Bipolar Disorder Treatment and Referral Guide

South African Depression and Anxiety Group

1. How to Recognise Bipolar
2. Where to approach for treatment
3. Treatment Options
4. Self Help

QUOTES FROM PATIENTS

"*The highest, biggest, quickest, can't keep up with it all, can do it all, from can't possibly fail to irritation to rage, and finally to the lowest, murky chamber of hell where the darkest of moods slowly strangles every hope… and, maybe, in-between all is all right.*"

"*Depression: I doubt completely my ability to do anything well. It seems as though my mind has slowed down and burned out to the point of being virtually useless… [I am} haunt[ed]… with the total, the desperate hopelessness of it all… Others say, "It's only temporary, it will pass, you will get over it," but of course they haven't any idea of how I feel, although they are certain they do. If I can't feel, move, think, or care, then what on earth is the point?*"

"*Mania: The fast ideas become too fast and there are far too many … overwhelming confusion replaces clarity… you stop keeping up with it – memory goes. Infectious humour ceases to amuse. Your friends become frightened… everything is now against the grain… you are irritable, angry, frightened, uncontrollable, and trapped" "Hypomania: At first when I'm high, it's tremendous… ideas are fast… like shooting stars you follow until brighter ones appear… all shyness disappears, the right words and gestures are suddenly there… uninteresting people, things, become intensely interesting. Sensuality is pervasive, the desire to seduce and be seduced is irresistible. Your marrow is infused with unbelievable feelings of ease, power, well-being, omnipotence, euphoria…you can do anything…but, somewhere this changes.*"

Descriptions offered by patients themselves offer valuable insights into the various mood states associated with bipolar disorder.

INTRODUCTION

Manic Depression is more than just a simple mood swing. You experience a sudden dramatic shift in the extremes of emotions. These shifts seem to have little to do with external situations. In the manic, or "high," phase of the illness you aren't just happy. You are simply ecstatic. Great burst of energy can be followed by a severe depression, which is the "low" phase of the disease. Periods of fairly normal moods can be experienced between cycles. These cycles are different for different people. They can last for days, weeks, or even months.

Symptoms of the manic phase include behaviour that is out of proportion to how you would normally act. You feel excessively good, "on top of the world," and nothing will change your happiness. You are optimistic to the extreme. You may even have grandiose delusions. Nothing can stop you from accomplishing anything you want. Nothing can go possibly go wrong. You spend money like the proverbial "drunken sailor". Sex is great, fabulous, you can't get enough. You good judgement and caution have vanished.

You can be so hyperactive you can literally go for days with little or no sleep. You mind races. It is full of ideas like a car without brakes. In conversation you change from topic to topic in rapid fire fashion. You speak too loudly and rapidly. Others fail to understand you as your thoughts and speech become disorganised and incoherent. At times you can become enraged for not reason or when someone suggests you plans are unreasonable. If not treated, this phase can last as long as three months. But typically the depressive phase of the illness sets in. The symptoms of this phase of the disease are the same as the "regular" clinical or major depression.

Although manic-depressive illness can be disabling it also responds well to treatment. Since many other diseases can masquerade as manic-depression, it is important you or your loved on receive a competent medical evaluation as soon as possible.

Now let's talk about how we can help.

This booklet will help answer that question and others related to treatment for bipolar disorder. It was created to help you understand how treatment may make living with bipolar disease easier:

As you read, you'll discover what you may expect from therapy and medications, how they work alone and with other treatments, and when to call your physician and/or mental health professional. You'll learn about the different types of bipolar disorder and respective symptoms.

And you will also learn about ways to help yourself. At the back of this booklet you will find basic guidelines, a chart to help monitor your moods and a list of resources to help you learn more about bipolar disorder.

WHAT IS A BIPOLAR DISORDER?

Bipolar disorder is a physical illness marked by extreme changes in mood, energy and behaviour. That's why doctors classify it as a mood disorder.

Bipolar disorder – which is also known as manic-depressive illness and will be called by both names throughout this publication – is a mental illness involving episodes of serious mania and depression. The person's mood usually swings from overly "high" and irritable to sad and hopeless, and then back again, with periods of normal mood in between.

Bipolar disorder typically begins in adolescence or early adulthood and continues throughout life. It is often not recognised as an illness, and people who have it may suffer needlessly for years or even decades.

Effective treatments are available that greatly alleviate the suffering caused by bipolar disorder. This brochure contains some frequently asked questions about bipolar disorder.

WHAT CAUSES MANIC DEPRESSION (OR BIPOLAR DISORDER)?

