

# Bipolar Disorder



## HELPLINE

**0800 21 22 23** (8am to 8pm)

**0800 567 567** (24 hours)



**Dr.Reddy's** 

Bipolar Disorder can affect any race, gender & culture.  
There is treatment. You are not alone.

[www.sadag.org](http://www.sadag.org)

# What...

## What is Bipolar Disorder?

Bipolar disorder is more than just a mood swing. Bipolar disorder is a medical condition that causes extreme mood swings from emotional highs (mania or hypomania) to lows (depression).

Bipolar disorder is called a 'mood disorder' because it affects mood, energy, thoughts and behaviour. Bipolar disorder can be disabling and even life-threatening. Bipolar disorder is a chronic, lifelong condition, that can be treated and managed with medication and psychological counselling.

## Who Gets Bipolar Disorder?

Bipolar disorder affects about 1% of the population. Men & women are equally affected - although men tend to have more manic episodes while women experience more depressive episodes.

## When Does Bipolar Disorder Begin?

Bipolar disorder typically begins in adolescence or early adulthood and continues throughout life. 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 and people may suffer needlessly for years although there are effective treatments available.

## What Causes Bipolar Disorder

The exact cause of bipolar disorder is not known. However, it is believed to be a combination of biochemical, genetic, and environmental factors.

### Biochemical Factors

Bipolar disorder is associated with a chemical imbalance in the brain. This imbalance can be caused by different factors but these can be corrected with appropriate medication. The earlier treatment is started, the more effective it may be in preventing future episodes.

### Genetic Factors

Bipolar disorder tends to run in families. Bipolar disorder is more common in people who have a first-degree relative, such as a sibling or parent, with bipolar. There is a one in seven chance that a child with one bipolar and one non-bipolar parent will develop bipolar. For a child of a family with numerous bipolar relatives or relatives who suffer from depression, that risk increases. More than two-thirds of people with bipolar disorder have a relative with either bipolar or major depression.

### Environmental Factors

Environmental and lifestyle factors may act as triggers or risk factors for the disorder. These include:

- Extreme stress
- Physical or sexual abuse
- Substance abuse
- Death of a family member or loved one
- Physical illness
- Ongoing concerns that affect your daily life, such as money or work problems



## Bipolar Types & Terms

People with bipolar disorder experience sudden, dramatic shifts in emotion and feel emotions on an extreme level. These shifts often seem not to happen because of external situations. In the manic or “high” phase of the illness you aren’t just ‘happy’, you are ‘ecstatic’, you have too much energy and don’t need to eat or sleep much. This stage 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. These phases can last for days, weeks, or even months.

**Bipolar I:** A person has at least one manic episode that may be preceded or followed by hypomanic or major depressive episode. A mixed episode, when symptoms of mania and depression occur together, is also diagnosed as Bipolar I. If you became ill for the first time with a manic episode, you’ll be diagnosed with Bipolar 1.

**Bipolar II:** When a person has had at least one major depressive episode and at least one hypomanic episode, but never had a manic episode. Hypomania is a milder form of mania. 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 hypomanic episode.

Bipolar I and Bipolar II are separate diagnoses. Bipolar II is not a milder form of bipolar I. While the manic episodes of bipolar I disorder can be severe and dangerous, individuals with bipolar II disorder can be depressed for longer periods.

**Rapid Cycling:** This happens when 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.

**Cyclothymic Disorder:** This is diagnosed when a person suffers multiple hypomanic and depressive episodes over two years. In children and teenagers, this is over one year.

# How Is Bipolar Disorder Diagnosed?

Bipolar disorder can be disabling and even life-threatening, but it also responds well to treatment. Many other diseases can masquerade as bipolar disorder, so it is important to receive a thorough medical and psychiatric evaluation as soon as possible. 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. Most people experience great personal suffering, disruptive relationships, derailed careers, increased risk of death from suicide and accidents, and enormous financial cost to the individual. Proper treatment can be effective in returning people to healthier 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. About 85% of people who have one episode of bipolar disorder will have another. This makes the maintenance of treatment essential. Good quality of life is usually possible with effective treatment.

