, coffee and cola, especially before bed-time
- Avoid alcohol
- Take exercise
- Drink something warm before you go to sleep
- Try relaxation tapes and techniques, including meditation
- Try to identify and address any worries that might be keeping you awake.

Dental hygiene

Dental problems are quite common in people with bipolar disorder. These may be due to a dry mouth caused by medication, or neglect during depressive episodes. It is therefore important to let your dentist and dental hygienist know what medication you are taking and to follow their advice on oral health.

Drinking

Drinking to excess can trigger episodes of depression or mania. There also appears to be a strong association between bipolar disorder and alcoholism, so it is wise to stop, or at least moderate, your drinking.

Smoking

Smoking tobacco may not worsen your bipolar disorder, but the symptoms of your bipolar disorder may make you smoke more than you otherwise would. So again, if possible, it is best to avoid smoking.

Drugs

Drugs such as cannabis, ecstasy and cocaine can all trigger bipolar episodes and/or interfere with your medication.

Comorbid conditions

It is very common for bipolar disorder to occur at the same time as other mental health conditions such as anxiety, social phobia or panic disorder. Physical comorbidities such as thyroid disease, heart disease and diabetes may also occur. It is important to keep all of these comorbid conditions under control and to take the medication prescribed for them.

Stigma and isolation

There is a lot of ignorance and prejudice surrounding bipolar disorder that can affect both those with the condition and those who care for them. This can make dealing with the disease particularly challenging, sometimes leading people to become isolated and alienated. The more you can learn about your disorder, the better equipped you will be to fight this stigma.

If you have any concerns or queries about your general health, make sure your communicate these to your healthcare team.

Chapter 11

Taking control

'The best thing about the future is that it comes one day at a time.'

Abraham Lincoln (American politician 1809-1865)



As you begin to recover from your illness it is likely that you will also want to start regaining control of your life. Controlling your own recovery is an important part of the healing process as the more independent you become, the better placed you will be to keep your condition at bay.

Bipolar disorder touches all areas of life, so there may be some difficult decisions ahead.

For example:

Family life

What should I tell the children? – this is a difficult decision for anyone to make. But it is important that your bipolar disorder does not become a secret that nobody talks about. Children naturally want answers and if they don't get them they may come up with their own. No one knows your children better than you. So you must decide how much to tell them and when. You may find that talking to someone at a support group helps you make this decision.

Family planning

Some medications used in bipolar disorder should not be used by women who are pregnant. So if you are trying to conceive, you should discuss this with your doctor. Before planning a family there are a number of issues that you will need to discuss with your partner such as: the genetic risk that your child may also develop the condition; how you will cope with having a child; the possibility of relapse after giving birth or during the pregnancy. These will never be easy questions. But by seeking information from your healthcare team you and your partner may be in a better position to answer them.

Work life

Many people with bipolar are able to continue working normally. Others decide to adjust their working lives to better suit their condition. This might include moving to a less stressful role, reducing your hours of work, avoiding night shift work or taking up a job share. Some employers are much better than others at allowing these adjustments to be made. However, as an employee you are protected by both national and international law against discrimination in the workplace. If you need

to stand up for these rights there are a number of sources of help and guidance. These include: your workplace's human resources department; your union; citizen's rights organisations; support groups.

Financial planning and legal issues

If your condition has placed limitations on your ability to work you may be entitled to benefits. Sometimes abnormal behaviour during manic episodes can have legal implications – for instance if you spend money that you cannot afford.

Advice on your welfare and legal rights can be obtained from your healthcare team, citizen's rights organisations and support groups.

Advance planning

One way of ensuring that you retain control over your life, even in the event of a crisis, is to write out a plan of how you would like to be treated if such a crisis should occur. For instance, if you know you are prone to excessive spending during manic episodes, you might authorise a family member to confiscate your bank cards. There may be treatments you wish to receive and others you wish to avoid. Or people you would like to be informed if you are admitted to hospital. You can record these 'advance directives' on a simple card such as the one included on page 77. Or you could even video yourself repeating them. Then you can always be sure that these are the instructions that you drew up yourself.



Supporting someone with bipolar disorder

*'Excessive sorrow laughs.
Excessive joy weeps.'*

William Blake (English poet and artist. 1757-1827)

"Why did this have to happen to us?" It is a question asked, at some point, by many people whose family has been affected by bipolar disorder. And with good reason.

Bipolar disorder is not just a personal tragedy for individuals with the disease. It can also be hugely disruptive for anyone who is close to them. Parents, children, wives, husbands, partners and friends can all find themselves thrown into a role for which they feel completely unprepared.

Time and again, though, these carers rise to the challenge, helping their loved one through the worst of their disorder and giving them the support to rebuild their lives. It is also important to stress that having a family member with bipolar disorder does not mean you have to miss out on the enjoyment of family life.