The exact cause of manic depression is not known, but it is believed to be a combination of biochemical, genetic and psychological factors.

Biochemistry

Research has shown that this disorder is associated with a chemical imbalance in the brain, which can be corrected with appropriated medication.

Genetics / Hereditary
Bipolar disorder tends to run in families. Researchers have identified a number of genes that may be linked to the disorder, suggesting that several different biochemicals problems may occur in bipolar disorder (just as there are different kinds of arthritis). However, if you have bipolar disorder and your spouse does not, there is only a 1 in 7 chance that your child will develop it. The chance may be greater if you have a number of relatives with bipolar disorder or depression.

Biological Clocks
Mania and depression are often cyclical, occurring at particular times of the year. Changes in biological rhythms, including sleep and hormone changes, characterise the illness. Changes in the seasons are often associated triggers.

Psychological Stress
People who are genetically susceptible may have a faulty "switch-off" point – emotional excitement may keep escalating into mania: setbacks may worsen into profound depression.

Sometimes a stressful life event such as a loss of a job, marital difficulties, or a death in the family may trigger an episode of mania or depression. At other times, episodes occur for no apparent reason.

Research continues to be needed to identify more clearly the causes, of manic depression and to find better ways of treating it.

The earlier treatment is started, the more effective it may be in preventing future episodes.

WHO GETS MANIC DEPRESSION?
Manic depression is common – affecting about 1% of the population. Men and women are equally affected. While the disorder has been seen in children, the usual age of onset is late adolescence and early adulthood. Mania, occasionally appears for the first time in the elderly, and when it does, it is often related to another medical disorder.

Manic depression is not restricted to any social or educational class, race, or nationality. Although an equal number of men and women develop the illness, men tend to have more manic episodes. Women experience more depressive episodes. Many people with bipolar disorder are very well known. Some have won Academy Awards; others have created literary and fine-art masterpieces, or led their nations in critical times of history.

Very effective treatments for bipolar disorders are available.

IS MANIC DEPRESSION TREATABLE?
Fortunately, the answer to this question is "yes". Treatment in the form of medication and counselling can be effective for most people with manic depression.

Bipolar disorder is similar to other lifelong illnesses – such as high blood pressure and diabetes – in that it cannot be "cured". It can, however, be managed successfully through proper treatment, which allows most patients to return to productive lives.

On the other hand, if not diagnosed and not treated, the impact of the illness can be devastating to the individual, significant others, and society in general.

Around 85% of people who have a first episode of manic depression will have another. Because of this, maintenance treatment is essential in this illness. Good quality of life is usually possible with effective treatment.

WHAT ARE THE SYMPTOMS OF BIPOLAR DISORDER?
Over the course of bipolar disorder, four different kinds of mood episodes can occur:

Mania (manic episode)
During a manic episode, the mood can be abnormally elevated, euphoric, or irritable. Thoughts race and speech is rapid, sometimes non-stop, often jumping from topic to topic in ways that are difficult for other to follow. Energy level is high, self-esteem inflated, sociability increased, and enthusiasm abounds. There may be very little need for sleep ("a waste of time") with limitless activity extending around the clock. During a manic

episode, a person may feel “on top of the world” and have little or no awareness that the feelings and behaviours are not normal.

Mania comes in degrees of severity and, while a very little amount may be pleasant and productive, even the less severe form known as hypomania can be problematic and cause social and occupational difficulties. A manic episode is more severe than a hypomanic episode with a magnification of symptoms to the extent that there is marked impairment in interpersonal and social interactions and occupational functioning. Hospitalisation is often necessary. Severe mania can be psychotic – the person loses contact with reality and may experience delusions (false beliefs), especially of a grandiose (“I am the President”), religious (“I am God”) or sexual nature, and hallucinations (hearing voices or seeing visions). Psychotic mania may be difficult to distinguish from schizophrenia and, indeed, mistaking the former for the latter is not uncommon.

During a manic episode, judgement is often greatly impaired as evidenced by excessive spending, reckless behaviours involving driving, abuse of drugs and alcohol and sexual indiscretion, and impulsive, sometimes catastrophic business decisions.

Feeling unusually “high”, euphoric, or irritable (or appearing this way to those who know you well).

Plus at least four (and most often all) of the following:
- Needing little sleep yet having great amounts of energy.
- Talking so fast that others can’t follow your thinking.
- Having racing thoughts.
- Being so easily distracted that your attention shifts between many topics in just a few minutes.
- Having an inflated feeling of power, greatness, or importance.
- Doing reckless things without concern about possible bad consequences – such as spending too much money, inappropriate sexual activity, making foolish business investments.
- Extreme irritability and distractibility.
- Abuse of alcohol or drugs.

