

# Treatment

.....  
*"I felt like Superman, invincible, unable to be hurt. I'd walk 15 miles on a whim."*

.....  
*"For a month each spring and fall, I could teach all day with only two or three hours sleep."*

.....  
*"There was no way I would listen to what others were telling me. Why should I listen to someone babble on about his life when I held the key to world peace?"*

**E**ffectively treating bipolar disorder often involves taking medications and/or engaging in psychotherapy. Making adjustments to your lifestyle and learning new ways of doing things are also important.

Generally speaking, the treatment of bipolar disorder has three aspects: treating mania, treating depression and maintaining a relatively stable mood over the long-term.

Determining the most effective treatment for you depends on several factors including:

- ◆ the symptoms of the manic and depressive episodes;
- ◆ how severe the episodes are;
- ◆ how often episodes occur and how long they last;
- ◆ the number and type of stressors in your life;
- ◆ the amount of support available from family, friends and significant others.

Finding the best possible treatment may take time and involves establishing a therapeutic relationship with your physician and/or therapist. It may also involve the use of various types and combinations of treatments before the most effective is found.

If bipolar disorder is not treated, people tend to have longer, more frequent episodes. They generally have chaotic lives and many problems, with little hope of things getting better.

## Medication

**W**hen prescription medications are used, it is very important to find the most appropriate one and take it as prescribed. Learn about the medication and talk with your physician and pharmacist about its effects on you.

Identifying the best type of medication and the most effective dosage may take time. Several weeks may have to elapse before the drug begins to take effect and you feel better. Sometimes side effects cause discomfort, but these usually get better within a few weeks.

### Lithium Carbonate

**L**ithium carbonate — usually known as lithium — is the most commonly used drug for bipolar disorder. It reduces the symptoms of excitement in the manic state and helps to prevent or reduce the severity of mood swings. Lithium is effective for about 60 per cent of people with bipolar disorder. Successful treatment depends on sustained, often lifelong use of this medication.

Generic Name	Trade Name
Lithium Carbonate	Carbolith, Duralith, Lithane, Lithizine

Lithium takes effect in approximately 10 to 14 days and does not usually cause sedation or drowsiness. It is not addictive.

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"My writing helps me remember the horror I put my wife and children through. So, in the seven years since I was diagnosed, I have never stopped taking my medication. I have only missed taking one pill on maybe a dozen occasions. I'm like a machine in this regard."

### **Common Side Effects**

- ◆ thirst
- ◆ frequent urination
- ◆ diarrhoea
- ◆ abdominal cramps
- ◆ nausea or vomiting
- ◆ hand tremors
- ◆ feeling tired or light-headed
- ◆ rashes
- ◆ weight gain
- ◆ swelling, particularly of the hands and feet.

After the first few weeks, the most troublesome side effects will likely be less severe or you begin to get used to them. With long-term use, lithium can also affect the kidneys and the thyroid gland. For this reason, your physician will want to check your renal and thyroid function regularly.

### **Precautions**

- ◆ **Choose pain relievers carefully.** If you need one, take acetaminophen (e.g., Tylenol). Do not take anti-inflammatories or aspirin because they can alter the level of lithium in your blood. Consult with your pharmacist or physician before taking any over-the-counter medications.
- ◆ **Drink adequate water.** Your body maintains a balance between sodium chloride (a salt) and water. That balance can be affected by lithium, which is also a type of salt. To avoid losing too much body water, drink plenty of fluids in hot weather and after activities that cause excessive sweating such as taking a hot

bath, having a sauna or exercising strenuously. Do not suddenly restrict your salt intake.

- ◆ **Avoid dehydration when physically ill.** You need to be careful when you are ill and have a high fever, diarrhoea or vomiting. These conditions can cause you to lose too much water and salt so that you become dehydrated, increasing the risk of lithium toxicity. Tell your doctor when you are experiencing these conditions.
- ◆ While taking lithium, wear a medic alert bracelet or carry an identification card stating you take lithium and giving instruction about proper care in an emergency situation.

