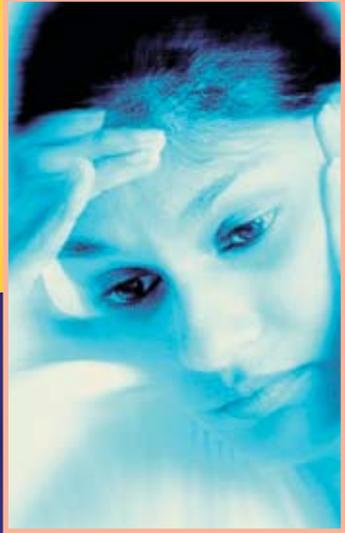


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***What is Bipolar Disorder?***





## What are these moods (or symptoms) like?

**Mania:** Mania often begins with a sense of heightened energy, creativity and social ease - feelings which can quickly progress to an extreme, continuous elevated mood involving 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. Judgment 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). A few people have a different experience of mania where, instead of feeling euphoric, they are angry and belligerent.



**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 intense, pervasive, persistent feelings of despair, hopelessness, and frustration. Some people feel angry and irritable or are consumed by feelings of worthlessness or guilt. There is a loss of energy, limited 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 involve hallucinations and delusions. Suicide is a serious risk. Depression can cause considerable interruption in all aspects of life.

## Are there different types of bipolar disorder?

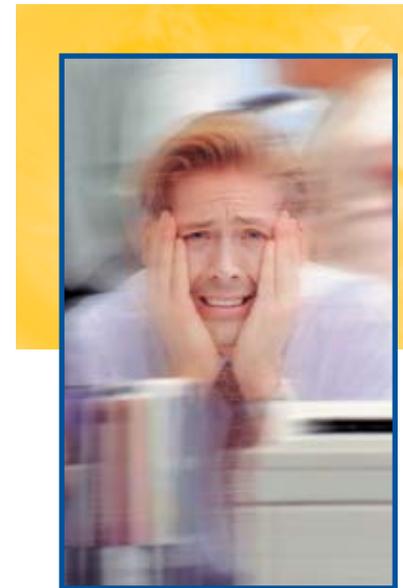
**Yes.** The different types are based on the nature of the mood swings the person experiences. These differences can be important, as they will influence treatment approaches.

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

**2.** In Bipolar II Disorder, the person has only hypomanic (the milder form of mania) and depressive episodes, not full manic episodes. Bipolar II Disorder may be hard to recognize if the person is seen as normally excitable, highly energized, and very productive. It also can be missed if there are limited social or work consequences.

**3.** In Rapid-Cycling Bipolar Disorder, there are at least four episodes per year, in any combination of mania, hypomania or depression. This is seen in 5 to 15% of people with bipolar disorder. Rapid cycling can be precipitated or worsened by the use of anti-depressant medication.

**4.** In Mixed State Bipolar Disorder, 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. Cyclothymia does not include hallucinations or delusions.

## What causes bipolar disorder?

**N**o one knows for sure what causes bipolar disorder. It is not caused by bad parenting nor is it a consequence of moral weakness or a fault in character. Research shows that genes play a strong role. People with the disorder may be more vulnerable to emotional and physical stresses, a lack of sleep, the break-up of an important relationship, or drug and alcohol use. Changes in routine or excessive stimulation may trigger a manic episode. There is no laboratory test or x-ray that can be used to make a definitive diagnosis. Instead, a physician (usually a psychiatrist) takes a careful history and bases diagnosis on a group of symptoms that occur together.



Recent brain scan research is making progress in understanding differences in brain functioning that may accompany bipolar disorder.

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. The younger a person is when they develop bipolar disorder, the more likely it

is to have a genetic component. Bipolar disorder affects approximately 1.2% of the adult population. Men and women are equally affected.

On average, people with bipolar disorder will see three to four physicians and spend over eight years seeking help before they receive a correct diagnosis. Early diagnosis, proper treatment and finding the right medication are important as they lessen the effects of the disorder on individuals and families.

