Bipolar disorder - symptoms and help for a loved one

Bipolar disorder (also known as manic depression) is a treatable illness marked by extreme changes in mood, thought, energy and behavior. It is not a character flaw or a sign of personal weakness. Bipolar disorder is also known as manic depression because a person's mood can alternate between the "poles" mania (highs) and depression (lows). This change in mood or "mood swing" can last for hours, days weeks or months.

Bipolar usually begins in late adolescence (often appearing as depression during teen years) although it can start in early childhood or later in life. An equal number of men and women develop this illness (men tend to begin with a manic episode, women with a depressive episode) and it is found among all ages, races, ethnic groups and social classes. The illness tends to run in families and appears to have a genetic link. Like depression and other serious illnesses, bipolar disorder can also negatively affect spouses and partners, family members, friends and co-workers.

Symptoms of Bipolar Disorder

• Symptoms of depression - the "lows" of bipolar
• Prolonged sadness or unexplained crying spells
• Significant changes in appetite and sleep patterns
• Irritability, anger, worry, agitation, anxiety
• Pessimism, indifference
• Loss of energy, persistent lethargy
• Feelings of guilt, worthlessness
• Inability to concentrate, indecisiveness
• Inability to take pleasure in former interests, social withdrawal
• Unexplained aches and pains
• Recurring thoughts of death or suicide

• Symptoms of mania - the "highs" of bipolar
• Increased physical and mental activity and energy
• Heightened mood, exaggerated optimism and self-confidence
• Excessive irritability, aggressive behavior
• Decreased need for sleep without experiencing fatigue
• Grandiose delusions, inflated sense of self-importance
• Racing speech, racing thoughts, flight of ideas
• Impulsiveness, poor judgment, distractibility
• Reckless behavior
• In the most severe cases, delusions and hallucinations

Bipolar disorder differs significantly from clinical depression, although the symptoms for the depressive phase of the illness are similar. Most people who have bipolar disorder talk about experiencing "highs" and "lows" - the highs are periods of mania, the lows periods of depression. These swings can be severe, ranging from extreme energy to deep despair. The severity of the mood swings and the way they disrupt normal life activities distinguish bipolar mood episodes from ordinary mood changes.

You cannot diagnose yourself. Only a properly trained health professional can determine if you have bipolar disorder. Many people do not seek medical attention during periods of mania because they feel manic symptoms (increased energy, heightened mood, increased sexual drive, etc.) have a positive impact on them. However, left unchecked, these behaviors can have harmful results. Nowadays there are new medications on the market with fewer side effects.

When symptoms of mania are left untreated, they can lead to illegal or life-threatening situations because mania often involves impaired judgment and reckless behavior. Manic behaviors vary from person to person. All symptoms should be discussed with your doctor.

If someone you know has thoughts of death or suicide, contact a medical professional, clergy member, loved one, friend, hospital emergency room or contact the South African Depression and Anxiety Group (011) 783-1474.
Medication Management
Drug therapy forms the basis of almost all approaches to the management of bipolar disorder. Although therapy can effectively manage aspects of the illness by significantly decreasing the symptoms associated with the condition.

There are three types of medication used
- **Mood Stabilisers (to stabilise mood and treat mania)** - Taken continuously, to control the manic phase of the illness. Stabilisation of the patient's mood which includes both treating and preventing mood episodes.
- **Atypical antipsychotics** - These are often taken at the start of a manic episode to prevent it from progressing further. They can also be used to help delay or prevent manic episode over a longer period of time.
- **Antidepressants** - These are used in conjunction with Mood stabilisers to treat the acute depression stage

**Helping a Friend or a loved one with Bipolar Disorder**

One of the most important things family and friends can do for a person with bipolar disorder is learn about the illness. Often people who are depressed or experiencing mania or mood swings do not recognize the symptoms in themselves. If you are concerned about a friend or family member, help him or her get an appropriate diagnosis and treatment. This may involve helping the person to find a doctor or therapist and make their first appointment. You may also want to offer go with the person to their first appointment for support. Encourage the individual to stay with treatment. Keep reassuring the person that, with time and help, he or she will feel better.

It is also important to offer emotional support. This involves understanding, patience, affection, and encouragement. Engage the person in conversation and listen carefully. Resist the urge to function as a therapist or try to come up with answers to the person's concerns. Often times we just want someone to listen. Do not put down feelings expressed, but point out realities and offer hope. Invite the depressed person for walks, outings, to the movies, and other activities. Be gently insistent if your first invitation is refused.

It is often a good idea for the person with bipolar disorder to develop a plan should he or she experience severe manic or depressive symptoms. Such a plan might include contacting the person's doctor, taking control of credit cards and car keys or increasing contact with the person until the severe episode has passed. Your plan should be shared with a trusted family member and/or friend. Keep in mind, however, that people with bipolar disorder, like all people, have good and bad days. Being in a bad mood one day is not necessarily a sign of an upcoming severe episode.

Never ignore remarks about suicide. Report them to the person's therapist. Do not promise confidentiality if you believe someone is close to suicide. If you think immediate self-harm is possible, contact their doctor or dial 911 immediately. Make sure the person discusses these feelings with his or her doctor.

For the latest information on Bipolar Disorder and its treatment, brochures, and details of the nearest support group please contact the South African Depression and anxiety group on (011) 783.1474 between 8am and 8 pm Monday and 8am-5pm on Saturday.

**PRODUCT NEWS**

**New Intramuscular Zyprexa now available**

The first few hours of treatment of an agitated psychotic patient are the most critical in emergency and critical care situations. Rapid tranquilization, with the objective of rapid calming, diminution of symptoms and decrease in potentially harmful behaviour, is often a life-saving technique. However, this now doesn’t have to be achieved with the unwanted side effect of excessive sedation, which can interfere with patient evaluation and potentially mask other illnesses.

Intramuscular olanzapine [Zyprexa IM] has recently been studied for the treatment of agitation in patients with schizophrenia and related psychoses and in patients with bipolar mania. Zyprexa IM reaches mean maximum plasma concentration from 15 to 45 minutes after injection while maintaining a similar pharmacokinetic profile to oral Zyprexa.

In a comparative analysis with haloperidol IM and lorazepam IM, results suggested an appropriate level of ‘distinct’ calming rather than ‘non-specific’ sedation was achieved with Zyprexa IM. Reduction in agitation (as reflected in significant improvements in PANSS-EC scores) occurred 15 to 30 minutes after the first injection of Zyprexa IM. Zyprexa IM has also demonstrated a very low risk of both acute dystonia and QTc prolongation.

The recommended dose for Zyprexa injection is 10 mg administered as a single injection. More than 73% of patients with schizophrenia or bipolar mania responded to the initial injection. If required, a second injection may be administered as early as 2 hours later, with a third injection possible, four hours after the second injection.

For more information, contact the Zyprexa Brand Manager – Estelle Hattingh or Dr Frans Korb at Eli Lilly (SA) (Pty) Limited Tel: 011-510 9300.

Zyprexa IM powder for injection: 35/2.6.5/0307
Eli Lilly (SA) (Pty) Limited: Reg No. 1957/000371/07

References:

South African Psychiatry Review - May 2004