

# UNDERSTANDING BIPOLAR DISORDER

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*This booklet describes the symptoms of bipolar disorder and what treatments are available. It also suggests how you can help yourself and what family and friends can do.*

Note on terminology: 'bipolar affective disorder' is a formal medical diagnosis used by mental health professionals. In this booklet, we use the term 'bipolar disorder' when we refer to this disorder. The disorder also used to be known as 'manic depression'.

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## WHAT IS BIPOLAR DISORDER?

If you have bipolar disorder you will experience extreme swings in mood – from periods of overactive, excited behaviour – known as ‘mania’ or ‘manic episodes’ – to deep depression. Between these severe highs and lows, you may have stable times.

Some people also see or hear things that others around them don't (known as having visual or auditory hallucinations) or have uncommon, unshared, beliefs (known as delusions).

### Manic episodes

You may experience one or more of the following symptoms. However, it is unlikely that you will experience all of them.

Symptoms may include:

- feeling euphoric – excessively ‘high’
- restlessness
- extreme irritability
- talking very fast
- racing thoughts
- lack of concentration
- having a lot of energy
- a reduced need for sleep
- a sense of own importance
- poor judgement
- excessive and inappropriate spending
- increased sexual drive
- risky behaviour
- misusing drugs or alcohol
- aggressive behaviour.

You may feel like you are a genius and that you are the only person in the world who can see it the right way.

### Impact of a manic episode

You may not be aware of the changes in your attitude or behaviour while you are having a manic episode. However, after a manic phase is over, you may be shocked at what you have done and the effect that it has had.

*When I am hyper, I'm the life of the party, everyone is my friend and there isn't anyone I won't talk to about anything...*

Because you feel so elated and full of energy, you may take on commitments and responsibilities that you cannot fulfil. For example, you may take on a large loan or mortgage because you think you can earn extra money from work or projects you are planning. When the high mood drops, you may find it hard to cope with all the commitments you have taken on.

Family, friends or colleagues may have expressed concerns while you were going through a manic episode. At the time, their comments and worries may not have made sense to you. After the manic episode, you may see it differently and understand their concerns.

### Hypomania

You may experience a milder form of mania known as hypomania – this is less severe and lasts for shorter periods. During these periods you can become very productive and creative and so may see these experiences as positive and valuable. However, if you don't get treatment for hypomania, it may develop into more serious mania, and it could be followed by an episode of depression.

### Depressive episodes

Symptoms may include:

- a sense of hopelessness
- feeling emotionally empty
- feeling guilty
- feeling worthless
- chronic fatigue
- difficulty sleeping or sleeping too much
- weight loss or gain
- changes in appetite
- loss of interest in daily life
- lack of concentration
- being forgetful
- suicidal feelings.

Depression can be tough to deal with. If you feel very low, you may not feel that life is worth living and you may have thoughts of harming or killing yourself.

*When I'm depressed, it's the absolute worst pain I can experience. I feel like I become a balloon and am just floating outside myself, I cry like a part of me has died.*

When you feel depressed, you may find it hard to do anything, including asking for help. In turn, this can make you feel even more depressed and hopeless. You can find further information about depression and how to deal with it in SAMH's booklet, *Understanding depression*.

## Types of bipolar disorder

There are different types of bipolar disorder.

- **Mania with psychotic symptoms**  
If you experience mania with psychotic symptoms, you are likely to experience many of the symptoms listed under 'Manic episodes' on p.4. Your symptoms might be severe and your sense of your own importance may develop into delusions. Suspicions may turn into delusions of persecution and you may feel convinced that others are out to get you.
- **Depression with psychotic symptoms**  
With severe depression you may start hearing or seeing things that others don't see and hear (hallucinations) and/or have beliefs that others don't share (delusions). This can be very distressing. You may, for example, hear voices accusing you of being nasty and bad. Or you may be convinced that some terrible disaster is about to happen and that you are responsible for it.
- **Bipolar I**  
Characterised by manic episodes – most people will experience depressive periods as well, but not all do.
- **Bipolar II**  
Characterised by severe depressive episodes alternating with episodes of hypomania.
- **Cyclothymic disorder**  
Short periods of mild depression and short periods of hypomania.
- **Rapid cycling**  
Four or more episodes a year. These can be manic, hypomanic, depressive or mixed episodes.
- **Mixed states**  
Periods of depression and elation at the same time.