### **Lithium Toxicity**

This condition occurs when the level of lithium in the blood is too high. It usually develops over a few days. Symptoms are essentially the same as the side effects experienced when you begin to take lithium, but they become more severe over time.

Notify your physician immediately if you have:

- ◆ nausea and vomiting
- ◆ diarrhoea (more than twice a day)
- ◆ shaking or severely trembling hands and legs
- ◆ slurred speech
- ◆ severe weakness or drowsiness.

### **Lithium Blood Tests**

To work properly, the amount of lithium in the blood must be within a precise range. Regular blood tests are necessary to check the level. On the

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"You need to find out about your drugs. I read a pharmaceutical manual. I learned that lithium took two hours to be absorbed fully. So I started taking it two hours before going to bed. I'm asleep when my head hits the pillow."

day of the test, take the lithium dose for that morning after the blood sample is drawn at the clinic.

### **Valproic Acid**

Over the past few years, valproic acid (Depakene, Epival) has become more widely used, and is now recommended as a first-line treatment for bipolar disorder, as well as lithium. These drugs counteract mania and also act as long-term mood stabilizers. They are also commonly used to treat epilepsy, and other disorders that cause seizures. Whilst helpful in monitoring the level of valproate in the blood, blood tests are not required as frequently as is the case with lithium. Also in comparison to lithium, less precautions are required, the severe toxicity that occurs with lithium is not seen with valproic acid, and the long-term side effects that lithium can cause are also not seen. However, this drug must be used with caution in those aged less than 10 years old.

### **Common Side Effects**

- ◆ nausea or vomiting
- ◆ indigestion or diarrhea
- ◆ loss of appetite
- ◆ headache
- ◆ sedation
- ◆ dizziness
- ◆ tremor
- ◆ tiredness

Many of these side effects only occur shortly after the beginning of therapy and then disappear. A rare side effect occurring in less than 1% of patients is hair loss. If this starts to occur, it should be discussed with your doctor.

### **Other Mood Stabilizers**

Certain other types of anti-convulsive medications have either been used in the treatment of bipolar disorder, or have been proposed for use in bipolar disorder. These include Carbamazepine (Tegretol),

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"I've learned how and when to take the drugs so they're most effective. For example, lithium makes me feel tired, especially in the four-hour period after I take it. That's why I take it in late morning, before I eat lunch. I can handle the absorption period better then."

.....  
"I find that tranquilizers are best used with relaxation tapes, meditation or a hot bath. Then only a small dose of medication is needed to get me to sleep."

### **Case Notes**

**M**aria, age 33, was a bank teller. She had been well until December when she became increasingly fearful of Christmas. She was withdrawn, had lost her self-confidence and feared she might lose her job. Almost overnight, her mood lifted; she became full of life and excited about Christmas. She didn't need to sleep and spent many nights cleaning the house. Her sex drive increased. After two to three weeks, her husband took her to a doctor. Maria told the doctor her mother had similar episodes but had never received medical help.

The doctor diagnosed bipolar disorder and prescribed lithium. In about two weeks, Maria's moods settled down.

In the last several years, she has been promoted at work and is doing very well. She sees her doctor for lithium blood tests every six to eight weeks and has yearly checks for thyroid and kidney function.

**Discussion:** *Some patients experience one or only a few periods of mania or depression. Lithium is an effective control for their illness. Although patients may find them a nuisance, regular blood serum tests are essential.*

Lamotrigine (Lamictal) and Gabapentin (Neurontin). These drugs have been proposed to counteract mania and work as mood stabilizers, although they are more commonly used to treat epilepsy. These drugs are not generally used as the first treating mood stabilizer.

### **Common Side Effects**

- ◆ loss of appetite
- ◆ diarrhoea, nausea or vomiting

- ◆ swelling of the face
- ◆ feeling tired or weak
- ◆ rashes or itching
- ◆ sensitivity to the sun.

Certain drugs used to treat high blood pressure have proven useful as mood stabilizers.

## Tranquillizers and Sedatives

Tranquillizers (such as Valium, Serax, Ativan or Rivotril) are used to ease anxiety. Sedatives are used to induce sleep. Both are usually prescribed for short-term, intermittent use, as they may become habit-forming.