## Bipolar disorder and substance abuse

**R**esearch has shown that a significant percentage of people with bipolar disorder are also vulnerable to having substance abuse problems (60.7%). Distressed with wild swings of emotion, people can turn to drugs and alcohol to try and manage the symptoms of bipolar disorder, only to add further pain to their lives – and troubling consequences.



## Experiencing stigma

**P**eople can delay getting a diagnosis and seeking treatment for bipolar disorder for a variety of reasons but one is fear of what friends, family and employers might think. There is still a stigma attached to having a mental illness but social attitudes are gradually changing. One of the most difficult aspects of stigma, after diagnosis, is self-stigma – believing devaluing attitudes and blaming oneself for the illness. People with mental illness have learned strategies to counteract stigma. These strategies involve active involvement in their own treatment and recovery, joining peer support groups and, for some, speaking out about their experiences in public forums.

## How is bipolar disorder treated?

Effective treatment for bipolar disorder is a combination of many things, including education about the disorder to help understanding and self-management, substance abuse treatment, medication, psychotherapy, peer and self-help groups, and support from family and friends.



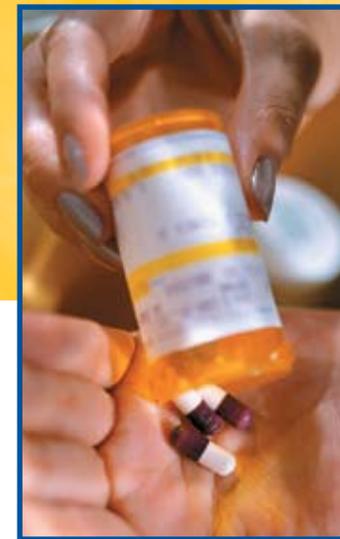
**Education:** Learning about bipolar disorder, its signs and symptoms, treatment and triggers is an essential part of illness self-management. With knowledge, people with bipolar disorder and their families are better equipped to prevent future relapses. This brochure is one step in the process of education. An internet search will reveal literally hundreds of sources of information. Look for sites published by credible organizations such as universities, hospitals and consumer and family groups. Visit [www.mooddisorderscanada.ca](http://www.mooddisorderscanada.ca) and look under Consumer and Family Resources for your educational needs.

### **Substance abuse treatment:**

People who have both bipolar disorder and substance abuse problems (called a concurrent disorder) need both problems addressed – in an integrated fashion. Addressing one problem while ignoring or neglecting the other does not lead to a positive outcome.

**Medication:** Medication is the cornerstone of treating bipolar disorder. Because bipolar disorder is a recurrent illness, people require long-term treatment. Most people will need a number of medications to manage their symptoms and maintain wellness. All medications affect chemicals in the brain called neurotransmitters. Finding the right combination of medications will require monitoring and discussion with a psychiatrist, as well as confidential consultations with a local dispensing pharmacist - noting that there are many choices and multiple combinations. While frustrating, the reality is that it can take long periods of experimentation to get the most effective combination. The following are categories of medication choices:

**Mood stabilizers:** Lithium was the first known mood stabilizer and is still in use today. It is thought to be less effective in mixed states and rapid-cycling bipolar disorder. Anticonvulsants are typically prescribed for epilepsy but are also recognized as mood stabilizers. Examples are valproic acid (many brand names) divalproex sodium (Epival), carbamazepine (Tegretol) and lamotrigine (Lamictal), gabapentin (Neurontin) and topiramate (Topamax). They have been found to be helpful in the treatment of bipolar disorder.



**Anti-psychotics:** Antipsychotic medications, used to control psychotic symptoms in several types of mental illnesses, may also be used in the management of people with bipolar disorder in the manic phase. The newer, commonly used anti-psychotics are olanzapine (Zyprexa), risperidone (Risperdal), ziprasidone (Zeldox - recently approved in Canada for bipolar disorder) and quetiapine (Seroquel, original formula and Seroquel XR, extended release – the only medications currently approved for use in both the manic and the depressive phases of bipolar disorder).



**Anti-depressants:** Anti-depressants are often used together with a mood stabilizing medication. Common ones are fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft), citalopram (Celexa), venlafaxine (Effexor), bupropion (Wellbutrin SR). Anti-depressants must be used with caution as they can trigger mania and precipitate a cycle of frequent mood swings (rapid cycling).