In very severe cases, there may be psychotic symptoms such as hallucinations (hearing or seeing things that aren’t there) or delusions (firmly believing things that aren’t true). In a full-blown “major” depressive episode, the following symptoms are present for at least 2 weeks and make it difficult for you to function:
Feeling sad, blue, or down in the dumps or losing interest in things you normally enjoy.

Plus at least four of the following:
- Trouble sleeping or sleeping too much
- Loss of appetite or eating too much
- Problems concentrating, remembering or making decisions
- Feeling slowed down or feeling too agitated to sit still
- Feeling worthless of guilty or having very low self-esteem
- Loss of energy or feeling tired all of the time
- Prolonged sadness or crying spells
- Pessimism, indifference
- Recurring thoughts of suicide or death
- Severe depressions may also include hallucination or delusions

Mixed Episode
Perhaps the most disabling episodes are those that involve symptoms of both mania and depression occurring at the same time or alternately frequently during the day. You are excitable, or agitated as in mania but also feel irritable and depressed, instead of feeling on top of the world.

Mixed episodes sometimes known as dysphoric mania, occur in up to 40% of individuals with manic depression and can be particularly troublesome because they may be more difficult to treat.

Depression (major depressive episode)
During a depressive episode, mood is sad, blue, down-in-the-dumps, unhappy or irritable. Self-esteem is low, thoughts are negative, and there is loss of interest in usual activities and inability to experience pleasure. Concentrating is difficult and decision making impaired. Anxiety or agitation are common features of depression, although some individuals are drained of energy and are physically inert. Feelings of hopelessness and helplessness are common with both the present and future looking bleak. Guilt, crying and social withdrawal are additional features. Suicidal thoughts, plans, and attempts are common and, in fact, suicide is a cause of death in many people with depression.

Physical findings associated with depression include sleep disturbance (either insomnia or oversleeping), appetite and weight loss (although overeating and weight gain are not uncommon), fatigue, loss of interest in sex, and bodily pains.

From the descriptions above it should be clear that manic depression is a serious medical illness that should not be confused with the happy and sad moods that occur in everyone from time to time. Untreated, manic depression can be devastating with great personal suffering, disruptive relationships, derailing careers, increased risk of death from suicide and accident, and enormous financial cost to the individual and society. Proper treatment, however, can be effective in returning people to more healthy and productive lives.

WHAT ARE THE DIFFERENT TYPES OF BIPOLAR?

What are the different patterns of bipolar disorder?

People vary in the types of episodes they usually have and how often they become ill. Some people have equal numbers of manic and depressive episodes; others have mostly one type or the other. The average person with dipolar disorder had four episodes during the first 10 years of the illness. Men are more likely to start with a manic episode, women with a depressive episode. While a number of years can elapse between the first two or three episodes of mania or depression, without treatment most people eventually have more frequent episodes. Sometimes these follow a seasonal pattern (for example, getting hypomanic in summer and depressed in the winter.)

A small number of people cycle frequently or even continuously through the year.

Episodes can last days, months or sometime even years. On average, without treatment, manic or hypomanic episodes last a few months while depression often last well over 6 months. Some individuals recover completely between episodes and may go many years without any symptoms, while others continue to have low-grade but troubling depression or mild swings up and down.

Special terms are used to describe common patterns:
In Bipolar I Disorder, a person has manic or mixed episodes and almost always has depression as well. If you have just become ill for the first time and it was with a manic episode, you are still considered to have bipolar I disorder. It is likely that you will go on in the future to have episodes of depression, as well as mania – unless you get effective treatment.

In Bipolar II Disorder, a person has only hypomanic and depressive episodes, not full manic of mixed episodes. This type is often hard to recognise because hypomania may seem “supernormal”, especially if the person feels happy, has lots of energy, and avoids getting into serious trouble. If you have bipolar II disorder, you may overlook hypomania and seek treatment only for your depressions. Unfortunately, if the only medication you receive is an antidepressant, there is a risk that the medication may trigger a “high” or set off more frequent cycles.

In Rapid Cycling Bipolar Disorder, a person has at least four episodes per year, in any combination of manic, hypomanic, mixed, or depressive episodes. This course pattern is seen in approximately 5% – 15% of patients with bipolar disorder. It sometimes results from “chasing” depressions too hard with antidepressants, which may trigger a high, followed by a crash (i.e., you keep going up and down as if on a roller coaster).