## Antipsychotics

These drugs may supplement mood stabilizers. Larger doses may be needed for temporary use or smaller doses for long-term use. Some of the older antipsychotic medications can have serious side effects, especially with high doses, so their use must be carefully monitored. Newer antipsychotics such as Risperidone (Risperdal) and Olanzapine (Zyprexa) do not appear to have side effects as severe or as frequent as the older antipsychotics. Side effects from the older antipsychotics are listed below. Over the next one to two years, a number of newer antipsychotics will also be introduced. All of these newer antipsychotics are finding an increased use in the early treatment of manic episodes, and sometimes in long-term mood stabilization.

### Common Side Effects

- ◆ drowsiness
- ◆ blurred or double vision
- ◆ loss of balance
- ◆ muscle weakness or spasms, stiff arms or legs
- ◆ feeling restless, having a need to keep moving

- ◆ shuffling walk
- ◆ weight gain
- ◆ dry mouth
- ◆ sensitivity to sunlight.

## Antidepressants

These medications reverse depressive symptoms and stabilize mood by increasing or reducing the amount of certain chemicals in the brain. They are not considered to be physically addictive but they can sometimes cause manic episodes.

It usually takes two to five weeks before you begin to feel better. For some people, this time may be shorter.

There are three major categories of these drugs: the new generation drugs, tricyclic antidepressants, and monoamine oxidase (MAO) inhibitors.

## New Generation Antidepressants

### Specific Serotonin Re-uptake Inhibitors

These drugs have become standard antidepressants. They have also shown a lot of usefulness in the treatment of anxiety. These drugs, as well as moclobemide (see later) are now the first choice treatment for depressive disorders in bipolar patients. However, increasingly, doctors are trying to limit the amount of antidepressants that bipolar disorder patients have, since sometimes these drugs can cause the patients' mood to be less stable than if antidepressants were not used.

### Common Side Effects of New Generation Antidepressants

- ◆ nausea and vomiting
- ◆ headache
- ◆ drowsiness
- ◆ dry mouth

- ◆ weakness and fatigue
- ◆ dizziness
- ◆ sexual dysfunction

Many of these side effects only occur mildly or at the beginning of treatment with antidepressants.

### NEWER ANTIDEPRESSANTS

Generic Name	Trade Name
Fluoxetine	Prozac
Fluvoxamine	Luvox
Paroxetine	Paxil
Sertraline	Zoloft
Nefazodone	Serzone
Venlafaxine	Effexor

These medications have fewer and milder side effects than other types of antidepressants.

New antidepressants with more specific actions and fewer side effects are continually being introduced.

## Tricyclic Antidepressants

These are the oldest and, until recently, were the most commonly prescribed antidepressants. They are not used now because of their side-effects.

Generic Name	Trade Name
Amitriptyline	Elavil, Levate, Novopriptyn
Doxepin	Sinequan, Tridapin
Desipramine	Norpramin, Pertofrane
Trimipramine	Surmontil, Apo-Trimip
Imipramine	Tofranil, Impril, Novopramine
Nortriptyline	Aventyl
Protriptyline	Triptil
Clomipramine	Anafranil

The following drugs work in a way that is similar to tricyclics.

Generic Name	Trade Name
Trazadone	Desyrel
Amoxapine	Asendin
Maprotiline	Ludiomil

## Guidelines for Taking Your Medication

### Make it easy to remember

Try to make taking your medications part of your daily routine, just like eating breakfast or brushing your teeth. Keep your medication in a convenient place so it's there when you need it. If you take several medications, consider using a dosette. If the timing of taking your medication is inconvenient, ask your physician about changing to a schedule that better suits your lifestyle.

### Follow instructions carefully

Read all the labels and any special instructions on your drug containers. Some medications must be taken at certain times, with meals, others must be taken on an empty stomach. If you are not sure of the directions, ask your doctor or pharmacist.

### Know what to do if you miss a dose

Ask your physician or pharmacist what to do if you forget to take your medication. Do not simply "double-up" on the next dose. The results could be harmful.

