



The Secret Life of Manic Depression: *Everything you need to know about Bipolar Disorder*

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PREFACE

I welcome this booklet on manic depression for the same reason that I agreed to present the BBC documentary, *The Secret Life of the Manic Depressive*. Like the programmes, this booklet goes beyond the formal language of diagnosis and treatment to explore what it means to live with and manage bipolar disorder.

I've approached this project from the point of view of someone who has cyclothymia – charmingly called 'bipolar lite' by some in the USA.

I'm fortunate because I've never suffered from stigma. I came out as someone with a bipolar affective disorder for the same reason I came out as a gay man 25 years ago – I felt it was important for my own self-respect. But it was also something I could do relatively easily because of my profession.

“...more has been discovered about bipolar disorder in the past ten years than was discovered in the previous 50”

When I asked my Hollywood agent whether I was wise placing myself at the centre of a documentary about bipolar disorder, he replied: “Sure! Contrary to popular opinion you don't have to be gay or Jewish to get on in Hollywood, but by God you've got to be bipolar. I can give you any number of people for your documentary.”

I came away from making the BBC documentary feeling optimistic because more has been discovered about bipolar disorder in the past ten years than was discovered in the previous 50. Enormous strides have been made on all fronts, including the task of removing the stigma attached to the condition that I was spared.

This booklet is playing its own role in that, and I hope it will help you to reach the conclusion, as I did, that a bipolar diagnosis is not a cause for despair.

Stephen Fry

INTRODUCTION

This booklet describes the experiences of people with an illness called bipolar disorder, otherwise known as manic depression.

It is a common health problem affecting between one and two per cent of the population, and it affects people of all ages. Unfortunately, there is on average an eight-year delay before the diagnosis is made by a doctor, long enough for a considerable amount of damage to a person's life, including ending it by suicide.

Bipolar disorder is a serious mental illness, but if it is well managed, with help from family, friends, support groups and health professionals, then a person with bipolar can lead a productive and satisfying life. Many well-known people, from the composer Robert Schumann to the American actress and writer Carrie Fisher, have lived or live with the condition. Bipolar disorder need not ruin your life: many people who manage bipolar disorder responsibly are married, have families, work, study and pursue pastimes of their choice.

This booklet helps people to judge if they, or someone they are close to, should seek the help of a GP because they have some of the symptoms of bipolar disorder. By getting the right help early on, the social damage the condition can wreak can be limited, and people will not die needlessly from suicide.

It also outlines what people with bipolar disorder and their carers may be able to do to manage their condition, with the help of health professionals and support groups.

Information and sources of support are also available at bbc.co.uk/health.

More detailed guidance on the sort of help the NHS offers can be found in the National Institute for Health and Clinical Excellence (NICE) guidelines for managing bipolar disorder, available from the NICE website at www.nice.org.uk.

Richard Morriss

Professor of Psychiatry
University of Nottingham

PROFILE: Suzy Johnston

I have bipolar..

I am 33 years old. I am a graduate of the University of St Andrews. I have a filthy laugh. I am a hopeless cook. I spend hours just watching the seagulls soar on the wind outside my bedroom window. I represented Scotland at under-16 level at squash. I have blue eyes. I play guitar in a rock band - loudly. I am a loyal friend. I am a cautious driver. I am clumsy. My glass is half full. I like the rain on my face and the wind in my hair. I take medication every day. I am in the loveliest of relationships and I love him to bits. I like scrambled eggs for breakfast. I have a rather eccentric cat. I am learning the drums. My neighbours are thinking of moving. I have an enquiring mind. I love reading. I always break my own fall.

...but bipolar doesn't have me

Suzy Johnston

Author
The Naked Bird Watcher

Imagine...

... that you wake up one morning supremely confident about your ability to solve all the problems in your life, and to achieve all your ambitions and aspirations. Far from proving a temporary emotion, this feeling turns into a driving obsession as each day goes by. Your mind is clearer, your instincts are sharper and you see solutions to every issue with a frightening clarity.

You start acting on this feeling. Your performance in every area – work, study, home – rockets. You become more charismatic and confident, and take the initiative in life in the way you always wanted to but never previously dared. You are completely in control of the events and relationships that shape your life. You brush aside all opposition to your plans. The people who urge caution – partners, friends, family, colleagues – are just whingers who do not know how to play life's game.

Your spending increases as you follow your entrepreneurial instinct that to accumulate you need to speculate. The things you always wanted to buy, the experiences you always wanted to indulge in, are suddenly there for you to acquire. At a stroke, you are free from all the constraints and petty daily nuisances that have held you back. The idea that there is something wrong – that you might be ill – never occurs to you. The feelings of total disinhibition and exhilaration are simply too enjoyable. You've never had so much fun.

Gradually, you become aware that you are not in control. Like the driver of a car in the fast lane that will not respond to the brake, you become aware that you cannot slow your mind down. Thoughts race around your head, you cannot sleep, you start having hallucinations and paranoid thoughts.

