# help & hope

*a guide for those newly diagnosed with bipolar disorder*

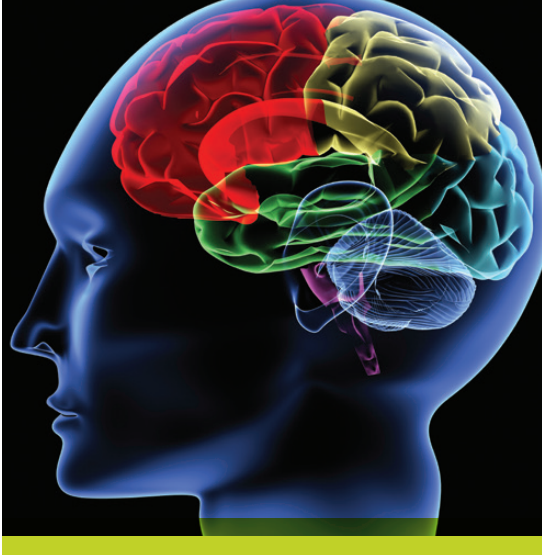
international bipolar foundation

*A world of hope, resources and support*

**www.ibpf.org**

This booklet is dedicated to
John Peyton Mossy
and all those affected by,
and with, bipolar disorder.

## WHAT IS BIPOLAR DISORDER?



Bipolar disorder, also called manic-depressive illness, is a serious brain disorder marked by periods (or episodes) of extreme emotional highs and lows. A high or "up" period is referred to as a mania. When the high is less severe, it is called a hypomania, and a low is called a depression.

These highs and lows are not the same as the "normal" ups and downs that we all experience. They are extreme and can vary in intensity, duration and frequency. Furthermore, the emotional changes are accompanied by other changes, affecting sleep, appetite, energy, activity, behaviors, and thoughts.

## WHO GETS BIPOLAR DISORDER?

In the United States, about 2-3% of the adult population is estimated to have bipolar disorder. It is present worldwide; globally, there are 27 million people living with bipolar disorder. Most people with bipolar disorder develop it in their late teens or early adulthood. Although child-onset bipolar disorder is increasingly recognized, its rates are not well established.

According to the National Institute for Mental Health (NIMH), across all countries studied, 75% of those who had bipolar symptoms met criteria for having at least one other disorder. Anxiety disorders, especially panic disorder, and substance use disorders are commonly coexisting disorders, as well as behavioral and personality disorders.

## HOW DO YOU DEVELOP BIPOLAR DISORDER?

We don't know what causes bipolar disorder, but we think that both genes and environment may play a role.

**Genes:** It has been estimated that about 80% of the cause of the condition is heritable. This includes the genetic factors inherited from parents, but may also include newly occurring mutations.

If only one parent has bipolar disorder, there is a 10% chance that his or her child will develop the illness, meaning that 90% of children of a parent with bipolar disorder will not develop bipolar disorder. If both parents have bipolar disorder, the likelihood of their child developing the illness may rise to as much as 40%.

However, just because one family member has the illness does not mean that other family members will also develop the illness.

**Biological differences in the brain:** Research has shown physical differences in the brains of people with bipolar disorder, compared to people without bipolar disorder. For example, the size and/or activity of brain areas important in regulating emotions and behaviors, such as the amygdala and prefrontal cortex, look different in the brains of people living with bipolar disorder. Similar differences may also be present in people who are at risk for bipolar disorder, or those who have a family member with the disorder.

**Brain chemistry:** Bipolar disorder is associated with changes in neuronal (brain cell) synapses and receptors for neurotransmitters (e.g. serotonin, dopamine, GABA), neurohormones, higher levels of inflammation, and changes in other components of cellular communication.

## RISK FACTORS

In addition to genetic factors, other factors might increase risk for bipolar disorder or particularly may change its course, such as occurrence and severity of episodes, response to treatment, or trauma.

