

## The Faces of Bipolar Disorder



### Bipolar Portrait

We have seldom talked about bipolar disorder in *A Mental Health Perspective*. This month, we are planning to rectify this lack of coverage by addressing this mental illness in several articles. About 500,000 Canadians live with bipolar disorder which takes the form of bipolar I and bipolar II, bipolar I being the most common.

Bipolar I is the most severe form of manic depression; it is characterized by one or more manic episodes, usually accompanied by major depressive episodes. It is classified as a mood disorder. Bipolar 2 is a mental disorder where moods shift between the two extremes of hypomania and depression. Researchers have found that most patients with Bipolar 2 have more depressive episodes than hypomanic. Hypomania presents many of the same symptoms as mania, but to a lesser degree.

Bipolar disorder, or manic depression as it is more commonly called, seems to be recognized by most people. It is quite common, for instance, to hear that a famous actor has been diagnosed with this illness. Charlie Sheen, formerly of the television show, *Two and a Half Men*, is perhaps the latest actor in the  
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spotlight for eccentric behaviours identified as those of someone with bipolar disorder.

Sheen has been the subject of media attention and much speculation as to whether or not he has bipolar disorder. "I feel more alive. I feel more focused. I feel more energetic. My workouts are really intense," said Charlie Sheen in an ABC interview.

"The symptom I see is the pressured speech," Dr. Stewart Beasley described the actor on an American television network. "He's really pushing to get those words out. He's really on a roll. He's getting everything coming out pretty fast, almost faster than his brain can think. And that's very common with people who have bipolar disorders."

Below is a chart listing symptoms of a manic episode and of a depressive episode:

<b>Symptoms of mania or a manic episode include:</b>	<b>Symptoms of depression or a depressive episode include:</b>
<p><b>Mood Changes</b> A long period of feeling "high," or an overly happy or outgoing mood</p> <p><i>Extremely irritable mood, agitation, feeling "jumpy" or "wired."</i></p> <p><b>Behavioral Changes</b> Talking very fast, jumping from one idea to another, having racing thoughts</p> <p><i>Being easily distracted, flights of fancy</i></p> <p><i>Increasing goal-directed activities, such as taking on new projects</i></p> <p><i>Being restless, giddy, unable to concentrate,</i></p> <p><i>Sleeping little</i></p> <p><i>Having an unrealistic belief in one's abilities, delusional</i></p> <p><i>Behaving impulsively and taking part in a lot of pleasurable, high-risk behaviors, such as spending sprees, impulsive sex, and impulsive business investments.</i></p>	<p><b>Mood Changes</b> A long period of feeling worried or empty</p> <p>Loss of interest in activities once enjoyed, including sex.</p> <p><b>Behavioral Changes</b> Feeling tired or "slowed down," no energy</p> <p>Having problems concentrating, remembering, and making decisions</p> <p>Being restless or irritable</p> <p>Major change in eating, sleeping, or other habits</p> <p>Thinking of death or suicide, or attempting suicide.</p> <p><i>-National Institute of Mental Health, Bethesda, Maryland</i></p>

If left untreated, someone in a manic phase could develop psychosis and that could result in prolonged hospitalization.

By Heather Frenette

**Reference**

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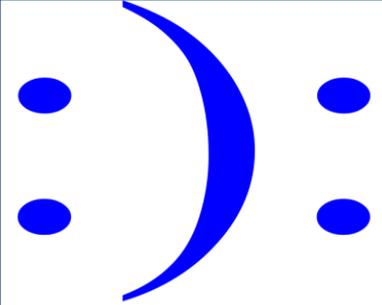
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## Psychosocial Treatments for Bipolar Disorder

Medication is the bedrock of treatment but psychosocial treatments are also available to complement medication. Studies have confirmed that psychosocial treatments help stabilize mood swings, reduce hospital time and led to quicker recoveries. They can be delivered by psychologists, social workers, or counsellors working closely with the patient's psychiatrist to keep track of their progress.