You start to question the motives of everyone who is concerned about your behaviour. You become irritable, angry and even violent if you feel anyone is standing in your way. Even now, the thought that there might be something wrong with you is too frightening to confront. So you prevaricate and rationalise, telling yourself that your fears and those of your loved ones are morbid and exaggerated. Then, one day, the world crashes around you. You find yourself in court, in a police station, in a psychiatric ward, out of a job, abandoned – the exact circumstances vary from one person to another.

As the mood of exhilaration gives way to one of frightened despair, you realise that your behaviour has not only put your life at risk but damaged those of all the people you love. Not only that. The illness they say you have – manic depression – has no known cure. You will need psychiatric treatment for the rest of your life. The devastating emotions that you have just experienced may resurface not just once but again and again. To cope, you will need to rein back or abandon not just your wildest dreams but also the ordinary ambitions 'normal' people can reasonably aspire to – a regular job, a stable marriage, the respect of people around you.

In the depths of your depression, you cannot see beyond the frightening thought that there is no recovery, no redemption, no way through all this. Your mind starts to play around with thoughts of suicide – not because you really want to die but because the pain of confronting this horrible prospect is just too great to bear.

Not the only path...

Not all people diagnosed with bipolar affective disorder start their pathway to recovery this way, but a great many do. Left untreated, one in seven people with the diagnosis commits suicide. Yet a growing number of people with a bipolar diagnosis find ways of rebuilding their lives. Advances in drug therapy, new approaches to non-medical treatment and, above all, a growing confidence in the way people with a bipolar diagnosis are taking over management of their own lives – with the right care, help and advice – have made the path back from what is often a despairing crisis easier than in the past.

It's also worth stressing that not everyone with a bipolar diagnosis suffers from such extreme swings of mood. Here is an account by a teacher diagnosed with bipolar 2, a less severe form of the illness:

"I had been depressed before on a number of occasions, withdrawn, miserable and listless for a few days or weeks at a time. On one occasion things got so bad that I took an overdose and ended up in the casualty department at my local hospital.

I was working as a teacher and the head of year called me in and said that some parents were complaining because I was keeping the pupils after school without giving them prior warning. My flatmates were concerned about the number of strange men I was inviting back and about how I was staying up most of the night yet still getting up early for work.

Then I got into trouble spending beyond the limit on my credit card. I started getting panicky about going to work. I became very tired, I didn't go out or eat much, and I didn't prepare for my lessons. This lasted weeks, but after a half-term break I thought I was back on form again, both at school and in my personal life. But the head of year called me in again and said there had been more complaints. Other staff thought my dress sense was a bit too colourful and another teacher said I was flirtatious.

"I told one of my flatmates. She said she had been increasingly worried about me and perhaps I should see my GP. He saw me on a few occasions, when I went through another down period and another period of high energy. He referred me to a local psychiatrist who said I had a bipolar 2 disorder and wanted me to take medication."

Whatever the severity of their condition, people with a bipolar diagnosis are increasingly developing ways of managing their own mood swings, working out ways of reducing their frequency and severity, and lessening the disruptive effect they can have on jobs, relationships and lives. The resulting boost to their self-esteem and sense of control plays an important part in their long-term wellbeing.

PROFILE: Carrie Fisher

Hollywood actor and writer Carrie Fisher – best known in the UK for her role as Princess Leia in Star Wars in the 1980s – has been in therapy since she was a teenager and has had to endure countless well-documented periods of drink and drug addiction. From this experience came her first bestseller *Postcards From The Edge*, which was made into a film starring Meryl Streep in 1990.

In relation to her later diagnosis, the drugs and drink were ways of “keeping the monster in the box”. Being on the manic side of bipolar disorder, she says her drugs were a way to “dial down” the manic side. After telling a doctor about her experiences, her life to date and how she felt “like a light bulb in a world of moths”, he diagnosed her as being bipolar and put her on lithium.

This worked for a while but she soon missed her “up mood” and would play with coming off her medication. That would frequently get her into trouble. One time she came off medication when she went to Australia to make a film and went completely manic. She insisted on going to China just because it was six inches away on the map.

Now on medication regularly, Carrie takes about 20 pills a day and says her writing helps her focus and channels her manic energy.

Carrie's triumph over mental illness has made her a very popular speaker on the lecture circuit and she has appeared on the US Senate floor urging state legislators to increase government funding for medication for people living with mental health issues.

Who is this booklet aimed at?

It is aimed not only at people who are confronting the realities of a bipolar diagnosis, but also at people who support them in learning how to manage their condition or who just want to help – whether they're partners, family, friends or healthcare professionals.

Most of the information provided here is aimed at the general reader; but there are individual sections aimed specifically at people with a bipolar diagnosis or people providing them with support.