- Severe stress ( e.g. childhood adversity) may interact with biological and genetic factors in influencing who develops bipolar disorder and when they develop it.
- Drug abuse: Some people develop manic or depressive symptoms after they have taken certain street drugs like cocaine or methamphetamines or when they are withdrawing from these drugs.
- Other brain diseases or injury can "cause" bipolar disorder-type symptoms. Especially when bipolar-type symptoms are first seen in older individuals, it can be important to look for such underlying causes.
- Recent studies suggest roles for maternal smoking during pregnancy, gestational influenza infection and higher paternal age.
- Some lifestyle factors such as smoking, as well as poor diet, sleeping habits and lack of physical activity, can increase risk, highlighting the importance of maintaining healthy daily habits.
- Pregnancy: For women predisposed to developing bipolar disorder, the postnatal period can coincide with a first episode of bipolar disorder.

## WHAT ARE THE TYPES OF BIPOLAR DISORDER?

There are four types of bipolar disorder:

**Bipolar Disorder I:** Bipolar disorder I is diagnosed when a person has experienced an episode of mania. Often that same person may be depressed for periods of time, and at other times, that same person may have a normal, or "euthymic" mood for sustained periods of time.

**Bipolar Disorder II:** Bipolar disorder II is diagnosed when a person has experienced an episode of hyomania, in addition to periods of depression, and that same person may have a normal, or "euthymic" mood for sustained periods of time.

**Cyclothymia:** When someone has mild depressive episodes alternating with hypomanic symptoms, often shifting back and forth for a year or more

**Other Specified Bipolar and Related Disorder (also known as Bipolar NOS--not otherwise specified):** When someone has some symptoms of bipolar disorder, but the symptoms do not fit any of the subtypes.

## SYMPTOMS OF BIPOLAR DISORDER

A trained mental health care professional can make a diagnosis based on your symptoms, past and present, as well as a family history. Below, we discuss the episodes and symptoms of bipolar disorder.

## WHAT ARE EPISODES?

An episode is a clear change in the person's mood and behavior that causes suffering or other problems for that person. People close to a person experiencing an episode may notice the change, although the person experiencing the episode may not always notice it.

## TYPES OF EPISODES

**Depression:** A period of at least two weeks during which the person feels down, does not experience pleasure in activities they used to and often has changes in energy, sleep and appetite. A depressive episode generally causes problems at home, with friends, or at work or school.

**Dysthymia:** Low grade depressive mood that can last for two or more years.

**Mania:** A period of at least one week of an elevated mood, which can be euphoric or uncharacteristically irritable. A manic episode is often accompanied by an increase in energy levels and a decrease in sleep without feeling tired along with behaviors that can cause major difficulties with school, work and relationships.

**Hypomania:** A mood state characterized by at least four days of an elevated mood but less severe than full mania.

## DURATION OF EPISODES

Sometimes the moods change rapidly, or blend together. Two labels for when this happens are:

**Mixed:** A mood state that includes both high and low symptoms at the same time or in rapid sequence without recovery in between. Rapid cycling carries a high risk of suicide.

**Rapid Cycling:** Frequently changing from one distinct mood episode to another, at least three times a year.

The symptoms of mania or manic episodes include:

- an elated, expansive, overly joyful, overly silly or irritable mood
- a decreased need for sleep
- racing thoughts

- rapid speech
- inflated self-esteem or “grandiosity”
- excessive involvement in pleasurable but risky activities
- increased physical or mental activity and energy
- an increase in sexual thoughts or activities
- a decrease in the ability to concentrate and stay focused

**The symptoms of depression or a depressive episode include:**

- frequent sadness, tearfulness, crying or persistent irritability.
- a decrease in interest in activities that used to be interesting, or an inability to enjoy those activities (“anhedonia”)
- a sense of boredom, feelings of hopelessness, feeling worthless or feeling inappropriately guilty
- decreased energy
- social isolation and withdrawal from others
- feeling sensitive to perceived or real rejection or failure
- low self-esteem, anger, or hostility
- trouble concentrating
- poor school performance
- changes in eating habits with an increase or decrease in weight
- changes in sleeping habits, with an increase or decrease in sleep duration
- headaches, stomachaches or other physical complaints
- thoughts of death and/or suicide

## PEDIATRIC BIPOLAR DISORDER

Children can have bipolar disorder although it can look somewhat different than it does in adults. For example, children with bipolar disorder may exhibit extreme irritability, have a short temper, and get frustrated easily.

