

Factsheet 9

Understanding Bipolar Disorder

Bipolar disorder (previously known as manic-depression) is a serious illness and, if affected, you may experience depression lasting weeks or months, alternating with bouts of elation ('highs') of variable duration. For months, even years, your mood is otherwise perfectly normal. For people with elation, who do not have the accompanying depressive episodes, it is still referred to as bipolar disorder.

We are all familiar with the changing moods of everyday life, but the mood-swings of bipolar disorder are much more intense and prolonged. They also disturb your everyday life to a considerable degree.

What causes bipolar disorder

Bipolar disorder usually begins between the early teens and forties. It affects about 1 in 100 people and both men and women equally. The causes are not fully understood but the following factors are known to be involved:

- **Genetics:** although not directly inherited, if you have a parent with bipolar disorder, you have a 10% risk of developing it
- **Biochemical factors:** it is believed to be associated with a chemical imbalance in the brain
- **Stress** – may trigger symptoms if you are already pre-disposed to the disorder
- **Alcohol/drugs** – can also trigger symptoms if you are pre-disposed
- **Other factors** – Very rarely, brain tumours, trauma, haemorrhage, infection or multiple sclerosis, can cause bipolar disorder by damaging a network of nerve cells in the brain called the limbic system.

Symptoms of depression

At least two of the following core symptoms for at least two weeks:

- An unusually sad mood that does not go away;
- Loss of enjoyment and interest in activities that used to be enjoyable;
- Tiredness and lack of energy

See Factsheet 1 on Depression for a complete list of symptoms.

Symptoms of elation

- Feeling 'high' 'on top of the world', 'better than usual' or 'better than ever before'.
- Uncharacteristic anger or irritability.
- Great energy and not needing to rest.
- Overactive, restless and easily distracted.
- Racing mind that cannot be switched off – 'pressure in the head'
- Talking rapidly and jumping from one topic to another.
- Decreased need for sleep.
- Excessive and unrealistic belief in one's abilities.
- Poor judgment.
- Increased interest in pleasurable activities: new ventures, sex, alcohol, street drugs, religion, music or art.
- Demanding, pushy, insistent, domineering or provocative behaviour, not able to see the changes from one's usual self – 'there is nothing wrong with me'.
- Delusions (false ideas) and or hallucinations (visions or voices) may occur and they usually relate to grandiose ideas about religion, creativity, sex, politics or business.

Intense elation rarely goes undiagnosed for long but in its less intense form, hypomania, it is less apparent and, for the individual affected, is often, though not always, an enjoyable

experience. With fewer symptoms of elation, it may even go unrecognised for years.

How is bipolar disorder treated

People affected are usually referred to a mental health team by their GP. A psychiatrist will decide the appropriate treatment for each individual and support will also be available from other mental health professionals such as a community psychiatric nurse.

Medication is the main treatment for bipolar disorder and the mood stabiliser, Lithium, works for 75% of people. Alternatives are available for the other 25%. Individuals may need a combination of drugs e.g. anti-depressants during the depressed phase or anti-psychotic drugs if hallucinations or delusions are present.

After just one episode, it's difficult to predict how likely you are to have another and you may not want to start medication at this stage, unless it was very severe and disruptive. If you have a second episode, there is a strong chance of further episodes, so most psychiatrists would recommend a mood stabiliser at this point and it will usually be continued for at least 5 years. Some people will need to take them for much longer depending on the severity or frequency of symptoms. Medication doesn't cure bipolar disorder, it controls the mood swings.

Psychotherapy or counselling may help you come to terms with the illness and provide support and guidance for you and your family. It can help you spot relapses and get help earlier. Cognitive behavioural therapy may help with depression. However psychotherapy does not control or stabilise bipolar disorder.

Self-help

- **Learn** all you can about the illness and what help is available such as your community mental health team and Aware support groups. Learn to spot the early warning signs so you can get help early.
- **Continue your medication** as prescribed. Failing to do so is the most common reason for relapse. Never stop or change it without talking to your doctor.
- **Involve your family/people close to you** in helping you deal with it. Give them information so that they know how best to support you.
- **Choose one person** who sees you often to help you spot a relapse and agree appropriate action with them in advance.
- **Face your fears** – if a relapse occurs, talk it over honestly with those close to you. This can help rebuild relationships if your actions, while ill, have caused distress.
- **Keep a healthy life/work balance** – make time for physical activity, relaxation, fun and relationships.
- **Avoid alcohol/other drugs** or at least stay within safe limits – check with your doctor.
- **Avoid stress**, or learn how to handle it better when impossible to avoid.

See Aware's booklet 'Understand more about bipolar disorder' and our Factsheet 3 for more information on looking after your mental health.



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