This booklet charts milestones along the path to recovery, highlighting the characteristics of bipolar disorder; its treatment and the main sources of information and support to which people can turn.

Manic depression and bipolar disorder: is there a difference?

No. In this booklet, the terms 'manic depression' and 'bipolar disorder' are used interchangeably. Bipolar disorder is the modern professional term for the mood swing condition that used to be called manic depression.

Most charities and healthcare organisations have now adopted bipolar disorder as a formal way of diagnosing the condition, but manic depression is still the most popular and commonly understood term to describe it.

What is bipolar disorder?

Bipolar disorder involves extreme swings of mood from mania (a form of euphoria) to deep depression. It has no simple cause. There is strong evidence that it is associated with internal chemical changes to various natural transmitters of mood to the brain, but the precise way in which this happens is not yet known. The disorder can be triggered by the stresses and strains of everyday life, or a traumatic event or, in rare cases, physical trauma such as a head injury.

The disorder can be triggered by the stresses and strains of everyday life...

The most likely reason for severe mood swings, occurring as a result of these triggers, is that people with a bipolar diagnosis are 'predisposed' to react in such a way, and that this 'predisposition' is genetic in quality. However, the results of research into the causes of manic depression are still far from conclusive. The average age of people being diagnosed with bipolar disorder used to be 32, but during the past decade it has dropped to under 19. The reason is not known but it's probably due to a

number of factors, including increased awareness of the disorder among the public and mental health practitioners, increased drug abuse and changing sources of life stresses.

There is, understandably, much debate about the ethics of labelling children and young people with a bipolar diagnosis – not least because there is no definitive test for the illness, which can mean a long delay before a conclusive diagnosis. However, one of the advantages of a correct diagnosis is that it may allow for early and more effective treatment of young people if they have the disorder, which will in turn reduce its long-term impact.

Symptoms: the highs, the lows and the in-betweens

We all experience highs and lows, but for people with a bipolar disorder these become increasingly disconnected from everyday events and out of control. Each person's way of expressing these moods is different, but people experiencing mania commonly become excessively self-important, expansive and over-confident. Depending on their inner beliefs and hidden desires, they may become sexually promiscuous, excessively religious, financially irresponsible, intolerant, verbally aggressive, irritable, overcommunicative and incapable of listening to or empathising with other people. Sleeplessness and overactive behaviour are common among people with mania. Untreated, the person can experience hallucinations, delusions and paranoia. Before the advent of drug treatment, people with bipolar disorder were recorded as dying of hunger and exhaustion.

Each person's way of expressing these moods is different.

People experiencing depression commonly become apathetic, listless and excessively anxious. Their thinking can be dominated by sadness, guilt and a sense of life being pointless and lacking in all meaning. Panic and fear, as well as sleeplessness and a loss of appetite, are common symptoms. Untreated, the person can suffer from suicidal thoughts and, in some cases, the wish to self-harm.

Hallucinations, delusions and paranoia also occur in extreme depression – a fact that often takes the people supporting or caring for them by surprise, as these symptoms are more commonly associated with episodes of mania. The pattern of these moods varies from one individual to another. Some people are more affected by depression with just the occasional period of mania. For others it is the other way around. Some people swing wildly from one mood to another – when a person experiences four or more high and low periods during the course of one year this is sometimes called 'rapid cycling'. Others enjoy periods of prolonged stability between the moods.

Mood swings seem to be triggered for some people by stressful events. For others, they appear to come 'out of the blue'. For some the highs and lows are relatively short; for others they may last several months. Some people have just one or two mood swings during the course of their lives. Others have mood swings every year for many years – the swings sometimes becoming less severe with age.

Diagnosis: stumbles along the way

The challenge facing everyone with manic depression is learning to understand and respond to their own particular variation (see *How can you manage bipolar disorder?* page 13). In recent years, diagnoses of bipolar disorder have become more sophisticated to reflect these variations in mood patterns. You are likely to come across diagnoses such as bipolar 1, bipolar 2 or bipolar 3, which reflect differences in both the severity and duration of moods. This enables each person – with support – to assess the right balance of drug and non-medical treatment that will best reduce the frequency and severity of their moods. The strategy adopted will depend on the time it takes for each individual with a bipolar diagnosis to accept and respond to it.

...diagnoses of bipolar disorder have become more sophisticated to reflect these variations in mood patterns.

The circumstances in which a diagnosis is made also vary from one person to another. Some people recognise their symptoms early enough to take the conventional pathway towards diagnosis and care via their GP and referral to a psychiatric unit. Others fight hard to deny they are ill until a crisis – or a series of crises – forces them to accept they need help (see *Pathway of Care diagram* page 12).

PROFILE: Stephen Fry

"I knew I was someone subject to emotional turbulence of the kind most people were not from the age of 17, when I tried to commit suicide and woke up in hospital with a tube down my throat.

