

WHAT SHOULD YOU DO IF YOU WANT TO STOP TREATMENT?

It is normal to have occasional doubts and discomfort with treatment. Be sure to discuss all your concerns and any discomforts with your doctor, therapist and your family. If you feel a treatment is not working or is causing unpleasant side effects, tell your doctor - don't 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.

IS COUNSELLING/THERAPY USEFUL FOR TREATING BIPOLAR DISORDERS?

Counselling plays an important 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.

BIPOLAR DISORDER

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HOW OFTEN SHOULD I TALK WITH MY DOCTOR?

During acute mania or depression, most people talk to 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 of your health and medication every few months.

- Regardless of scheduled appointments, call your doctor if you have:**
- Suicidal or violent feelings
 - Changes in mood, sleep, or energy
 - Changes in medication side effects
 - General medical illness that may affect bipolar treatment

MEDICATION

Mood stabilisers are medications used to stabilise the mood, i.e. to prevent mania or depression. Mood stabilisers are the backbone of management of bipolar disorder. 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 as prescribed. Over a person's lifetime many symptoms and symptom complexes may appear necessitating the use of a range of interventions. Your doctor will discuss the need for additional medication should their use be considered necessary.

- Manage your medication:**
- **Changing medicine is a complicated decision. It is VERY dangerous to make changes in your medicine on your own!**
 - 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.
 - Take medicines only as prescribed. Inform all doctors who prescribe medicine for you of all the medicines you are taking.
 - Use a daily reminder to ensure regular use.
 - Don't expect medicines to fix a bad diet, lack of exercise or an abusive or chaotic lifestyle.
 - Many medicines used to treat "physical" illnesses can cause mood changes or interfere with your medicines. Discuss all medicine changes with all relevant prescribing doctors.
 - Stopping and starting medicines can 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 medication.
 - Take your medication as directed even if you have felt better for a long time.

WHAT IS BIPOLAR DISORDER?

Bipolar disorder is a psychiatric illness marked by extreme changes in mood, energy and behaviour. That's why it is classified as a "mood disorder". Bipolar disorder (previously called manic depression) involves episodes of mania and depression, with periods of normal moods in between.

ESSENTIALLY bipolar disorder consists of four states:

- Highs
- Mixed states
- Lows
- Rapid cycling

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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.

IS BIPOLAR DISORDER TREATABLE?

Untreated bipolar disorder 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. 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. 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 or the South African Depression and Anxiety Group (SADAG) have a list available.

If you are not happy with your doctor or therapist, don't 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. Most of us are probably more aggressive about our choice of hairdresser or car mechanic than we are about our health care provider.

Psychiatrists are medical doctors who specialise in the diagnosis of mental illness. In addition to providing counselling, they are the only mental health professional who can prescribe medication. Clinical psychologists, clinical workers and nurse specialists can also diagnose and provide counselling and psychotherapy, but not prescribe medicine.

INTRODUCTION

Bipolar disorder is more than just a simple mood swing. Bipolar disorder is a psychiatric illness marked by extreme changes in external situations. In the manic or "high" phase of the illness you are "just happy", you are ecstatic. A great burst of energy can be followed by a severe depression, which is the "low" phase of the disease. Periods of fairly normal moods can be experienced between cycles, which are different for different people. They can last for days, weeks, or even months. Bipolar disorder can be disabling, but it also responds well to treatment. Many other diseases can masquerade as bipolar disorder, so it's important to receive a competent medical evaluation as soon as possible.

WHAT CAUSES BIPOLAR DISORDER?

While the exact cause of bipolar disorder is not known, it is believed to be a combination of biochemical, genetic and psychological factors. Research has shown that this disorder is associated with a chemical imbalance in the brain that can be corrected with appropriate medication.

Genetic Factors

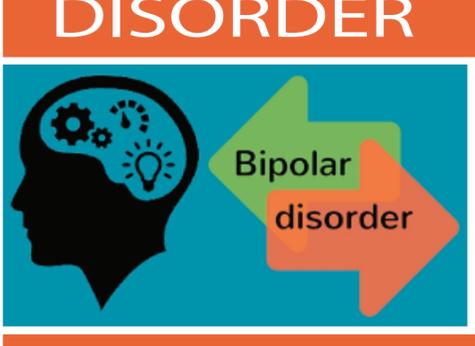
Bipolar disorder tends to run in families. Researchers have identified a number of genes that may be linked to the disorder suggesting that several different biochemical problems may occur in bipolar disorder (just as there are different kinds of arthritis). However, if you have bipolar disorder and your spouse does not, there is only one in seven chance that your child will develop it. The chance may be greater if you have a number of relatives with bipolar disorder or depression.

Psychological Factors

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 stress 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. The earlier treatment is started, the more effective it may be in preventing future episodes.

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HELPLINE
0800 21 22 23
www.sadag.org

TREATMENT AND REFERRAL GUIDE

- How to recognise Bipolar
- Who to approach for treatment
- Treatment Options
- Self Help

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WHAT CAN YOU DO TO HELP YOURSELF?

- Become an expert on your illness. Bipolar disorder is a lifetime condition so it's essential to learn about it. Read books, attend lectures, talk to your doctor or therapist. Learn as much as you can about bipolar disorder. The more you know, the more control you have over your life.
- Be your doctor's partner. Take your medication as prescribed. Inform your doctor of all the medication you are taking.
- Maintain a stable sleep pattern. Go to bed around the same time each night and get up about the same time each morning. 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.
- 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 medicine. Please ask your pharmacist or doctor.
- Support from family and friends can help a lot. However, you should also realise that it is not always easy to live with 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 chance may be greater if you have a number of relatives with bipolar disorder or depression.
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- ### WHAT CAN FAMILY AND FRIENDS DO TO HELP?
- Learn the warning signs of suicide. Take any threats the person makes very seriously. Call a hospital emergency room if the situation becomes desperate or call SADAG on 0800 21 22 23.
 - With someone prone to manic episodes, take advantages of periods of stable moods 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.
 - If you are helping to care for someone at home, try if possible, to take turns "checking in" on a patient's needs so that they don'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.

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