LIFE MENTAL HEALTH

BIPOLAR MOOD DISORDERS TREATMENT & REFERRAL GUIDE

Life Mental Health

Making life better

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Bipolar Mood Disorders – Treatment Guide

- How to recognise Bipolar Mood Disorder
- Who to approach for treatment
- Treatment options
- Self help

BIPOLAR MOOD DISORDER

Bipolar mood 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 mood disorder can be disabling, it also responds well to treatment. Since many other diseases can masquerade as bipolar mood disorder, it is important that the person undergoes a complete medical evaluation as soon as possible after the first symptoms occur.

What is bipolar mood disorder?
Bipolar mood 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 mood 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 mood disorder consists of four states:
- highs;
- lows;
- mixed states; and
- rapid cycling

Bipolar mood 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 recognised as an illness, and people who have it may suffer needlessly for years or even decades. Effective treatments that greatly alleviate the suffering caused by bipolar mood disorder are available.

What causes bipolar mood disorder?
The exact cause of bipolar mood 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 mood 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 mood disorder (just as there are different kinds of arthritis). However, if you have bipolar mood disorder and your spouse does not, there is only a one in seven chance that your child will develop it. The probability increases, however with the more relatives you have with bipolar mood 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 the 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 mood disorder?
Bipolar mood 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 mood 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 mood 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 mood disorder is characterized by four episodes during the first ten years of illness. Men are more likely to start with a manic episode, whilst women may 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 mood swings.

Special terms are used to describe common patterns:

- In ***bipolar I mood 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 mood disorder. It is likely that you will experience future episodes of depression, as well as mania - unless you get effective treatment.
- In ***bipolar II mood disorder***, a person suffers only hypomanic (a mild form of mania) and depressive episodes, not full manic or mixed episodes. Bipolar II mood disorder 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 mood 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 mood 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 mental healthcare users with bipolar mood 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 mood 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 mood 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 mood disorder?
In the course of bipolar mood 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 caase psychosis – 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 (e.g. 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 behaviour involving driving, abuse of drugs and alcohol, sexual indiscretion, and impulsive, or catastrophic business decisions. You may feel unusually *high*, euphoric or irritable (or appear 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 what you are saying;
- 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 (e.g. 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 as dysphonic mania, occur in up to 40% of individuals with bipolar mood 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; and / or
    - 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 or an 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 mood disorder 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 mood disorder can be managed successfully through proper treatment, which allows most mental healthcare users 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 mood disorder, will have another. Because of this, maintenance treatment is essential in this illness. A good quality of life is usually obtainable with effective treatment.

How do I get help?

If you suspect that you, a family member, or a friend has bipolar mood disorder, you should consult a mental health professional. This can be done through your family doctor or a psychiatrist.

Do not be afraid to speak up or seek a second opinion. Many people consult more than one mental health professional before developing a comfortable partnership.

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

How is bipolar mood disorder diagnosed?

Obtaining a thorough present and past history is key to the diagnosis of bipolar mood disorder. While the mental healthcare user 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 mental healthcare user 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 between 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 bipolar

mood disorders, certain tests may be helpful in excluding medical disorders that can mimic mania or depression.

How often should I see 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, call your doctor if you have:

- suicidal or violent feelings;
- changes in your mood, sleep patterns, or energy levels;
- 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?
In-hospital treatment is sometimes necessary, but this is usually brief. Hospitalisation can be essential to prevent self-destructive behaviour, as well as aggressive and impulsive behaviours, that may have serious consequences. Manic mental healthcare users often require hospitalisation as they do not recognise that they are ill.

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

Depression is sometimes treated within the hospital setting, when there is a threat to the person's life, risk of self-neglect or suicide, or when there are medical complications that cannot be treated at home. Some people require hospitalisation to help them limit substance abuse. The early recognition and management of mania and depression
helps to prevent the need for hospitalisation.

What type of medication is used for bipolar mood disorder?
The symptoms of bipolar mood disorder may 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 mood 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 lifetime of a person living with bipolar mood disorder many symptoms and symptom complexes may necessitate 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 the management of bipolar mood disorder. There is a 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.

How well does preventative medication work?
Mood stabilisers are the core of prevention. About one in three people with bipolar mood 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 when the first warning signs appear can usually restore your mood. Sometimes only a small adjustment to your medication is required.

Medication adjustments are usually a routine part of treatment (just as insulin doses are changed from time to time in people who suffer from diabetes). Never be afraid to report changes in symptoms – they usually do not require any dramatic change in treatment and your doctor will be eager to help.

Medication
Take responsibility for taking your medicines. Learn about your medicines, how they work, what to expect, possible side-effects as well as dietary and lifestyle restrictions.

You should understand the common side-effects of your medicines and that these tend to be mild and pass off with time. Knowledge of serious side-effects of your medicine is important, along with the realisation that these side-effects tend to be uncommon. Some serious side-effects may be delayed in onset, and may only appear after prolonged use of the medicine. Serious side-effects may require that you stop the medicine. If you have doubts about your medication, consult your treating healthcare provider.

What to do about medication side-effects
Tell your doctor right away about any side-effects you may be experiencing. Some people have different side-effects than others and one person's side-effect (e.g. sleepiness) may actually help another person (e.g. someone who suffers from insomnia).