## Length and frequency of episodes

You may have very few bipolar disorder episodes, with years of stability in between them; or you may experience many more. Episodes can vary in both length and frequency from weeks to months, with varying lengths of time in between.

Mania usually starts suddenly and lasts between two weeks and four to five months. Depression often lasts longer, on average around six months. It can last longer but usually less than a year.

Although you may cope very well in between episodes, you may still experience low-level symptoms in these relatively 'stable' periods which can impact on your daily life.

## WHAT CAUSES BIPOLAR DISORDER?

Although very little is known about the causes of bipolar disorder it does run in some families which suggests a genetic link. However, you may find that there is no family history prior to your experience.

The disorder is diagnosed in a roughly equal number of men and women. It usually starts when you are in your 20s or 30s, although it can also start when you are a teenager.

The fact that symptoms can be controlled by medication, especially lithium and anticonvulsants, suggests there may be problems with the functions of the nerves in the brain. Disturbances in the endocrine system (controlling hormones) may also be involved.

Most research suggests that a stressful environment, social factors or physical illness may trigger the condition. Although stress (in a variety of forms) is unlikely to cause bipolar disorder, it seems to be a significant trigger. Sleep disturbance can be an important contributor.

### Stressful life events

You may find that you can link the start of your bipolar disorder to a period of great stress, such as childbirth, a relationship breakdown, money problems or a career change.

### Childhood distress

Some experts believe you may develop bipolar disorder if you experienced severe emotional damage in early life, such as physical, sexual or emotional abuse. Grief, loss, trauma and neglect can all be contributing factors – they can all shock the developing mind and produce unbearable stress.

### Life problems

It's possible that bipolar disorder could be a reaction to overwhelming problems in your everyday life. Mania could be a way of escaping unbearable depression: if you appear to have a very over-inflated sense of your own importance and your place in society, you may be compensating for a severe lack of self-confidence and self-esteem.

## WHAT SORT OF TREATMENT CAN I GET?

Most people tend to seek help when they go through a depressive episode and so can sometimes be wrongly diagnosed. If you feel depressed, but are aware that you have experienced mania, it will help the doctor to know about this.

It is also best to eliminate any potential physical causes of any symptoms you may be experiencing. For example, an overactive thyroid gland (hyperthyroidism) can mimic the symptoms of bipolar disorder. It can therefore be helpful to ask your GP to check this with a thyroid test (this is a simple blood test). Street drugs like cocaine, khat, ecstasy or amphetamine can also cause symptoms similar to mania.

Once you have a correct diagnosis, you can get suitable treatment and support.

If your GP thinks you may have bipolar disorder, they may refer you to a psychiatrist. Your psychiatrist or GP should explain all of your options to you and your views should be taken into account before any treatment is started. If a treatment does not suit you, say so and ask for other options.

### SIGN guidance

The Scottish Intercollegiate Guidelines Network (SIGN) has guidelines for the treatment of bipolar disorder. They suggest that you should be offered structured psychological treatment in addition to medication.

They also set out which drugs have the best evidence base for treating different stages of bipolar disorder.



## Medication

Almost everyone who has a diagnosis of bipolar disorder will be offered medication. Although drugs cannot cure bipolar disorder, many people find that they help to manage the symptoms. However, they should be seen as part of a much wider treatment that takes account of your individual needs. The drugs used include lithium, anticonvulsants and antipsychotics. It is very important to monitor your physical health when taking any of these drugs.

### Lithium

Lithium is often prescribed for bipolar disorder and comes as two different salts: lithium carbonate (Camcolit, Liskonum, Priadel) and lithium citrate (Li-liquid, Priadel). It does not matter which of these you take, but you should keep to the same one, because they are absorbed slightly differently.

If you are taking lithium, you will have to have regular blood tests to make sure that the level of lithium in your blood is safe and effective. It is also important to maintain steady salt and water levels as far as possible.

