Understanding Bipolar

Bipolar is a condition in which a person’s mood can cycle from overly positive and active (up, also called mania) to very depressed and inactive (down).

People will have periods of stable mood in between. Everybody experiences bipolar slightly differently, but generally all ethnic groups have similarities in symptoms.

It is important to know that bipolar can be managed well with the right mix of strategies.

“What bipolar disorder can be a great teacher. It’s a challenge, but it can set you up to be able to do almost anything else in your life.”

Carrie Fisher

What causes it?

We do not know the exact cause of bipolar. Genetic and biochemical factors and stressful life events may all play a role. If someone in the family/whānau has relatives with bipolar, they may have an increased chance of developing it. Early trauma (e.g. grief, physical or emotional abuse and neglect), physical illness, lack of sleep and misuse of alcohol, drugs, substances and medications may also be risk factors for onset of first and subsequent episodes.

When does it start?

Bipolar often starts in a person’s late teens or early adult years, but adults in later life can also develop bipolar. The diagnosis in children is controversial. Up to 2% of the adult population are diagnosed and around 5% of people may experience milder, but noticeable mood fluctuations. Episodes of mania and depression typically recur across the life span. Between episodes, many people with bipolar are free of symptoms, with others having some ongoing symptoms.
Signs of bipolar

Everybody experiences mood shifts in daily life, but with bipolar these changes can be more pronounced.

Often, people with bipolar will seek help during ‘downs’ or periods of depression, as they feel bad then, but when they are ‘up’ they feel fantastic. They may not be aware they are acting in ways that concern others – typically it is family members and others who know you well who are concerned during periods of mania.

Depressive episodes

Symptoms may include:
- Low or depressed mood
- A sense of hopelessness
- Lack of energy
- Feelings of guilt or worthlessness
- Inability to concentrate
- Loss of interest in, or enjoyment of, usual activities
- Sleep disturbances
- Wanting to escape one’s mind (suicidal thoughts and behaviour)*
- Eating problems.

*Note: Suicidal thoughts and specific plans for suicide must always be taken seriously by others.

Manic episodes

Symptoms may include:
- Elevated or ‘high’ mood
- Restlessness
- Extreme irritability
- Talking very fast
- Poor judgement
- Racing thoughts and ideas
- Unable to sleep
- Feeling very important
- Risky behaviour
  (e.g. overuse of drugs/alcohol, spending money, aggressive or overly sexualised behaviour)
- Doing things very fast and often
  (e.g. excessive cleaning).

A person may be unaware of the changes in their attitude or behaviour. After a manic phase is over, they may be shocked at what they have done and the effect it has had.
As with all other physical and mental health problems - seeking help early helps!

Where can I get help?

A GP is the best person to talk with first. Get a GP who you feel comfortable with. Tell him or her what is going on for you and how it is affecting your life. He/she may refer you to a psychiatrist who will do an assessment and discuss the various options for treatment.

You need to be well informed about all the services and treatment options available. It’s important to note that to get the right treatment you need to be honest about your moods and what is going on for you. Sometimes this is hard to do, particularly if you are worried about what others might think of you.

The most common clinical treatment strategies are:

**Medication:** different types are available and you need to find what suits you. Most commonly, ‘mood stabilising’ medications such as Lithium, Sodium Valproate, or Lamotrigine are prescribed. If a medication isn’t working for you, discuss this with your doctor and work together to find the option that suits you best.

**Talking therapies:** in many areas of New Zealand, GPs can refer for a small number of funded sessions with a Clinical or Registered Psychologist or Counsellor. In addition, Community Mental Health Centres of District Health Boards (DHBs) may have therapists that you can see. Sometimes if you are in a crisis situation, respite care in a house in the community or hospital admission may be needed.

If you are in a crisis

If you are extremely distressed and need immediate help, you or your family can call the crisis (or psychiatric emergency) mental health services (which every DHB has), or call an ambulance.

Either way, you will be assessed by a mental health clinician. Options for care and treatment following a crisis situation are:

- Support in your own home (i.e. medication management)
- Respite care in a house in the community, staffed by mental health or peer workers
- Admission to an inpatient psychiatric ward for assessment and management of your condition.
Medication

People who experience bipolar are individuals, so different people may suit different types, doses and combinations of medication.

Some people may not fully respond to medication or simply find medication difficult to tolerate. It is helpful/important for people to take medication as prescribed, and to feed back to their doctor any symptoms or side effects they are experiencing so adjustments can be made.

Sometimes people do not take their medication as prescribed - they might take a lower dose than indicated, or stop one or all medications entirely. People may self-medicate and may change their medications without their doctor’s knowledge. There are a number of possible reasons for this:

The side-effects are too severe - common ones are feeling ‘fuzzy headed’, feeling a loss of creativity and feeling ‘flat’.

Advice from friends or relatives who may be into natural therapies, such as ‘You don’t need to take medication - it’s bad for you’.

Not having enough information about or not understanding what the medication is supposed to do.

