Shawmind

Bipolar Disorder

Bipolar disorder is a mental illness that can cause a sufferer to experience bouts of deep depression interspersed with periods of mania or hypomania. Changes between the two extreme moods can be greatly distressing to the sufferer and can interfere with daily life.

There is a misconception that every person with bipolar disorder experiences rapidly changing moods each day, but this is not always the case. In fact, only certain kinds of the illness (such as rapid cycling bipolar), involve quick and regular mood changes. Instead, most people with bipolar disorder are likely to suffer an elevated or depressed mood for weeks to months at a time.

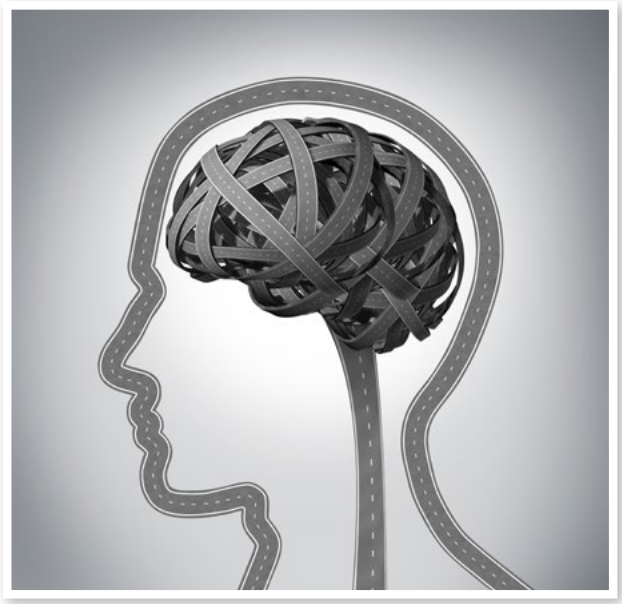
In some cases, a sufferer may go from one extreme mood state to the other, without experiencing any relative normalcy in between. In other cases people may maintain a 'normal' mood for a good while before swinging over to depression or mania. Mood patterns vary greatly from sufferer to sufferer.

Bipolar disorder is a serious and often dangerous condition that should be treated professionally and medically. Unfortunately, when a person is in a stage of mania they may not believe they are unwell. It is therefore important for both the sufferer and those around them to be aware of some of the basic aspects of bipolar disorder. This brochure will provide information for those wishing to learn more about it and will outline some of the symptoms. It will also highlight potential causes, current statistics and available treatments. If you do suspect that you have bipolar disorder then we would encourage you to speak to your GP or other medical professional as soon as possible.

Types of Bipolar Disorder

Before discussing symptoms, we should first clarify some confusing phrasing and language surrounding the illness. For example, bipolar disorder has previously been referred to as manic depression, whereas elsewhere it is simply referred to as 'bipolar'. These names are generally referring to the same thing.

There are also sub-classifications of bipolar disorder that it is useful to be aware of. Throughout the rest of this brochure we will use the term 'bipolar disorder' to refer to these collectively, unless stated otherwise. Bipolar can be separated into Bipolar I and Bipolar II. In order to be diagnosed with Bipolar I, a person does not necessarily have to suffer from the symptoms of depression (although they may well do so anyway). The sufferer does, however, need to have experienced an episode of mania at least one week in length, or severe enough to require hospitalisation, in order to receive a diagnosis.



For a diagnosis of Bipolar II, the sufferer must have experienced episodes of severe depression and symptoms of hypomania. Hypomania is a less severe form of mania which can cause a significantly heightened mood, fast talking, less sleep and sometimes hypersexuality. It differs from mania in that it does not include psychotic tendencies, but it should still be treated seriously. The hypomania is noticeably different to the sufferer's 'normal' or 'stable' mood.

If a person experiences their episodes of highs and lows without a period of normalcy between them, then it is considered that they have rapid cycling bipolar. Generally people are considered to have rapid cycling bipolar when they have experienced 4 or more episodes of mania and depression within the same year.

In other cases, episodes of extreme moods may not be as distinguishable as in others. For example, a person may in fact experience symptoms of depression and mania at the same time or in very quick succession. This is sometimes referred to as mixed affective state bipolar.

Lastly, if a person is suffering from symptoms similar to bipolar disorder, but not to the severity required to achieve a bipolar disorder diagnosis, they may be diagnosed with cyclothymia instead (a mild form of bipolar disorder which can progress if not treated early).

Symptoms of Bipolar Disorder

It is important to remember that this section is not meant to be taken as an exhaustive list of bipolar disorder symptoms, and that you may well suffer from others. It is also important to remember that some of these symptoms may also apply to other disorders. It is therefore important to not use this section to self-diagnose. Instead, if you have any concerns, we would encourage you to discuss them with your regular medical professional.

