



Take control of bipolar disorder



THE BEST CARE SERIES BY MANULIFE





Each of us experiences a variety of moods throughout our daily lives – including joy, sadness and anger. Sometimes these moods last a few moments and sometimes longer. For people with bipolar disorder, these moods are often more extreme and may cycle rapidly from high to low. There is good news! With the right treatment, support, and self-care it's possible to restore mood balance and take back control.

This guide provides information to help you along that path – the path of best care.

What is bipolar disorder?

Bipolar disorder - formerly known as a manic depressive illness - is a brain and behaviour disorder, classified as a mood disorder. A key characteristic is the experience of alternating episodes of mania and depression which involve dramatic changes in mood, energy and behaviour. These episodes can last from hours to months, and the mood/behaviour disturbances may be severe enough to affect the person's ability to function in everyday life - at school, at work, and in social and family contexts. There may also be significant or serious consequences for the person and the family, especially if the disorder is not recognized early and appropriately treated.

Although there is no definite cure, bipolar disorder can be managed. Developmentally, the condition typically starts in late adolescence or early adulthood, although it may appear in children and in older adults. The Canadian Mental Health Association reports that more than two per cent of the population will have some form of bipolar disorder at some point in their lives, and about one percent of people will have experienced some form of bipolar disorder in the past year.

Both women and men are affected at approximately the same rate. Risk for developing this disorder may be higher in people who have first-degree relatives with this diagnosis (e.g., parent, sibling or offspring). Although we don't know the exact cause, there is some research that suggests an underlying abnormality in the way some nerve cells in the brain function and communicate which makes some people more vulnerable to physical and psychological stress.

Diagnosis for bipolar disorder

Bipolar disorder is diagnosed by a physician or mental health professional. Symptoms of bipolar disorder are cyclical with an irregular pattern of depressive and manic episodes over time; because of this, it sometimes takes time to come to the correct diagnosis. In addition, the symptoms of this disorder can mimic other disorders (e.g., hyperthyroidism), so it's important to seek medical attention in order to rule out other medical conditions.

Bipolar disorder can also masquerade as a problem other than mental illness (e.g., alcohol or drug abuse, poor work performance), and in its milder forms it can go unrecognized by family, friends and even health professionals. Once other medical disorders are ruled out, typically a mental health professional will be consulted for specialized assessment and to provide appropriate ongoing care.

Diagnosis is through face-to-face evaluation by a psychiatrist or other allied health care professional with specialized expertise in mood disorders, often using clinical tools such as the Diagnostic and Statistical Manual of Mental Disorders (DSM). There is no simple diagnostic test available at this time - for example a brain scan or blood test – that specifically identifies bipolar disorder.

Symptoms of bipolar disorder

The highs and lows that characterize bipolar disorder are called **episodes**. The essential feature of bipolar disorder is the occurrence of one or more manic episodes. A **manic episode** is a period during which the person's mood is persistently elevated, unrestrained, or irritable for at least one week. A certain number of other symptoms need to be present and severe enough to impair the ability to function in social settings or at work.

Symptoms of mania include, but are not limited to:

- Inflated self-esteem, uncritical self-confidence and poor judgment.
- Fast-paced, non-stop and sometimes incoherent speech that others find difficult to interrupt.
- Disorganized, "racing" thoughts and distractibility.
- Pursuing sexual, occupational, political or religious activities with no regard for consequences or risks (e.g., spending sprees, foolish business investments, indiscriminate sexual encounters with strangers, reckless driving).
- Restlessness, pacing and decreased need for sleep for days on end without feeling tired.
- Increased goal-directed activity: excessive planning and multi-tasking, increased recreational activity and social participation to a degree that others find unusual, intrusive or excessive.
- Sudden irritability or angry tirades, often in response to having plans thwarted or propositions refused.

A **depressive episode** is diagnosed if someone has symptoms that last most of the day, nearly every day, for an extended period of time (e.g., two weeks or more). These symptoms include:

- Feeling sad, anxious, empty, hopeless, worthless or guilty.
- Having no interest in activities that were once enjoyable: hobbies, sexual activity and recreational pursuits.
- Having difficulty sleeping (insomnia).
- Feeling restless, lethargic or "slowed down."
- Not being able to concentrate, remember things or make decisions.
- Experiencing changes in appetite and/or unintended weight loss or gain.
- Feeling persistent pain or physical symptoms that are not explained by an illness or injury.
- Thoughts of self-harm or suicide.