I didn't, however, put a name to it until the age of 36, after my somewhat infamous escape from the London play *Cell Mates*.

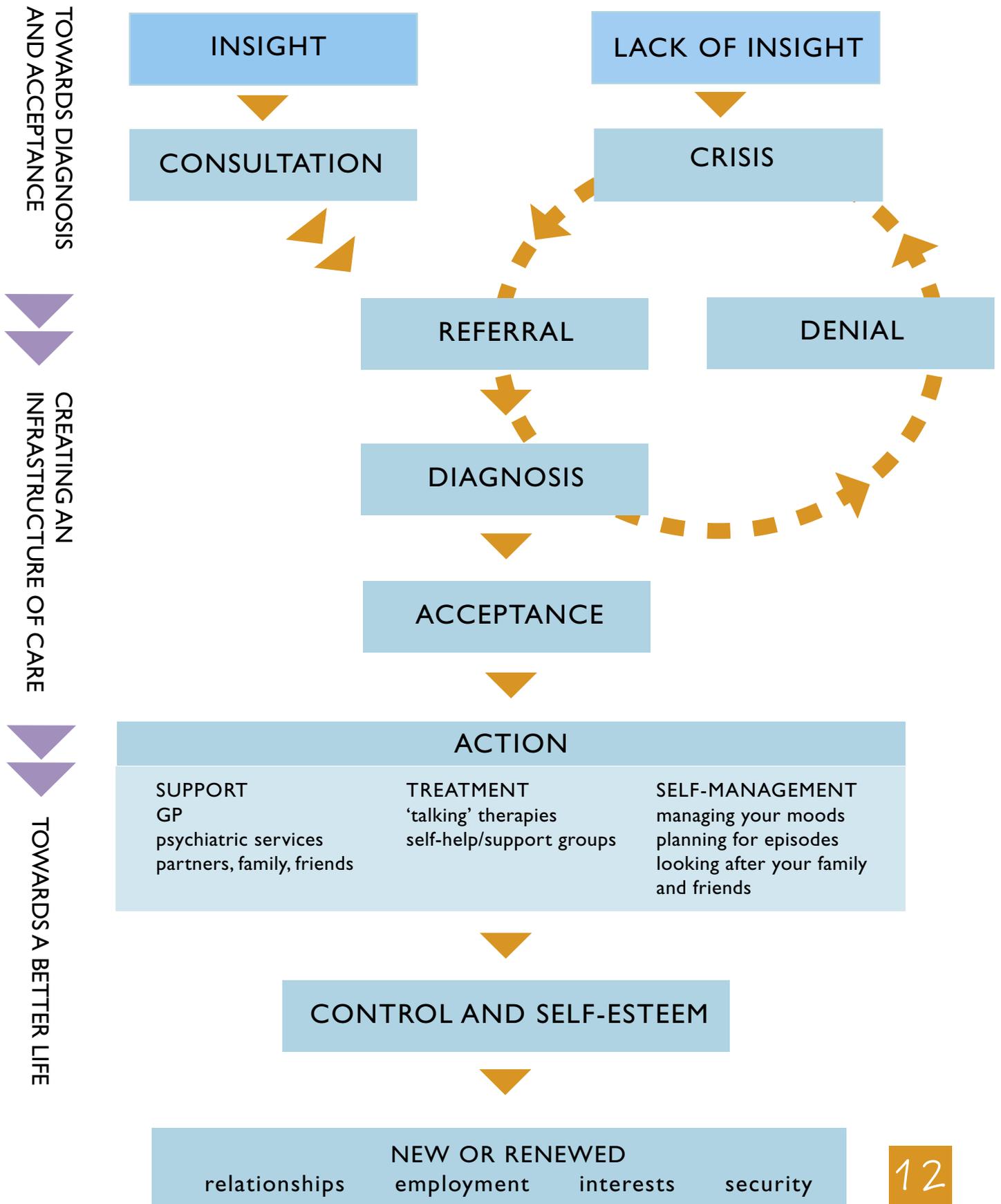
That was when I first heard the word bipolar, although I very recently discovered – while filming the BBC documentary – that my old housemaster at school had kept a letter from the psychiatrist I was sent to when I was 14 and he, too, had used the term bipolar, which is interesting because that was long before any of those hyperactivity disorders had been diagnosed or become popular.

He interpreted my condition as a mood disorder rather than a personality disorder in an attempt, I suppose, to put my housemaster and my parents at ease.

I guess it sounds less serious but, frankly, if you're committing suicide I wonder if the fact you've got a mood disorder rather than a personality disorder is any kind of compensation?"

This is an extract from an interview in *Pendulum*, the journal of MDF The BiPolar Organisation.

PATHWAY OF CARE



How can you manage bipolar disorder?

Managing as someone with a bipolar diagnosis

The *Pathway of Care diagram* (see page 12) illustrates broad stages in the journey to managing your disorder successfully.

