

Bipolar Disorder



This factsheet provides a basic description of bi-polar disorder (also known as manic depression), its symptoms and the treatments and support options available.

What is bi-polar disorder?

People diagnosed with bi-polar disorder tend to experience mood swings from periods of severe depression to periods of elation known as mania. These periods can vary in length, as can the periods of stability in between these episodes. These mood swings are much more extreme than the day-to-day ups and downs most people experience.

The above description is a description of classic bi-polar disorder. However, there is a spectrum of related disorders, relating to the frequency of the cycles, and the duration and intensity of the phases and their symptoms. These may include Bi-polar I, Bi-polar II, cyclothymia and bi-polar affective disorder; there is an argument that the spectrum should incorporate all mood disorders, in order to ensure that diagnosis and treatment are most accurate and effective.

Only a psychiatrist can make an accurate diagnosis; it can take time to do so, depending on the individual and the pattern of symptoms.

What are the symptoms?

Manic episodes

In a manic phase you may feel marvellous, on a high, excited and euphoric, on top of the world, with no need or desire to eat or sleep, and with endless energy. You may experience delusions or hallucinations, for example thinking you are famous and important. You may feel invincible, make wild plans, spend extravagantly and lose social inhibitions. You may not be aware that your behaviour is out of the ordinary, even when others reflect this back to you. After a manic phase, you may be quite shocked by your behaviour and its consequences.

Some people may experience less extreme episodes of mania, known as hypomania, which are shorter and less extreme. Such episodes can be very productive and creative, and be seen as a positive aspect of an individual's life. However, such episodes may become more severe, so also need to be attended to before they develop into a more serious condition.

Depressive episodes

By contrast, the depressive phase of bi-polar can feel very bleak and empty, resulting in a very different experience, characterised by a lack of energy, lack of interest in life and relationships; activities and interests which may have been all-absorbing during the manic phase may now appear to be meaningless and empty.

For many people, this contrast is so extreme that it can be very difficult to manage make life feel unbearable. Such extremes can also be very difficult for family and friends to understand and manage, and may lead to difficulties in relationships.

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What causes bi-polar disorder?

Relatively little is known about the causes of bi-polar disorder. However, as it can be treated by medication, it may be that the functioning of the nerves in the brain is affected. The disorder can run in families, suggesting that there may be a genetic link.

Research suggests that stressful life and family experiences can trigger the condition. Experiences such as childbirth, relationship breakdown, abuse in early childhood, neglect, family difficulties can all act as triggers.

What treatments are available?

If your GP suspects that you have bi-polar disorder, they will generally refer you on to a psychiatrist for a confirmation of diagnosis, and to discuss treatment options. Treatments are designed to stabilise mood and prevent the severe swings.

Individuals vary and their needs will be different. It may take time to find the right combination of medication and other treatments that is most effective for you. Your doctor, psychiatrist and/or your Community Mental Health Team (see below) are all available to help you understand the options available and to support you in finding the combination that best meets your needs.

Your health and social care needs will be assessed and appropriate support put in place. This is known as the Care Programme Approach (CPA); it ensures that all your needs are assessed and that you are involved in discussions about the support you need.

Medication

Mood stabilisers

Mood stabilising medication such as lithium is not a cure, but it can be an effective treatment to combat the extreme mood swings that are characteristic of the condition. There are a number of side-effects associated with this medication, the most common being weight gain. As the treatment tends to be long-term, you may need regular blood tests to ensure that levels of the medication remain at a safe level within your body.

Anti-convulsant medication

A range of anti-convulsants is available, which may also have some anti-depressant effects. As with lithium, there may be side-effects, which need to be monitored.

Anti-psychotic medication

This medication is sometimes used to treat people during periods of extreme mania that may include psychotic experiences. They have a sedative effect and aim to relieve the distressing symptoms associated with manic states. If you are concerned about any side-effects, it is a good idea to talk these over with your doctor or psychiatrist.

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Anti-depressants

Anti-depressant medication may be used to help treat the depressive episodes within this disorder. A combination of mood stabilisers and anti-depressants may be effective for many people. It can take time to find the right combination of medication that treats the symptoms most effectively, while minimising side effects.

Talking treatments (counselling/therapy)

Talking treatments can be very helpful alongside medication for the treatment of bi-polar disorder. As the condition itself can be very distressing and its impact on one's life can be challenging, many people find it helpful to talk about this aspect of the illness.

If particular life factors have contributed to your condition, you may find it helpful to talk to a counsellor or therapist about this; it can help you to understand it better and to understand how the extreme changes in mood may be linked to an attempt to deal with distressing or difficult aspects of your life.

If it has taken time to get a diagnosis and appropriate treatment, your life may have been quite chaotic and distressing beforehand, both for you and for friends and family. Again, talking to a therapist or counsellor can be helpful in understanding and accepting this, and finding ways of recognising and addressing difficulties in the future.

Admission to hospital

If you are very distressed or in an acute state of mania you may have little awareness or insight into your condition. In such circumstances your doctor may feel that hospital admission offers the best treatment options. Hospital can provide a safe environment in which you can be assessed and treated more effectively than if you were at home.

A hospital admission can provide respite both for you and for family and friends who may be concerned about you. Many people find the thought of hospital admission difficult and it may not always be an easy experience, particularly if you have not been hospitalised before. However, its purpose is to assess you, find the most appropriate form of treatment and stabilise you so you can return home as soon as possible.

Where possible, you are encouraged to voluntarily enter hospital. However, if your state of health means that you have little awareness of your situation, or if your doctor feels you may be a risk to yourself or others, then you may be admitted compulsorily under the Mental Health Act 1983.