- Children and teens may show more severe mood changes, shifting quickly from high to low mood within the same episode
- Children and teens may experience mania as feeling very silly or happy that is unusual for people their age
- They may think and talk a lot about sex
- They may have difficulty focusing in school

**Children and teens can have thoughts of suicide. Take these seriously and call your child's doctor or go to the emergency room.**

## RESOURCES

For more detailed information on bipolar disorder, its symptoms and causes, please see:

1. **Healthy Living with Bipolar Disorder book:** http://ibpf.org/webform/healthy-living-bipolar-disorder-book
2. **Depression Associated with Bipolar Disorder in Youth:** http://ibpf.org/depression-associated-bipolar-disorder-youth-dr-delbello
3. **Understanding the Neurological & Biochemical Factors Underlying Neuropsychia-ric Disorders:** http://ibpf.org/article/understanding-neurological-and-biochemical-factors-underlying-neuropsychiatric-disorders
4. **Genetic Counseling for Psychiatric Illness:** http://ibpf.org/article/genetics-counseling-psychiatric-illness-angela-inglis
5. **Bipolar Disorder; What Do Genes Have to Do With It?:** http://ibpf.org/bipolar-disorder-what-do-genes-have-do-it-0
6. **Childhood Bipolar Disorder:** http://ibpf.org/article/childhood-bipolar-disorder-dr-thomas-jensen
7. **Pediatric Bipolar Disorder: The Controversy & the Reality:** http://ibpf.org/article/pediatric-bipolar-disorder-controversy-and-reality
8. **Pregnancy & Bipolar Disorder:** http://ibpf.org/pregnancy-bipolar-disorder
9. **Bipolar Disorder and Severe Irritability in Youth: Same or Different?** http://ibpf.org/bipolar-disorder-and-severe-irritability-youth-same-or-different

## GETTING THE RIGHT DIAGNOSIS

Currently, only a mental health care provider can diagnose bipolar disorder. It cannot be diagnosed with a questionnaire, blood test or seen with an x-ray or brain scan.

It will be important that other diagnoses including those from a physical illness or substance use be ruled out before making one of bipolar disorder. Bipolar disorder is a serious lifelong illness for which there is currently no cure, but it can be successfully managed with treatment.

A health care provider, preferably a psychiatrist, psychologist or psychiatric nurse practitioner, can make the diagnosis following an extensive interview including current and past symptoms and family history. Don't hesitate to get a second opinion. For more information, please contact us at info@ibpf.org.

## HOW IS BIPOLAR DISORDER TREATED?

Although there is currently no cure for bipolar disorder, individuals can still lead happy and productive lives when symptoms are treated and controlled. Your treatment plan may include a combination of the following:

- **Medications:** There are several different medication options that your doctor can discuss with you.
- **Psychotherapy:** This can include individual, family, couple, or group.
- **Healthy life style choices:** Sleep hygiene, exercise, stress reduction and a healthy diet.
- **Education and support:** It is important to learn about bipolar disorder and to have a supportive network.

