

Psychiatry



REGION

Information about **BIPOLAR DISORDER**

WHAT IS BIPOLAR DISORDER?

As the name suggests, bipolar disorder is about the poles, or extremes, of the human state of mind, from depression at one end of the scale to exaggerated excitement at the other.

Bipolar disorder affects a person's mood and level of activity. 'Mood' is the medical term used to describe a person's basic frame of mind over a long period of time. Being in a good or bad mood for a short time is not a symptom of bipolar disorder - bipolar disorder is about lasting, radical changes.

The disorder was formerly termed 'manic-depressive disorder', because it either moves in a manic direction, a depressive direction, or a mixture of the two. The manic direction is characterised by excitability, very high levels of energy, overweening confidence and heightened self-esteem. The depressive direction is characterised by dejection, reduced energy levels, deficiency and a negative opinion of oneself.

In most cases bipolar disorder is due to a combination of hereditary factors and psychological/social factors. In other words, people develop the disorder partly because they are predisposed to it through their genes (heredity), and partly because they have experienced something that has been a social or psychological strain (e.g. physical illness, failure, accident, or stress).

Early, preventative treatment can reduce the symptoms and work to prevent relapses so that the disorder affects life as little as possible.

HOW MANY PEOPLE HAVE BIPOLAR DISORDER?

- **In Denmark, somewhere between one and two per cent of the population have bipolar disorder.**
 - **The risk of developing bipolar disorder is the same for men and women.**
 - **Around half the cases begin before the age of 20, while the disorder rarely emerges after the age of 45.**
 - **People who previously suffered from depression are at increased risk of developing mania later in life, and will therefore often suffer from bipolar disorder.**
 - **In the vast majority of cases, the course of the disorder begins with depression, later followed by mania.**
-

SYMPTOMS OF BIPOLAR DISORDER

In general terms, mania is divided into three degrees of severity: Hypomania, mania and mania with psychotic symptoms.

HYPOMANIA

Hypomania is the mildest of the manic conditions. The feature of hypomania is that the person is excitable, has a feeling of well-being, and is more physically active than otherwise. Many become more extrovert, develop a shopping urge, become excessively engaged in tasks and develop an increased sex drive and a reduced need for sleep. As a rule, the symptoms do not affect a person's ability to hold down a job or follow a course of study to any significant extent, and the symptoms are rarely perceived as disagreeable by those around.

MANIA

The feature of mania is that the person becomes very excitable or very irritable, for no particular reason. This can vary from general nonchalance to uncontrollable exaltation, in which the person is driven to a state of exaggerated and very energetic joy. It can lead to an increased compulsion to talk, a reduced need for sleep, and difficulties maintaining concentration. People with mania often have a self-image that is marked by excessive self-confidence and belief in their own abilities. This can lead to inappropriate, rash behaviour that can appear to overstep boundaries and be offensive to other people.

MANIA WITH PSYCHOTIC SYMPTOMS

As well as the manic symptoms described above, psychotic symptoms may also arise, such as delusions and hallucinations, i.e. ideas, experiences or thoughts that have no foundation in reality.

The delusions are often about the person's own grandeur and exaggerated abilities, while the hallucinations are often voices that talk directly to the person who is manic. The delusions can develop into grotesque ideas of grandeur, and this can have major consequences if the person takes unrealistic or inappropriate financial and personal decisions while in this state. This may involve, for example, sudden trips, major purchases, a change of job for no reason, or a decision to seek a divorce for no reason.

DEPRESSION

Most people with bipolar disorder experience periods of depression.

The symptoms of depression are divided into core symptoms and accompanying symptoms. In order to have depression, a person must have at least two core symptoms. The accompanying symptoms are experienced to a greater or lesser extent, depending on the severity of the depression.

CORE SYMPTOMS

- **Dejection**
- **General reduction in desire or interest**
- **Reduced level of energy or increased tiredness**

ACCOMPANYING SYMPTOMS

- **Reduced self-confidence or self-esteem**
 - **Self-reproach or feeling of guilt**
 - **Thoughts of death or suicide**
 - **Difficulties thinking or concentrating**
 - **Agitation/anger**
 - **Sleep disorders**
 - **Change in appetite and weight**
-

Depression occurs in a **mild, moderate** or **severe form**, each of which takes its own course and has its own course of treatment.

MILD DEPRESSION

With mild depression, it is normally possible to continue with normal everyday life comprising work and leisure activities.

MODERATE DEPRESSION

With moderate depression, it can be difficult to have a normal everyday life and to function normally at work, in family situations and in leisure time.

SEVERE DEPRESSION

With severe depression, the symptoms are present to such a powerful extent that it can be difficult for the person to live life as they are used to doing. The person can have major difficulties with memory and concentration, and in solving problems on their own.

Severe depression can also lead to other symptoms, such as low self-worth, feelings of guilt and inadequacy, and, in the worst case, hallucinations and delusions. Severe depression can be life-threatening because of the risk of suicide.