Community Mental Health Team/ Crisis Team

As part of your support and treatment programme, you may be under the care of your local Community Mental Health Team (CMHT). Such teams have a range of mental health professionals, who may provide home visits and/or be available to you as a point of contact in times of difficulty. Your particular support package will be discussed with you to ensure it meets your needs as closely as possible (see CPA above).

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You may also have access to a crisis team that provides support outside normal working hours, when the CMHT is not available. You can contact this team out-of-hours; they may talk things through with you over the phone, or arrange for someone to come and visit you next day.

Sometimes just making the call can make things feel better as you have shared your concerns with someone else.

What can I do to help myself?

Bi-polar disorder can be a very distressing condition, both for you and for family, friends and work colleagues who may be concerned about you; however, there is a range of ways in which you can help yourself effectively.

One of the challenges that many people and their family and friends face is accepting the diagnosis. In many ways a diagnosis is helpful as it provides a known and recognised entity, with a range of treatment and management options. However, it may also be difficult as it confirms that there is a condition that needs to be treated and managed, and this can be difficult both for individuals and those close to them.

As with all mental illnesses, one of the most helpful things both you and your family and friends can do is to ensure you know as much as you can about the condition, and about the options for treatment and management.

As the nature of the condition is cyclical, you can learn to identify the signs that indicate you may be entering either a manic or depressive phase. This may be different for different individuals and it can take time to become familiar with your particular pattern.

Family and friends can be helpful, as they may be able to help you spot changes in your behaviour or moods before you yourself become aware of them. This is particularly true of the manic phase, as you may simply feel you are feeling good and positive and it can be difficult, especially in the early stages, to distinguish between these kind of positive feelings and those that indicate a manic episode.

It is important to realise it is going to take time to develop this kind of self-management process. However, eventually, it will help you feel more in control of your life and help boost your confidence and self-esteem.

Acceptance

One of the things that can be very difficult to come to terms with is the contrast between the manic and depressive phases of the illness, particularly in cases where the peaks and troughs are very extreme.

For the affected individual, the manic phase can feel so completely euphoric that it can be almost impossible to see it as anything other than an overwhelmingly wonderful, life-enhancing, creative and productive experience and, indeed, in its less extreme form, it can truly be such an experience.

However, in its more extreme and damaging form, it can result in individuals overspending extravagantly and running up enormous debts; it can alienate family, friends and work colleagues, damaging relationships and distressing those who care about you. It can take a toll

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on physical health as your need or desire for sleep and food in particular can be radically affected.

By contrast, the depressive phase can feel acutely bleak, empty and hopeless, with no energy and no wish to engage with or relate to other people or the wider world. Such episodes can be very distressing and difficult for family and friends as well and the swings between such extremes can be very painful for all concerned.

For the individual, the loss or amelioration of the manic phase can feel particularly unbearable, both because of the experience of the 'high' itself, and because it seems the preferable option when compared with the depressive phase.

Treatment, and particularly medication, can help to even out the contrasts, but it may leave individuals feeling a bit 'flat' and while the loss of the grey bleakness of the depressive stage is usually welcome, the loss of the buzz and colour of the manic phase can be very, very difficult. It can take time to come to terms with this, and to absorb the reality of the manic phase both for yourself and for those who care about you.

This process takes time, and it helps to have as much support as possible from family, friends and colleagues, as well as from mental health professionals. Some people may find it hard to accept and maintain their medication regime because of the 'flattening out' effect it has, and this is a journey of experience and acceptance that may vary greatly between individuals.

Giving and receiving support

Having a diagnosis of bi-polar disorder can feel challenging and distressing. It is a diagnosis that affects not just you, but your whole life and the people and relationships in your life. You may have to live with it on a long term basis, with an uncertainty about how it may affect you over time.

It is a situation you may be angry about, or feel it's unfair, particularly before you have had a diagnosis, or in the early stages of coming to terms with a diagnosis.

You may also feel, or come to feel, that your illness gives you an insight into life or a way of being that has positive aspects to it. You may feel it has given you a level of awareness, understanding and empathy that you might otherwise not have had.

While you may have support and understanding from family and friends, it can be difficult for those who have not had direct experience of the condition to fully understand it. You may also not be in a position to share your experience with family or friends.

Whatever your situation, you may find it helpful to meet with or make contact with other people in a similar position. If there is a self-help group close to you, you may be able to do so in person. Alternatively, you may find that making contact through a medium such as an internet forum provides you with the contact you need.

Group or internet contact allows you to give support, based on your own experience, and also to receive encouragement and support from those who have an experience similar to yours. If you have felt that your condition has placed you in a position where you need to be 'helped' or 'supported', it can be very beneficial to realise that you too can provide support to others, who may be at a different stage of living with the condition.

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You can find out more about support options in your area from SANE Services (including the SANE Support Forum).

General wellbeing

As with any mental health condition, one of the ways in which you can help yourself is to try to ensure that you attend to your general wellbeing. This may be hard at times of crisis or when you are very unwell. However, it is helpful to have a basic routine in place that can support you when you are well enough to be able to attend to it.

This can include ensuring that you get enough sleep and that you eat as well as you can. Your family, friends and members of the CMHT can help you devise a system that works for you, with regard to eating well and having a regular sleeping pattern.

Being physically active can also help to provide structure and to deal with some of the excess energy that may accompany a manic phase. It can also help you to be more aware when a manic phase is approaching if you find yourself feeling able or wanting to be more active than normal.

Where can I find help and support?

SANE provides emotional support to anyone affected by mental health problems, including families, friends and carers.

One-to-one support:

- Helpline: 0845 767 8000 (6pm – 11pm)
- Email: http://www.sane.org.uk/what_we_do/support/email/

Peer support:

- Support Forum: http://www.sane.org.uk/what_we_do/support/supportforum/

Details can be found on our website at www.sane.org.uk