### Watch for side effects and drug interactions

Many drugs have serious side effects and you may mistakenly attribute common drug reactions such as confusion, tiredness or depression to your mental illness. In addition, some medications are potentially dangerous when they are combined with other drugs, alcohol, certain foods or activities. Keep the use of over-the-counter medications to a minimum—all drugs interact with each other. The more medications you take, the more problems you may have.

### Store medications safely

Keep medications out of reach of children and others who could take your medication by mistake.

If you have any questions about your medications, talk with your physician or pharmacist.

## Common Side Effects of Antidepressants

- ◆ feeling drowsy
- ◆ weakness and fatigue
- ◆ blurred vision
- ◆ difficulty urinating
- ◆ constipation
- ◆ increased heart rate
- ◆ memory impairment
- ◆ dry eyes and mouth
- ◆ feeling dizzy or light-headed when rising.

## Monoamine Oxidase (MAO) Inhibitors

These drugs are sometimes prescribed if other antidepressants have not been successful. They are not routinely used because they interact adversely with many drugs and foods. If you are prescribed one of these medications, you will be given a list of foods, beverages and other medications to avoid.

Generic Name	Trade Name
Phenelzine	Nardil
Tranlycypromine	Parnate

A new MAO inhibitor, Moclobemide (Manerix), has recently become available. This drug is known as a RIMA—a Reversible Inhibitor of Monoxamine Oxidase A. The drug is very specific in how it works and a special diet is not required.

## Taking Medication Is Important

Estimates are that approximately 30 to 60 per cent of people stop taking their medication at some time during their illness. Not taking medications or failing to take them as prescribed may cause a relapse. Always talk to your doctor before you attempt any

## Case Notes

John, age 44, was diagnosed with bipolar disorder in his mid-20s. He had severe mood swings for a number of years, mostly depression with occasional manic episodes. He responds well to medication, but suffers from side effects. Lithium causes severe tremors, carbamazepine gives him a bad rash, and valproic acid causes nausea.

John stopped taking his medication on several occasions and the depression returned. He has been admitted to hospital nine times but is now at home with his family and looking for part-time employment. Because it is unlikely he will stay on his medication, John will probably become depressed again and require further hospital care.

**Discussion:** *Antidepressants and lithium can effectively control depression. However, side effects can tempt patients to stop taking their medication, leading to more episodes of mania or depression.*

change or decide you'd like to discontinue your medication.

There are several reasons why people may not take their medications.

- ◆ **Forgetting**  
This is often the result of not having a routine. Like brushing your teeth, taking medication should become a regular habit.
- ◆ **Not accepting the illness**  
Taking medication is a constant reminder of this disorder. Some people want medication to be the cure, not just a way to control symptoms.
- ◆ **Disliking the side effects**  
Some people experience a dry mouth, nausea, lack of energy

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"It is very important to keep a record of treatment. By writing down the side effects and emotional response to the drugs I was taking, I was able to work with my physician to find a treatment that worked."

and weight gain. By changing the medication or the dosage, or treating the side effects, these conditions can usually be reduced or eliminated.

◆ **Feeling confused**

Living with certain medical conditions, an irregular schedule, a chaotic lifestyle or stress, or a taking a combination of medications, can easily make you confused. Using a dosette helps you keep track of your medication.

◆ **Wanting the 'high' of a manic episode**

Not taking medication may bring on or prolong a manic episode. Giving up the highs of this illness can be difficult.

◆ **Complacency**

If a long time has passed since the last episode, it's easy to become lulled into a false sense of security. Sometimes people think they are better or cured and no longer need to take their medication. If they stop taking it, they may soon discover this was a mistake.

## Keep a Drug Profile

Part of living with bipolar disorder involves keeping track of your medication. A drug profile is an easy way to do this.

A drug profile is a list of all the prescription and over-the-counter medicines you take on a regular basis. For each medication, record the following information:

- ◆ the name of the medication and its dosage
- ◆ what you take it for
- ◆ when you take it
- ◆ how long you have taken it

- ◆ who prescribed the medication
- ◆ whether it is effective
- ◆ what, if any, side effects it caused.

