
What is Bipolar Disorder?





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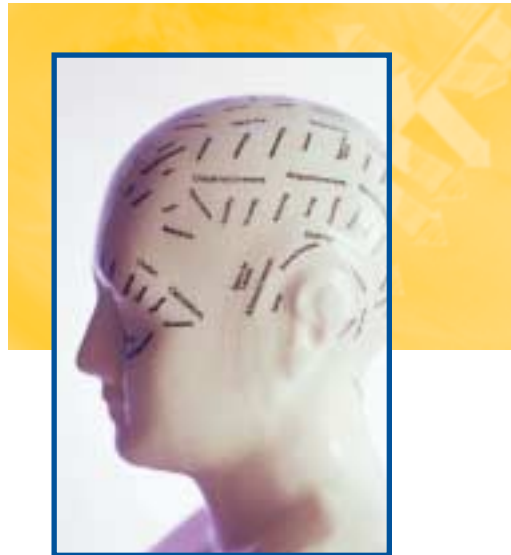
What is Bipolar Disorder?

We all get excited by new ideas, pursue our goals with passion, have times when we want to party with our friends and enjoy life to its fullest. There will also be times when we are sad and withdraw into quiet contemplation or feel angry when things are not working out as planned.

For people with bipolar disorder these normal emotions can become a roller coaster ride of wild highs and devastating lows. For people with bipolar disorder their moods are driven, not by the events of life, but by a force of their own.

Bipolar disorder (also known as manic-depressive illness) is a medical condition that involves changes in brain function leading to dramatic mood swings. These mood swings can be so severe that they impair the ability to function normally at work, at school and in relationships.

Over the course of the illness, a person may experience periods of elevated mood, periods of depressed mood and times when mood is normal.



What are these moods (or symptoms) like?

Mania: Mania (or elevated mood) often begins with a sense of heightened energy, creativity and social ease. These feelings can quickly progress to an extreme, continuous elevated mood, with an exaggerated sense of self-esteem, and an expansive or irritable mood. When manic, people become more physically active, talkative and distractible and show a reduced need for sleep. They may not be aware that anything is wrong and may also enjoy the feeling mania brings. Judgement



becomes impaired resulting in greater risk taking behaviour including overspending and sexual activity. In severe cases, the person may also experience psychotic symptoms such as hallucinations (hearing or seeing things that are not there) or delusions (believing things that are not true).

Hypomania: This is a milder form of mania that has similar but less severe symptoms and causes less impairment. During a hypomanic episode, the person may have an elevated mood, feel better than usual and be more productive. However, hypomania can rarely be maintained, and is often followed by an escalation to mania or a crash to depression.



Depression: Depression can take many forms. Unlike normal sadness, depressive symptoms are often intense, pervasive, persistent feelings of sadness, hopelessness, and frustration. Some people feel angry and irritable or consumed by feelings of worthlessness or guilt. There is a loss of energy and interest in normal activities, changes in weight and difficulties with sleep. Thinking is slowed; concentration impaired and

decision-making becomes a challenge. At its extreme, depression can cause hallucinations (hearing or seeing things that are not there) and delusions (believing things that are not true). Suicide is a serious risk. Depression can cause considerable impairment in social and occupational functioning.



Are there different types of bipolar disorder?

Yes. There are different types of bipolar disorder based on the mood swings (or symptoms) the person experiences. This can be important, as it will influence the treatment approaches used.

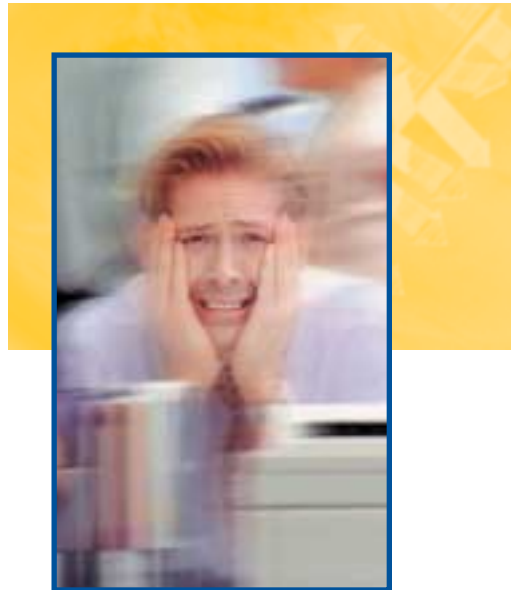
1. In Bipolar I Disorder, the person has manic episodes and almost always experiences a depression at some stage.