Schizoaffective Disorder: This term is used to describe a condition that in some ways overlaps with bipolar disorder. In addition to mania and depression, there are persistent psychotic symptoms (hallucinations or delusions) during times when mood symptoms are under control. In contrast, in bipolar disorder, any psychotic symptoms that occur during severe episodes of mania or depression end as mood returns to normal.

Cyclothymia can be diagnosed if a person has a low grade, chronic and fluctuating disturbance. In cyclothymia there are mild highs and lows, which are not severe enough to be diagnosed as a full manic or depressive disorder.

HOW DO I GET HELP?

If you suspect that you, a family member, or a friend has manic depression, you should consult a mental health professional. This can be done directly or through you family physician, your health maintenance organisation, or your community mental health centre. Self-help and support groups can also be helpful.

If you are not happy with physician or therapist, don't be afraid to speak up or seek a second opinion. Many people go through more than one mental health professional before developing a comfortable partnership. Most of us are probably more aggressive about our choice of hairdresser or car mechanic. What could be more important than your health?

Since proper diagnosis is essential for effective treatment, see someone who is knowledgeable about manic depression. Psychiatrists are medical doctors who specialize in the diagnosis and treatment of mental illness. In addition to providing counselling, they are the only mental health professionals who can prescribe medication. Clinical psychologists, clinical social workers and nurse specialists can also diagnose and provide counselling and psychotherapy. Mental health counsellors can be useful sources of counselling, support and education. The best treatment is sometimes provided by several professionals working together to address the varied needs of an individual.

The outlook for people with bipolar disorder today is optimistic. Many new and promising treatments are being developed and with the right treatment most should be able to lead full and productive lives.

HOW IS MANIC DEPRESSION DIAGNOSED?

Obtaining a thorough present and past history is the key to the diagnosis of manic depression. While the patient is usually the main source of information, contributions from family members and other involved persons can be helpful. The diagnosis may be missed if the patient presents for treatment during a depressive episode unless care is taken to uncover a history of prior manic or hypomanic episodes. Since some of the symptoms of severe mania and schizophrenia may be similar, distinguishing the two may be difficult unless a detailed history is obtained of the entire clinical course of the illness. While there are no laboratory tests that diagnose manic depression, certain tests may be helpful in excluding medical disorders that can mimic mania or depression.

How often should I talk with my doctor?

During acute mania or depression, most people talk with their doctor at least once a week, or even daily, to monitor symptoms, medication doses, and side effects. As you recover, contact becomes less frequent; once you are well, you might see your doctor for a quick review every few months.

Regardless of scheduled appointments or blood tests, call your doctor if you have:

- Suicidal or violent feelings
- Changes in mood, sleep, or energy
- Changes in medication side effects
- A need to use over-the-counter medications such as cold medicine or pain medicine
- Acute general medical illnesses or a need for surgery, extensive dental care, or changes in other medicines you take.

How can I tell the difference between bipolar disorder and ordinary mood swings?

Mood swings that come with bipolar disorder are severe, ranging from extremes in energy or "highs" to deep despair. The severity of the mood swings and the way they disrupt normal activities distinguish clinical mood episodes from ordinary mood changes.

When the mood swings are charted over time, daily, weekly, and seasonal patterns become evident. Doctors may diagnose bipolar disorder in patients with who have had one or more manic or hypomanic episodes. In many cases, these patients have also experienced one or more major depressive episodes. Manic episodes last at least one week; major depressive episodes last at least two weeks. Both types of episodes often last much longer. Many people have severe episodes of mania and depression in a single year. Others live for years without a new episode.

Manage your medication carefully by taking the following steps:

- Learn about your medications, how they work, what to expect, possible side effects and dietary/lifestyle restrictions.
- Take them only as prescribed.
- Use a daily reminder/medication saver system to insure regular use.
- Discard medications you are no longer using.
- Don't expect medications to fix a bad diet, lack of exercise or an abusive or chaotic lifestyle.

Treatments for people suffering from depressive illnesses are successful in alleviating symptoms over 80% of the time.

What about hospitalisation?

Treatment in the hospital is sometimes needed but is usually brief (1-2 weeks). Hospitalisation can be essential to prevent self-destructive, impulsive, or aggressive behaviour that the person will later regret. Manic patients often lack insight that they are ill and require hospitalisation. Research has shown that after recovery, most manic patients are grateful for the help they received, even if it was given against their will at the time. During depression, hospitalisation is also used for individuals who have medical complications that make it harder to monitor medication and for people who cannot stop using drugs or alcohol. Remember, early recognition and treatment of manic and depressive episodes can lower the chances of hospitalisation.

