

About Bipolar Disorder

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"I see now, in retrospect, that my wife was a lot of fun when she was in the manic phase of her illness. In this respect, I really didn't want her to change."

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"The normal periods between episodes made my husband's bipolar disorder difficult to detect. The relief I felt at the end of a depressive episode helped convince me that he was better. As a result, we delayed seeking help."

Everyone has moods. They can change several times a day from sadness to happiness, from boredom to excitement, from anger to contentment.

Some people experience extremely dramatic mood changes and may be diagnosed as having bipolar disorder.

Bipolar disorder (sometimes called manic depressive illness or manic depression) is a cyclic illness. Moods may shift from deep, frightening depression to extreme happiness or elation (mania). Some individuals experience marked instability instead of elation. Between these extreme episodes, there are periods of more or less normal moods.

Bipolar disorder affects approximately one out of every 100 people, men and women equally. The illness usually first appears in early adulthood or late adolescence. It can also occur in childhood or in late adulthood.

You're in good company

Abraham Lincoln, Theodore Roosevelt and Winston Churchill were all reported to have black periods of depression followed by manic episodes. The famous writers F. Scott Fitzgerald and Ernest Hemingway suffered from this condition. Singer Connie Francis and businessman Ted Turner have both spoken publicly of their illness, and actress Patty Duke wrote of her struggles with bipolar disorder in her autobiography, *A Brilliant Madness*.

Symptoms

Your mood may fluctuate between periods of extreme elation (mania) or moderate elation (hypomania) to profound depression. Between these episodes, you may feel essentially normal.

What's the difference between a normal and an abnormal mood? It's not always easy to detect. However, with bipolar disorder, your moods are out of step with the things going on in your life.

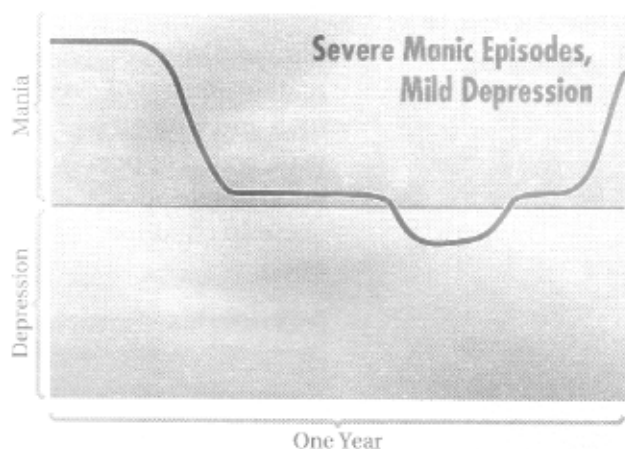
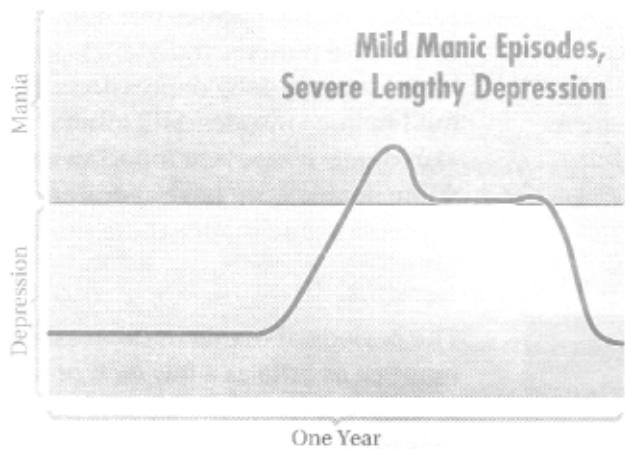
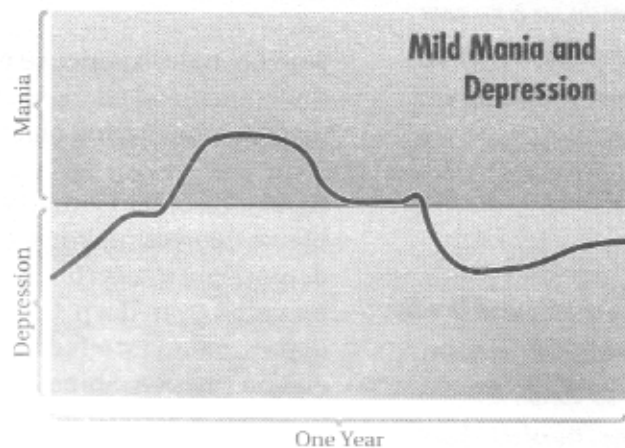
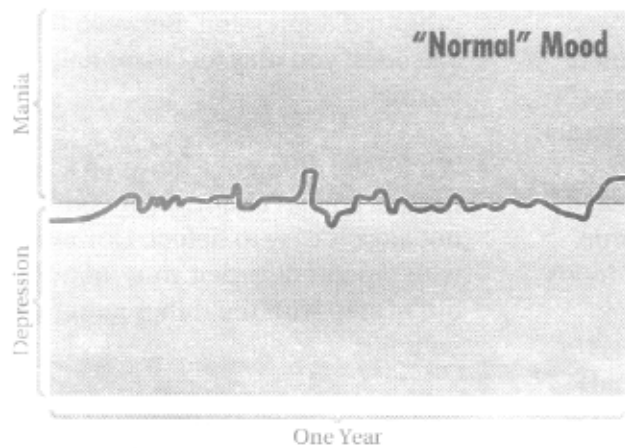
Bipolar disorder has many variations. The length, frequency and pattern of episodes differs from one person to another. Some people experience extreme manic periods but mild depressive periods. Individuals may have long and deep depressions, but mild manic episodes. Still others experience less severe mood swings. Some people even have symptoms of depression and mania at the same time.

