

What Treatments are available?

Medication

The usual treatment for bipolar affective disorder is the drug **lithium carbonate**, which is known as a mood stabiliser. It controls the condition but isn't a cure. It should be seen as the foundation for a much wider treatment that takes account of individual need. There are a number of side effects associated with lithium. They may wear off once the body gets used to it.

Other medication may be used to help with the symptoms of bipolar disorder.

Carbamazepine is prescribed to curb agitation and has a sedative effect.

Valproate is an anti-epileptic drug increasingly used for manic depression, although not licensed specifically for this purpose.

Anti-psychotics such as **Risperidone** or **Quetiapine** are sometimes given to people for brief periods – when mania is at its height – to control distressing symptoms.

Anti-depressants, such as **Seroxat** or **Efexor**, may be prescribed to help with the depression phase of bipolar affective disorder.

ECT

Electroconvulsive therapy (ECT) is a controversial treatment, which involves passing an electric current through the brain of someone who is under anaesthetic. It's given for severe depression and was regularly used to treat mania before major tranquillisers became available. ECT can cause short- or long-term memory loss. It's much less common nowadays, although it does provide some people with relief they can't otherwise get.

Talking treatments

Counselling or psychotherapy can help people understand why they feel as they do, and to change the way they think and feel. It also offers an opportunity to talk about the very stressful experience of bipolar disorder and this helps people to cope with it.

Cognitive behaviour therapy aims to help people to identify problems and overcome emotional difficulties. It's a practical talking treatment with the focus on changing the negative thought patterns that are often associated with depression.

Unfortunately, talking treatments for people diagnosed with bipolar disorder is very rare under the NHS, but it may be possible to find an organisation offering a low-fee scheme

Self Management

Learning to self manage bipolar disorder (manic depression) can be an invaluable part of stabilizing the condition. It can significantly improve an individual's affective perception of areas such as self-esteem and reduction in suicidal thoughts.

Hospital admission

If you are particularly distressed, you may benefit from shelter and protection in an environment that is not too demanding. At present, hospital is often the only place that provides this. It will give staff the opportunity to assess your needs and try to find the best way to help you. And, for those close to you, it may provide some relief.

Most admissions are voluntary but, if you are unwilling to go into hospital, you may be admitted compulsorily under the Mental Health Act 1983.



**For better
mental health**

Understanding Bipolar Affective Disorder

What is Bipolar Affective Disorder?

Someone diagnosed with Bipolar Affective Disorder, also known as Manic Depression, may swing from moods of deep depression to periods of overactive, excited behaviour known as mania. Between these severe highs and lows there may be relatively stable times, although this isn't always the case. Some people also see or hear things that others around them don't (known as having visual or auditory hallucinations or delusions).

Everybody has their ups and downs in daily life, but in bipolar disorder these changes are extreme. During the manic phase, people may feel euphoric, self-important and full of expansive ideas. They may spend money extravagantly, and build up debts. They may eat and sleep very little, and talk so quickly that it's difficult to understand them. They may be easily irritable and angry. A person may be quite unaware of these changes in their attitude or behaviour. After a manic phase is over, they may be quite shocked at what they've done and the effect that it has had. On the positive side, people can be very creative during mania, and may feel that it's a very valuable experience.

Mania may flare up periodically, but depression is the most consistent symptom. People may have feelings of overwhelming despair, guilt and worthlessness. Problems concentrating and remembering things can make life very difficult and undermine the simplest tasks. The experience of manic depression may provoke suicidal feelings.

Unipolar Affective Disorder

Sometimes people are diagnosed with unipolar affective disorder because they experience the depressive phase without a manic period.

Other Apects of Bipolar Disorder

Hypomania

Hypomania is a less severe form of mania. Someone may seem very self-confident and euphoric but may react with sudden anger, impatience or become irritable, sometimes for the slightest reason. They may have more ideas than usual, work too much or be very creative, but not be able to focus on anything for long or switch off and relax. They may become more reckless than usual, which might mean errors of judgement at work or in relationships, or be more talkative or challenging with people.

Rapid Cycling

This is defined as four or more episodes within a 12-month period. This type of bipolar disorder tends to be more resistant to treatment. Young people may be more prone to rapid cycling than adults, sometimes cycling several times a week or even a day (known as ultra rapid cycling).

Cyclothymia

Cyclothymia is a mood disorder in which someone displays the characteristic highs and lows of Bipolar Disorder, but to a lesser extent.

Mixed State

Symptoms of mania and depression are present at the same time, which may result in agitation, trouble sleeping, and significant change in appetite, psychosis, and suicidal thoughts

About one per cent of the general population is diagnosed with bipolar affective disorder – a roughly equal number of men and women – usually in their 20s or 30s (although some teenagers are affected). They are often intelligent and creative people.

About us

Dorset Mind is a local, independent charity providing services for people with mental health problems. It is affiliated to Mind, the mental health charity.

The services provided include a befriending service; a group for people suffering from anxiety disorders; groups for women and for men; drop-ins; and an OCD support group.

Contact Us

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Useful Numbers

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| Samaritans | 01202 551999 |
| Bournemouth Mental Health Helpline | 01202 314577 (Evenings only) |
| Mind Information Line | 0845 766 0163 |
| Saneline | 0845 767 8000 |
| MDF | 020 7793 2600 |

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