LIFE MENTAL HEALTH

BIPOLAR DISORDERS
TREATMENT & REFERRAL GUIDE

Life Mental Health

Making life better

Bipolar Disorders – Treatment Guide

- How to recognise bipolar disorder
- Who to approach for treatment
- Treatment options
- Self Help

BIPOLAR DISORDER

Bipolar disorder is more than just a simple mood swing. You may 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 are not just happy, but rather, ecstatic. A great burst of energy can be followed by 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.

Although bipolar disorder can be disabling, it also responds well to treatment. Since many other diseases can masquerade as manic depression, it is important that the person undergoes a complete medical evaluation as soon as possible.

What is bipolar disorder?
Bipolar disorder is a physical illness marked by extreme changes in mood, energy and behaviour. That is why doctors classify it as a mood disorder. Bipolar disorder - which used to be known as manic depressive illness - 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.

Essentially bipolar disorder consists of four states:
- highs;
- lows;
- mixed states; and
- rapid cycling

Bipolar disorder typically begins in adolescence or early adulthood and continues throughout life, but it can start at any age. It can start with depression, or even recurrent episodes of depression.

The individual may only experience a high or a mixed state after many years. It is often not recognized 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.

What causes bipolar disorder?
The exact cause of bipolar disorder is unknown, 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 appropriate medication.

- **Genetics**
  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 biochemical 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 one in seven chance that your child will develop it. The probability increases, however with the more relatives you have 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. Very often, episodes occur for no apparent reason. The earlier treatment is started, the more effective it may be in preventing future episodes.

Who gets bipolar disorder?
Bipolar disorder is common - affecting about 1% of the population. Men and women are equally effected. 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. Bipolar disorder 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 while women experience more depressive episodes.

What are the different types and 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 bipolar disorder is four episodes during the first 10 years of illness. Men are more likely to start with a manic episode, whilst women start 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 have more frequent episodes. Episodes can last days, months or sometimes even years. On average without treatment, manic or hypomanic episodes may last a few months whilst depression may often last, well over six 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 (an episode when symptoms of mania and depression occur together) 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 (a mild form of mania) and depressive episodes, not full manic or mixed episodes. Bipolar II is frequently misdiagnosed. This type is often hard to recognize 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 depression. Unfortunately, if the only medication you receive is an antidepressant, there is a risk that the medication may trigger a "high", or set off frequent cycles.
- In ***rapid cycling bipolar disorder***, a person has at least four episodes per year, in any combination of manic, hypomania, 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***, is a term 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 the 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.

What causes the symptoms of bipolar disorder?
In the course of bipolar disorder, 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 others to follow. The energy level is high, self-esteem is inflated, sociability increased, and enthusiasm abounds. There may be very little need for sleep ("a waste 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 feelings and behaviours are abnormal. 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 hypomania 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 my be difficult to distinguish from schizophrenia and, indeed, mistaking the former for the latter in not uncommon.

  During a manic episode, judgement is often greatly impaired as evidenced by excessive spending, reckless behaviour's involving driving, abuse of drugs and alcohol and sexual indiscretion, and impulsive, sometimes catastrophic business decisions. You may feel 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:
  - 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;
- Needing little sleep, yet having great amounts of energy; and / or
- Abuse of alcohol or drugs.

In very severe cases, there may be psychotic symptoms such as hallucinations (hearing or seeing things that are not there) or delusions (firmly believing things that are not true).

- ***Mixed episode***

Perhaps the most disabling episodes are those that involve symptoms of both mania and depression occurring at the same time or alternatively frequently during the day. You are excitable, or agitated but also feel irritable and depressed.
Mixed episodes sometimes known dysphonic mania occur in up to 40% of individuals with bipolar disorder and can be particularly troublesome because they may be more difficult to treat.

- ***Depression (major depressive episode)***

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 and;
- losing interest in things you normally enjoy.
- Plus at least four of the following:
- Prolonged sadness or crying spells.
- Pessimism, indifference.
- Recurring thoughts of suicide or death.
- Feeling worthless or guilty or having very low self-esteem.
- Feeling slowed down or feeling too agitated to sit still.
- Problems concentrating, remembering or making decisions.
- Loss of energy or feeling tired all of the time.
- Trouble sleeping or sleeping too much.
- Loss of appetite or eating too much.

Untreated 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.

Is Bipolar Disorder treatable?
Fortunately, the answer to this question is “yes”. Treatment is 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 bipolar disorder, will have another. Because of this, maintenance treatment is essential in this illness. Good quality of life is usually possible with effective treatment.

How do I get help?
If you suspect that you, a family member, or a friend has bipolar disorder, you should consult a mental health professional. This can be done through your family doctor, psychiatrist or the self-help and support groups listed on the back page can also be very helpful.

If you are not happy with your doctor or therapist, do not 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.

