

#### FOR FURTHER HELP CONTACT:

##### **SOUTH AFRICAN DEPRESSION AND ANXIETY GROUP**

Tel: 011 262-6396

##### **SCHIZOPHRENIA AND BIPOLAR DISORDERS ALLIANCE**

Tel: 011 463-9901

##### **MENTAL HEALTH INFORMATION CENTRE**

Tel: 021 938-9229

##### **CAPE MENTAL HEALTH**

Tel: 021 447-9040

##### **SOUTH AFRICAN FEDERATION FOR MENTAL HEALTH**

<b>Tel:</b>	<b>011 781-1852</b>
Johannesburg	011 614-9890
Pretoria	012 332-3927
Vaal	016 931-2910
Western Cape	021 447-9040
Eastern Cape	043 722-9680
FreeState	051 444-0212/3
Durban	031 207-2717
North West	018 297-5270
Mpumalanga	017 631-2506

##### **BIPOLAR SUPPORT GROUPS**

###### **GAUTENG**

Alberton	Driekie	011 908-4417/082 379-2689
Bertrams	Charlene	011 614-9890
Edenvale	Winnie	011 972-2879
Faerie Glen (Pretoria)	Francois	082 990-7074
Heidelberg	Avril	082 226-6679/016 341-6779
Johannesburg	Linda Trump	011 485-2406
Randburg	Anna	084 471-8004
Randburg	Suzi	082 775-6544
West Rand	Sister Mae Barrington	011 674-1200 ext 2140

###### **KWAZULU NATAL**

Durban	Linda	031 205-8915
Westville	Mary-Rose	031 563-5765
Pietermaritzburg	Claire	033 345-2041/084 240-9610
Kwa Dukuza	Anna Govender	031 947-2381/084 455-4433

###### **MPUMALANGA**

Witbank	Gwen	013 692-5388
Witbank	Irene	073 448-4085
Witbank	Emma	083 599-4603/013 699-1974
Ermelo	Judy Grey	076 474-6994/017 811-1919

###### **WESTERN CAPE**

Kenilworth	Jan	022 485-7200/072 424-1812
Malmesbury	Michelle	021 460-3924/082 412-4448
Mowbray	Sherill	021 686-6033
Rondebosch	Suzanne	012 794-2738
Worcester	Francis Crous	082 647-8883/023 342-1881

Please contact SADAG on 011 234 4837 for new support groups or new groups opening in an area near you.

**Dr. Reddy's** 

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# BIPOLAR DISORDER



## HELPLINE

0800 21 22 23 [www.sadag.org](http://www.sadag.org)

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## TREATMENT AND REFERRAL GUIDE

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

# BIPOLAR DISORDER

## QUOTES FROM PATIENTS

"The highest, biggest, quickest, can't keep up with it all, from can't possibly fail, to irritation to rage, and finally to the lowest, murky chamber of hell where the darkest of moods slowly strangles every hope... and, maybe, in-between all is all right."

**Depression:** "I doubt completely my ability to do anything well. It seems as though my mind has slowed down and burned out to the point of being virtually useless... [I am] haunt[ed]... with the total, the desperate hopelessness of it all... Others say, "It's only temporary, it will pass, you'll get over it, but they don't know how I feel, even if they think they do. If I can't feel, move, think or not care, then what on earth is the point?"

**Mania:** "The fast ideas become too fast and there are far too many... overwhelming confusion replaces clarity... you stop keeping up with it - memory goes. Infectious humour ceases to amuse. Your friends become frightened... everything is now against the grain... you are irritable, angry, frightened, uncontrollable, and trapped."

**Hypomania:** "At first when I'm high, it's tremendous... ideas are fast... like shooting stars you follow until brighter ones appear... all shyness disappears, the right words and gestures are suddenly there... uninteresting people and things, becoming intensely interesting. Sensuality is pervasive, the desire to seduce and be seduced is irresistible. Your marrow is infused with unbelievable feelings of ease, power, well-being, omnipotence, euphoria... you can do anything... but, somewhere, this changes."

*Descriptions offered by patients themselves offer valuable insights into the various mood states associated with bipolar disorder.*

## PEOPLE WITH MENTAL ILLNESSES ENRICH OUR LIVES

• Abraham Lincoln, • Virginia Woolf, • Lionel Aldridge, • Beethoven, • Gaetano Donizetti, • Robert Schuman, • Leo Tolstoy, • Vaslav Nijinsky, • John Keats, • Tennessee Williams, • Vincent Van Gogh, • Isaac Newton, • Ernest Hemingway, • Sylvia Plath, • Michaelangelo, • Winston Churchill, • Vivien Leigh, • Emperor Norton, • Jimmy Piersall, • Patty Duke, • Charles Dickens

These people have experienced one of the following mental illnesses: Schizophrenia, Bipolar, Depression or Anxiety.