A person who is experiencing a severe bipolar episode may also have symptoms such as hallucinations or delusions. This refers to the inability to tell the difference between reality and unreality: hearing or sensing the presence of things that others say are not there (hallucinations) or strongly holding false beliefs that are not explained by logic or cultural concepts (delusions).

The risk of suicide for those with bipolar disorder over their lifetime is estimated to be over 15 times that of the general population. The proper diagnosis of bipolar disorder, early intervention and ongoing support and treatment are crucial to the safety and recovery of persons living with this disorder.



Typical course of bipolar disorder

Episodes of mania and depression typically come and go across a life span, with periods of time in between that are relatively – or completely – symptom free. Some people experience these episodes within a single week or even within a single day.

Subtypes of bipolar disorder:

- **Bipolar I disorder.** This form of the illness involves recurrent episodes of mania and major depression.
- **Bipolar II disorder.** Along with at least one episode of depression during their lifetime, some people experience episodes of hypomania (similar to mania with less impairment of social and occupational functioning and usually not requiring hospitalization).
- **Mixed bipolar state.** Others experience manic and depressive symptoms together, having a very sad, hopeless mood while at the same time feeling extremely agitated.
- **Rapid cycling bipolar disorder.** Some sufferers experience four or more episodes within a 12-month period. Cycling refers to the alternating between a depressive state and a manic state.

The cycles of depression and mania over time are often unpredictable and of varying length. Most people with bipolar disorder may have extreme cycles only once every few years. Periods of mania/hypomania and depression may occur in distinct episodes or can switch rapidly, even multiple times in one week.

Treatment

Early recognition and diagnosis of this disorder in its earliest stages is important so that appropriate treatment can begin.

Bipolar disorder is a recurrent illness, meaning that it can occur throughout one's lifetime. So the best treatment is usually long-term and involves **acute management** (to manage current symptoms), **continuation therapy** (to prevent return of symptoms from the same episode) and **maintenance** (to prevent a recurrence of symptoms in the future). There is no cure for bipolar disorder, but it can be managed effectively.

Treatment usually involves a combination of physical and psychological interventions such as medication, psychotherapy, education, self-care, life skills (coping) strategies and making use of external supports such as family, friends and formal support groups.

Psychiatrists normally prescribe medications for bipolar disorder. Primary care physicians who do not specialize in psychiatry may also prescribe these medications; however, it is recommended that a psychiatrist should always be consulted for treatment. Medications for bipolar disorder fall into three categories: mood stabilizers, anti-depressants and antipsychotic medications.

Components of appropriate treatment for bipolar disorder may include:

- **Mood-stabilizing medications.** These are often the first choice of medication when treating bipolar disorder and they may be used alone or in combination. They are referred to as "mood stabilizers" because of their ability to return an individual to their usual level of psychosocial functioning. Except for lithium (e.g., Eskalith®,



Lithonate[®]), other mood-stabilizing medications are known as anticonvulsants and include: valproic acid/divalproex sodium (e.g., Depakote[®]), carbamazepine (e.g., Tegretol[®], Equetro[®]), lamotrigine (e.g., Lamictal[®] and others.

- **Antidepressant medications.** Help manage episodes of depression. There are many available antidepressant medications: fluoxetine (e.g., Prozac[®]), citalopram (e.g., Celexa[®]), amitriptyline (e.g., Elavil[®]), duloxetine (e.g., Cymbalta[®]), atomoxetine (e.g., Strattera), and others.
- **Antipsychotic medications.** May also be used during any phase of the illness. Some examples include: olanzapine (e.g., Zyprexa[®]), quetiapine (e.g., Seroquel[®]), risperidone (e.g. Risperdal), aripiprazole (e.g., Abilify[®]), ziprasidone (e.g., Geodon[®]), and others.
- **Psychotherapy.** There are different forms of psychotherapy and counselling that may help people with this disorder to identify triggers of mood episodes and early warning signs, to develop a relapse prevention plan, to improve communication and problem-solving skills, to cope with/prevent problematic behaviours and their consequences and to create stable daily routines and sleep schedules. Family therapy and group therapy may also be used.
- **Social support.** Support is very important for people living with bipolar disorder, and for their family members and caregivers. Some people find it helpful to participate in community support groups and community educational initiatives.

