

Bipolar Disorder (Manic Depression)

Facts

- The terms Manic Depression and Bipolar Disorder refer to the same mental health problem.
- Approximately 1.3% of the population will develop bipolar disorder over a lifetime.¹
- The first episode of being unwell is often between mid teens and mid twenties.
- Because diagnosis is difficult as symptoms are complex, proper treatment is often delayed for up to a decade following first symptoms².
- More than 10% of teenagers with recurring depression will go on to develop bipolar disorder. Often behavioural problems will develop before clear manic symptoms show.³
- Between 10 and 20% of people with bipolar disorder will take their own life. Up to a third will make a suicide attempt.^{1,3}

What is it?

- Bipolar Disorders (or Manic Depression) are a group of mental health problems involving extreme mood swings (highs and lows).
- Both males and females of any age and from any social or ethnic background can develop bipolar disorder or manic depression.
- Bipolar often occurs when work, studies, family or emotional pressures are at their greatest. In women it can also be triggered by childbirth or during menopause.
- The first episode of being unwell often happens in adolescence, as hormonal changes or major life events, like leaving home, can trigger the condition.
- There is some evidence pointing to a genetic link to bipolar disorder. Science has yet to find clear evidence of exactly which genes might be responsible, and what the consequences for treatment may be.

Signs and Symptoms

- Bipolar disorder occurs in phases, often with long periods with no problems between. Some people only have one serious period of being unwell in a lifetime.
- The diagnosis is given when somebody has experienced significant periods of depression, and at least one significant period of mania, or hypomania (a less severe form of mania).
- Mania is a term used for periods of great elation. A person's mind will race; they may talk very quickly, seem full of energy, not sleep very much, or at the extreme, begin to believe they have special powers or abilities. People are prone to excesses of spending money, extreme religious beliefs, sleeping around, or risk-taking behaviour.
- The depression experienced in bipolar disorder is very similar to that experienced in other kinds of depression. People are likely to feel extreme sadness, with hardly any energy. People may feel guilty, very down about themselves and life in general, and may neglect themselves. At this time, people can feel suicidal, or even take their own life.
- It is possible to have mixed episodes, where people experience elements of both mania and depression (for example feeling "wired" and agitated, but with negative feelings).

Recovery

- Recovery means different things to different people and no two individual journeys of recovery will be the same. Regardless of symptoms or past experiences, people with mental health problems should be given every opportunity to, and can, lead fulfilling and satisfying lives.

¹ Weissman et al (1996).

² ICD10, WHO, (1992)

³ Muller-Oerlinghausen et al (2002)

- A key to recovery from bipolar disorders seems to be quick diagnosis, and treatment. Developing self-awareness of one's own symptoms, for example keeping a mood diary can also help people get the right support at the right time.
- Treatments can include medication (including mood stabilisers like Lithium or antidepressants), and a range of talking treatments.
- Techniques whereby people carefully monitor moods and take care to avoid triggering situations, are increasingly being used by the health service, and by voluntary sector agencies to help people build good relationships with care teams and assist in recovery.
- Not all approaches suit everybody, and it is important to find a combination that works well for an individual, preferably in contact with mental health professionals. Many people with bipolar make advance statements, where they describe when well, the treatments they would prefer to receive if they become unwell.
- Severe and/or untreated episodes of bipolar disorder or manic depression can be very damaging for the person and their relationships, often severely affecting employment, family and social relationships.

Stigma and Bipolar Disorders

- People with bipolar disorders often experience stigma as a result of people's impressions of them when they were unwell. People may only experience one episode of mania and depression, but things said or done then can damage relationships.
- People frequently lose their jobs, or go through relationship break-ups as a consequence of being unwell. When they recover, it can be hard to regain employment, and gain access to their families.
- Although bipolar disorder can be disruptive, many people with bipolar disorder lead productive, and in some cases inspirational lives.
- Actor Stephen Fry, comedian Paul Merton, chat show host Trisha Goddard, astronaut Buzz Aldrin and film director Francis Ford Coppola all have experience of bipolar disorder.

Myths and Misunderstandings

- The term "maniac" does not refer to bipolar disorders, and is not a valid scientific term.
- The term "manic depressive" doesn't mean someone is "manically depressed".
- People with bipolar disorder aren't "one or the other" all the time.
- Recovery from bipolar disorders is not usually just a matter of medication. Careful use of medication is often a key strand of recovering, but self-awareness, psychological treatments and early action on symptoms have a key role to play.

Contacts

For further information about bipolar disorders, try contacting the following organisations:

Bipolar Fellowship Scotland
www.bipolarscotland.org.uk

Manic Depression Fellowship (UK)
www.mdf.org.uk

STEADY (MDF Young People's Site)
www.steady.org.uk

Royal College of Psychiatrists
<http://www.rcpsych.ac.uk/info/bipdis.htm>

SAMH Information Service
<http://www.samh.org.uk/information-service.html>