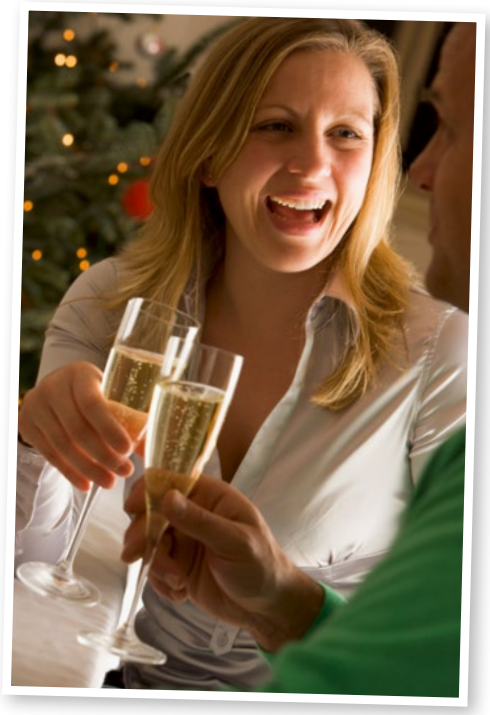
Some symptoms of a depressive episode may include:

- low mood
- feelings of worthlessness
- suicidal thoughts
- feeling fatigued
- loss of interest and concentration
- difficulty sleeping
- lack of appetite

Some symptoms of a manic phase include:

- feeling overly energetic and euphoric
- excessively spending beyond your means
- feelings of self-importance
- being easily distracted or irritated
- not sleeping
- having disturbed or illogical thinking

Some people may feel that they are more creative and productive in a manic phase, leading them to see this as a positive experience. We would, however, encourage you to not romanticise this condition in that way, as often those in a mania phase are unaware that they are unwell and may have impaired judgement. Those who are more severely depressed or suffering from mania may also begin to hallucinate and suffer from psychotic symptoms.



Causes of Bipolar Disorder

As with many mental health problems, the exact cause of bipolar disorder is unfortunately not known. Instead researchers have been able to identify certain environmental and genetic factors that they believe impact the likelihood of developing bipolar disorder, with the current belief being that these complex issues often have an impact each other. The presence of a number of these factors in a person's life is likely to increase their risk of developing the condition.

One such factor is family and genetics. Bipolar disorder does appear to run in families quite often, with over two thirds of sufferers having at least one close relative with bipolar disorder or major depression. The risk increases again if two or more of a person's family members suffer from the illness. Research findings suggest that the risk of a child developing bipolar disorder is 15-30% when one parent has the disorder and 50-75% when both parents are affected.

So, whilst there are likely to be shared family environmental factors at play here, it is likely that genetics do play a big role in the development of bipolar disorder. It is thought that a combination of genes, rather than one specific gene.

It is also thought that some people develop brain chemistry imbalances, (sometimes, but not always, due to genetics) and this can lead to imbalances in one or more neurotransmitters that are associated with bipolar disorder.

Stressful or traumatic life events may impact the development of the disorder, including problems such as financial problems, relationship breakdowns and bereavement. More traumatic events such as physical, sexual or emotional abuse and physical illnesses are also thought to be triggers for many people. However, due to the fact that not everyone who suffers traumatic life events goes on to develop bipolar disorder, it is generally considered that there is a complex relationship at play between these factors and genetic factors.

We should also briefly note here that there is an increased risk of developing bipolar disorder for some people who go through pregnancy. We briefly discuss this in our brochure on pregnancy and post-natal mental health.

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How Common is Bipolar Disorder?

Bipolar disorder is not an uncommon condition, with some estimates suggesting that worldwide, between 1.1% and 2.4% of the adult population suffers. In fact, it is such a problem globally that The World Health Organisation ranks it as the 6th leading form of disability worldwide. The problem is likely to be even greater than the statistics suggest, because many people do not come forward for treatment.

One research study has found that there is a tendency for countries with higher incomes to have higher numbers of reported bipolar disorder cases. Interestingly, though, two lower-income nations bucked this trend: Colombia, with a prevalence rate of around 2.6% (higher than the global average) and Japan, with a prevalence rate of around 0.7% to 1%.

The USA is thought to have the highest prevalence of bipolar disorder in the world, with some estimates suggesting that 4.4% of the population will be affected at some point in their lives. 2 million American adults are said to be affected each year. Other studies have estimated the numbers to be much higher, suggesting that the number is nearer 5.7 million and the lifetime risk may reach as high as 10%. It is also thought that over 80% of the cases seen each year in the USA should be classed as severe.