WHAT TYPE OF SIDE AFFECTS ARE MOST COMMON?

Side Effects of Mood Stabilizers

Common annoying side effects you might see early in treatment, depending on dose Long-terms problems to watch for (there are often solutions without changing medicine):

- Lithium Tremor
- Muscle Weakness
- Upset stomach, diarrhoea
- Thirst, increased urination
- Trouble concentrating Weight gain
- Thyroid problems
- Kidney problems
- Acne
- Valproate Drowsiness
- Dizziness
- Tremor Weight gain
- Hair thinning
- Mild changes in liver functions tests
- Carbamazepine Drowsiness
- Headache
- Blurry vision
- Lowered counts of white blood cells
- Mild changes in liver function tests

Are there side effects which warrant contacting a doctor immediately?

Yes, if you or your family act early you may avoid a serious situation. Some potentially serious side effects to be aware of include:

- Unusual bleeding or bruising
- Dark urine or pale stools
- Yellowing of the skin or eyes
- Sever upper abdominal pain
- Skin rash or hives
- Confusion
- Fever
- Noticeable fatigue and weakness
- Pain, tenderness, or bluish cast in a leg or foot
- Difficulty urinating
- Sores in mouth
- Inflamed throat
- Continual diarrhoea
- Vomiting
- Violent trembling of limbs
- Garbled speech

WHAT TO DO ABOUT SIDE EFFECTS?

Tell your doctor right away about any side effects you have. Some people have different side effects than others and one person's side effect (e.g., unpleasant sleepiness) may actually help another person (e.g., someone who suffers from insomnia). The side effects you may get from medication depend on:

- The type and amount of medicine take
- Your body chemistry (including water loss due to hot weather)

- Your age
- Other medicines you are taking
- Other medical conditions you have

At least half of those who take mood stabilizers have side effects (see table above). These are especially common if high doses and a combination of medicines are needed during the acute phase of treatment. Lowering doses and decreasing the number of medicines usually helps, but some people may have severe enough side effects to require a change of medicine. Side effects tend to be worse early in the treatment, but some people who have taken lithium for 20 years or longer with good results develop problems with side effects or toxicity as they become older. Fortunately, Valproate or carbamazepine are often excellent alternatives as long the switch is made gradually.

Valproate appears to cause the fewest side effects during long-term treatment.

If side effects are a problem for you, there are a number of approaches your doctor may suggest:
- Reducing the amount of medicine you take
- Trying a different medicine to see if there are fewer or less bothersome side effects
- Taking your medicine at night

Remember: Changing medicine is a complicated decision. It is very dangerous to make changes in your medicine on your own!

HOW QUICKLY DOES MEDICINE WORK?

Some patient's symptoms may begin to improve within several days. Others may take up to several weeks to see maximum effects from the medication. Some physicians will prescribe an additional medication temporarily.

How often does preventative medication work? What if I start to feel symptoms?

Mood stabilizers (lithium, valproate, carbamazepine) are the core of prevention. About one in three people with bipolar disorder will be completely free of symptoms by taking mood stabilizing medication for life. Most people experience a great reduction in how often they become ill or in the severity of each episode. Don't be discouraged if you occasionally feel that you might be going into a manic or depressive episode. Always report changes to your doctor immediately, because adjustments in your medicine at the first warning signs can usually restore a normal mood. Sometimes it just takes a slight increase in the blood level of your mood stabilizer, or other medicines may need to be added. Medication adjustments are usually a routine part of treatment (just as insulin doses are changed from time to time in diabetes). Never be afraid to report changes in symptoms – they usually don't require any very dramatic change in treatment and your doctor will be eager to help.

Take your medicine as directed even if you have felt better for a long time.

Sometimes people who have felt well for a number of years hope that the bipolar disorder has gone away and that they don't need medicine anymore. Unfortunately, the medications do not "cure" bipolar disorder. Stopping them even after many years of good health can lead to a disastrous relapse, sometimes within a few months. Generally, the only times you should seriously think of stopping preventive medication are if you want to become pregnant or have a serious medical problem that would make the medicines unsafe. Even these may not be absolute reasons to stop. Always talk these situations over carefully with your doctor. If you are going to stop, it is important to taper the medicines very slowly (over weeks to months).

What should you do when you feel like quitting your treatment?

