



THE BIPOLAR LIFT

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INTRODUCTION

The Bipolar Lift CIC aims to provide holistic support for those living with bipolar disorder and their families. The organisation endeavours to improve the overall health and wellbeing of those individuals by providing both emotional and practical support, including talking therapy through both one-to-one sessions or group therapy sessions, nature walks and excursions and through providing support with personal finances.

By providing complete support in the core areas of an individual's life, we aim to improve the person's overall wellbeing, and put them back in control of their lives.

Each person availing of the support offered by The Bipolar Lift is provided with a tailored care plan: we understand the needs and challenges faced by each individual are different and want to ensure they are recognised and met. Moreover, we offer face-to-face support to those based near our hub in Nottingham and offer telephone support nationally.

The Bipolar Lift fills a very tangible unmet need in our community, and it was founded by Imran Akram, an individual diagnosed with bipolar disorder who has developed the organisation from his lived experience of the condition.

By offering holistic support, we expect to significantly improve the quality of life of those in need and enable these people to live fulfilled, happier lives while managing their condition.

The purpose of this booklet is to offer help and support to not only those living with bipolar disorder, but also to support and provide information for their families, friends and anyone who is interested in learning about the condition.

This booklet provides a solid overview of bipolar disorder, and we hope to help people to recognise and understand the signs, symptoms, triggers, coping mechanisms and more.

WHAT IS BIPOLAR?

What is bipolar disorder?

Bipolar disorder is a life-long (chronic) mental disorder characterised by the person experiencing significant mood swings, from emotional highs (mania or hypomania) to depressive lows. These are referred to as *episodes*.

Who gets bipolar disorder?

Anyone can have bipolar disorder. It can be diagnosed at an early age and it is found equally in men and in women and across ethnicities. Most people begin to experience the signs and symptoms of bipolar in early adulthood (18-24 years old) but some experience symptoms later than this.

It is estimated that 1.3 million people living in the UK have bipolar, making the condition quite common and it is very likely you will have met someone with the condition before.

What causes bipolar disorder?

Bipolar can be caused by a variety of factors and often it is multiple factors which have had a part to play in the development of bipolar. Ultimately, bipolar results in a chemical imbalance in the brain which prevents the person from regulating their moods correctly and some of the expected causes are given below.

Genetics play an important role. In fact, bipolar is thought to be one of the more inheritable mental health conditions. If one parent has a diagnosed mood disorder, there is a 10-25% risk of the condition being passed to their child. Further, if one twin has bipolar, there is a 70-90% chance that the other will also have the condition, emphasising the genetic component of the condition. However, bipolar is not caused by just one gene. It is likely caused by multiple genes and their interactions.

There also appears to be **biological differences** which appear as physical

changes in the brains of those affected. Research is still ongoing to determine the nature of these changes and how they may be contributing to the disorder.

Some research shows that significant **emotional distress as a child** can cause bipolar to develop. This includes things such as neglect, abuse or losing someone very close to you such as a parent.

Prolonged periods of **high stress** can induce bipolar or cause symptoms to become worse, such as the death of a loved one, financial worries, job loss or poor health. A significant life stress can lead to neuronal changes in the brain such as neurotransmitter levels which can lead to a person experiencing their first bipolar episode as well as causing subsequent episodes.

Further, it is recognised that **drug and alcohol abuse** may be responsible for the onset of bipolar, and excessive consumption is considered a risk factor for developing the disorder.

Is bipolar the same as manic depression?

In the past, bipolar was known as manic depression and some people still refer to it as such today. The term which is used in the medical community today is bipolar disorder and is likely what your doctor or your loved ones doctor will refer to the condition as. Bipolar may also be referred to as bipolar affective disorder.

Why is bipolar underdiagnosed?

Often when people suffer with bipolar, they also experience other mental health issues too. Due to overlapping symptoms and because some symptoms may mask others, other mental health issues may be diagnosed first and bipolar diagnosed later. Common mental health issues diagnosed alongside bipolar include anxiety and depression.