Common side effects of lithium include weight gain, thirst and tremors. Long-term use is potentially toxic to the thyroid gland and the kidneys and their function should be checked regularly during treatment.

You should receive a lithium treatment card and purple information pack with your first prescription.

### Anticonvulsant drugs

Some anticonvulsant drugs are also licensed for bipolar disorder: these are semisodium valproate (Depakote), carbamazepine (Tegretol) and lamotrigine (Lamictal). Lamotrigine has antidepressant effects and is licensed for depressive episodes in bipolar disorder. There are adverse effects associated with all of these drugs, which should be made clear to you before you start treatment.

### Antipsychotic drugs

Some antipsychotic drugs are licensed for the treatment of mania. The newer drugs are olanzapine (Zyprexa), quetiapine (Seroquel), risperidone (Risperdal) and aripiprazole (Abilify). These may be taken at the same time as an anticonvulsant or lithium.

If you have experienced psychotic episodes in the past and found older antipsychotics, such as haloperidol (Haldol, Dozic, Serenace) or chlorpromazine (Largactil) helpful, you may be prescribed them again.

All of these drugs are associated with potentially serious side effects and should be used at the lowest effective dose for the shortest possible time.

## Talking treatments

Talking treatments, including counselling and psychotherapy, can reduce the relapse rate (risk of further episodes) considerably, and many people find them helpful.

Talking treatments can help you understand why you feel as you do and change both the way you think and feel. They can give you an opportunity to talk about difficult feelings and experiences you have while dealing with bipolar disorder and so may help you to cope better with it. It can also help you to find ways of dealing with relationship difficulties often associated with the condition.

Group therapy can help too. It can be provided in hospital, or outside, e.g. by a voluntary organisation.

Unfortunately, receiving NHS talking therapies for bipolar disorder is rare outside a hospital setting. However, you may find a local organisation offering a low-fee scheme. See SAMH's booklet *Know Where to Go* for more information on available services.

## Hospital admission and treatment

If you are particularly distressed, you may benefit from an environment that is not too demanding. At the moment, hospital is often the only place that provides this. While you are in hospital, mental health professionals can assess your needs and try to find the best way to help you.

Unfortunately, being in a psychiatric hospital or unit can be a distressing experience. There may be little privacy, and you may find that you miss having your own things around you. It can also be frightening to be with other people who are acting in a way that is difficult to understand and is sometimes threatening.

You can be admitted to hospital voluntarily, in which case you are called an 'informal patient'. Most admissions are informal but, if you are unwilling to go into hospital, your admission may be compulsory under the Mental Health (Care and Treatment) (Scotland) Act 2003.

The Mental Welfare Commission for Scotland, a law centre or a solicitor can provide further advice. (See 'Useful contacts' on p.20).

## Electroconvulsive therapy (ECT)

ECT is a treatment which is given in hospital under general anaesthetic and involves passing an electric current through the brain in order to cause a fit. It is given for severe depression and may also be used, very rarely, for severe mania. It can cause short or long-term memory loss. Because of the possible side effects it is used less commonly now than in the past, but some people find it effective when nothing else has helped.

## WHAT FURTHER SUPPORT CAN I GET?

### Community care services

If you have been referred to psychiatric services in Scotland, you have a right to get your needs assessed and a care plan developed for you within the Care Programme Approach (CPA). Your care plan should include a thorough assessment of your social and health care needs. You should be allocated a care coordinator who is in charge of your care, and ongoing reviews. You are entitled to say what your needs are and you have the right to have an advocate present. An advocate is someone that can speak for you, if necessary. The assessment might also include carers and relatives.

Often community care assessments are made by community mental health teams. Their aim is to help you to live independently. They can help with practical issues, such as sorting out welfare benefits and housing; and services, such as day centres, back-to-work schemes or drop-in centres. They can also arrange for a community psychiatric nurse (CPN) to visit you at home.

It can be useful to find out as much as possible about local services you can make use of, whether they are run by the NHS, your local community health partnership or voluntary organisations.