It is normal to have occasional doubts and discomfort with treatment. Be sure to discuss all your concerns and any discomforts with your doctor, therapist and family. If you feel a treatment is not working or is causing unpleasant side effects, tell your doctor – don't stop or adjust your medication on your own. Symptoms that come back after stopping medication are sometimes much harder to treat. You and your doctor can work together to find the best and most comfortable medicine for you. Also, don't be shy about asking for a second opinion from another clinician. Consultations can be a great help.

WILL I HAVE TO TAKE MEDICATION FOR MY WHOLE LIFE?

Successful management of bipolar disorder requires a great deal from patients and families. There will almost certainly be many times when you will be sorely tempted to stop your medication because 1) you feel fine, 2) you miss the highs or 3) you are bothered by side effects. If you stop your medication, you probably won't have an acute episode immediately in the next days or weeks, but eventually you will probably have a relapse. There

is a well studies model of bipolar disorder that suggests that each episode worsens your chances of having a smooth long-term course.

Sometimes the diagnosis is uncertain after a single episode and it is possible to taper the medication after about a year. However, if you have had only one episode of mania but have a very strong family history (suggesting you may have inherited the disorder), or if the episode was so severe that it almost ruined your life, you should strongly consider taking medication for several years if not for life. If you have had two or more manic or depressive episodes, experts strongly recommend taking preventive medication indefinitely.

What are the early warning signs of a new mood episode?

Early signs of a mood episode differ from person to person and are different for mood elevations and depressions. The better you are at spotting your own early warning signs, the faster you can get help to prevent a full-blown episode. Each person gets to know certain inner feelings that indicate when a mood change is developing. Slight changes in mood, sleep, energy, self-esteem, sexual interest, concentration, willingness to take on new projects, thoughts of death (or sudden optimism) and even changes in dress and grooming may be early warnings of an impending high or low. Pay special attention to a marked change in your sleep pattern, since this is a common clue that trouble is brewing. Since a loss of insight may be an early sign of an impending mood episode, don't hesitate to ask your family to watch for early warnings that you may be missing.

IS COUNSELLING / THERAPY USEFUL FOR TREATING BIPOLAR DISORDER

Counselling plays an important adjunctive role in the treatment of manic depression. Therapy issues include dealing with the psychosocial stressors that may precipitate or worsen manic and depressive episodes and dealing with the individual, interpersonal, social and occupational consequences of the disorder itself. Counselling can also help ensure better compliance with medication. While there are many forms of counselling available to people with manic depression, they all include support and education.

Types of psychotherapy

Three types of psychotherapy appear to be particularly useful and may also help during recovery:

- Behavioural therapy focuses on behaviours that can increase or decrease stress and on ways to increase pleasurable experiences that may help improve depressive symptoms.
- Cognitive therapy focuses on identifying and changing the pessimistic thoughts and beliefs that can lead to depression.
- Interpersonal therapy focuses on reducing the strain that a mood disorder may place on relationships.

Psychotherapy can be individual (only you and a therapist); group (with other people with similar problems); or family. The person who provides therapy may be your doctor or another clinician (e.g. a social worker, psychologist, nurse, or counsellor) who works in partnership with your doctor.

How to get the most out of psychotherapy

- Keep your appointments.
- Be honest and open.
- Do the homework assigned to you as part of your therapy.
- Give the therapist feedback on how the treatment is working.

During treatment psychotherapy usually works more gradually than medication and may take two months or more to show its full effects. However, the benefits may be long lasting. Remember that people can react differently to psychotherapy, just as they do to medicine.

Once the acute episode is over, long-term psychotherapy can help maintain stability and prevent further episodes, but cannot replace long-term preventative treatment with medication.

WHAT CAN YOU DO TO HELP YOURSELF?

First, become an expert on your illness. Since bipolar disorder is a lifetime condition (like many other medical disorders such as diabetes), it is essential that you and your family or others close to you learn all about it and its treatment. Read books, attend lectures, talk to your doctor or therapist.

Learn as much as you can about bipolar disorder. The more you know, the more control you have over your life. Be your doctor's partner. Take the following steps to keep the lines of communication open so he or she knows how you're feeling and how the medication is working. Take your medication as prescribed. Inform your doctor of all the medications you are taking. Call and check before you add to the list.