The symptoms of the disorder are often only spotted with the onset of a severe crisis in a person's life – sometimes involving compulsory treatment under the Mental Health Act 1983.

People with milder forms of the disorder, such as bipolar 2 or 3, often have the insight to recognise early symptoms, engage in consultation with their GP and agree to a referral to a psychiatric outpatient unit, which results in an accurate diagnosis.

Lack of insight

However, many people who develop a bipolar disorder have a distinct, and potentially destructive, lack of insight. The symptoms of the disorder are often only spotted with the onset of a severe crisis in a person's life – sometimes involving compulsory treatment under the Mental Health Act 1983. It is only then that they are referred to a psychiatric unit and diagnosed.

Precisely because there is no 'test' for manic depression, an accurate diagnosis sometimes takes years (and several crises) to emerge.

Towards diagnosis

Even then you have to accept the diagnosis. Denial at this stage will lead into a cycle of crisis and re-diagnosis that, not confronted, can last decades.

It's easy to see why people shy away from accepting a bipolar diagnosis. The stigma attached to mental illness, despite all the advances in social understanding in the past two decades, is still great. Who wants to admit – to themselves or to other people – that they are mentally ill?

Manic depression is also very frightening, particularly in its early stages. You don't know what's happening to you, you feel out of control and don't know when, or if, it will happen again. You're not always in control of your emotions or actions, and the people who suffer most are often the people you care about the most. But conquering the fear, accepting the diagnosis and taking control of your life is the key to success. Dr Liz Miller, who herself has a bipolar diagnosis and

has developed a model for self-managing the condition (in collaboration with MDF The BiPolar Organisation), suggests there are three milestones in this stage of the pathway:

Acceptance

The first milestone is acceptance. Illness goes to the core of your own sense of being. It can destroy self-esteem and confidence. Yet without a level of acceptance it is impossible to move forward. At this stage, information is helpful. Meeting other people who have had similar experiences will inform your thinking. Many psychiatric outpatient services run small groups for people with bipolar and other affective disorders.

MDF The BiPolar Organisation, as well as producing a series of leaflets and factsheets, has an extensive network of self-help groups (see **Appendix Three**).

Insight

From acceptance comes insight. Episodes rarely come out of the blue. Almost everyone has some warning of impending illness. Warning signals are individual but in mania might include difficulty sleeping, irritability, feeling oversexed, staying out late and spending too much. With depression there are also early warning signals, such as tiredness, not wanting to visit friends or losing interest in sex. Episodes are often triggered by specific problems, such as personal relationship stresses or career difficulties. Mental health professionals, close friends and immediate carers can be helpful in building a more objective picture of what happens during an episode.

With both mania and depression it is very important to be aware of these early changes and consult your doctor or psychiatrist about possible changes to your medication (see **Appendix Two**).

Action

From insight comes action. An action plan will provide you with a series of practical responses should an episode of the disorder look likely to develop. It should be designed so that you can follow it when you can, but it should also indicate when carers, relatives, close friends and healthcare professionals can intervene.

A full description of what a typical action plan might entail is set out in **Appendix One**. It is important to rehearse the plan and update it frequently.

Managing your bipolar disorder effectively

This means maintaining good mental health between episodes. Monitoring small changes in your mood and spotting the early onset of symptoms will allow these to be acted on before true depression and mania get started. Often mania and depression are maladaptive responses to stress. They are ways of avoiding thinking about and facing up to problems. Facing problems and sorting them out realistically helps your mental stability. Regularly reviewing your individual anxieties and stresses can stop them building up and provoking a major crisis. To help you do this

effectively, it is vital to nurture your social networks. If you do so, then close friends and relatives won't be frightened away and they will be able to provide you with valuable feedback.

Facing problems and sorting them out realistically helps your mental stability.

Friends and relations can often see before you that something is going wrong. Moreover, good social support improves mental health: part of staying well is about looking after relationships so that they can survive the turbulence of illness.

Towards a better life

The two final milestones of the pathway have less to do with treating the illness and more to do with rebuilding your life once you have mastered its symptoms. The knowledge that you have achieved control over the potentially damaging effects of the disorder will help to restore your self-esteem.

The resulting confidence will enable you to explore new avenues and possibilities in your life, or restore those aspects of your previous life that really mattered. This can lead to new or renewed relationships, employment opportunities and interests.

PROFILE: Dr Liz Miller

Dr Liz Miller is a highly qualified medical practitioner whose high-pressure career triggered – and was in turn destroyed by – severe episodes of manic depression. Yet by accepting her diagnosis, seeking treatment and putting into practice the principles of self-management she advocates on programmes for other people with the disorder, she has rebuilt her life.

"My career seemed to be going well, I was a qualified doctor and was training as a neurosurgeon. With plenty of research under my belt, and friends in high places, it seemed nothing could go wrong. But it did.