You can try asking for help from:

- your GP
- social services department
- community health partnership
- Citizens Advice Direct
- voluntary organisations, e.g. a local SAMH service
- the internet
- your local library.



***My mental health team was excellent. They taught me how to handle my medication and ways to change my mood patterns.***





### Day Services

Day centres, day hospitals and drop-in centres can vary widely. Services may include therapy groups, counselling, information or advice.

Some offer a chance to learn new skills, such as music, cooking or crafts; some organise day trips, or simply provide the opportunity for a cup of tea, a good lunch and a chat. You may need to be referred by a social worker or psychiatrist.



### Supported Accommodation

There is a range of supported accommodation where you can stay for a limited period if you need more support than you can get in your home. They have staff who can support you and help you gain the confidence to live independently again. Sheltered housing schemes offer less intensive support but in sheltered housing you are likely to be able to stay for as long as you want.



### Crisis services

Crisis services have been developed in some areas as alternatives to hospital. Sometimes they can offer accommodation but otherwise they will offer support 24 hours a day in your own home, with the idea of avoiding admission to hospital.

## WHAT CAN I DO TO HELP MYSELF?

### Getting support and understanding

During a manic phase you may be quite unaware that your actions are distressing or damaging to other people. Later, you may feel guilty and ashamed. It can be especially difficult if those around you seem afraid or hostile. It can help if you provide people with information about bipolar disorder.

After going through a manic or a depressive episode you may find it difficult to trust others and may want to cut yourself off. These feelings are to be expected after experiencing such difficulties, but it may be far more helpful to talk through your emotions and experiences with friends, family, carers or a mental health professional.

Most people with bipolar disorder ask for help when they go through a depressive episode. However, some key problems may have started during a manic episode. If you have experienced doing something during a manic phase, which you later regret, you could talk to someone you trust while you are feeling stable. You could explain what goes on for you when you feel manic and discuss with them how you think they can best help you if you go through mania again.

Likewise, if you experience suicidal feelings and have thought about taking your own life when you feel down, it can be helpful if you discuss this with someone you trust while you are stable. Think of how you want others to support and help you if this happens again. It can make a depressive episode easier to manage for both yourself and those around you (See SAMH's booklet *Suicide - Living with your thoughts.*)

There are many support groups where people who have gone through similar problems can come together to support each other. Some organisations, including SAMH, list their local support services on the internet. (See 'Useful contacts' on p.20 for more information.)

## Managing your own condition

Self-management involves finding out about bipolar disorder and developing the skills you need to recognise and control mood swings early, before they become severe.

It can be difficult at first to tell whether a 'high' is really the beginning of a manic episode or whether you are just feeling more confident, creative and socially at ease. It can be a strain watching out for symptoms all the time, particularly when you are first learning about the effect bipolar disorder might have on your life.

What can help:

- **Checklists, mood diaries and exercises** to help you recognise and control mood swings. There are various books and websites which provide these.
- **Setting up and sticking to a daily routine.** Some routines can work for you when you are manic, as well as when you are depressed, e.g. having your meals at the same every day, regardless of what mood you are in.
- **A healthy diet.**
- **Getting enough sleep.**
- **Gentle stress-free activities**, such as swimming or yoga.
- **Complementary therapies**, such as reflexology or massage, are helpful for some people.

*I have accessed the direct payment scheme which provides funding for therapeutic activities such as yoga, dance, gym etc, which are extremely beneficial to my wellbeing.*

Self-management is by no means instant and can take some time to use effectively. However, you may find you need to rely less on professionals and have more control over mood swings. This can lead to greater self-confidence, and reduce the chance of a relapse and how severe the symptoms might be.

### Working life

It is important to take things slowly and avoid stressful situations. If you already have a job and you have had to take time off because you have been unwell, you might want to find out if you can return on a part-time basis to start with. For more information on your rights at work, see SAMH's booklet *How to be mentally healthy at work*. If you are a student most colleges and universities will offer support and advice. (See SAMH's booklet *Reasonable adjustment for students*.)

## HOW CAN I PLAN FOR A CRISIS?

You may experience a mental health crisis during either the depressed or the manic phase of bipolar disorder. While going through a crisis it can be difficult to let others know what kind of help and treatment you want. Therefore, it can be useful to make a plan for how you want to be treated while you are well.