Feeling better on medication, so thinking that ‘I’m all better now and don’t need to take medication’.

Thinking: ‘I’m not/never have been sick; I don’t need to be on medication. It’s the medication that’s making me feel ill.’

A range of medication choices exists and deciding on the best approach for a particular person is a complex task.

It may take a while to find the right medication that suits you, and that may change over time.

It is important to note that, to date, no complementary or alternative therapies on their own are effective for bipolar. However, some say they have seen the benefit from a number of these therapies in addition to medication.

If you decide to use other therapies or strategies as well as medication, tell your doctor.

Many people do find that an important factor in keeping their mood stable is to take their medication regularly.
Talking therapies

Talking therapies (e.g. psychotherapy or mindfulness therapy, or Cognitive Behavioural Therapy - CBT) can be an important part of treatment for bipolar. A good therapist who you feel you can trust can help you cope with feelings and symptoms, and change behaviour patterns that may contribute to your mood changes.

Talking therapy is not just ‘talking about your problems’; effective therapies that help bipolar typically involve using tools to get balance into your thinking and feeling states, and may also involve working toward solutions or working towards accepting bipolar.

Some therapy may involve homework, such as tracking your moods, writing about your thoughts, or participating in social activities that have caused anxiety in the past. You might be encouraged to look at things in a different way or learn new ways to react to events or people. Sometimes people don’t know what to talk about in a counselling/therapy session.

One thing you can do is make a list of the things that are bothering you and the issues you would like help with. Bring it with you to your appointment.

The list might include:
- Issues in your family or other relationships
- Symptoms like changes in eating or sleeping habits
- Anger, anxiety, irritability or troubling feelings
- Thoughts of hurting yourself.

Most of today’s counselling and talking therapies are brief and focused on your current thoughts, feelings and life issues.

Focusing on the past can help explain things in your life, but focusing on the here and now can help you cope with the present and prepare for the future.
What can I do to help myself?

Self-management is built on the principle that people with bipolar are experts on their own health and wellbeing.

Self-management teaches people to recognise the early triggers and warning signs of an upcoming episode, and adopt coping strategies, so that they can maintain wellbeing and more control over pronounced mood states.

Coping strategies are things that are good for anyone to do to be healthier and may include:

- Educating yourself about bipolar – there are many books and websites available
- Learning your particular early warning signs or triggers by keeping a mood diary
- Identifying and reducing stressful activities
- Ensuring you are eating healthy food
- Using relaxation exercises and/or yoga, meditation or massage
- Getting enough sleep
- Exercise
- Peer support (e.g. support groups)
- Fun: Make sure you regularly do things that you enjoy and that give your life meaning

Support from people with the same background as you (e.g. age, ethnic group, sexual orientation), if you feel that is important to you

Getting support from whānau, friends, therapists

Humour: TV comedies, funny movies

Work
- Cutting back on non-prescribed drugs and alcohol
- Being kind to yourself and others
- Writing a 'relapse plan'.

Having a plan

Many people find that having a written plan is helpful.

This may be called a 'wellness/wellbeing plan or relapse plan' or whatever you find useful. Having a personalised plan that is developed together with your GP/psychiatrist, and which others (such as whānau, partner, close friends and community mental health staff) are aware of, may help during difficult times.

Plans can set out in your own words your warning signs and symptoms (i.e. things that ‘trigger’ your depression or mania), the things that you will let others tell family/friends, and what you will do if told that you need extra treatment. These can all help to ensure that you get the support and professional help you need.
Whānau support and involvement

The level of whānau support and involvement is up to each person. Family members may be struggling to know how to help so, if you can think of positive ways they can support you, ask them.

Remember – it may be difficult and distressing for family and friends to see your pronounced moods and they may need to:

- Seek support for themselves from friends, whānau and/or counsellors
- Educate themselves on bipolar
- Get help with understanding what is happening to their loved one
- Learn to communicate clearly about boundaries and behaviours
- Learn to manage their own stress.

Family/whānau can learn to use words that may help you feel supported:

“You are not alone in this. I’m here for you.”

“You may not believe it now, but the way you’re feeling will change.”

“I may not be able to understand exactly how you feel, but I care about you and want to help.”

“You are important to me. Your life is important to me.”
Where can I get more information?

BALANCE - NZ Bipolar Support and Depression Network
Website: www.balance.org.nz

Bipolar Support @ MHAPS (Mental Health Advocacy & Peer Support)
Website: www.bipolar.mhaps.org.nz

Mental Health Foundation of NZ
for resources, DVDs, books and further information.
PO Box 10051, Dominion Rd,
Auckland 1446
Units 109 – 110, Zone 23,
23 Edwin Street, Mt Eden, Auckland
Phone: (09) 623 4812
Email: resource@mentalhealth.org.nz
Website: www.mentalhealth.org.nz

For a pictorial view of bipolar:
www.nursingschoolhub.com/bipolar

SEEK HELP EARLY!