The periods of mania or depression may last as little as a few days or as long as several months. Some people may experience years between episodes while others may experience several episodes a year.

It takes time to determine if there is a pattern to your illness.

Patterns of Bipolar Disorder

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"Before my illness was diagnosed, my friends would say my moods could spin on a dime. They still call me the Queen of Moodiness."

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"Fluctuating moods are so frustrating. Sometimes I wonder what part of my brain belongs to me and what part is just up for grabs, ready to explode into manic behaviour at any slight variation in sleep, weather, change of season or change of socks. I just wonder what doesn't affect me and my moods?"

Rapid Cycling

About one in 10 people with bipolar disorder experience a pattern of mood changes called "rapid cycling," experiencing four or more episodes of mania or depression in one year.

People with rapid cycling tend to respond poorly to treatment with lithium. Other medications are usually more effective.

The Depressive Period

In a depressive episode, you may have a range of mild to severe symptoms including:

- ◆ **feeling sad**
Feeling sad or blue most of the time, most days.
- ◆ **marked decrease in interest or in pleasurable activities**
Activities that used to bring pleasure such as pursuing hobbies, spending time with family members or engaging in sexual activity, just aren't enjoyable any more.
- ◆ **changing appetite**
Experiencing an increase or decrease in appetite may result in weight gain or loss.
- ◆ **disturbed sleeping habits**
Experiencing difficulties in falling asleep, waking up early in the morning or sleeping more than normal.
- ◆ **change in activity**
Experiencing restlessness or moving significantly slower than usual.

Case Notes

Carol, a 24-year-old teacher, experienced episodes of depression and hypomania every three to four months over a three-year period. Although she was able to continue working during her periods of depression, she didn't sleep or eat well, was tearful and tended to be irritable with the students. During periods of mania, she was full of energy with ambitious plans for projects and was considered to be a dynamic teacher. As a result of the stress associated with her frequent mood changes, Carol eventually requested leave and sought psychiatric help.

Carol began taking lithium, but it had little effect on her illness. A combination of medications worked better. When her condition stabilized, she returned to work.

At age 30, Carol and her husband decided to have a child. She stopped taking her medication and, within four weeks, she suffered a severe bout of mania. Carol was hospitalized, but treatment brought on a depressive episode. A change in medication again brought stability. With her doctors, Carol decided she should remain on medication during her pregnancy and accept the small risk of birth abnormalities.

Today Carol works part-time as a substitute teacher and is raising two young sons.

Discussion: Carol experienced rapid cycling with more than four episodes a year. As is often the case, these cycles were less severe than the more extreme, non-rapid cycling episodes. With proper treatment, it is possible for many people with bipolar disorder to function well, even if they experience rapid cycling.

- ◆ **fatigue or loss of energy**
You may complain of not having the energy to do things such as getting out of bed in the morning or going to work.
- ◆ **decreased ability to concentrate and/or make decisions**
You may be unable to concentrate, causing a depressed person to have difficulty remembering names or the content of television programs. People may delay important life decisions when clinically depressed.
- ◆ **feeling guilty or helpless, having low self-esteem**
You may feel very guilty over small or trivial matters. You may believe that you have little or no influence over events in your life.
- ◆ **thinking about death or suicide**
You may think seriously about killing yourself and may make plans to do so.

For information on dealing with suicidal thoughts and feelings, see the section in this handbook on *Suicide Prevention*.

You don't need to have all of these symptoms to be clinically depressed. Moreover, some people with several of these symptoms may simply be experiencing a temporary and short-lived sadness.

To be diagnosed as having clinical depression, the symptoms need to be persistent.

Case Notes

Henry, a 36-year-old travel agent, began to experience frequent periods of irritability and would cry for no apparent reason. He wasn't sleeping well, had little appetite and trouble concentrating. He had no symptoms of mania, but recalled being excitable and full of energy in his 20s.

When his irritability began to cause serious problems at work and at home, his wife insisted he see a doctor. Henry was diagnosed as having clinical depression and was given a prescription for antidepressants. Over the next six weeks, his mood improved considerably and continued to swing upward. He talked faster, his thoughts raced, he became excitable and his sex drive increased. Then he went on a serious shopping spree. Henry's physician changed the diagnosis to bipolar disorder and prescribed lithium. The moods quickly settled down. Today, Henry continues to take this medication and is able to lead a normal life.