Your drug profile will be a valuable aid for people involved in your health care. For example, if you change physicians, your drug profile provides a clear record of what drugs or combinations of drugs have been tried in the past, whether or not they were effective, and their side effects.

## Psychotherapy

In psychotherapy or counselling, supportive, interested, objective therapists work with people to help them understand and resolve their problems. Individual and/or group counselling can be helpful in treating bipolar disorder.

Psychotherapy is conducted by mental health professionals such as psychologists, psychiatrists, social workers and psychiatric nurses. It is important to enquire about a therapist's training, experience and therapeutic approach as professionals have different ways of practising psychotherapy.

People get help through psychotherapy in several areas.

◆ **making change easier**

A therapist can help you adjust to lifestyle changes and reduce your stress to achieve a more balanced life. Psychotherapy can help you understand and deal differently with your problems. For example, counselling can focus on negative and self-defeating thinking and help to improve your self-esteem.

◆ **dealing with relationship problems**

In a setting where you can voice

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"I've found that it's a good idea to have a psychiatrist for dealing with the medication side of my illness and a psychologist for psychotherapy. This way, if I get mad at my therapist over some issue I'm dealing with, I won't go off my medication to teach him a lesson."

your concerns, disappointments and fears related to important relationships in your personal and working lives, you learn to solve problems and be more communicative and assertive. You can learn to resolve conflicts through marital and family counselling.

◆ **detecting and dealing with relapses**

You can learn to recognize the subtle changes indicating that a manic or depressive episode is returning. With your therapist's help, you can learn to recognize the special signals that mean you need to change how you take care of yourself.

◆ **understanding and making acceptance easier**

Understanding bipolar disorder, how it affects you, and the psychological, interpersonal and social factors that contribute to your mood disturbance can help you deal with it more effectively. Psychotherapy can also help you deal with the stigma associated with this condition.

## Types of Psychotherapy

There are many therapeutic approaches, but all are aimed at improving an individual's personal and interpersonal functioning.

### Cognitive

The cognitive approach focuses on how people think about themselves, their world and their place in it. It explores negative thoughts and examines how these result in low self-esteem, worry and depression. By correcting negative thinking patterns, self-esteem is enhanced and mood improves.

### Interpersonal Skills

In dealing with their interpersonal

## Case Notes

Sonia experienced her first bout of mania as a university student at age 20. Her behaviour became erratic. She spent a lot of time partying and spending money. Unable to keep up with her academic work, she dropped out of school, sought psychiatric help and was diagnosed with chronic hypomania. She began to take lithium but found she was more successful in maintaining a reasonably stable mood by combining this drug with carbamazepine (Tegretol).

Sonia has not been able to maintain steady employment. She has been divorced twice and is the mother of a 7-year-old son.

At age 31, when she experienced an episode of severe mania, Sonia was hospitalized and successfully treated with Lithium and Tegretol. Sonia started therapy and is taking steps to improve her lifestyle. She is learning how to reduce stress, has improved her approach to relationships, is eating a healthier diet and getting regular exercise. She drinks only an occasional glass of wine and has cut out caffeine and chocolate entirely. Employed as a waitress, Sonia lives happily with her son and has recently started a promising relationship.

**Discussion:** *Although medication is the most important means to control bipolar disorder, psychotherapy and a healthy lifestyle — coping with stress, eating properly, exercising regularly — are also essential stabilizing factors.*

problems and difficult relationships, people are helped to resolve differences, communicate more effectively, reduce stress and improve their functioning level.

### Behavioral

Based on the assumption that behaviours are learned, this therapy aims to



help individuals learn healthier behaviours and gain greater self-control.

### **Supportive**

This approach encourages people to talk and gives them the emotional support they need. The focus is on sharing information, ideas and strategies for coping with daily concerns.

### **Family**

By focusing on family dynamics the goal is to help people live together more harmoniously, undo patterns destructive to relationships, and teach family members to support each other more effectively.