There are a number of things you can do to help your loved one through their illness without missing out on a life of your own:

- Learn as much as you can about bipolar disorder – the more you learn the less helpless you will feel
- Find out about local support groups and services in your area
- Join a carers group or family network to share experiences and offer mutual support
- Investigate support groups and family member forums online. Many will have stories and experiences similar to your own

- Keep the channels of communication open with your loved one, even during periods of difficult behaviour. They may not always appreciate it, but they probably will in the future
- Learn the warning signs of relapse
- Draw up an advance plan with your loved one so you both know what should happen at moments of crisis
- Help your loved one organise their life using calendars, diaries and other assistive tools
- Gently encourage your loved one to take their medication. Try to understand if they don't
- Know the warning signs for suicide (see page 60). Contact the healthcare team immediately if you feel your loved one is in danger
- Don't take over – your loved one should be encouraged to live as autonomously as possible
- Don't be taken over – make sure you have a life of your own. Also don't neglect other family members. They need your love and attention too

Questions to ask

Many family members and carers are in close contact with the mental healthcare team looking after their loved one. This team is likely to be a good source of information and advice. Here are some questions you might like to ask them:

- Where can we get more information about bipolar disorder?
- What can we do to help?
- Will you give us information about my loved one's treatment?
- Where can we get family therapy?
- Can you recommend any carer support groups?
- How can we find out if we are eligible for financial assistance?
- We are exhausted. How can we arrange any respite care?
- Can we do anything to prevent a crisis or relapse?
- Can we do anything to prepare for a crisis?

- What should we do in a crisis or relapse?
- Who should we contact or turn to in a crisis or relapse?
- Can we contact you directly about our loved one's treatment?

Seeking compulsory admission and/or treatment

Clearly, any decision you take that may result in someone you care for being compulsorily admitted to hospital will not be taken lightly. It may cause great distress, both to yourself and your loved one, and may seriously damage your relationship.

Nevertheless, there may be times when the person you care for is no longer able to make important decisions about their own healthcare. Their condition may deteriorate to the point where it begins to put their safety or the safety of others at risk. Under these circumstances compulsory admission to hospital may be appropriate. You can obtain advice on the legal process for seeking a compulsory admission/treatment order, from your healthcare team, citizen's advice agencies or from many support groups.

The human rights of anyone detained under a compulsory admission order are protected by Articles 5 and 6 of the European Convention on Human Rights. This includes the right to be properly informed of the reasons for detention, the right of appeal and the right of access to legal representation.

Dealing with risk of suicide

While many people with bipolar disorder live long, productive and fulfilling lives, it would be wrong to pretend that the condition cannot have tragic consequences. Suicide is the most tragic consequence of all.

Unfortunately, while there are a number of things that carers can do to reduce suicide risks, some suicides simply cannot be prevented. So, if the worst does happen, it is important that you realise THIS IS NOT YOUR FAULT. When experiencing the deep sorrow of losing someone close to you, please look after yourself and don't compound your pain with feelings of guilt.

Measures you can take to reduce the risk of suicide include:

- Make sure you and your family/close friends know the warning signs (see table 4)
- Don't be afraid to talk to your loved one about their thoughts of suicide – talking about suicide won't make it more likely to happen
- Know which member(s) of the healthcare team to call in an emergency
- Try to persuade your loved one to call a helpline
- Suggest a change of surroundings – going for a walk, visiting a friend or simply moving to another room
- Plan in advance – together with your loved one, write down a 'plan for life'. This might include:
 - Contact numbers for the healthcare team
 - Contact information for friends and family
 - A description of medical diagnosis (or diagnoses, if more than one)
 - Information about any medications being taken
 - Any medication your loved one does not want to take
 - Health insurance information
 - Number of a helpline

Suicide Warning Signs

- Reckless or dangerous behaviour (no longer fearing death)
- Talking about wanting to die
- Feeling hopeless
- Feeling helpless
- Feeling like a burden to family and friends
- Drinking too much or abusing drugs
- Hiding away from society (the bedroom door is always closed)
- Making plans to prepare for death (organising finances, giving away possessions)
- Writing a suicide note

TABLE 4

Further support

International groups

European Federation of Associations of Families of People with Mental Illness (EUFAMI):

EUFAMI is the European representative organisation for family support associations across Europe. EUFAMI promotes the interests and wellbeing of families and carers affected by severe mental illness. Information about European national and regional family associations can be found on the website.

www.eufami.org

GAMIAN-Europe:

A patient-driven pan-European organisation that represents the interests of people affected by mental illness, and advocates their rights.

www.gamian.eu

World Federation for Mental Health:

International organisation for the promotion of mental health.

www.wfmh.org

Detachable resources

Key contacts

In case of emergency contact

Name	Name
Address	Address
Phone	Phone
Mobile	Mobile

Doctor

Name

Address

Phone

Mobile

Preferred Hospital	2nd Preferred Hospital
Name	Name
Address	Address
Contact Name	Contact Name
Phone	Phone



Questions to ask your doctor

- Why do you think I have bipolar disorder?
- Can I have a second opinion?
- What happens next? Do I need further tests?
- Should I be referred to a specialist?
- Can you recommend any local support groups or websites where I can get information?
- What treatment would you recommend? And why?
- How will this treatment help?
- Are there any side effects to the treatment?
- What happens next if the treatment doesn't work?
- Who should I contact in an emergency?