Canadian studies have found lower estimates than their American counterparts, finding that between 1% and 1.5% of the population at risk of developing bipolar disorder. However, this research is subject to scrutiny as it did not include many groups at risk of the disorder, such as those in hospital and jail, and as such the prevalence is likely far higher.

In other Westernised countries, prevalence levels are not as high as those in USA, but they are still greatly problematic. In the UK, it is thought that bipolar disorder affects between 1% and 3% of the population throughout a lifetime. In Australia, the numbers are similar, with some findings suggesting that around 1.8% of the population will be affected. Interestingly, some research also suggests that young Australians may be more at risk, with the prevalence here estimated to be around 3.5%.

Australian researchers have also taken a closer examination of the two type classifications of Bipolar disorder (as mentioned earlier in this brochure). They found that, when looking at Type I Bipolar disorder, there was a prevalence rate in the population of around 1%, with both genders being impacted equally. When looking at Type II Bipolar disorder, the prevalence rate rose to 5%, with females being impacted more greatly. This may highlight a need to differentiate the sub-classifications of bipolar disorder in further prevalence surveys.

Treatments for Bipolar Disorder

Currently bipolar disorder is not a curable condition, but there are treatments available to help manage episodes of depression and mania to ensure minimal impact on a sufferer's life. Psychotherapy and medication are both used to help treat bipolar disorder, with a combination of treatments thought to be the best approach. With effective treatment, episodes can improve within three months. Without treatment, mania may last for anywhere between three to six months and depression will likely last between six and twelve months. Unfortunately, many people suffer without getting any treatment at all. It is therefore important to approach your GP or other medical professional if you believe you need treatment, and it is also useful to know the potential treatment options that are likely going to be available so you can discuss these.

Psychotherapies tend to be used to help treat the depression-related symptoms of bipolar disorder, in order to minimise their effect on a person's daily life. The most prominently used psychotherapy for depression is Cognitive Behavioural Therapy (CBT). CBT looks to change the way a person views a situation by looking at their thought patterns, to help alter their negative mood. We have discussed depression treatments in more detail in our brochure on depression, and it is possible that any of the psychotherapies mentioned in that brochure may also be applied to bipolar disorder. When considering mania and depression together, psychological treatments will also tend to focus on psychoeducation and family therapy. This will help both the sufferer and their family to understand mental health in a more detailed way and will encourage the family to work on improving mental wellbeing as a unit. Psychotherapy can also help to identify a person's triggers, so that they or their family can identify the start of an episode before it becomes too severe.

Whilst it is possible to treat bipolar with therapy also used for general depression, the medicinal approach differs slightly. This is because commonly-used antidepressant medications can lead to hypomanic relapses. As such, mood stabilisers are the suggested instead for bipolar disorder (they are occasionally used alongside a more traditional antidepressant).

Mood stabilisers can be broken down into three categories: Lithium Carbonate, Anticonvulsant medicines and Antipsychotic medicines. Lithium Carbonate, known generally as Lithium, is the most common medication for bipolar disorder and is used as a long-term treatment (for at least 6 months.) Whilst Lithium has some negative side effects, its success rates are thought to be between 50% and 85%. However, if the side effects are unfavourable, a person should discuss switching to one of the alternatives with their prescribing doctor. In some cases other medications can be added to combat these side effects, or else combinations of bipolar medications may be needed to get symptoms under control.

As with many mental health medications, it is important that a person does not simply stop taking them altogether, as this can cause some severe withdrawal symptoms. Instead, dosage reduction should be discussed and planned with their doctor. Medication changes and combinations should also be discussed in detail with your medical professional as each medication has advantages and limitations, and so your medical professional will need to find the best solution for you.

You should already be in regular contact with your doctor as all bipolar-related medications require important regular medical check-ups. However, if you are experiencing unpleasant side effects from the medication then you should make sure to contact your doctor as soon as you can rather than waiting for your next appointment. We should also briefly mention here that the risk of side effects with these medications does increase in pregnancy, with potential danger to the unborn child. If you do develop symptoms whilst pregnant then your doctor will discuss all options with you, including potentially waiting and monitoring symptoms until after delivery. In the event that a person falls pregnant whilst taking medication for bipolar disorder it is again important that they do not simply stop medication, but instead go to their doctor to discuss the best course of action.

In many cases bipolar disorder can be treated outside of a hospital setting, through the use of local services and general practitioners. Sometimes, however, a person's symptoms may become too severe, resulting in a risk to themselves or those around them. At this stage a hospital stay may be required. It is important to seek this treatment as soon as possible if things get dangerous, especially as suicide rates are shown to be as high as 20% amongst bipolar sufferers. This is an unfortunate statistic as, for many people with this illness, symptoms can be managed and they can go on to live relatively normal lives.

For more information regarding living with mental illness please visit our website: www.shawmind.org

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