As a result, it takes an average of 9 years to get a correct diagnosis.

Why is it called bipolar?

The name simply reflects the characteristics of the illness and means 'two poles,' with 'bi' meaning 'two,' referring to the two distinct types of episode and 'polar' inferring that these two states of mania and depression are polar opposites.

DIFFERENT TYPES OF BIPOLAR

There are several recognised types of bipolar disorder. Once a doctor expects someone may have bipolar, they will evaluate the signs and symptoms the patient is experiencing and make a definitive diagnosis.

Bipolar I disorder

Bipolar I is the most common type of bipolar. To be diagnosed with bipolar I, a person has experienced at least one manic episode, which is a period of abnormally elevated mood and high energy which causes significant disruption in the person's life. This manic episode lasts at least a week and may be present with or without psychotic symptoms as well. Most people with type I also experience one or more depressive episodes as well.

Some research indicates that type 1 is slightly more common in men than in women, but this is still being investigated to confirm this is true and determine why this might be.

Bipolar 2 disorder

In type 2, the person will have experienced at least one major depressive episode. They also experience episodes of hypomania, as opposed to mania, which are not as extreme as manic episodes but the person does experience periods of high energy which can last for several days. In this type, the person doesn't experience manic episodes.

In contrast to type 2, research indicates that this type is slightly more common in women than in men. Again this is still being confirmed.

Cyclothymic disorder - also referred to as cyclothymia, is where the person has cycles repeatedly through hypomanic and depressive episodes, lasting for more than 2 years.

Unspecified bipolar disorder

In this case, symptoms of bipolar are present but may be induced specifically by certain drugs, alcohol or due to a medical condition such as Cushing's disease, multiple sclerosis or stroke.

LIVING WITH BIPOLAR DISORDER

If you have been diagnosed with bipolar, it is understandable that you will feel quite overwhelmed and worried, but you may also feel some relief at finally learning what condition you have and learning what help is available to you.

Talking about your mental health can be difficult, but it's important you do so that those close to you can offer support and can understand what you are going through.

What can I tell my friends and family?

It can be difficult to talk to friends and family about bipolar disorder. However, by talking about your condition, it will help you come to terms with it and may also help you find practical solutions and help you put support mechanisms in place.

You may want to start by telling just a few close family and friends, it is entirely up to you. As a starting point, you could share this booklet with them as a useful resource so they can learn on their own time more about your condition and how it affects you. Bipolar affects every part of your life and your relationships so it's important those around you are aware of the condition as you will need support.

You may want to talk to them about different treatments you are on, how your condition is impacting your life and what would be helpful to help you manage your day-to-day.

What can I tell my employer?

It may be useful to speak to your employer about bipolar. In disclosing your condition, you can then start to discuss what reasonable adjustments can be made to help you retain your job, such as time for medical appointments, flexible working arrangements, work from home allowances

or allocating some of your duties to someone else.

Talking to your doctor

Following your diagnosis, you will have a lot of questions about your condition. Some of these can be answered here and some through other resources online.

However, it is very likely that you will have some questions which only your doctor will be able to provide a good answer for, as they know more about you and your specific diagnosis, building a complete picture of you.

Between appointments, keep a record of questions you have for your doctor and bring them along to your next meeting.

SIGNS & SYMPTOMS OF BIPOLAR

Bipolar causes the person to experience significant episodes of depression or of mania and the symptoms for each vary.

Each case of bipolar is different so signs and symptoms can vary from person to person. There are a wide range of symptoms, and while some people may only experience a few, others can suffer from many of them.

Below, symptoms have been split into broad two categories, associated to the type of episode the person is experiencing; **depression or mania**.

During a depressive episode

Be it depression or mania, the episodes experienced in bipolar disorder are extreme and can be massively harmful to the person. Depressive episodes typically last at least two weeks and can be as long as several months and the severity of the symptoms experienced can mean the person is unable to work or manage their day to day life. They can be so severe the person needs to stay in hospital.