A high-pressure career, combined with personal pressures, led to my first episode of mania, sectioning and the end of neurosurgery. I left Scotland, telling no one what had happened, and a year or so later I was back at work, this time in an A&E unit. I had another high-flying career, another breakdown, more denial and more lies on my CV. The medical profession didn't help. In those days, there was such stigma about mental illness that had anyone known I would never have worked again. Doctors didn't get ill and I truly believed it.

Only after my third breakdown, and after meeting other doctors in the Bethlem Health Care Workers Unit, did the truth dawn on me. Perhaps there was something wrong. I then accepted I had a mental illness that would be with me for the rest of my life.

Three years of depression followed that insight, but I read all I could about manic depression, mental health, neuroscience and psychology. I realised that, regardless of how many people told me that I had an illness and was not to blame, the truth is that I was, in part, responsible for what happened. I can do a great deal myself to make sure it does not happen again.

Over the past ten years, I have researched manic depression, self-management and healthy living. I know from my neurosurgical experience that the brain, like the body, heals if we give it a chance. I know that because of the way I live my life – full of vitamins and self-awareness – no one else is going to ruin my day, it's up to me. I now work in general practice and occupational health and have never been happier."

Managing as someone in a supporting role

The trend towards more people with a bipolar diagnosis taking responsibility for managing their own lives is in turn transforming the role of the people who support and care for them, whether they are parents, close relatives or friends. Despite this, it's sometimes a difficult challenge. Unless you have manic depression, it's difficult to understand the experience of the illness. It is extremely distressing to see someone you love and respect acting in a bizarre and hurtful way, often towards you directly, and then, conversely, to see all their sparkle and energy disappear during a depression.

Supporting someone who is depressed is not easy. The person with bipolar disorder may want to respond to your attempts to comfort them but simply cannot. An inability to respond emotionally is part of the illness. It is very easy for you to feel angry and rejected. You will also have to exercise your judgement constantly about what level of intervention is necessary or advisable. Taking away all responsibility and decision-making from someone with bipolar disorder can reduce their self-esteem still further; yet leaving them with too much responsibility may provoke a bigger crisis.

Highs may be particularly hard to cope with. The person you care for will often turn against you, particularly if you are trying to take early action to prevent a crisis against their wishes. You may become, in their eyes, their worst enemy. In these circumstances, it is often difficult to think clearly. Yet procrastination or delay in getting treatment for the person you care for can prolong and intensify the crisis.

Acting as a supportive partner, carer or friend involves two main challenges:

Supporting the person with the diagnosis appropriately

Self-management is built on the principle that people with a bipolar diagnosis can become experts about their own mental health. If the person with the diagnosis is able to recognise the early triggers or warning signals of an impending episode and respond with the right 'coping strategy', they gain control over their mood swings. Examples of actions they may wish to take are set out in **Appendix One**.

You can do a great deal to support this process. You can help the person you care for identify the particular triggers that make an episode more likely. Working together, you can often identify emotions, behaviours and events that could be warning signals. These could be anything from religious rants to inappropriate joke telling – each person's mood patterns are unique and your insight will be critical in identifying and developing the right response. By asking what worked well last time and identifying where to get help you may also be able offer support in drawing up an action plan and helping in its rehearsal and refinement.

Finding the right balance of care requires ongoing communication and a willingness to accept each other's feelings and concerns. Negotiation and discussion are required during periods of stability and good health, to ensure that any action you need to take in a crisis has been agreed ahead of

time and addresses both your needs. As far as possible, these discussions should be conducted in collaboration with the health and social care team.

Finding the right language is also important. Using expressions of concern that are non-emotional and non-judgemental, and that you have agreed in advance, will ease the impression that you are trying to control the person's life rather than care for them. For example, you could say 'a bit yellow today, aren't we?' or 'I think you might be going a bit blue' when spotting early signs of highs and lows respectively.

Supporting yourself

You cannot help anyone unless you look after yourself. This is true of all people in a caring role but it is doubly so in the case of mental illness.

Contact people in a similar position who may be able to talk through problems with you, by email, letter or on the phone. MDF The BiPolar Organisation and other mental health organisations run local groups and pen friend schemes for carers (see **Appendix Three**). Above all, get and keep a life that is yours alone. Consider what social support you need and what emotional support you have available. Do not feel guilty about putting your own needs first.

It is important to the person you care for as well as yourself that you remain well.

PROFILE: Heather Heald

Heather Heald, a long-time volunteer and activist for MDFThe BiPolar Organisation Cymru, is married to someone with a bipolar diagnosis. She describes how she learned to accept the diagnosis and support her husband:

"Many carers, myself included, often feel as if they are the only people in this situation. There is also the difficult question of 'who cares for the carers?' We bear the brunt of our loved one's condition, are their first line of defence and often their support and mainstay, although they don't always realise this.

