

Bipolar Disorder

We all experience minor changes in our mood from day to day according to current events in our lives. Some things make us sad, others happy and we tend to respond appropriately.

People with bipolar disorder, have major changes in mood for no obvious reason. Bipolar Affective Disorder is the full name – ‘affective’ meaning emotional.

Life can be erratic and chaotic for a person with bipolar disorder and for their family, friends and work colleagues. In a ‘manic’ phase, minimal sleep, inflated self-esteem or grandiosity, thought disturbances, hallucinations, reduced inhibitions, altered speech patterns, frequent mood changes and extravagant spending can create significant difficulties. Episode severity varies from mild (hypo-mania) through to severe with associated psychosis.

The clinical term for this mood state is ‘mania’ – an unfortunate term as it conjures up visions of ‘maniacs’ or mad people. Mania is simply the opposite of depression - the other extreme. Deep depression can involve lethargy, feelings of worthlessness, despair and, often, suicidal thoughts and actions.

Formerly known as ‘manic depression’, bipolar disorder is a major and serious mood disorder affecting about one in every hundred people across all ethnic groups. The onset of bipolar disorder usually begins in the mid-teens to late thirties. Most people return to their usual level of functioning after episodes of illness although 20-30% will have ongoing difficulties.

Bipolar disorder for these people tends to be a chronic relapsing and remitting illness with periods of normal mood and function between mood episodes.

As with schizophrenia, the exact cause of bipolar disorder is unknown. Genetic, biochemical, personality factors and stressful life events may all play a part.

There is no medical test that can detect bipolar disorder. It can be diagnosed only by observing the person’s behaviour and listening to what family and friends have observed.

Ideally, once diagnosed, a person will be treated within the community rather than in hospital. Treatment and management usually involves medication, counselling, education and support. Non-acceptance of medication can lead to relapse of mania or depression. This can result in severe social and financial loss. Not taking medication as prescribed is the most common cause of relapse.

The earlier the treatment is started, the better the chances of recovery and avoiding hospitalisation. Unfortunately some people may ‘enjoy’ the ‘manic’ phase of their disorder and fail to seek help. Poor insight – (*there’s nothing wrong with me – you’re the one with the problem*) and unwillingness to accept help may lead to hospital care. Learning to recognise triggering events and being proactive is a difficult but necessary process.

Much of this article has focussed on the more severe end of the mood disorder spectrum. The majority of cases of mood disorder, especially depression, are left untreated. This is a shame as, for many, treatment can be very simple and very effective.

There are a number of agencies in Taranaki with information about bipolar disorder. There are also support groups available.

Gordon Hudson is manager of Like Minds Taranaki, an organisation dedicated to promoting mental wellness, demystifying mental illness and overcoming prejudices and discrimination. Call (06)759-0966