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 Bipolar Disorder diagnosed?
Obtaining a thorough present and past history is key to the diagnosis of bipolar disorder. 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 not laboratory tests that diagnose bipolar disorders, 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 an 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 illness or a need for surgery, extensive dental care, or changes in other medicines you take.

What about hospitalisation?
Treatment in hospital is sometimes necessary, but is usually brief - a few weeks. Hospitalisation can be essential to prevent self-destructive behaviour, as well as aggressive and impulsive behaviours, that may have serious consequences that the person will regret. Manic patients often require hospitalisation as they do not recognise that they are ill.

Research shows that, after their recovery, most manic patients are grateful for the help they received, even if it was against their will at the time.

Depression is sometimes treated in hospital, when there is a threat to the person's life, from self-neglect or suicide, or when there are medical complications that make the medicating of the depression too complicated to proceed at home. Some people require hospitalisation to help them stop using drugs or alcohol.

Early recognition and management of mania and depression helps prevent the need for hospitalisation.

What type of medication is used for Bipolar Disorder?
The symptoms of bipolar disorder vary over time, from mania to depression, with many people experiencing complex mood states at various times.

The most important medicines used to manage bipolar disorder are mood stabilisers. To treat depression, antidepressants may be added to the mood stabilisers. To treat mania, antipsychotic medicines and other sedative medicines may be used. To maintain normal mood, mood stabilisers need to be used in an on going way.

Over the life time of a person living with bipolar disorder many symptoms and symptom complexes may appear necessitating the use of a range of interventions.

What are mood stabilisers?
Mood stabilisers are medications used to stabilise the mood, i.e. to prevent mania or depression. Mood stabilisers are the mainstay of management of bipolar disorder. There is general agreement that mood stabilisers should be used in all phases of the condition, for acute states of mania, hypomania, depression, mixed states, and complex presentations such as psychosis, agitation, anxiety, as well as for wellness maintenance and prevention of further episodes.

The evidence supporting the use of the various mood stabilisers changes over time. Based on current research the following statements can be supported. Initial treatment should be a first or second line mood stabiliser.

How well does preventative medication work?
Mood stabilisers are the core of prevention. About one in three people with bipolar disorder will be completely free of symptoms by taking mood stabilising medication for life. Most people experience a great reduction in how often they become ill or in the severity of each episode. Do not 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 stabiliser, or other medicines may be 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 do not require any very dramatic change in treatment and your doctor will be eager to help.

Medication
Take responsibility for your medicines. Learn about your medicines, how they work, what to expect, possible side effects as well as dietary and lifestyle restrictions. It is important to gain some understanding of the concept of side effects.

You should understand the common side effects of the medicine and that these tend to be mild and pass off with time. Knowledge of the serious side effects of your medicine is important, along with the realisation that serious side effects tend to be uncommon, but that some serious side effects may be delayed in onset, and may only appear after prolonged use of the medicine. Serious side effects that occur early on in the use of a particular medicine usually necessitate stopping the medicine. If you have doubts about your medication, consult your doctor.

What to do about medication 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).

At least half of those who take mood stabilisers have side effects. These are especially common in 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 so many side effects, that a change of medicines is needed. Side effects tend to be worse early in the treatment, but some people who have taken medication for 20 years or longer with good results develop problems with side effects or toxicity as they become older.

What side effects are most common?
It is important to recognise that common side effects tend to be mild, and that serious side effects are usually rare. Side effects are only important in as much as they affect you.

Side effects of mood stabilisers, antipsychotic and SSRI anti-depressants

Drug	Common early side effects may be experienced early in treatment, depending on dose.	Long-term problems to watch out for – there are usually workarounds for most of these problems.
Lithium	Nausea, upset stomach, diarrhoea, thirst, drinking fluids and increased urination, tremor concentratioin problems, muscle weakness.	Weight gain, thyroid problems, skin problems, especially acne, kidney problems, regular mood level monitoring is required, drug interactions.
Lamotrigine	Nausea, vomiting, upset stomach, heacaches.	Potentially dangerous skin rashes, effects on weight is neutral, levels affected by valproate and carbamazepine.
Valproate	Nausea, vomiting, upset stomach, dizziness, drowsiness, tremor.	Weight gain, hair thinning, potential-ovarian cysts, altered liver function, drug interactions.
Carbamzapine	Nausea, vomiting, upset stomach, drowsiness, dizziness, headache, visual disturbance.	Mild changes in liver enzymes, effect on weight gain is neutral, lowered white cell count, drug interactions.
Olanza-pine	Drowsiness, stomach upset, increased appetite, tremor, dizziness.	Weight gain, increased risk of diabetes, increased cholesterol, risk for tardive dyskinesia (movement disorder) uncertain.
SRRI's	Nausea, vomiting, stomach upset, headaches, agitation, insomnia, tremor, sweating.	Lowered libido, discontinuation problems, weight changes.