A major difficulty is trying to advise people on the variability of the condition. A 'long cycle' may have periods of depression lasting several months followed by manic cycles lasting the same length. My husband is a 'rapid cycler', going high and low in a matter of days.

I am used to dealing with this form of the condition and would find any other form hard. One gets used to one's own situation.

Manic depression is not always a negative force. Yes, it can be wearing, it can make life difficult and it does require a great deal of patience, but it can also give an insight into life that few people have. It gives the blessing of shared difficult experiences and gives a relationship a certain toughness that might not otherwise develop. It adds a spice to life that 'ordinary' people do not have. For instance, in my husband's 'mixed-state' episodes (in my experience the most difficult) he is alert, energetic, argumentative and sharp-tongued. These episodes cause trouble at the time but provide a great deal of humour when we recall them afterwards.

It is important to separate the condition from the person. I try not to retaliate – and if you knew me you would know that is nothing short of miraculous. If I get fed up I go to my friends or family for a good old moan."

CONCLUSION

At present, there is no known cure for bipolar disorder. The strong likelihood is that the person with a diagnosis will need long-term medication and ongoing support to combat the potentially destructive nature of the condition. But, as the many accounts in this booklet suggest, the frightening and bewildering period in your life when you first confront the symptoms of the disorder – and the forced abandonment of early hopes and ambitions it brings with it – can, over time, give way to new aspirations and lifestyles informed by a greater personal insight.

With this insight, and the right professional support, people with a bipolar diagnosis and their partners can and do live well with bipolar disorder.

As the singer and writer Suzy Johnston comments: “I have bipolar disorder ... but it doesn't have me.”

APPENDIX ONE

Developing an action plan. Depending on your exact circumstances this might entail:

Managing moods

- Do something physical on a regular basis – for example going for a walk or cycling.
- Watch what you eat – avoid high-fat and high-sugar foods and eat a balanced diet to help maintain your health and mood.
- Watch what you drink – avoid stimulants like coffee and tea as well as alcohol (it is a depressant) and drink plenty of water to avoid dehydration.
- Get plenty of sleep – studies have shown that one of the fastest ways to tip people with bipolar disorder into mania is to deprive them of sleep.
- Have a regular routine, particularly in the mornings, and plan activities such as long journeys and trips abroad so that sleep and early mornings are disrupted as little as possible.

Planning ahead for the next episode

- List your priorities and let people know what they are – for example, keeping a roof over your head and caring for your dependents.
- Keep notes of your moods, treatments, triggers and warning signs.
- Think about who you want to know about your condition and how you want them to be told (for example, your employer, family and friends).
- Note any other treatments and conditions you have, such as diabetes, thyroid or heart problems.
- Make an 'advance statement' of how you would like to be treated when you are ill, how you behave when ill and what does and does not 'work' for you.
- Let your GP, psychiatrist, community mental health nurse or other professional know about your advance statement.

Looking after your family and friends

- When you are well, discuss openly what is 'you' and what is the condition.
- Talk about how you feel friends and family should react when you are ill.

- Agree strategies with your partner or parents about what they should do when you are ill.
- Agree strategies with partners, immediate relatives, teachers and childcare professionals about what childcare arrangements should be in place when you are ill.
- Review and adjust these strategies with your partner, family and friends after each episode.

Protecting your employment

- As a person with a bipolar diagnosis you are covered by the the Disability Discrimination Act 1995 and have certain rights under this, provided your employer knows that the DDA applies to you (MDF The BiPolar Organisation and Mind can provide further information about this).
- Tell people at work about your mental health problems when you are well, so that you are in control of the information and impression they receive.
- Discuss sudden absence and sickness policy with your boss or an in-company personnel specialist.
- Tell colleagues in advance about things they will need to know if you are suddenly ill, such as the location of keys, computer passwords, and where appointments and contact numbers are in case meetings need to be cancelled.

Managing your money

- Decide whether you need to appoint a trusted family member, friend or professional adviser with 'power of attorney' over your affairs during periods of extended illness.
- Set up standing orders and direct debit arrangements to pay essential bills.
- Make arrangements to give credit cards to trusted family members or friends when you are ill if you are likely to spend beyond your means.
- Discuss credit or savings safeguards with your bank manager and/or financial adviser.

APPENDIX TWO

How is bipolar disorder treated?

Drug treatment

Drug treatment for bipolar disorder is founded on long-term mood stabilisers. These reduce the extreme changes of mood and activity that are responsible for the disturbances in sleep, appetite, thought processes, judgement and sexual promiscuity that can characterise manic depression. To be effective, mood stabilisers need to be taken continuously, rather than on a 'stop-start' basis.

Mood stabilisers are often supplemented with medication designed to combat specific mood swings as and when they occur. Antipsychotic drugs are used to treat hypomania and can be taken at the start of an episode to prevent it from progressing further (as well as being sometimes prescribed as mood stabilisers).