MIXED CONDITION OF MANIA AND DEPRESSION

A mixed condition is a course of illness featuring either a mixture of manic and depressive symptoms, or with rapid shifts between manic and depressive states of mind. Around half of all people with bipolar disorder experience mixed conditions.

HOW CAN A PERSON GET HELP?

Where bipolar disorder is suspected, it is important for people to talk to their GP. The doctor can help to clarify whether bipolar disorder is present. If it is, the doctor can help to clarify which treatment will be the most helpful. The doctor can also refer the person to a specialist in psychiatry or a mental health centre for treatment, if this is necessary.

If urgent care is required, the person can always visit an emergency psychiatry department. For more information, go to www.psykiatri-regionh.dk/akut or the "Akuthjælp" app.

TREATMENT OF BIPOLAR DISORDER

The treatment of bipolar disorder is divided into treatment of the current course of the illness and preventative treatment. Bipolar disorder will often return throughout a person's life, and it is therefore important to take preventative measures to prevent the symptoms becoming too severe.

The treatment of bipolar disorder is adapted to suit the needs of the individual. If treatment is carried out under Mental Health Services – Capital Region of Denmark, the doctor will always draw up a plan of treatment with the patient so there is agreement as to what will happen.

Mental Health Services – Capital Region of Denmark, offers fixed, intensive courses - called package pathways - in the treatment of bipolar disorder. The course of treatment starts with a discussion with the doctor where the next steps are determined. You can read more at www.psykiatri-regionh.dk/behandlingspakker.

MEDICINAL TREATMENT

Medication is of vital importance in both the acute and preventative treatment of bipolar disorder. In an acute outbreak of the disorder, medication needs to be given as soon as possible in order to alleviate the symptoms and allow the person to become balanced once more. In the preventative phase, medication is given that will maintain a good and stable mood.

People with bipolar disorder often need to follow a course of preventative medicinal treatment for a number of years – some even for the whole of their

lives. If medicinal treatment needs to be stopped, this must be done gradually, and by agreement with the doctor. The body needs time to adjust. If treatment is stopped too abruptly, there is a high risk of a relapse.

HOW DOES THE MEDICATION WORK?

Various types of medication are given, depending on whether the course of the illness is of a manic, depressive or mixed nature.

The cells of the brain communicate with each other via electrical impulses and with the help of transmitter substances. If the quantity of transmitter substances is out of balance, this can cause symptoms of mania, depression or mixed conditions. Medication, which stabilises the mood, ensures that the signal transfer between the cells becomes balanced.

There are several types of medication used for stabilising mood and they have a different effect from one person to the next. In some people, the medication needs to be changed several times before the medication is found that works best and provides the fewest side effects. It is therefore very important for people to speak to their doctor about the effects and side effects of the medication.



TALK THERAPY

Talk therapy consists of discussions with a trained therapist, often a doctor or psychologist. These talks can be held either one-to-one or in groups with other people.

With talk therapy, patients talk about how they experience the disorder, and about its background. Agreements are made about the goal of treatment, as well as how this goal can be achieved by various means that will help the person to cope with everyday life.

HOW DOES TALK THERAPY WORK?

In mental health care services, talking has a therapeutic aim. There may be talks with staff in conjunction with admission to hospital or outpatient visits. However, talk therapy can also be held in the form of systematically arranged courses.

This may, for example, be a case of cognitive behavioural therapy, where help is given to the patient in directing his or her more basic thoughts, feelings and actions in a more appropriate direction.

EDUCATION ABOUT MENTAL ILLNESS (PSYCHOEDUCATION)

It is important to discuss the illness and its treatment in detail. A good understanding of symptoms, illness and treatment makes a person more aware of the small signals and warning signs that characterise bipolar disorder. When you recognise the signs, it is easier to seek help quickly if they should arise again.

In this way, knowledge of your illness can help to ensure that you react more quickly even to small signs of illness, and then start treatment immediately.

Education about mental illness is also called psychoeducation, and this forms part of most courses of treatment under Mental Health Services – Capital Region of Denmark. The family and other close relatives can benefit greatly from taking part in this education.

The staff at the mental health centre can provide information about the possibilities of taking part in psychoeducation.

ELECTROCONVULSIVE THERAPY

Electroconvulsive therapy (ECT) is used in cases where the bipolar disorder takes a severe course, when treatment using medication has not succeeded or where you are unable to tolerate the medication. ECT was formerly known as 'electric shock treatment'.

Before ECT is given, you are given detailed information about the treatment. The treatment is given under anaesthesia, and is not painful. ECT consists of a number of short electrical stimuli (shocks) that affect the brain. The treatment is repeated 8-16 times and generally has few and only short-term side effects, such as dizziness and memory problems, which disappear after a few weeks.

More information about ECT can be found in the folder 'ECT – bedøvelse og behandling' ('ECT – anaesthesia and treatment'), which is published by Mental Health Services – Capital Region of Denmark.

WHAT CAN PEOPLE DO THEMSELVES?