### Advance statements

Advance Statements were introduced under the Mental Health (Care and Treatment) (Scotland) Act 2003. An Advance Statement includes any statement that you make while you are well, explaining what you would like to happen if you are in crisis and become unable ('lose capacity') to make decisions about your treatment. If someone else needs to decide things in your best interests, your Advance Statement should always be taken into account. Advance Statements must be witnessed and signed by a health or social care professional.

The Mental Health Act does give psychiatrists power to override your decisions if you are detained and they believe that treatment is needed. However, if they do this, they must send a written record to the Mental Welfare Commission setting out why they believe this was necessary.

You can also attach a personal statement, setting out what you would like to happen in other areas of your life, if you become too unwell to make a decision. For example, you might want to say who should look after your children or ask for your employer to be notified. Personal statements do not have the same standing in law as an advance statement.

The Mental Welfare Commission for Scotland provide extensive guidance booklets for patients and carers which can be accessed via their website (See *Useful Contacts* p.20).



## CAN I RECOVER?

Bipolar disorder isn't always chronic and it can be possible to recover.

Many people find that once they have had suitable treatment and established a way of following a recovery plan, they can manage both their disorder and their life well.



## WHAT CAN FRIENDS AND FAMILY DO TO HELP?

*This section is for friends and family who want to help someone who has bipolar disorder.*

Seeing someone you care for going through the symptoms of bipolar disorder can be very distressing.

It's painful enough to be with someone who is in a deep depression but during a manic phase they may not accept that there is anything unusual about their behaviour, and they may become hostile towards you.

This can leave you feeling frightened and helpless. However, you can be vital in providing support and getting them practical help.

### Discuss difficult behaviour

If someone is hearing or seeing things that you don't, there's no point trying to argue them out of it. And it's not helpful to pretend you see or hear them too. It's much better to say something like, "I accept that this is how you see things, but I don't share that way of looking at it." Try to focus on how the person is feeling at the time, to empathise with their emotions and encourage them to talk about them.

People who experience bipolar disorder often seek help when they go through depression, while their carers often feel most concerned when the person they care for experiences mania.

If the person you care for has acted in a way you have found upsetting or difficult to deal with when they were manic, you could discuss this with them while they are stable. You can then agree how you can best help them if they display the same behaviour again. It can be useful to write down what you have agreed, so it is clear to both of you.

### Give practical support

Being organised can be a problem for people with this diagnosis. You can offer support with practical matters.

- Ask them what support they want, then help them find out what is available and let them know what you might be able to realistically do for them yourself.
- If they agree, you can approach agencies for help on their behalf.
- Try to work together with your friend or relative, rather than taking over completely.
- Encourage them to manage their own condition safely.
- Respect their wishes regarding care as far as possible.
- Make sure they get enough to eat and enough sleep.
- Offer to help them sort out their finances, particularly if they have built up debts during a manic phase.

## Get support for yourself

Learning as much as possible about bipolar disorder can help you to cope better if you are a carer. It is also worth remembering that, under the Carers (Recognition and Services) Act 1995, you may be entitled to ask for an assessment of your own needs from your local social services. (See SAMH's booklet *How to cope as a carer*.)

Sometimes, people with bipolar disorder experience suicidal feelings.

If the person you are caring for feels like this, you might find it useful to contact a support organisation, for example, SAMH. (See SAMH's booklet *Are you worried about someone?*)

Try to make sure you have support in coping with your own feelings. Give yourself time away from the person you are caring for, and ask friends and relatives for help. You may find a talking therapy helpful.

It is worth keeping in mind that with appropriate treatment, people can learn to manage bipolar disorder and live well in the community. Your support can make a big difference to your friend or relative.



## USEFUL CONTACTS

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### **SAMH (Scottish Association for Mental Health)**

**tel: 0141 530 1000**

**email: [enquire@samh.org.uk](mailto:enquire@samh.org.uk)**

**web: [samh.org.uk](http://samh.org.uk)**

Details of local SAMH services and information and sign-posting for people concerned about mental health. Office hours 9am to 5pm, Monday to Friday.