## RESOURCES FOR TREATMENT & SUPPORT

1. **Finding the Right Therapist:** http://ibpf.org/how-find-right-therapy-therapist-y
2. **Creating Options for Family Recovery:** http://ibpf.org/creating-options-family-recovery-parental-mental-health-family-affair-joanne-nicholson-phd
3. **Families Where a Parent Has a Mental Illness:** http://ibpf.org/article/families-where-parent-has-mental-illness-understanding-family-resilience
4. **Prevent Depression by Improving Diet:** http://ibpf.org/article/dr-felice-jacka-can-we-prevent-depression-improving-diet
5. **How Churches Can Promote Recovery:** http://ibpf.org/article/how-churches-can-promote-recovery-rev-mary-alice-do
6. **Naturopathic Perspective on Treatment:** perspective: http://ibpf.org/article/removing-obstacles-naturopathic-perspective-treatment
7. **Advanced Nutrient Therapy for Bipolar:** http://ibpf.org/advanced-nutrient-therapies-bipolar-disorders-dr-william-walsh
8. **Mindfulness:** http://ibpf.org/mindfulness-depression-anxiety-and-stress-0
9. **Bipolar Support for Families:** http://ibpf.org/bipolar-support-families
10. **Lithium Treatment for Bipolar Disorder:** http://ibpf.org/lithium-still-cornerstone-long-term-treatment-bipolar-disorder

## AFTER BIPOLAR DISORDER DIAGNOSIS, NOW WHAT?

1. **Putting together a treatment team is essential.** Your treatment team should communicate with you and each other (you may need to sign a release form to give professionals permission to speak with each other.)

- Psychiatrist
- Therapist (person who you talk to)
- Medical doctors (internist, pediatrician, general practitioner, obstetrician/gynecologist)
- Spiritual/Faith leader
- Family member(s), close friends, and teachers

2. **Lead a healthy lifestyle.** Research shows that people who make healthy lifestyle choices live a longer, happier life. You can get our free healthy living treatment plans and our health newsletter here: http://bhqlsurvey.ibpf.org/
3. **Know your local resources.**
4. **Prepare questions for your doctor in advance.**
5. **Learn how to talk to your child or loved one.**
   - Be available to talk and answer questions honestly and in an age-appropriate manner.
   - Define how you can offer support.
   - Remember that bipolar disorder is not a sign of weakness; it is a disorder of the brain that the person can't just "snap out of."
   - Encourage your loved one with positive reinforcement.

## CRISIS PLANNING

If you feel that you are in danger of hurting yourself or others, call 911 immediately or go to your local emergency room. If someone you care about is a danger to him/herself or others:

**DO:**

- Make sure you are safe and call for help if needed.
- Listen without interrupting.
- Speak calmly in a quiet voice.
- Be helpful. Respond to basic needs and requests.
- Respond to feelings rather than content.
- Reassure them you care about them and their safety.

**DON'T:**

- Don't deceive the person.
- Don't touch the person without asking.
- Don't whisper, joke or laugh.
- Don't stand over the person.
- Don't join into behavior related to person's mental illness.
- Don't reinforce false beliefs (delusions).
- Don't leave them alone.

## CALLING IN AN EMERGENCY OR CRISIS

- Go to a safe place to call 911.
- Make it clear you are calling about someone with an acute mental illness episode.
- Ask for someone who is trained in emergency mental health.
- Describe the behaviors you are seeing.
- Explain why you cannot handle the situation.
- **BE VERY CLEAR that you are seeking medical attention and NOT arrest.**
- Tell the person if there is a weapon involved.

- Stay on the phone with the operator while awaiting help.

Those with bipolar disorder, including children and teens, can have thoughts about suicide. It is vital to have a well thought out emergency plan in the event the person is a danger to themselves or others.

1. Prepare in advance an emergency contact phone list.
2. Learn where your closest emergency room AND psychiatric hospital is.
   - Does your local hospital have beds for psychiatric patients?
   - At which hospital(s) does your psychiatrist have admitting privileges? If none, where does s/he suggest you go?
3. Does your local police force have a Psychiatric Emergency Response Team or Crisis Intervention Team?
4. Make a safety plan for the family:
   - Where do the siblings/children go in the event someone is out of control?
   - Keep emergency numbers in everyone's wallets and cars.
   - Where will all car keys be kept?
   - Do you need GPS tracking?
5. Make your home as safe as possible.
   - It's best not to store any guns in the home, but if you do, make sure they are not loaded, and that they are locked in a gun cabinet with the key hidden.
   - Lock away all prescription drugs, alcohol, and any potentially harmful tools or substances (bleach, knives, scissors, etc.).

