

(800) 492-5742 • (231) 922-4850 www.northernlakescmh.org

# **Bipolar Disorder**

(also known as Manic-Depressive Illness)

#### **Facts**

Someone with Bipolar Disorder, also known as manic-depressive illness, experiences periods of serious mania and depression. The person's mood usually swings from overly "high" and irritable to sad and hopeless, then back again, with less extreme moods in-between. Episodes of depression and mania flare up, often disrupting work, school, family and social life.

Some people with untreated bipolar disorder have repeated depressions and only an occasional episode of hypomania. In the other extreme, mania may be the main problem and depression may occur infrequently. It is also possible for symptoms of mania and depression to be equally mixed.

Bipolar disorder usually begins in late adolescence or early adulthood. Although the disorder has been diagnosed in children younger than 12, it is not common. It is easily confused with attention deficit/hyperactivity disorder, so careful diagnosis is necessary.

More than 2.3 million American adults, or about one percent of the population, have bipolar disorder. Men and women are equally likely to develop this illness.

## Signs & Symptoms

Signs and symptoms of MANIA include:

- Increased energy, activity, restlessness, racing thoughts, and rapid talking
- Unrealistic beliefs in one's abilities and powers, grandiose delusions, invincibility
- Excessive "high" or euphoric feeling, a sensation of total happiness that nothing can change
- Extreme irritability and distractibility, particularly when grandiose plans are thwarted
- Decreased need for sleep
- Uncharacteristically poor judgment and risky behavior, such as reckless driving, spending sprees, foolish investments
- A sustained period when behavior differs from usual
- Increased sexual drive

11/08

- Abuse of drugs, particularly cocaine, alcohol, and sleeping medications
- Provocative, intrusive, or aggressive behavior
- Denial that anything is wrong

Signs and symptoms of **DEPRESSION** include:

Persistent sad, anxious or empty mood

- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in ordinary activities that were once enjoyed, including sex
- Decreased energy, a feeling of fatigue and/or being "slowed down"
- Difficulty concentrating, remembering, making decisions
- Restlessness or irritability
- Sleep disturbances, sleeping too much or not at all
- Loss of appetite and weight, or weight gain
- Chronic pain or other bodily symptoms not caused by physical disease
- Thoughts of death or suicide; suicide attempts

#### Causes

There is no single, proven cause of bipolar disorder, but research strongly suggests that the disorder runs in families, making genetics a likelihood. Eighty to ninety percent of people with bipolar disorder have a relative with either depression or bipolar disorder, a rate 10 to 20 times higher than that of the general population.

Researchers are hopeful that identification of susceptibility genes for bipolar disorder and the brain proteins they code will make it possible to develop better treatments and preventive interventions targeted at the underlying illness process.

#### **Treatment**

Bipolar disorder is one of the most treatable psychiatric disorders. Even though an episode may stop on its own due to the cyclic nature of the illness, treatment to achieve and maintain a balanced state is extremely important. Without effective treatment, the illness leads to suicide in nearly 20% of cases (Goodwin FK & Jamison KR, 1990. *Manic-depressive illness.*)

Treatment includes:

- **Medication** prescribed for nearly all people with the disorder
- Education crucial in helping people and families learn how to best manage bipolar disorder and prevent its complications.
- **Psychotherapy** helpful for many individuals and families in solving problems and dealing with stress; should not be used alone, but rather be combined with medication (except in special situations such as pregnancy).

 $Serving\ people\ in\ Crawford, Grand\ Traverse, Leelanau, Missaukee, Roscommon\ and\ Wexford\ Counties.$ 

Northern Lakes Community Mental Health believes this information to be accurate at the time of publication. While every care has been taken in its preparation, professional advice should be sought when necessary. Northern Lakes CMH cannot be liable for any error or omission in this publication or for

damages arising from its supply, performance or use, and makes no warranty of any kind, either expressed or implied in relation to this publication. For more information contact Northern Lakes CMH at 1-800-492-5742 or (231) 922-4850.

Three types of psychotherapy are particularly useful for depression and may also help during recovery:

- **Behavioral** therapy focuses on behaviors 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 a mood disorder may place on relationships. Both individual and group sessions are beneficial.

## **Helping Yourself**

If you are diagnosed with bipolar disorder, it is important to understand that the disorder will not go away, and that continued acceptance of treatment is needed to keep the disease under control. Because of the long-term nature of the disorder, it will help if you and your family learn as much as possible about the disorder and its treatment.

You can help reduce the minor mood swings and stresses that sometimes lead to more severe episodes by:

- Maintaining a stable sleep pattern. Inconsistent sleep patterns appear to cause chemical changes in the body that trigger mood episodes.
- Maintaining a regular pattern of activity.
- Being careful of everyday use of small amounts of alcohol, caffeine, and some over-the-counter medications for colds, allergies, or pain. Even small amounts of these can interfere with sleep, mood, or your medicine.

Learning to recognize the early warning signs of a new mood episode is another important way to help yourself. Each person begins to recognize the inner feelings that indicate when a mood change is coming. Minor 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 upcoming high or low. Pay special attention to a marked change in your sleeping pattern, as this is a common clue that trouble is brewing. Don't hesitate to ask your family to watch for early warnings that you may be missing.

In addition, support groups can be an invaluable part of treatment. These groups provide acceptance, understanding, self-discovery, and strategies for coping with the illness.

## **Helping Someone Else**

People with bipolar disorder often need help to get help. It is not uncommon for people with bipolar disorder to be unaware of how impaired they are, deny that there is a problem, or blame their problems on a cause other than mental illness. These individuals need strong encouragement from family and friends to seek treatment. Family physicians can play an important role for such referral. If this does not work, loved ones must

take the person for a proper mental health evaluation and treatment.

If the person is in the midst of a severe episode, he or she may have to be committed to a hospital for his or her protection and much needed treatment. If the person becomes ill with a mood swing 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, and take any threats the person makes very seriously. Encourage the person to realize 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. Anyone who is considering suicide needs immediate attention, preferably from a mental health professional or physician.

Ongoing encouragement and support are needed after the person gets treatment, because it may take some time to discover what form of therapy and medication is best for the individual. If you are a family member or friend, inform yourself about the person's illness, its causes and its treatments. If possible, talk to the person's doctor. Learn the 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.

#### Sources:

National Institute of Mental Health American Psychiatric Association National Depressive and Manic-Depressive Association

### For more information contact

Northern Lakes Community Mental Health 1-800-492-5742 (231) 922-4850

National Alliance on Mental Illness www.nami.org, (800) 950-6264

National Institute of Mental Health www.nimh.nih.gov (800) 421-4211 (depression info) (888) 826-9438 (anxiety info) (301) 443-4513 (other info)

Mental Health America www.nmha.org (800) 969-6642

The Center for Mental Health Services www.mentalhealth.org/cmhs/