For people with this disorder, it is important to maintain contact with a health care provider, to follow recommended treatment strategies and be alert to changes in mood and physical/psychological well-being that might require changes in the treatment plan.

Speak with a health care provider

Talking to a professional about bipolar disorder is essential. By communicating about your personal experience, your symptoms, your challenges and your personal risk factors, you are taking an active role in your care, and you are assisting your health care providers to understand and effectively treat your condition. You may want to write down what you need to remember or bring someone who can help you to your appointment.

Prepare. Think about your questions and concerns in advance of your appointment.

Ask specific questions about your disorder.

What you can do to manage your symptoms and prevent recurrences.

Ask specific questions about treatment

options. What do they involve, how/where you can access them. Make sure you understand whatever treatment is recommended or prescribed, including medications, dosages and possible side effects.

Ask about lifestyle changes. These may help you stay on track and manage stress. Ask about where you can access tools and supports to help you maintain healthy habits.



Maintain gains and prevent setbacks

Every individual has a unique recovery journey. The road to well-being is a process that is supported by hope, inner strength, perseverance, and the involvement and support of others.

If you are living with bipolar disorder, it's important to remember that you can and should **be an active participant in your own treatment and recovery.**

- **Maintain perspective.** With appropriate care your symptoms can be managed so you can learn to cope with your mood disorder. Believing in yourself is important to your recovery, and to staying well. Be hopeful.
- **Educate yourself.** Be informed about your illness, recognize the signs and symptoms, and understand what your treatment involves to learn about the importance of self-care. Having this knowledge will make it easier for you to make informed decisions about your life - in ways that will contribute to the success of your treatment plan and help you to stay well.
- **Take personal responsibility for keeping your mood stabilized.** Follow recommended treatment regimens, use self-care strategies and don't hesitate to seek help if you need it. Make sure you get the help you need so you can live your life the way you envision it. Good lifestyle habits may make a big difference: stick to a regular sleep schedule, exercise and stay active, eat a variety of nutritious foods, limit or avoid alcohol and avoid recreational drugs. Do things you enjoy. Learn to manage stressors.
- **Learn from and lean on others.** Support from other people you trust including family and friends, your health care team and others may help you to stay centred, positive and hopeful. You might want to create a "Mood 911" plan by developing a list of warning signs that can be shared with family and trusted friends. Have a plan ready to deal with stressful situations that may trigger a manic or depressive episode. Know that you are not alone.

Make the return to work easier

It is not unusual for an individual living with bipolar disorder to require time away from work to access treatment and stabilize their condition. If there is an absence from work, developing a plan to return to work and eventually returning to work are essential steps on the path to recovery.

Think about what helps the most. Each person is different. Some people need more flexible work arrangements (e.g., reduced hours, modified job duties) and others feel capable of returning to full capacity immediately.

Clearly understand the return to work plan and be an active participant in its creation. What are the hours? What are the expectations, roles and responsibilities? Who needs to be informed?

Understand privacy rights and be prepared for any disclosure (if necessary). Details of an absence are private and confidential. However, there may be workplace policies that require that certain kinds of information be reported (e.g., safety sensitive positions, information needed for job accommodation purposes). If any disclosure is required plan what to say and how much information to share. Questions about who to disclose information to, and how much information to disclose, should be directed to a third party such as a human resources representative or employee health professional.

Learn about support options. Good support is essential to a successful return. Find out what resources are available in your workplace through your employer/human resources department.

Continue self-care efforts. Be alert to changes in your mental and physical well-being, seek medical care when needed, use the skills and strategies you learned in psychotherapy or counselling and seek support from people you trust.

Support and education

Visit these websites

- Canadian Alliance on Mental Illness and Mental Health (camimh.ca)
- Canadian Mental Health Association (cmha.ca)
- Canadian Network for Mood and Anxiety Treatments (canmat.org)
- Centre for Addiction and Mental Health (camh.ca/en/hospital/Pages/home.aspx)
- FeelingBetterNow™ (feelingbetternow.com)
- HELPGUIDE.org (helpguide.org)
- PsychCentral® (psychcentral.com)

For more information about mental health, please visit manulife.ca/mentalhealth



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