2. In Bipolar II Disorder, the person has only hypomanic and depressive episodes, not full manic episodes. Bipolar II Disorder is often hard to recognize because hypomania may seem normal if the person is very productive and avoids getting into serious trouble.

3. In Rapid-Cycling, the person has at least 4 episodes per year, in any combination of manic, hypomanic or depressive episodes. This is seen in 5 to 15% of patients with bipolar disorder. Rapid cycling can be precipitated or worsened by the use of an anti-depressant medication.

4. In Mixed State, the symptoms involve both mania and depression occurring at the same time or alternating frequently during the day. Due to the combination of high energy and depression, mixed state presents the greatest risk of suicide.

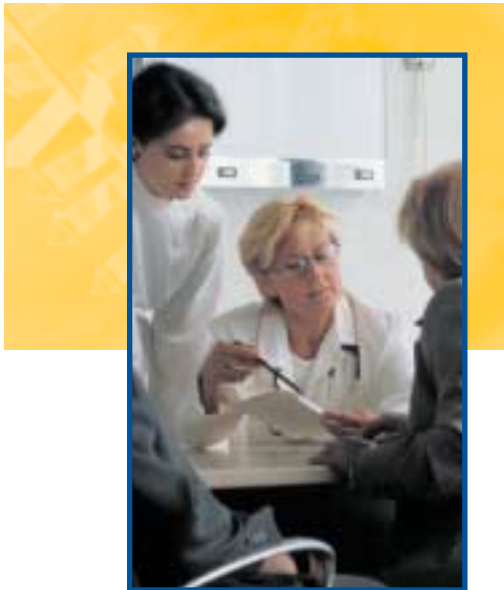
5. Cyclothymia is a milder form of bipolar disorder. Cycles of hypomania and depression are shorter and less intense. Episodes typically last for days rather than weeks.





What causes bipolar disorder?

No one knows for sure what causes bipolar disorder. It is not caused by bad parenting nor is it a consequence of a personality disorder, moral weakness, or a fault in character. Research shows that genes play a strong role and may cause changes in brain chemistry and abnormalities in the way brain nerve cells function. People with the disorder may be more vulnerable to emotional



and physical stresses and a lack of sleep, the break-up of an important relationship, drug and alcohol use, changes in routine or excessive stimulation may cause a chemical imbalance that can trigger a manic episode.

There is no laboratory test, x-ray or brain scan that can be used to make a definitive diagnosis. Instead, the doctor takes a careful history and bases the diagnoses on a group of symptoms that occur together.

There is a bipolar screening tool that individuals and/or family members can use to determine whether referral and/or treatment for bipolar disorder is necessary. This tool is available on the Mood Disorders

Society of Canada website at www.mooddisorderscanada.ca.

Bipolar disorder usually begins in early adulthood, with the average age of onset around 18-24 years, although it can sometimes start in childhood or as late as the 40s or 50s. Bipolar disorder affects approximately 1.2% of the adult population. Men and women are equally affected.

On average people with bipolar disorder will see 3 to 4 doctors and spend over 8 years seeking treatment before they receive a correct diagnosis. Early diagnosis, proper treatment, and finding the right medication are important as it can lessen the effects of the disorder on the individual.



How is bipolar disorder treated?

Effective treatment for bipolar disorder is often a combination of several components that include medication therapy, psychotherapy, education, and support from family and friends.