You can help reduce the minor mood swings and stresses that sometimes lead to more sever episodes by paying attention to the following:

- Maintain a stable sleep pattern. Go to bed around the same time each night and get up about the same time each morning. Disrupted sleep patterns appear to cause chemical changes in your body that can trigger mood episodes. If you have trouble sleeping, or are sleeping too much, be sure to tell your doctor. If you have to take a trip where you will change time zones and might have jet lag, get advice from your doctor.
- Maintain a regular pattern of activity. Don't be frenetic or drive yourself impossibly hard.
- Do not use alcohol or illicit drugs. These chemicals cause an imbalance in how the brain works. This can, and often does, trigger mood episodes and interferes with your medications. You may sometimes find it tempting to use alcohol or illicit drugs to "treat" your own mood or sleep problems – but this almost always makes matters worse.
- If you have a problem with substances, ask your doctor for help and consider self-help groups such as Alcoholics Anonymous.
- Be very careful about "everyday" use of small amounts of alcohol, caffeine and some over-the-counter medications for colds, allergies, or pain. Even small amounts of these substances interfere with sleep, mood or your medicine. It may not seem fair that you have to deprive yourself of a cocktail before dinner or morning cup of coffee, but for many people this can be the "straw that breaks the camel's back".
- Support from family and friends can help a lot. However, you should also realize that it is not always easy to live with someone who has mood swings. If all of you learn as much as possible about bipolar disorder, you will be better able to help reduce the inevitable stress and mutual criticisms that the disorder can cause. Even the "calmest family will sometimes need outside help in dealing with the stress of a loved one who has continued symptoms. Ask your doctor or therapist to help educate both of you and your family about bipolar disorder.
- Family therapy or joining a support group can be very helpful.
- Try to reduce stress at work. Of course, you want to do your very best at work, but always remember that avoiding relapses is job no 1 and in the long run will increase your overall productivity. Try to keep predictable hours that allow you to get to sleep at a reasonable time. If mood symptoms interfere with your ability to work, discuss with your doctor whether tot " tough it out" or take time off. How much to discuss openly with employers and co-workers is ultimately up to you. If you are unable to work, you might have a family member tell your employer that you are not feeling well and that you are under a doctor's care and will return to work as soon as possible.

DEVELOP A WELLNESS LIFESTYLE

The way we live our lives on a daily basis has a strong impact on how we manage our moods and minimise our symptoms. Develop a lifestyle that supports your overall wellness by:

- Using therapy and educational materials to improve your self-esteem and change negative thoughts into positive ones.
- Enhancing your life with pets, music and activities that make you feel good.
- Having a comfortable living space where you feel safe and happy.
- Establishing a career or avocation that you enjoy.
- Keeping your life calm and peaceful.
- Taking good care of yourself.
- Managing your time and energy well.
- Spending time with affirming, fun people.
- Peer counsel. Share talking and listening time with a friend.
- Do exercises that help you relax, focus and reduce stress.
- Participate in fun, affirming, creative activities.
- Record your thoughts and feelings in a journal.
- Create a daily planning calendar.
- Exercise.
- Allow yourself to be exposed to light.
- Improve your diet. Avoid caffeine, sugar and heavily salted foods.
- Change the stimulation in your environment.
- Stop, analyse the situation you are in and make a positive choice.
- If you are planning dental treatment, surgery, or go to an emergency room be sure the doctor or dentist knows.
- If you feel suicidal, seek help from your doctor and support system immediately. Don't let depression win. Suicidal thoughts are temporary. They will go away.
- Separate the true you from the bipolar disorder. The illness does not define who you are. You are an individual who can manage your illness and monitor treatment.

KEY RECOVERY CONCEPTS

Five key recovery concepts provide the foundation for effective recovery. They are:

- Hope. With good symptoms management, it is possible to experience long periods of wellness.
- Personal Responsibility. It's up to you, with the assistance of others, to take action to keep your moods stabilised.
- Self Advocacy. Become an effective advocate for yourself so you can access the services and treatment you need, and make the life you want for yourself.
- Education. Learn all you can about depression and manic depression. This allows you to make good decisions about all aspects of your treatment and life.
- Support. While working toward your wellness is up to you, the support of others is essential to maintaining your stability and enhancing the quality of your life.

HOW TO MAKE A CRISIS PLAN

Crisis Planning

Write a personal crisis plan to be used if your symptoms become so severe and/or dangerous that you need others to take over responsibility for your care. Your crisis plan may include:

- A list of your supporters, their role in your life and their telephone numbers.
- A list of all medications you are taking and information on why they are being taken.

Symptoms that indicate your need for supporters to make decisions for you and take over responsibility for your care, such as:

- Uncontrollable pacing.
- Severe, agitated depression.
- Inability to stop compulsive behaviours
- Self-destructive behaviour.
- Abusive or violent behaviour.
- Substance abuse.
- Threats of suicide.
- Significant changes in sleep patterns (difficulty getting out of bed).
- Refusal of food.
- Instructions that tell your supporters what you need them to do for you.
- Give completed copies of your plan to your supporters so they have easy access to it when necessary. Update your plan as needed.