In addition, there are antidepressant drugs.

The exact 'cocktail' of drugs prescribed to any one person will vary significantly. People who fail to respond to one antidepressant, for example, may have success with another.

Mood-stabilising, antipsychotic and antidepressant drugs all can have side effects, which may lessen over time. Depending on the specific drug being taken, these might include drowsiness, dry mouth, anxiety, blurred vision, constipation, difficulty passing urine, sweating, dizziness, skin rashes, weight gain and reduced sexual ability.

The optimum choice of drugs may take time to pinpoint, involving trying them over periods of time, and discussions with mental health professionals.

'Talking' therapies

The trauma of realising and accepting that you have a significant mental disorder often brings with it personality problems that are not wholly symptomatic of the clinical condition. The damaging consequences of dramatic mood swings – to relationships, career prospects, financial security and physical health – often generate anger, bitterness, social isolation and low self-esteem. Untreated, these can often inhibit people with a bipolar diagnosis from managing and rebuilding their lives, however effective drug therapy proves in stabilising their moods.

A variety of 'talking' therapies are now available to help people with bipolar disorder deal with these problems. Four types of psychotherapy, in particular, have been shown to help: cognitive behaviour therapy (CBT), which helps people change their 'depressive' style of thinking; interpersonal therapy and family therapy, which both focus on relationship issues; and social skills training, which helps improve communication.

Support and self-help groups

Formal counselling, psychotherapy and CBT are often useful alongside the social back-up provided by self-help and support groups.

These are particularly helpful in the early stages of the disorder, helping people who are newly diagnosed to acknowledge and accept their condition, and to develop strategies and action plans to cope with future episodes (see *Appendix Three*).

APPENDIX THREE

Where do you go for information and advice?

Organisations

MDF The BiPolar Organisation (national office)

Tel: 08456 340 540

Email: mdf@mdf.org.uk

Website: www.mdf.org.uk

The BiPolar Fellowship Scotland

Tel: 0141 560 2050

Email: info@bipolarscotland.org.uk

Website: www.bipolarscotland.org.uk

MDF The BiPolar Organisation Cymru

Tel: 08456 340 080

Email: info@mdfwales.org.uk

Website: www.mdfwales.org.uk

Principal charity representing people with bipolar disorder and their supporters in the UK. Publishes guides and factsheets, including information about drug treatments, and bipolar disorder in children and young people.

Publishes a quarterly journal, *Pendulum*. Runs programmes on self-management and a national network of 150 self-help groups.

Mind

Tel: 0845 766 0163

Email: contact@mind.org.uk

Website: www.mind.org.uk

Mind offers support, information and advice through a national network of local associations and a national information helpline.

Carers UK

Tel: 0808 808 7777

Email: info@carersuk.org

Website: www.carersuk.org.uk

The Young Carers Initiative

Tel: 0845 300 1122

Email: supporteraction@childrenssociety.org.uk

Website: www.youngcarer.com

Carers UK – formerly the National Carers Association – provides a national network of support and advice. This includes support for anyone supporting or caring for a person with a bipolar diagnosis.

Other sources of support

Saneline

Tel: 0845 767 8000

Website: www.sane.org.uk

National out-of-hours helpline offers practical information, crisis care and emotional support to anyone affected by mental illness, including bipolar disorders.

Bipolar Significant Others

Website: www.bpsso.org

Informal organisation linked by an international website whose members exchange support and information.

BBC Health

Website: bbc.co.uk/health

Extensive section on mental health, covering emotional health, different disorders, coping techniques, supporting and caring, and useful contacts.

Breathing Space (Scottish Helpline)

www.breathingspacescotland.co.uk

Tel: 0800 83 85 87

Useful publications

Overcoming Mood Swings: A Self-Help Guide using Cognitive Behavioural Techniques by Jan Scott (Constable and Robinson, 2001; ISBN 1841190179)

Drugs Used in the Treatment of Mental Health Disorders: Frequently Asked Questions by Stephen Bazire (APS Publishing, 2004; ISBN 190387727X)

Living with Mental Illness: A Book for Relatives and Friends by Liz Kuipers and Paul Bebbington (Human Horizons, 2005; ISBN 028563349X)

The Naked Bird Watcher by Suzy Johnston (The Cairn, 2004; ISBN 0954809203)

To Walk on Eggshells by Jean Johnston (The Cairn, 2005; ISBN 0954809211)

ABOUT THE AUTHOR

Michel Syrett is a business and management writer who has a bipolar diagnosis and who also cared for his father, who had manic depression, for 15 years. He is a past chair and founding trustee of MDF The BiPolar Organisation, the UK's principal national charity representing people with a bipolar diagnosis and their supporters. He is editor of *Pendulum*, the charity's quarterly journal. The author of 15 books and reports, he has written extensively on mental health issues.

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