It is important that you see a doctor as quickly as possible if you suspect that you have bipolar disorder, or are about to suffer a relapse. People with bipolar disorder can find it difficult to acknowledge that they have an illness that requires treatment. This is why for some the support of a relative will be needed in order for them to seek help.

If treatment has already started, it can be helpful to try to find out about bipolar disorder. You can also reflect on how the illness affects your life, and what objectives you have with the treatment.

Knowledge about the symptoms, treatment and causes of bipolar disorder can help to make it easier to take part in treatment. Knowing the symptoms of bipolar disorder also makes it easier to react quickly in the future if they should return.

In addition to this, a healthy lifestyle, with a sensible diet and regular sleep and exercise, always helps bring about an improvement and contributes to good health.

There are associations for people who have bipolar disorder. They enable people to get information and talk to other people who have experience living with bipolar disorder. Information about these associations can be found at www.psykiatri-regionh.dk/patientinfo.

WHAT CAN RELATIVES DO TO HELP?

People with bipolar disorder have a tendency to deny the condition, or give alternative explanations of why they act as they do. This makes it difficult for them to acknowledge that they are ill and that they require help.

The most important task for relatives is thus to support the person who is ill in finding professional help. It can be difficult to tell whether a person close to you is 'merely' in a naturally good mood, or whether the excitability is one symptom of mania. Similarly, general low spirits or sadness can be difficult to distinguish from depression. It is up to the doctor to decide.

Relatives of a person undergoing treatment are best able to provide support by listening, being there for the person when needed, and making everyday life easier. For example, help can be offered in solving practical tasks such as doing laundry or grocery shopping.

Living with someone with bipolar disorder can be very challenging for relatives. People have to be prepared to be rejected, while at the same time being able to show care and interest. It does not generally help to talk to people with bipolar disorder about their problems, as it is an illness that cannot be controlled or guided by their own will. People who are ill cannot just 'calm down' or 'pull themselves together'.

For some people, meeting people via a network for the relatives of bipolar disorder sufferers is of help. Find out more about this at www.psykiatri-regionh.dk/patientinfo.

Mental Health Services – Capital Region of Denmark has published a leaflet containing information about the role of relatives, the involvement of relatives in the treatment and the potential for help and support for relatives. Please feel free to contact the staff at the mental health centre or find the leaflet at www.psykiatri-regionh.dk/patientinfo.

GOOD TIPS FOR RELATIVES

- **Take the illness seriously.**
 - **Find out what bipolar disorder is.**
 - **Help people who are ill to find out where and how they can obtain professional help.**
 - **Plan 'ready-made' activities that take the disorder and its symptoms into consideration.**
 - **Provide comfort, e.g. by saying: "Remember, you will get better. You have an illness that can be treated".**
 - **Avoid providing tips, such as: "If I were you, I would..." or: "Pull yourself together".**
 - **Avoid reproaches.**
 - **Don't start long discussions about why the person became ill.**
 - **Seek help for yourself if you have questions, lack support or need assistance in your everyday life.**
 - **Remember that bipolar disorder is not anyone's fault.**
-

FURTHER INFORMATION

www.psykiatri-regionh.dk

You can also contact PsykInfo for further information, advice and guidance on mental illness. PsykInfo is a psychiatric information centre, located in central Copenhagen, which caters to all citizens who seek knowledge about mental illness. See www.psykinfo-regionh.dk



This booklet is for you who are a patient at Mental Health Services – Capital Region of Denmark and for your relatives. With this booklet, we want to help you and your family to experience a good and comprehensive treatment – and good cooperation with the Mental Health Services – Capital Region of Denmark staff.

It is you and those closest to you who live with the illness and best know how you feel and how your illness affects your life.

We put great emphasis on keeping you well informed about the treatment throughout the process and you are always welcome to ask questions.

THE PATIENT AT THE CENTRE

The treatment at Mental Health Services – Capital Region of Denmark often consists of a combination of therapies and is always based on the patient's individual and most immediate needs. Therefore, no courses of treatment are alike.

The staff at the Mental Health Services have professional insight into how mental illnesses can develop and be treated. We want to hear how you experience your illness and what your treatment goal is. We base ourselves on both when planning the treatment together.

The goal is to get cured or get considerably better using the treatment. When and to what extent people with mental illness recover varies. However, with the right treatment everyone can develop and establish or resume daily life.

REGION HOVEDSTADENS PSYKIATRI (MENTAL HEALTH SERVICES – CAPITAL REGION OF DENMARK)

Many people come into contact with a mental illness during their lifetime. At Mental Health Services – Capital Region of Denmark, we treat approx. 41,000 children and adults for various mental illnesses every year. Treatment under Mental Health Services – Capital Region of Denmark is primarily provided on an outpatient basis, by visiting teams and, when necessary, by inpatient admission.

Mental Health Services – Capital Region of Denmark

Kristineberg 3

DK - 2100 Copenhagen Ø, Denmark

Tel.: 3864 0000

www.psykiatri-regionh.dk

Graphic design: RegionH Design

Photo: Phillip Drago Jørgensen

2014