Feelings associated with a **depressive episode** can include but are not limited to:

- ◆ Persistent sadness
- ◆ Feelings of despair and hopelessness
- ◆ Intense fatigue or tiredness
- ◆ Decreased ability to concentrate or make decisions
- ◆ Anxiety
- ◆ Low self-esteem and self-confidence
- ◆ Loss of interest in activities once enjoyed
- ◆ Trouble concentrating
- ◆ Irritability and tense
- ◆ Loss of interest in food

- ◆ Suicidal thoughts

This leads to the person to exhibit certain behaviours, such as:

- ◆ Having trouble sleeping or sleeping excessively
- ◆ Loss of interest in food
- ◆ Gaining or losing significant weight
- ◆ Abusing alcohol or drugs
- ◆ Fixating on upsetting things in their life
- ◆ Being withdrawn and avoiding social situations
- ◆ Self-harming
- ◆ Attempting suicide

Suicidal thoughts are common in people with bipolar. If you have thoughts of harming yourself, you need to call your local emergency number, call 999 or tell a close and trusted family member or friend immediately so you can get help.

If your loved one shows signs of having these thoughts, it's important someone stays with them while help arrives. If possible, bring them to the nearest hospital emergency room.

During a manic or hypomanic episode

On the other side of the coin, a person may have a manic or hypomanic episode, and the signs and symptoms of this are very different from a depressive episode. Again, the feelings associated with a manic episode are extreme and exceedingly difficult to manage.

Feelings associated with *mania or hypomania* can include:

- ◆ Euphoria, feeling happy or joyful
- ◆ Feeling excited
- ◆ Racing thoughts and struggling to stay focused
- ◆ Easily distracted

- ◆ Increasing self-confident
- ◆ Excessive energy, hyperactivity
- ◆ Feelings of aggression and anger
- ◆ Irritability or agitation
- ◆ Psychosis (hallucinations or delusions)
- ◆ Significant trouble sleeping

These feelings then translate into **behaviours** which can be dangerous or have an adverse effect on your life. These include:

- ◆ Impulsive behaviours, using poor judgement
- ◆ Risky behaviours, such as substance use or sexual promiscuity
- ◆ Drug and alcohol abuse
- ◆ Speaking very rapidly
- ◆ Taking risks with regard to your safety
- ◆ Acting with aggression or anger
- ◆ Saying or doing things which are out of character and not appropriate for the situation
- ◆ Poor decision making - gambling, excessive spending

Not everyone with bipolar experiences psychosis but if they do it is more common in manic episodes than depressive episodes. Symptoms include delusions, such as feelings of paranoia, and/or hallucinations, such as hearing voices or seeing things which are not there.

Neutral periods

In between having a manic episode or a depressive episode, you can have periods of stability where you experience no symptoms.

The length of these periods of stability will vary from person to person, depending on the type of bipolar that they have and how well

they are managing their condition and taking any medication they have been prescribed. They may last weeks, months or even years.

During these periods, and as much as possible otherwise, it is good to maintain a strong routine to provide a highly stable environment. This includes **getting enough sleep and going to bed and getting up at the same time, taking medication, exercising daily, eating a healthy and balanced diet and avoiding alcohol and drugs.**

Co-occurring conditions

Alongside bipolar, people may also have other health conditions which need to be treated, some of which may make bipolar worse. These include anxiety disorders, eating disorders, ADHD or conditions such as heart disease, headaches, obesity or thyroid problems.

HOW BIPOLAR AFFECTS THOSE CLOSE TO YOU

Supporting someone with bipolar disorder

Watching a loved one struggle with the symptoms of bipolar and seeing the detrimental impact it is having on their life can be very difficult. However, there are ways you can offer support and help them manage. The most important factor here is communicating well with your loved one.