Four major types of psychosocial treatments are available:

- *Cognitive behavioural therapy* (CBT) recognizes changing irrational thought patterns that can cause a person's symptoms. CBT teaches people how to enjoy life and have constructive interaction with their surroundings, while staying away from stimulating activities that may cause a state of mania (for example: using drugs and avoiding sleep).
- *Psychoeducation* can be delivered individually or in a group setting. The objective is to provide education about this disorder to help people cope with their illness and find stability in their life. It teaches people to recognize symptoms and try to prevent relapse.
- *Family therapy* is important because when a loved one develops bipolar disorder, it causes devastation for family members. Therapy helps solve family problems that create more stressful conditions at home facilitating healing and forgiveness.
- *Social rhythm therapy* helps people improve personal relationships and find structure in their everyday life. It aids people in developing strong friendships and support networks. It helps them with scheduling their sleep, work, and medication times. This is important for preventing relapse of manic symptoms.

In combination with medication these psychosocial treatments are crucial to recovery and to a stable daily life following an episode.

By Tony Legere



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## Bipolar Disorder: Diagnosing Youth

According to a recent source, as much as sixty-eight percent of adults with bipolar disorder had symptoms before the age of nineteen. For youths to get help for the illness, though, they need a proper diagnosis which can be tricky depending on what camp the psychiatrist falls in:

Those who follow the "narrow" camp use more traditional criteria and believe that the symptoms of bipolar disorder should be the same regardless of age, such as recurring episodes of mania and depression with remissions in between.

Those who follow the "broad" camp believe that youths should be diagnosed differently than adults and that a child who experiences severe mood swings or rages may have a childhood form of bipolar disorder. Prolonged separation anxiety is also to be believed to be a sign of early onset bipolar disorder as well.

Early diagnosis is crucial to prompt treatment and recovery. It's important to talk to the psychiatrist to see what view they share. By knowing their view and realizing that children have special needs separate from adults, your child can get the help he or she may need.

By Melinda Cadarette

### Reference:

"Bipolar Disorder in Children and Youth: Information for Families"  
<http://www.ementalhealth.ca/index.php?m=article&ID=8883>

## Barriers to employment: A Bipolar Journey

My name is Anne Edwards and I am 48 years old. Fifteen years ago after my only son was born, I was diagnosed with postpartum depression and then bipolar disorder. Since then I have had a constant struggle to make a living because of my illness. For years I would find a job and lose a job. I found it difficult to understand new tasks and keep employment.

In fact, for the last 2-3 years I haven't had a job. I have tried to work with various agencies in the valley such as Community Inc. and the Canadian Mental Health Association but I found that the employment counselors would just look on the job bank and say there weren't any jobs. I always had the thickest binder filled with efforts to find a job but no success.

I think my age and qualifications don't match the types of jobs in the valley. I have a BA in English from Dalhousie University, a diploma in international business and marketing from St. Mary's University and a radio broadcasting diploma. With all this education I thought I would be able to find employment and keep it. I am now on social assistance and live off \$800 a month with a mental illness.

Frustration and anger are the two words that I deal with on a daily basis with the struggle to cope with my illness and the economic card I have been dealt. Most people get up each day, go to work and function in society. I wake up everyday with no job, no hope and no future. What causes me to lose jobs has been something I have been trying to understand for years. I am fine for the first few weeks, then I become overwhelmed with the job itself, even getting up to go to work is a struggle.

All I want to do is work, earn a living and be able to contribute to my son's life financially and emotionally. I find it hard having a normal relationship with my son because he can't seem to understand why I don't keep a job.

I decided that this year was going to be my year and I decided to start a business. Well, I started it, but because of the economy, it's hard to get customers. My business is called **Just in Time Cleaning and Errands Services**. I have yet to get some clients but I have my fingers crossed.

Each day I look on the job bank hoping for something that I can do. If my business doesn't work out I'm planning on going to Edmonton to see a friend in April and if I like it there, I will move in the fall.

Having a mental illness, you are labeled and treated as if something is basically wrong with you. You feel as if you are under a microscope. When you get mad, people think you have gone off your medication. Just because I have an illness does not mean I do not have feelings and emotions and would like to contribute to society just like everyone else.

By Anne Edwards



### A Mental Health Perspective Mission Statement:

The purpose of this newsletter is to bring faith, hope and courage to members of the local mental health community of Kings County, Nova Scotia, as well as others who are involved with a mental, emotional or psychological condition.

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