# BIPOLAR DISORDER

## WHAT CAN FAMILY AND FRIENDS DO TO HELP?

If you have a family member or friend 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.

- 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. 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 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.
- If you are helping 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.
- Both you and patient need to tell the difference between a good day and hypomania, and between a bad day and depression.
- Take advantage of available support groups and SADAG.



# BIPOLAR DISORDER

allergies, or pain. Even small amounts of these substances can interfere with sleep, mood or your medicine.

- 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 criticism that the disorder can cause. Call SADAG on 0800 21 22 23 for more information on support groups.
- Try to reduce stress at work. 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.

## FIVE KEY RECOVERY CONCEPTS

**Hope.** With good symptom 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.



# BIPOLAR DISORDER

## INTRODUCTION

Bipolar disorder is more than just a simple mood swing. Bipolar is when you experience the sudden, dramatic shift in the most extreme emotions. These shifts seem to have little to do with external situations. In the manic or “high” phase of the illness you aren’t 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.

## HOW THIS BROCHURE WILL HELP

This booklet was created to help you understand how treatment may make living with bipolar disorder easier. You’ll discover what you may expect from therapy and medication; how they work alone and with other treatments; and when to call your physician and/or mental health professional. You’ll learn about the different types of bipolar disorder and their symptoms, and ways to manage your own health.

## WHAT IS BIPOLAR DISORDER?

Bipolar disorder is a physical 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 mood in between.

### Essentially bipolar disorder consists of four states:

- Highs
- Mixed states
- Lows
- 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 recurrent periods 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, although there are effective treatments available.



# BIPOLAR DISORDER

## 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.

### *Biochemical 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 are often associated triggers. Some people may have a “faulty switch-off”- emotional excitement may keep escalating into mania setbacks that 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. The earlier treatment is started, the more effective it may be in preventing future episodes.



# BIPOLAR DISORDER

## IS COUNSELLING/THERAPY USEFUL FOR TREATING BIPOLAR DISORDER?

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.

## TYPES OF PSYCHOTHERAPY

Three types of psychotherapy appear to be particularly useful for the treatment of bipolar disorder:

### *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.



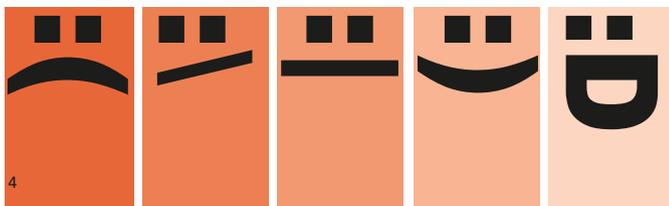
### *Interpersonal therapy*

Focuses on reducing the strain that a mood disorder may place on relationships.

## 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,

9



# BIPOLAR DISORDER

## 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 in an ongoing way. 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 life style.
- 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 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 the 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.

# BIPOLAR DISORDER

## WHO GETS BIPOLAR DISORDER?

Bipolar disorder affects about 1% of the population. Men and women are equally affected - although men tend to have more manic episodes while women experience more depressive episodes. While the disorder has been seen in children, the usual age of onset is late adolescence and early adulthood.

## TERMS TO DESCRIBE COMMON PATTERNS

**Bipolar I**, 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 become ill for the first time and it was with a manic episode, you are still considered to have Bipolar 1.

**Bipolar II**, a person has only hypomanic (a mild form of mania) and depressive episodes, not full manic or mixed episodes. Bipolar II is often hard to recognise because hypomania may seem "supernormal", especially if the person feels happy, has lots of energy, and avoids getting into serious trouble. Hypomania may be overlooked and treatment only sought for 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.

**Rapid Cycling**, a person has at least four episodes per year, in any combination of manic, hypomania, mixed or depressive episodes. This pattern is seen in approximately 5%-15% of patients with bipolar disorder.



# BIPOLAR DISORDER

## MANIA VS HYPOMANIA

During a manic episode, mood is 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. Energy levels are high; self-esteem is inflated; sociability greatly increased, and enthusiasm abounds. There may be very little need for sleep 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 not normal. A manic episode is more severe than a hypomanic 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 may be difficult to distinguish from schizophrenia and mistaking the two is not uncommon.

## DEPRESSION

During a depressive episode, mood is sad, unhappy or irritable. Self-esteem is low; thoughts are negative; and there is loss of interest in usual activities and inability to experience pleasure. Concentrating is difficult and decision-making is impaired. Feelings of hopelessness and helplessness are common with both the present and future looking bleak. Guilt, crying and social withdrawal are additional features. Suicidal thoughts, plans and attempts are common. Physiological findings associated with depression include sleep disturbance (either insomnia or oversleeping), change in appetite, fatigue, loss of interest in sex, and bodily pains.

## 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.

6

# BIPOLAR DISORDER

## 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).

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.

## 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.

## 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, 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

7