## **Electroconvulsive Therapy (ECT)**

Electroconvulsive therapy (ECT) is sometimes used to treat severe depression or severe mania, usually when drugs have not been effective or the risk of suicide is high. It can also be used during pregnancy when there is a risk that certain medications may cause birth defects. ECT is done in the hospital, usually at the rate of three treatments per week. Typically, a person requires a total of eight to 12 treatments.

ECT has improved considerably since its early days and is today recognized as a humane and effective treatment for mental illness. It's quick-acting, and improvements are usually obvious after a few treatments.

What is it? A small and carefully controlled current of electricity is sent to the brain to induce a seizure. Electrodes are used to apply the current in a similar way paddles are used in heart resuscitation (but with only about one per cent of the

### **Case Notes**

John, age 23, spent summers doing carpentry work and winters working at ski resorts. When he returned home between jobs, John's family noticed profound changes in his nature.

John had always been energetic but, while he seemed to have even more energy than usual, he was not doing anything productive. He was irritable and quick to get angry. His condition deteriorated rapidly over two weeks. John claimed to have a special relationship with God, believed that he could solve world problems, began to give money and belongings away to people in the street, and took to carrying knives. He refused to see a doctor.

In desperation, John's family took him to the hospital where he was admitted involuntarily. Treatment with antipsychotics and lithium was started, but John's condition worsened over the next ten days. He was angry, aggressive and unable to sleep.

A second medical opinion was sought and it was decided that John would be given ECT. This was given three times a week for two weeks.

After the third treatment, the nurses noticed that John was less anxious and agitated and spent less time wandering about the ward. By the fifth treatment, he had noticeably improved and, after the sixth treatment, John was discharged. John continues to take lithium and is functioning well. He works part-time and is well enough to work full-time.

**Discussion:** ECT is considered when other treatments fail to control bipolar disorder because it often results in marked improvement.

amount of energy). Patients are given anaesthesia and muscle relaxants before the procedure and are not

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"Don't jump back into the job market too soon. On the other hand, don't stay home too long because you'll go nuts again."

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"Coming home from the hospital was a very tough time. My self-esteem was zero. It took me years to get my confidence back."

.....  
"It's so important to have a quiet place to go when it gets tense. A lot of people don't have a friend or relative to ask for a place to stay. My mom's house was the half-way house for me. I could go there when things got on my nerves."

awake during it. They do not experience any sensations or body movement. They may have headaches or short-term memory loss afterwards.

For more information about ECT, contact your physician or a mental health clinic.

## Hospitalization

The key to living successfully with bipolar disorder is early intervention and prompt treatment. Most people are hospitalized at some time during the course of their illness, often during the first manic episode. This time is used for assessing, diagnosing, starting medications, providing support, and reducing the risk of suicide or other harmful behaviours.

Hospitalization may be required if manic or depressive episodes reoccur, and changes in medication make little difference.

### Returning Home

After being hospitalized, you need a period of physical and mental recuperation when you get proper rest, eat nutritious foods, get regular exercise and reduce stress.

As family roles and responsibilities often shift when a person is hospitalized, returning home may require some adjustments. In some families, people may be reluctant to relinquish responsibilities to the person returning for fear he or she suffers a relapse. On the other hand, families may expect too much and be impatient for everything to return to normal. Patience, understanding and

good communication are important. Everyone should express their expectations clearly.

Alternative housing may be required because going from the ordered environment of a hospital back to an unstructured or isolated living arrangement can create problems. Staying in a half-way house or participating in a day program may help to make the transition successful.

### Early Release

Early release from a hospital is a fact of life in today's health system. Patients are often released much sooner than they were in the past — sometimes before they (or their families) feel they are completely ready.

If you (or someone you are caring for) will be discharged from hospital early, the following suggestions may help.

- ◆ Ask questions of, and talk about your concerns with, the hospital staff who are working with you on the discharge plan. Ask them specifically about what to expect after release and what type of support will be needed (e.g., home care, child care services, support groups). Ensure this support system is in place.
- ◆ Make sure you understand what symptoms or changes in condition should cause concern.
- ◆ Obtain a list of resource people and their telephone numbers to call if you have concerns or questions. Community-based mental health professionals provide support and treatment for people after they are discharged from hospital.