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# MANAGEMENT OF BIPOLAR DISORDER AND HOW PSYCHOEDUCATION CAN HELP

**B**ipolar Disorder remains one of the psychiatric conditions that presents with high rates of non-adherence to treatment protocols. Especially when it comes to non-adherence to taking prescribed medication. Due to this, what's commonly seen in general clinical practice is people relapsing into depressive episodes, manic or hypomanic episodes as well as mixed episodes.

The three most important factors leading to relapses in bipolar disorder are:

- Stressors
- Noncompliance to taking prescribed medication for bipolar disorder
- Substance use or abuse

Just as the prescribed mood stabilisers help to stabilise patients' moods; other substances can do the opposite and are called mood destabilisers. Medications with codeine are of particular importance as codeine is a severe mood destabiliser. Intake of high levels of caffeine can also destabilise bipolar patients' moods. So it's important patients acquire the necessary knowledge to help prevent mood destabilisation.

This unfortunately leads to bipolar disorder not stabilising well and therefore patients experience more frequent episodes of depression and mania or mixed episodes. It's known that episodes, especially longer lasting, more severe episodes can be toxic to the brain. The longer-term consequence is that brain health is impacted negatively. Thus, good adherence to treatment is of value because it helps to be neuroprotective and improves the functioning of patients with bipolar disorder.

Good adherence and compliance to treatment is a particularly important goal for the effective management of bipolar disorder. Psychoeducation has been shown to be a valuable technique here. In this regard compliance in taking medication is important as it remains a vital part of the treatment protocol for bipolar disorder. Although various psychoeducational programmes are used, the Colom Psychoeducation Model for bipolar disorder has been widely recognised as an effective treatment modality.

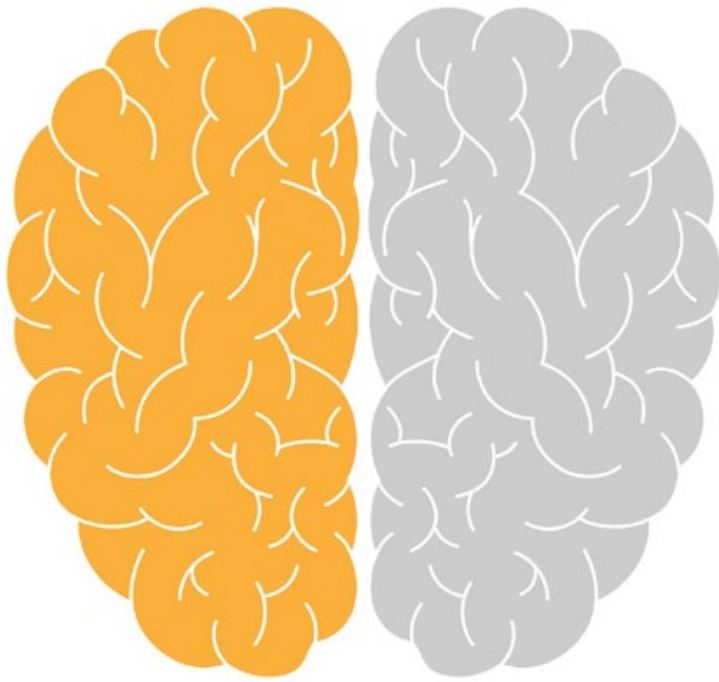
The main objective of psychoeducation for bipolar

disorder is to improve the understanding and conceptualisation of bipolar disorder. Psychoeducation aims to give patients information as to the causes and influences of bipolar disorder and that it is a brain based biochemical disorder. To this end psychoeducation must apply scientific principles to the understanding and management of bipolar disorder. This helps with developing insight as to the need for treatment and the recognition that bipolar is a serious mental health disorder and that patients suffering from it must take personal responsibility for the management of their condition. Psychoeducation puts structure to the process of managing bipolar disorder. This is immensely helpful for patients, knowing what to do to manage bipolar disorder and when to do it.

Psychoeducation for bipolar disorder must give attention to the following:

- Improving compliance, adherence, and concordance to all aspects of treatment of bipolar disorder.
- Improving recognition of early symptoms and signs of bipolar disorder.





# BIPOLAR DISORDER

- Improving emotional regulation.
  - Acceptance of bipolar disorder without the interference of myths, and incorrect beliefs.
  - Identification of personal trigger factors that could lead to and cause a relapse.
  - Identification of relationship issues that could be part of trigger factors.
  - Improving the clear understanding of mania, hypomania, and depression as well as mixed moods.
  - Improving patients' understanding of the importance of sleep routines and healthy habits.
  - Teaching patients the correct way of marking their mood diaries.
  - To create an understanding of the various psychopharmacological treatments available, their functions, class, and possible side effects. Patients should be able to personalise this information and know where their prescribed medication for bipolar fits in.
- To compare scientific to alternative treatments helping patients to avoid possible pitfalls.
  - Address substance abuse, as well as substances and medications that could have a detrimental impact on bipolar disorder. The International Society for Bipolar Disorder indicates that up to 56% of patients diagnosed with bipolar disorder could have a comorbid substance abuse problem.
  - Teaching patients how to identify stress as well as techniques to manage it.
  - Improving the ability to identify new episodes and management of new episodes.
- Various studies including random clinical trial studies have shown the efficacy of psychoeducation programmes. Lately studies have been published

that apply to general clinical practice and have also shown positive results for the efficacy of psychoeducation for bipolar disorder. Psychoeducation improves relapse rates as well as adherence to medication and stabilising improving social functioning. Psychoeducation also reduces the risk for hospitalisation. The latest studies show efficacy of psychoeducation for both Bipolar 1 Disorder as well as Bipolar 2 Disorder.

Psychoeducation at this stage does not impact on self-harm, suicide, and involuntary admission to hospital. This is most probably due to the serious nature of episodes when self-harm, suicide or involuntary admission to hospital occur. When these factors occur, it's important that other treatment modalities better suited to deal with these emergencies, must be included to manage these issues.

Psychoeducation is generally done in a group setting and on average varies from a few sessions to up to 21 sessions. These would include patients diagnosed with bipolar disorder, but patients are required to be stabilised well enough to benefit from psychoeducation and should also not be disruptive in a group setting. Psychoeducation has been shown to be well received and of value to family members and significant others of patients diagnosed with bipolar disorder, receiving the necessary information about bipolar disorder and how to best support and to interact with patients.

How well patients function will determine their ability to navigate life's demands and contribute to better self-confidence. Due to the encouraging results, psychoeducation is now recommended by various mental health treatment guidelines for bipolar disorder in different parts of the world. As such it's important that mental healthcare practitioners should see the value and utilise psychotherapeutic interventions such as psychoeducation for bipolar disorder to the advantage of their patients. **MHM**

**References available upon request**