How quickly does the medication work?
Some patients symptoms may begin to improve within several days. Others may take up to several weeks to see maximum effects from the medication. Some doctors will prescribe an additional medication temporarily.

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 do not need medicine anymore. Unfortunately, the medication does not 'cure' bipolar disorder. Stopping them, even after many years of good health, can lead to disastrous relapse, sometimes within a few months. Generally, the only times you could seriously think of stopping preventive medication are - if you want to become pregnant or you have a serious medical problem that would make taking the medicine unsafe. Always talk these situations over with your doctor.

Do's and don'ts regarding medication:
- Take medicines only as prescribed. Inform all doctors who prescribe medicine for you of all the medicines you are taking.
- Do not expect medicines to fix a bad diet, lack of exercise or an abusive or chaotic life style.
- Establish a regular daily schedule and stick to it. Use a daily reminder / medication saver system to ensure regular use. If possible use the medicine at the same time of day each day. Include the medicines on your mood chart, and document benefits and side effects for future reference.
- Optimise your diet. Remove mood destabilising chemicals from your life, including alcohol (as completely as possible) and recreational drugs. Avoid stimulants.
- Discard medications no longer in use.
- Many medicines used to treat "physical" illnesses can cause mood changes or can interfere with your psychotropic medicines. Discuss all medicine changes with all relevant prescribing doctors.
- Stopping and starting medicines can seriously negatively influence the outcome of your condition. Stopping medication because you are "well" has been shown to increase your chance of relapse. Bipolar disorder is a recurring condition. Most people require long term prophylactic medication.

What should I do when I feel like quitting my treatment?
It is normal to have occasional doubts and discomfort with treatment. Be sure to discuss all your concerns and any discomforts

with the doctor, therapist and family. If you feel a treatment is not working or is causing unpleasant side effects, tell your doctor – do not 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, do not be shy about asking for a second opinion from another clinician.

There will almost certainly be many times when you will be sorely tempted to stop your medication because

- you feel fine,
- you miss the highs or
- you are bothered by side effects. If you stop your medication, you probably will not have an acute episode immediately in the next days or weeks but eventually you may have a relapse.

Is ECT useful for treating bipolar disorder?
ECT or electroconvulsive therapy has acquired a controversial public image. So much so that people who might benefit form a course of treatment with ECT are often reluctant to have the treatment. Modern ECT is performed under general anaesthesia according to strictly defined criteria. As such, it remains a useful treatment for the most serious forms of depression, especially where there is threat to life, and where other antidepressants have failed to relieve the depression. There may be an effect of ECT on memory, but the effect usually passes with time. Studies comparing ECT with antidepressants have tended to show the ECT is more effective at relieving depression than antidepressants in the short term.

Is counselling / therapy useful for treating bipolar disorder?
Counselling plays an important adjunctive role in the treatment of bipolar disorder. 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.

Types of psychotherapy
Three types of psychotherapy appear to be particularly useful:

- ***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. Focuses on reducing the strain that a mood disorder may place on relationships.
- ***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 time to show its full effects. However, the benefits may be long lasting. Remember that people can react differently to psychotherapy, just as they do the medicine. Marital therapy and counselling for children in affected families may also be of value. Once the acute episode is over, long-term psychotherapy can help maintain stability and prevent further episodes, but cannot replace long-term preventive 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. Learn as much as you can about bipolar disorder. The more you know, the more control you have over your life. Read books, attend lectures, talk to your doctor or therapist.
- Be your doctor's partner. Take your medication as prescribed. Inform your doctor of all the medication you are taking.
- Maintain a regular pattern of activity. Do not be frenetic or drive yourself impossibly hard. 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 to take a trip where you will change time zones and might have jet lag, get advice from your doctor.
- 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 your have a problem with substances, ask your doctor for help, and consider self help groups such as Alcohol 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 can interfere with sleep, mood or your medication.
- Support from family and friends can help a lot. However, you should also realise 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 continuous 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 of primary importance 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 to "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 under a doctor's care and will return to work as soon as possible.

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 bipolar disorder. 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.

What can families and friends do to help?
If you are a family 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 your 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 following-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 advantages of periods for 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 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 patients 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, do not 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 tell-tale symptoms. If there is a recurrence of the illness, you may notice if before the person does. In a caring manner, indicate the early symptoms and suggest a discussion with the doctor.
- Both you and patient need to tell the difference between a good day and hypomania, and between a bad day and depression. Patients taking medication of 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 support groups.

Should you have any queries regarding bipolar disorder, contact SADAG or this unit with the details given below.

SADAG
0800 567 567
0800 70 80 90
0800 20 50 26
011 262 6396
www.sadag.co.za
SMS 31393

Please note that this information is by no means meant to replace therapy or treatment. Please contact your nearest unit for further assistance.