**Anti-anxiety medication:** These medications can be effective during hypomanic and manic episodes to instill much needed calm but are usually prescribed only for short periods of time because they are addictive. Examples are benzodiazepine (Valium), lorazepam (Ativan) and clonazepam (Rivotril).



**Medication maintenance:**

People with bipolar disorder – just like people with other illnesses – may take their medications in an inconsistent manner, and they may discontinue medication once they are feeling better, triggering a relapse. It is a hard fact, but there is no cure for bipolar illness. However, people with bipolar disorder can and do lead healthy productive lives. A critical ingredient in their wellbeing is managing their medication effectively and for the long term.

**Psychotherapy:** Psychotherapy is often used in conjunction with medications to treat bipolar disorder. Psychotherapy includes interpersonal (examination of patterns in relationship to self and others), cognitive-behavioural (examination of how thoughts and moods influence behaviours – and vice versa) and family therapy (examination of how close relationships can become healthy and supportive).

**Peer and self-help support groups:** Peer and self-help groups are an important part of treatment. These groups offer the welcome message, “you are not alone.” Members exchange personal stories, ideas about effective treatment, share coping strategies and support one another through tough times. They also talk about experiences of stigma and share ways to support individual and group self-esteem.

**Families and caregivers**

Families and friends who support people with bipolar disorder need support, themselves. Peer and self-help groups are considered an important way for them to understand what their loved one is experiencing and to help them to cope with their illness. These groups also offer families and caregivers the opportunity to share information, resources, and coping mechanisms to maintain their own mental health. Through personal experience, peers who have “been there” can help families discuss difficult topics such as medication maintenance – something families and caregivers struggle with regularly - as well as the painful aftermath of a manic or depressive episode. Provincial peer and self-help support associations and other useful resources can be found at [www.mdsc.ca](http://www.mdsc.ca) under Consumer and Family Resources, Related Links.



## Leading a balanced life

Everyone benefits from balance in life but, for people with bipolar disorder, balance is even more important. Regular and healthy sleep patterns are crucial because lack of sleep can lead to relapse. Good nutrition, exercise, financial stability, something meaningful to do, participation in community, an enjoyment of nature or the arts, as well as attention to spirituality are additional ingredients in healthy living.

Because of extra sensitivity to stress, people with bipolar disorder need to pay close attention to the quality of their personal and work relationships. No one can avoid stress all the time but an understanding that excessive stress is, in fact, dangerous for people with bipolar disorder is truly important.



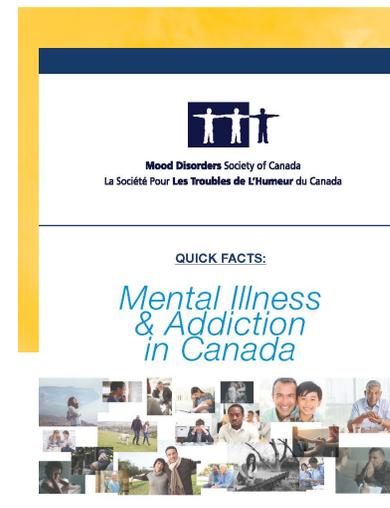
## What does the future hold?

With proper treatment, people with bipolar disorder live full, productive lives. "Recovery" is the word that people are using to describe living with bipolar disorder. Recovery is not about a cure. It's about living a meaningful, healthy and hearty life - despite the challenges of a mental illness.

## 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 committed to improving the quality of life for those Canadians living with mood disorders and their families. The website ([www.mdsc.ca](http://www.mdsc.ca)) contains more information on bipolar disorder as well as other mood disorders, contact

information for finding mental health services and links to most provincial Mood Disorders Associations. Of particular note is a popular MDSC publication called Quick Facts, also available on the website, which offers hundreds of facts about mental health and mental illness in an easy-to-find format. If you need further assistance please contact us directly through our website or at the numbers below.



Expanded Edition

**Tel:** 1 613-921-5565  
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