Be open and talk about bipolar disorder

There is still a significant stigma attached to mental health disorders and some people may have feelings of embarrassment or shame around conditions which they have.

Talk to your loved one openly about their condition and how they are feeling. This will help you get a better understanding of what is going on as each case of bipolar is different from the next and it will also help your loved one feel supported and accepted.

Some people with bipolar experience suicidal phases so it is important to talk to them about this when they are feeling well and being able to agree on a care plan together.

Discuss triggers

The person living with bipolar will begin to identify things which trigger their bipolar and cause them to enter an episode.

Understanding what their triggers are will help avoid and manage these. It will also give you an indication that the person is likely going to have an episode and you can be prepared to offer support when needed.

Develop a care plan

When the person you are caring for is feeling well, it is advisable to talk to them about what support you can offer in a manic or depressive episode. This can include things such as helping to keep a routine such as adhering to meal and sleep patterns or helping them manage their money, if they'd like you to.

Read, watch and listen

There is a wealth of information available online, on our website and on other websites designed to help you understand bipolar disorder and provide tips on how you can support your loved one. Video platforms such as YouTube have useful explanatory videos and real-life accounts of people living with bipolar which may be helpful in furthering your understanding. Likewise, there are many podcasts available on the topic as well. You don't have to be an expert but knowing more about it can really help facilitate discussions with your loved one and also with their healthcare professional.

Take time for yourself

It is important that you still make time for yourself and do things which relax you. Worrying about someone or looking after them can mean that your needs take a back seat but it's key that you manage your own wellbeing and take a break so that you can keep supporting them.

In that time, you can reflect on how things are moving with your loved one and it may give you some perspective on their situation as well.

TREATMENT OPTIONS

How is bipolar disorder diagnosed?

If you or your doctor think you have bipolar, your doctor will be able to begin taking the steps to confirm your diagnosis so you can be offered treatment.

You will be asked about your symptoms, your family history, how many episodes you have had, how these episodes impact your life and how long they last for. You will also be given some additional tests to check your physical health which can help rule out some other disorders.

Your doctor will observe your health for a period of time to ensure you are being given the correct diagnosis. Bipolar disorder has symptoms which overlap with some other mental health conditions so it is important to rule these out so that you are offered the most appropriate support and medication. Other conditions they will be looking to rule out include major depressive disorder (MDD), anxiety disorders, personality disorders, ADHD and schizophrenia.

Treatment options

Bipolar disorder is an extremely complex and life-long condition. However, while it can not be cured, there are various medications and therapies that can help people with bipolar maintain stability and live a full and content life.

You will be offered different medication depending on if you are experiencing an episode, in which case your doctor will try to prescribe medication to control your symptoms, or if you are stable, where medication will be prescribed to help maintain your health and reduce your risk of having an episode.

Medications may include:

◆ **Antidepressants**

Due to the severity of the depressive episodes someone with bipolar can experience, your doctor may prescribe you antidepressants. These may be prescribed alongside other medications shown below to help you manage your condition.

◆ **Antipsychotics**

Some manic episodes may warrant the use of antipsychotic medications to control your symptoms and regulate your mood. These include medications such as risperidone, haloperidol or olanzapine and they have good response rates in those treated.

◆ **Anticonvulsants**

These medications are also referred to as anti-epileptic medication. While you may not have epilepsy they work well to regulate your mood and reduce the likelihood of a bipolar episode occurring.

◆ **Lithium**

A long-term treatment for bipolar is lithium which acts as a mood stabiliser. This medication has been shown to reduce the severity of manic and depressive episodes in bipolar and may prevent mood episodes from occurring. It also reduces feelings of self-harm and has been shown to reduce suicide risk.

It is important that if you have been prescribed these medications and you want to stop taking them for any reason that you speak to your doctor first. Your doctor will be able to ensure you stop taking the drug in a safe way and that you avoid any side effects of stopping taking the medications.

As with all medications, some drugs can cause side effects.