## COURT ORDERED TREATMENT

If you believe someone is gravely ill or a danger to himself or others due to a mental illness, you can petition the court to have the person evaluated for involuntary treatment. This chart from the Treatment Advocacy Center indicates state-by-state commitment criteria: http://www.treatmentadvocacycenter.org/storage/documents/State_Standards_Charts_for_Assisted_Treatment_-_Civil_Commitment_Criteria_and_Initiation_Procedures.pdf

## RESOURCES FOR CRISIS INTERVENTION

1. **Behavioral Restraint & Seclusion:** http://ibpf.org/behavioral-restraint-and-seclusion
2. **Convincing a Loved One to Get Counseling:** http://ibpf.org/you-need-help-step-step-plan-convince-loved-one-get-counseling
3. **Suicide Emergencies:** http://ibpf.org/suicide-security-blanket-and-other-child-psychiatry-emergencies
4. **Youth Suicide Prevention:** http://ibpf.org/youth-suicide-prevention-using-yellow-ribbon-suicide-prevention-program
5. **The In-Patient Experience:** http://ibpf.org/inpatient-experience-what-you-need-know

## CAREGIVER GUIDE

Caring for someone with bipolar disorder can be a rewarding but exhausting responsibility. Our Caregiver Guide has many helpful suggestions: http://ibpf.org/webform/healthy-living-bipolar-disorder-book

**For detailed information for caregivers see http:/bipolarcaregivers.org**

## LOOKING AHEAD

You have just started on the long journey of living with or caring for someone with bipolar disorder. Bipolar disorder is a manageable condition when care is taken to follow the treatment plan prescribed. There will be many bumps along the way but also many positives and new explorations of self. Just remember that you are not alone!


## DEFINITIONS OF COMMONLY USED TERMS

**Anosognosia:** a neurological condition that impairs awareness of mental illness. Present in 40-60% of persons with schizophrenia and bipolar disorder, it often leads to a refusal to accept treatment.

**Assertive community treatment (ACT):** a team approach to providing rehabilitation and support to individuals who require intensive services in order to live in the community; also known as PACT.

**Assisted outpatient treatment (AOT):** a process whereby a judge orders a qualifying person with symptoms of mental illness to adhere to a mental health treatment plan while living in the community. Forty-five states have laws authorizing some form of AOT, often called by different names in different states.

**Civil commitment:** a legal process through which an individual with severe mental illness is court-ordered into treatment in a hospital (inpatient) or in the community (see AOT above.)

**Conditional release:** discharge from inpatient psychiatric commitment conditioned upon receiving continued treatment as an outpatient living in the community.

**Crisis intervention training (CIT):** a specialized law enforcement unit comprised of officers who have received training in how to interact with individuals experiencing a psychiatric crisis.

**Dangerousness ("danger to self/others"):** grounds for civil commitment in all states. Many states provide additional, alternative grounds for civil commitment, e.g., "gravely disabled."

**Emergency hospitalization:** temporary confinement in a treatment facility during which the person in psychiatric crisis is evaluated by mental health professionals to determine whether civil commitment is appropriate or necessary; may also be called an emergency "hold," "pickup" or "detention."

**Guardian/conservator:** a person appointed by a court to exercise some or all of the legal rights of an incapacitated person.

**HIPAA (Health Insurance Portability and Accountability Act):** a federal law that includes standards to protect certain types of personal health care information by restricting access by third parties.

**Interdisciplinary team (IDT):** a team approach to treatment which typically consists of a psychiatrist, a case manager, a nurse and a peer specialist (an individual whose mental illness is stable.)

**Medication over objection:** the process of involuntarily administering medication to a person who is undergoing court-ordered hospitalization and does not recognize his or her need for treatment; requires an additional court order in many states.

**Psychiatric advance directive:** a document in which an adult states in advance the wish for psychiatric care in the event that he or she becomes ill and loses capacity for decision-making.

**Severe mental illness:** an umbrella term without a universal definition; most commonly applied to disabling psychiatric diseases that include psychosis (e.g., schizophrenia, some bipolar disorder.)

## TREATMENT LOG

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