Medication

Medication is the cornerstone of treating bipolar disorder. Because bipolar disorder is a recurrent disorder, most people will require long-term treatment. Approximately 75% - 80% of all cases can be effectively treated with drug therapy. In the remaining 20%, drug therapy can significantly reduce the impact of the disorder.

- Most people will require a number of medications to manage their symptoms and maintain their wellness. Therefore access to all the medications via provincial drug formularies and private insurers is vital to the health of these individuals.
- All medications affect chemicals in the brain called neurotransmitters. Finding the right combination of medications will require monitoring and discussion with the doctor. The various medications used in bipolar disorder are outlined below.
- Lithium was the first known "mood stabilizer" and appears to be most effective for individuals with more "pure" mania. It is also helpful for depression especially when added to other medications. It is less effective in mixed states and rapid-cycling bipolar disorder.





- Anticonvulsants such as divalproex sodium (Epival), carbamazepine (Tegretol) and lamotrigine (Lamictal) have also been found to be helpful in the treatment of bipolar disorder.
- Olanzapine (Zyprexa) was approved by Health Canada, in March 2003, for the treatment of manic and mixed episodes associated with bipolar disorder. This was the first treatment in nine years approved for bipolar mania in Canada.



- Antipsychotic medications used to control psychotic symptoms (hallucinations or delusions), may also be used in the management of patients with bipolar disorder without psychotic symptoms. The newer commonly used antipsychotics are olanzapine (Zyprexa), risperidone (Risperdal) and quetiapine (Seroquel).

- Anti-depressants are often used together with a mood stabilizing medication. Commonly used medications are fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft), citalopram (Celexa), venlafaxine (Effexor) and bupropion (Wellbutrin SR). Anti-depressants are useful in the

depressive phase of the illness but must be used with caution as they can trigger mania and precipitate a cycle of frequent mood swings (rapid cycling).

- Anti-anxiety medications such as benzodiazepines can be very effective during hypo-manic and manic episodes to instil much needed calm. They can also be helpful during the depressive phase in restoring and stabilize sleep.



Psychotherapy

Psychotherapy is often used in conjunction with medications to treat bipolar disorder. Psychotherapy includes interpersonal, cognitive-behavioural and family therapy, and can help individuals come to terms with changes in self-image and life goals, and understand the effects of the illness on significant relationships or overcome secondary social and occupational problems associated with the disorder such as unemployment, legal and financial difficulties.

Educate Yourself

Learning about bipolar disorder, its signs and symptoms, treatment and triggers is an essential part of illness self-management. With knowledge, people with bipolar disorder and their families are better equipped to prevent further relapse.

Peer and Self-help Support Groups

Mood disorders peer and self-help support groups are an important and helpful part of treatment for the person affected by bipolar disorder. Support groups are considered an important and helpful way for families and care givers to understand what their loved one is experiencing and to help them to cope with their illness. Peer and self-help support groups also offer families and care givers the opportunity to share information, resources and coping mechanisms to maintain their own mental health during the course of their loved one's illness. Provincial mood disorders peer and self-help support associations as well as other useful resources can be found at:

<http://www.mooddisorderscanada.ca/links.htm>





What does the future hold?

Bipolar disorder is highly manageable, and with proper treatment, individuals can live a full, productive life. Left untreated, this disorder can impose an enormous emotional and financial burden on people with bipolar disorder and their families. Improved public awareness, education, and treatment can reduce the overall burden of bipolar disorder. Access to psychiatrists and other health care

practitioners, the latest medications, psychotherapy and supports in both the hospitals and community is key to the successful treatment of those with bipolar disorder.



Where can I get more information?

The Mood Disorders Society of Canada (MDSC) is a national, not-for-profit, registered charitable organization that is volunteer-driven and is committed to improving the quality of life for those Canadians living with mood disorders and their families. The website contains the contact information for finding mental health services and links to most

provincial Mood Disorder Associations. If you need further assistance you may contact us directly through our website or at the numbers below.

Tel: 1 519 824-5565
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Email: info@mooddisorderscanada.ca
Website: www.mooddisorderscanada.ca



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