Discussion: *Bipolar disorder can appear first as mania or depression. There is a significant risk that antidepressants can bring on mania, so this medication must be carefully monitored.*

The Manic Period

Manic episodes usually arrive suddenly and end quickly. The arrival of the first manic episode after a period of depression is often the clue that the condition is bipolar disorder, not depression. Sometimes a manic episode is brought on by antidepressant drugs.

During a manic episode, you may have a range of mild to extreme symptoms including:

- ◆ **inflated self-esteem or grandiosity**
You feel super human. Your thoughts and ideas are radical and hugely ambitious. You may be very self-centred.
- ◆ **less need for sleep**
Although you sleep a little or not at all, you don't feel tired (for example, you may feel rested after only three hours of sleep).
- ◆ **talking more than usual or feeling pressure to keep talking**
You speak quickly and can't stop talking.
- ◆ **ideas or thoughts race through your mind**
It's difficult for you to concentrate or focus on one thing at a time, and your thinking and speech moves quickly from one idea to the next.
- ◆ **being easily distracted**
Your attention is easily drawn to unimportant or irrelevant things.
- ◆ **unstable moods**
Your moods shift rapidly, sometimes within minutes. You may be

irritable and easily frustrated. You may lose your inhibitions and become involved in high-risk activities such as buying sprees, out-of-control sexual activity or foolish business investments.

- ◆ **feeling restless and increasing activities**
You are restless and physically active. You may set a number of goals (e.g., socially, at work or school, sexually) and increase your activity to achieve them.
- ◆ **having hallucinations**
You may hear, see or smell things that are not real.
- ◆ **having delusions**
You may believe things that are not true, such as having a special relationship with a religious figure, a celebrity or a well-known political leader.

It is important to remember that we judge ourselves by how we feel. However, we are usually judged by others by what they see. The two are often very different.

When a manic episode begins, it is common to feel "on top of the world"—happy, excited and full of life. Other people hear overly ambitious plans and notice rapid speech. They see the frenzied activity and risky actions of a person who is out of control and in need of medical help.

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"When you're depressed, you want to die. But going manic often gives you a reason for wanting to."

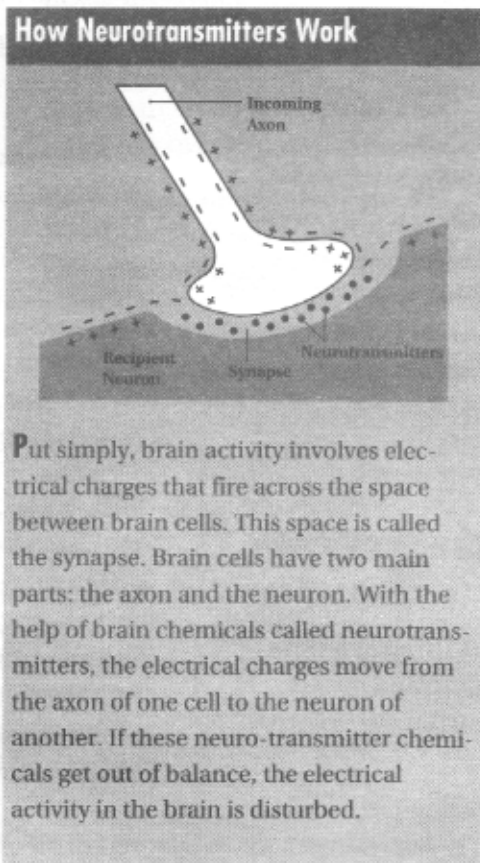
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"Mild mania is fun. Colours are brighter. Food tastes better. Thoughts are crystal clear."

Causes

A specific cause for bipolar disorder has not been identified. However, physiology and heredity are likely factors.

◆ Physiology

The increase or decrease of certain chemicals (called neurotransmitters) in the brain is probably the basis of the disorder. Changes or imbalances in these chemical substances may explain why people develop this condition.



Put simply, brain activity involves electrical charges that fire across the space between brain cells. This space is called the synapse. Brain cells have two main parts: the axon and the neuron. With the help of brain chemicals called neurotransmitters, the electrical charges move from the axon of one cell to the neuron of another. If these neurotransmitter chemicals get out of balance, the electrical activity in the brain is disturbed.

◆ Heredity

Bipolar disorder often runs in families. Researchers believe that one or more genes may be responsible.

Bipolar disorder is **not** caused by such things as:

- ◆ poor parenting
- ◆ a bad marriage
- ◆ a demanding job
- ◆ a run of bad luck
- ◆ loneliness
- ◆ poor coping skills
- ◆ using drugs or drinking too much.

These events or circumstances can create stress that may trigger or affect the course of the illness in an individual, but they do not **cause** bipolar disorder.

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"The only way you're going to get well with this illness is if you learn to give up your highs."