Other medications which may be prescribed include anti-anxiety medication, as some people struggle with feelings of severe worry as a result of their condition.

There is also a wide range of holistic and talking therapies available which can help with bipolar. Some of these therapies are available for free, but

there are also therapies which you can seek privately or practice at home.

They include but are not limited to:

- ◆ Psychoeducation
- ◆ Cognitive behavioural therapy (CBT)
- ◆ Interpersonal and social rhythm therapy
- ◆ Family-focussed therapy
- ◆ Meditation
- ◆ Acupuncture

In between episodes, GPs work with patients to provide support. During episodes, people usually require more specialist care and are referred to specialist mental health support services to be supported by clinical specialists such as mental health nurses or psychiatrists.

WHAT CAN TRIGGER BIPOLAR EPISODES

As every person is different, so too are the triggers. People respond to situations differently, therefore it's hard to predict what exactly could trigger an episode in an individual. We are lucky enough to have enough research that allows us to know the types of events and situations which can be triggers.

Some of these triggers are listed below, however these are certainly not the only things which could trigger a bipolar episode.

- ◆ The loss or death of a loved one
- ◆ The breakdown of a relationship
- ◆ Physical/sexual/emotional abuse
- ◆ Physical illness
- ◆ Overwhelming problems in everyday life such as work, financial problems, work problems, relationships problems

If you are living with bipolar or are caring for someone who is, you will begin to notice certain behaviours or feelings which precede an episode.

COPING STRATEGIES TO HELP WITH BIPOLAR

As everyone is different, some strategies that work with some people, will not work with others, so trying different coping strategies until you find which works best for you is important.

Bipolar in its nature is *disorder*. Building on this, research has indicated that useful coping strategies are based on the premise of creating *order*, or *routine*.

Routine-building coping strategies

- **SLEEP** - The most important thing to help maintain stability with bipolar is to have a strong sleep routine. Ensure you get enough sleep each night and go to bed and get up at the same time every day.
- **EXERCISE** - Recent studies are showing that exercise may be an effective way of dealing with depressive episodes. generally, exercise does improve mood and increase the quality of the sleep you have so it is a good idea to try to do some light form of exercise each day. This could be anything from a walk to going to the gym or anything in between.
- **EAT WELL** - Eating a healthy and balanced diet can reduce risk of depression and keep you in good health. Such foods include leafy green vegetables, lots of fruit, nuts and seeds and yoghurt.
- **AVOID DRUGS AND ALCOHOL** - With alcohol being a depressant and drugs likely to alter your behaviour, it is best to avoid both if you have bipolar. Additionally, people with bipolar often develop abuse issues with both so it is best to avoid these if possible.

Other coping strategies

KEEP A DIARY OR JOURNAL

Keeping a diary might feel like a chore, or something you are really not interested in doing. However, it is a useful tool which can be used to track your progress and to help you reflect on how you are doing. It can be used to identify triggers or help you remember things which you found to be useful in maintaining your stability.

SPIRITUALITY

Some people lean into their faith and become more spiritual and benefits have been shown as reducing symptoms of depression. Others chose to take part in alternative therapies such as mediation, yoga, and reiki.

JOIN A SUPPORT GROUP

Most people when they are diagnosed do not know anyone else who has bipolar. This can be an incredibly isolating feeling. Joining a support group will help you meet other people who have the same condition as you and you can discuss different coping strategies which work and discuss coping with triggers. You can find in-person group sessions to attend near you and you can find remote sessions which you can join through your laptop if you'd prefer to meet online instead.

We hope you have found this booklet helpful and we are always
here to help.

If you or someone you know needs advice on bipolar, then feel free to
contact us by phone or email.

If you are local to Nottingham, and would like to use our one-to-one
service, or any other services offered by The Bipolar Lift, then please don't
hesitate to contact us.

If you need urgent help, then please contact your local crisis team.

The Bipolar Lift CIC

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