At least half of those who take mood stabilisers experience side-effects. These are especially common in high doses and when 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 medication is needed. Side-effects are usually worse early on in the treatment process, but some people who have taken medication for 20 years or longer with good results may still develop problems with side-effects or toxicity, although this does not always happen.

What side-effects are most common?
It is important to recognise that most of the side-effects tend to be mild, and that serious side-effects are usually rare. Not all people experience side-effects and the severity will differ from person to person.

How quickly will the medication work?
Some mental healthcare users' 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, to ease the process of adjusting to your medication.

Side-effects of mood stabilisers, antipsychotic and SSRI* anti-depressant medications

Drug	Common side-effects which may be experienced early on 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, increased urination, tremor, concentration 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, headaches.	Potentially dangerous skin rashes, effects on weight is neutral, levels affected by valproate and carbamazepine.
Sodium Valproate	Nausea, vomiting, upset stomach, dizziness, drowsiness, tremor.	Weight gain, hair thinning, potential ovarian cysts, altered liver function, drug interactions.
Carbamazepine	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.
Olanzapine	Drowsiness, stomach upset, increased appetite, tremor, dizziness.	Weight gain, increased risk of diabetes, increased cholesterol, risk for tardive dyskinesia (movement disorder) uncertain.
*SRRI's (Selective Serotonin Reuptake Inhibitors)	Nausea, vomiting, stomach upset, headaches, agitation, insomnia, tremor, sweating.	Lowered libido, discontinuation problems, weight changes.

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 mood disorder has gone away and that they do not need medicine anymore. Unfortunately, the medication does not *cure* bipolar mood 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 could seriously think of stopping preventive medication are – if you want to become pregnant or if you have a serious medical problem that would make taking the medicine unsafe. Always talk these situations over with your doctor.

Dos and don'ts regarding medication:
- Take medicines only as prescribed. Inform all doctors who you see of the medicines you are taking.
- Do not expect medicines to fix a bad diet, lack of exercise or an abusive or chaotic lifestyle.
- 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 and excessive caffeine.
- 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 medicines used with all of the relevant prescribing doctors.
- Stopping and starting medicines can have serious consequences for your health. Stopping medication because you are "well" has been shown to increase your chances of relapse. Bipolar mood disorder is a recurring condition and 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 your treatment regime. Be sure to discuss all of your concerns and any discomforts experienced with your treating healthcare providers and family. If you feel that your 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 the side-effects. If you stop your medication, you probably won't have an acute episode immediately, but eventually you may have a relapse.

Is ECT useful for treating bipolar mood disorder?
ECT (electroconvulsive therapy) has acquired a controversial public image. So much so that people who might benefit from a course of treatment are often reluctant to have it. 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. ECT may affect your short term memory, but the effect usually passes with time. Studies comparing ECT with antidepressants have favoured ECT to be more effective at relieving depression than antidepressants in the short term.

Is counselling / therapy useful for treating bipolar mood disorder?
Counselling plays an important adjunctive role in the treatment of bipolar mood disorder. Therapy goals 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 to your 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.
- ***Interpersonal therapy*** focuses on reducing the strain that a mood disorder may place on relationships.

Psychotherapy can be aimed at the individual (only you and a therapist), a group (with other people with similar problems), or the 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 the full effects. However, the benefits may be long lasting. Remember that people can react differently to psychotherapy, as they do to 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.

How can you help yourself?

- Firstly, become an expert on your illness. Since bipolar mood 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. 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 medication you are taking.
- Maintain a regular pattern of activity. Do not become 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 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 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. 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 you and your family about bipolar mood 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 the highest importance and in the long run this will increase your overall productivity. Try to keep predictable hours and go to sleep at a reasonable time. If mood symptoms interfere with your ability to work, discuss this with your doctor. How much you wish to discuss about your health with employers and co-workers is ultimately up to you. Ask a family member to inform your employer if you are unable to go to work.

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 mood 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 mood disorder, become informed about your loved one's illness, the causes, and available treatments. Talk to the mental healthcare user's doctor if possible.

- Learn the particular warning signs of how that person acts when he or she is experiencing manic or depressed episodes.
- Encourage the mental healthcare user to stick with the treatment, see the doctor and avoid alcohol and drugs. If the mental healthcare user 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 about 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 mental healthcare user'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 they are 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 mental healthcare users. Hospitalisation can be life saving in both cases. If you are helping to take care of a loved one at home, try to take turns with *checking-in* on the person's needs so that all responsibilities are shared and caregiver burnout is prevented.
- When mental healthcare users 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 the person suffering from the illness need to tell the difference between a good day and hypomania, and between a bad day and depression. Mental healthcare users taking medication for bipolar mood disorder, have good days and bad days (just like everyone else) that are not part of their illness.
- Take advantage of the help available through support groups.

Getting help
For more information about Life Mental Health's facilities and service offerings please contact 011 219 9620 or email to mentalhealth.headoffice@lifehealthcare.co.za.

Alternatively you can contact the South African Depression and Anxiety Group (SADAG):

0800 12 13 14
0800 70 80 90
0800 56 75 67
011 234 4837
www.sadag.co.za

SADAG has an extensive list of psychologists, psychiatrists and support groups nationally and Life Mental Health would like to thank them for the contents of this brochure.