Questions for family members and carers to ask

- Where can we get more information about bipolar disorder?
- What can we do to help?
- Will you give us information about my loved one's treatment?
- Where can we get family therapy?
- Can you recommend any carer support groups?
- How can we find out if we are eligible for financial assistance?
- We are exhausted. How can we arrange any respite care?
- Can we do anything to prevent a crisis or relapse?
- Can we do anything to prepare for a crisis?
- What should we do in a crisis or relapse?
- Who should we contact or turn to in a crisis or relapse?
- Can we contact you directly about our loved one's treatment?



Crisis Card

IN CASE OF CRISIS

Personal Details

Name

Address

Telephone

Please Contact

Name

Address

Telephone

Mobile

Doctor

Health insurance

Blood Group

Medication

Other details

.....

.....

.....

.....

Advice to Police and Social Workers

My name is [INSERT NAME].

I have BIPOLAR DISORDER [ADD TYPE].

This means there may be occasions when I do not have full control over my behaviour.

On such occasions:

Please approach me in a calm manner.
Don't shout at me.

Call me [INSERT PREFERRED NAME]

Speak clearly and explain everything that is going to happen.

If I don't understand, please repeat yourself.

Please contact my named Confidant as soon as possible

Thank you



Suicide warning signs

- Reckless or dangerous behaviour (no longer fearing death)
- Talking about wanting to die
- Feeling hopeless
- Feeling helpless
- Feeling like a burden to family and friends
- Drinking too much or abusing drugs
- Hiding away from society (the bedroom door is always closed)
- Making plans to prepare for death (organising finances, giving away possessions)
- Writing a suicide note

Symptoms and warning signs

Symptoms of mania

- Inflated self-esteem
- Poor judgment
- Irritability
- Nervy or twitchy movements
- Needing less sleep
- Increased energy levels
- Spending too much money
- Having an unrealistic belief in your own abilities
- Increased libido (sexual drive)
- Talking much more and much quicker than normal
- Starting conversations with strangers
- Feeling euphoric, fantastic, the best you've ever felt
- Laughing a lot (even at things that aren't funny)
- Having lots of new and exciting ideas
- Jumping from one thought to another
- Losing concentration
- Making rapid decisions without thinking about them
- Making lots of changes or plans
- Phoning others late at night
- Drinking too much alcohol or misusing drugs

Symptoms of depression

- Feeling sad, anxious or empty
- Loss of interest or pleasure in all or almost all activities
- Difficulty coping
- Finding it difficult to think properly
- Having trouble getting to sleep and waking up early
- Sleeping too much. Staying in bed all day
- Losing or gaining a lot of weight
- Poor appetite or increased appetite
- Lack of energy
- Feeling tired a lot of the time
- Worrying excessively and feeling overwhelmed
- Declining physical health
- Neglecting personal appearance – wearing strange or inappropriate clothing
- Neglecting personal hygiene
- Inability to carry out simple daily routines
- Suicidal thoughts
- Poor concentration – unable to read a book or even watch TV



Advance Directive

EXAMPLE

In the case of a crisis I understand that I do not always have full control over my behaviour.

Under these circumstances I authorise [INSERT NAME] to:

- Take possession of my car keys
- Take possession of my bank cards
- Contact my key healthcare worker

I would prefer [INSERT NAME] not to:

- Contact my friends
- Contact my employer

My preferred medical treatment is:

I do not want to be treated with:

I have the following allergies:



Glossary

Advance directive. A plan that sets out, in advance, how you, or your loved one, would like to proceed in the event of a crisis or emergency.

Antidepressant. Medicine used to relieve depression.

Antipsychotic. Medicine used to treat various mental health conditions, including bipolar disorder.

Atypical antipsychotic. Newer type of antipsychotic used to treat various mental health conditions, including bipolar disorder.

Bipolar I disorder. Type of bipolar disorder involving depression and at least one episode of mania.

Bipolar II disorder. Type of depression involving severe depression and mild mania (hypomania), but no severe mania.

Carer. Friend or family member who supports a person with an illness.

Comorbid condition. A condition that occurs at the same time as another.

Depression. Feeling of intense unhappiness that can include decreased energy, feelings of pessimism, loss of appetite and disrupted sleep.

Episode. Period of recurrence of symptoms, which may be manic, depressive, hypomanic or mixed.

Hypomania. Less intense form of mania in which mood is elevated but does not significantly interfere with a person's daily activities.

Mania. Extreme happiness and energy that may be associated with a loss of social inhibitions, overly optimistic feelings and reduced need for sleep.

Manic depression. Older term for bipolar disorder.

Mixed episode. Period during which aspects of both depression and mania exist together.

Mood stabiliser. Medicine given to treat or prevent mood swings.

Psychosis. A state of mind in which you lose touch with reality. May include hearing voices and/or strange beliefs.

Relapse. Reappearance of symptoms after a period without symptoms.

Remission. Period where symptoms reduce or disappear.

Thyroid gland. Organ in the neck that releases hormones into the bloodstream.

Tremor. Trembling or shaking.

Trigger factor. Something that can bring on symptoms or cause them to reappear.



'Be careful about reading health books.
You may die of a misprint.'

Mark Twain