## Symptoms in Children & Teens

Symptoms of bipolar disorder can be difficult to identify in children and teens. The most prominent signs of bipolar disorder in children and teenagers include severe mood swings that are different from their usual moods. It's often hard to tell whether their moods are normal ups and downs, the results of stress or trauma, or signs of a mental health problem other than bipolar disorder. Children and teens have distinct major depressive or manic or hypomanic episodes that look different to mood patterns in adults with bipolar disorder.

Moods can rapidly shift during episodes.

## Complications & Comorbidities

When left untreated, bipolar disorder can result in serious problems like:

- Drug and alcohol use issues
- Suicide or suicide attempts
- Legal or financial problems
- Damaged relationships
- Poor work or school performance

Some conditions can worsen bipolar disorder symptoms or make treatment less successful. It's important to get treatment for any and all your health conditions. Examples include:

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- Anxiety disorders
- Eating disorders
- Attention-deficit/hyperactivity disorder (ADHD)
- Alcohol or drug problems
- Physical health problems, such as heart disease, thyroid problems, headaches or obesity

## Getting Treatment

Getting treatment and support at the earliest sign of a mental health disorder can help manage bipolar disorder. It's important to consult a psychiatrist to do an assessment. Ask your GP for a referral or call the South African Depression and Anxiety Group (SADAG) for more information or Support Groups.

**Psychiatrists** are medical doctors who specialise in the diagnosis and medical treatment of mental illness. In addition to providing counselling, they are the only mental health professional who can prescribe medication.

**Medication:** If you have been diagnosed with bipolar disorder, you will be prescribed mood stabilisers. These are used to stabilise the mood and prevent mania or depression. To treat depression, antidepressants may be added to the mood stabilisers. Antipsychotic medicine is used to treat mania. 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.

**Counselling** plays an important role in the treatment of bipolar disorder. Therapy involves dealing with the psychosocial stressors that may worsen manic or depressive episodes. You deal with the individual, interpersonal, social and occupational consequences of the disorder itself. Counselling can also help ensure better compliance with medication.

If you are not happy with your doctor or therapist, don't be afraid to go for a second opinion. Many people go through more than one mental health professional before developing a comfortable partnership.

### Important Points on Medication:

- Changing medicine is complicated. It is VERY dangerous to make changes in your medicine on your own.
- Learn about your medicines, how they work, what to expect, possible side effects as well as dietary and lifestyle restrictions.
- Medicines used to treat "physical" illnesses can cause mood changes or interfere with other medicines. Take medicines only as prescribed. Inform doctors of all the medicines you are taking.
- Use a daily reminder to ensure regular use. Even when you feel well, always take your medication as directed.
- Stopping medication because you are "well" has been shown to increase your chance of relapse. Remember that bipolar disorder is a chronic, recurring condition. Most people require long-term medication.



## Self-Help Strategies for Bipolar Disorder

**Become an expert:** Learn as much as you can about bipolar disorder. Read books, attend lectures, talk to your doctor or therapist. The more you know, the more control you have over your life and your treatment.

**Be your doctor's partner:** Take your medication as prescribed. Inform your doctor of all the medication you are taking. Call your doctor if you feel you're falling into an episode of depression or mania.

**Take your medication:** You may be tempted to stop treatment when you feel well - but don't. Stopping your medication or reducing the dose on your own may cause withdrawal effects or your symptoms may worsen or return.

**Know the warning signs:** Be aware of your own mood and triggers. Recognise if there is a pattern to your bipolar episodes and what triggers them. Take action to keep your moods stabilised. Addressing symptoms early on can prevent episodes from getting worse.

**Get support:** Involve your family members or friends and get educated about bipolar together. Join a Support Group as a family or attend group therapy sessions. Work with your loved ones to make a plan for emergencies.

**Say no to drugs and alcohol:** Using alcohol or recreational drugs can worsen your symptoms and make them more likely to come back. Remember that caffeine and some over-the-counter medications for colds, allergies, or pain can interfere with your mood and sleep patterns. Always speak to your doctor or pharmacist before you take any medication.

**Stress, Sleep & Exercise:** No medication will 'cure' an unhealthy lifestyle. As much as possible, maintain a sleep pattern - go to bed around the same time each night and get up about the same time each morning. Exercise (going for a walk, playing with your pets or children, jogging) help your body and brain work well.



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