Suicide Prevention

- Treat your symptoms early.
- Set up a system with others so you are never alone when you are deeply depressed or feeling out of control.
- Have regularly scheduled health care appointments and keep them.
- Throw away all old medications and have firearms locked away where you do not have access to them.
- Keep pictures of your favourite people in visible locations at all times.
- Instruct a close supporter to take away your credit cards, chequebooks and car keys when you are feeling suicidal.
- Always have something planned to look forward to.

What can families and friends do to help?

If you are a family member or friend of someone with bipolar disorder, become informed about the patient's illness, its causes, and its treatments. Talk to the patient's doctor if possible. Learn the particular warning signs for how that person acts when he or she is getting manic or depressed. Try to plan, while the person is well, for how you should respond when you see these symptoms. You will be thanked later!

Encourage the patient to stick with the treatment, see the doctor, and avoid alcohol and drugs. If the patient has been on a certain treatment for an extended period of time with little improvement in symptoms or has troubling side effects, encourage the person to ask the doctor about other treatments or getting a second opinion. Offer to come to the doctor with the person to share your observations.

If you're loved one becomes ill with a mood episode and suddenly views your concern as interference, remember that this is not a rejection of you – it is the illness talking.

Learn the warning signs of suicide. Take any threats the person makes very seriously. If the person is "winding up" his or her affairs, talking about suicide, frequently discussing methods of follow-through, or exhibiting

increased feelings of despair, step in and seek help from the patient's doctor or other family members or friends.

Confidentiality is important but does not stack up against the risk of suicide. Call an ambulance or a hospital emergency room if the situation becomes desperate. Encourage the person to realise that suicidal thinking is a symptom of the illness. Always stress that the person's life is important to you and to others and that his or her suicide would be a tremendous burden and not a relief.

With someone prone to manic episodes, take advantage of periods of stable mood to arrange "advance directives" – plans and agreements you make with the person when he or she is stable to try to avoid problems during future episodes of illness. You should discuss and set rules that may involve safeguards such as withholding credit cards, banking privileges and car keys. Just like suicidal depression, uncontrollable manic episodes can be dangerous to the patient. Hospitalisation can be life saving in both cases.

If you are helping care for someone at home, try if possible to take turns "checking in" on a patient's needs so that the patient doesn't overburden one family member or friend.

When patients are recovering from an episode, let them approach life at their own pace and avoid the extremes of expecting too much or too little. Don't push too hard.

Remember that stabilising the mood is the most important first step towards a full return to function. On the other hand, don't be overprotective. Try to do things with them, rather than for them. So that they are able to regain their sense of self-confidence.

Treat people normally once they have recovered, but be alert for telltale symptoms. If there is a recurrence of the illness, you may notice it before the person does. In a caring manner, indicate the early symptoms and suggest a discussion with the doctor.

Both you and the patient need to learn to tell the difference between a good day and hypomania, and between a bad day and depression. Patients taking medication for bipolar disorder, just like everyone else, do have good days and bad days that are not part of their illness.

Take advantage of the help available from support groups.

WHAT ARE SUPPORT GROUPS?

Support groups are an invaluable part of treatment. These groups provide a forum for mutual acceptance, understanding and self-discovery. Participants develop a sense of camaraderie with other attendees because they have all lived with mood disorders. People new to mood disorders can talk to others who have learned successful strategies for coping with the illness.

Helping yourself, helping others: The value of support groups.

Spending an evening with a group of people with depressive disorders may sound intimidating at first. But, keep in mind that support groups provide a forum for mutual acceptance, understanding and self-discovery. Your involvement with a group gives you something proactive to do while you're waiting for a new medication to take effect or your next therapy session. Buoyed by the bond of depressive or manic-depressive illness, you may find yourself rediscovering strength and humour which you thought you lost. As with any chronic illness or serious injury, we can sometimes fall into the mistaken belief that we are inherently defective people. In a support group, where you have the opportunity to reach out to others and benefit from the experiences of people who have "been there", it becomes a little easier to remember that depression or manic depression does not define who you are.

Each group operates in a unique way suited to the people it cares for. Leadership is typically volunteer. If you would like to start a support group in your area. Call the Depression and Anxiety Support Group who have booklets & leaflets available on starting a group.

The aims of the South African Depression and Anxiety Group are to educate patients, families, professionals and the public concerning the nature of depressive and manicdepressive illnesses as medical diseases; to foster self-help for patients and families; to eliminate discrimination and stigma; to improve access to care.