### **Bipolar Scotland**

**tel: 0141 560 2050**

**web: [bipolarscotland.org.uk](http://bipolarscotland.org.uk)**

Support for people with bipolar disorder (including hypomania) and their families and friends.

### **British Association for Behavioural and Cognitive Psychotherapies (BABCP)**

**tel: 0161 705 4304**

**web: [babcp.com](http://babcp.com)**

Information and a register of accredited CBT therapists.

### **British Association for Counselling and Psychotherapy (BACP)**

**tel: 01455 883 300**

**Main web: [bacp.co.uk](http://bacp.co.uk)**

**Sister web: [itsgoodtotalk.org.uk](http://itsgoodtotalk.org.uk)**

Information on counselling and psychotherapy, and a register for accredited practitioners.

### **See Me**

**t: 0141 530 1111**

**web: [seemescotland.org](http://seemescotland.org)**

National programme to tackle mental health stigma and discrimination.

### **Carers Trust Scotland**

**tel: 0300 123 2008**

**web: [carers.org/country/carers-trust-scotland](http://carers.org/country/carers-trust-scotland)**

Information, support and advice on all aspects of caring.

### **Complementary and Natural Healthcare Council**

**tel: 020 3668 0406**

**web: [cnhc.org.uk](http://cnhc.org.uk)**

Has a register of government-accredited complementary healthcare practitioners.

### **Action on Depression**

**tel: 0131 226 8152**

**web: [actionondepression.org](http://actionondepression.org)**

Information, support and self-help groups.

### **Money Advice Scotland**

**tel: 0141 572 0237**

**web: [moneyadvicescotland.org.uk](http://moneyadvicescotland.org.uk)**

Offers confidential advice concerning debts.

### **SIGN (The Scottish Intercollegiate Guidelines Network)**

**tel: 0131 623 4720**

**web: [sign.ac.uk](http://sign.ac.uk)**

National guidelines for the treatment of conditions for healthcare professionals and the public.

### **Breathing Space Scotland**

**tel: 0800 83 85 87**

**web: [breathingspace.scot](http://breathingspace.scot)**

Confidential out of office hours telephone line for people experiencing low mood, anxiety or depression.

### **Samaritans**

**Freepost RSRB-KKBY-CYJK,**

**Chris**

**PO Box 90 90, Stirling FK8 2SA**

**24-hour helpline: 116 123**

**email: [jo@samaritans.org](mailto:jo@samaritans.org)**

**web: [samaritans.org](http://samaritans.org)**

Emotional support for anyone feeling down, experiencing distress or struggling to cope.

### **National Institute for Health and Care Excellence (NICE)**

**t: 0300 323 0140**

**w: [nice.org.uk](http://nice.org.uk)**

Provides guidance on health and social care.

### **Mental Welfare Commission for Scotland**

**Service Users & Carers Advice**

**Line: 0800 389 6809**

**web: [mwcscot.org.uk](http://mwcscot.org.uk)**

They protect and promote the human rights of people with mental health problems, learning disabilities, dementia and related conditions.

### **NHS24**

**tel: 111**

**web: [nhs24.com](http://nhs24.com)**

NHS24 is a 24-hour health service for Scotland.

### **The Scottish Independent Advocacy Alliance**

**tel: 0131 524 1975**

**web: [siaa.org.uk](http://siaa.org.uk)**

Provide assistance to access independent advocacy support.

### **Legal Services Agency**

**tel: 0800 316 8450**

**web: [lsa.org.uk](http://lsa.org.uk)**

Law Centre and charity offering legal advice, assistance and representation to vulnerable people.

## Further information

To read or print SAMH's  
information booklets, visit  
**[samh.org.uk](http://samh.org.uk)**;

to order copies contact SAMH  
on 0141 530 1000 or at  
[enquire@samh.org.uk](mailto:enquire@samh.org.uk)



SAMH is Scotland's largest mental health charity and is dedicated to mental health and well-being for all. We are here to provide help, information and support to people affected by mental health problems.

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