

Guide to living with

Health**monitor**[®]

Bipolar Disorder

Find your path to joy

- ✓ Assess if your current treatment is effective
- ✓ Tune in to the signals of your highs and lows
- ✓ Overcome roadblocks to a fulfilling home and work life

NEW HOPE
FOR BIPOLAR
DEPRESSION

p. 8

"The right treatment is letting me live a balanced, productive life!"

With his symptoms of bipolar depression and mania well managed, Ryan Phillips is inspiring and advocating for others with the disease

COMPLIMENTS OF YOUR HEALTHCARE PROVIDER

REVIEWED AND APPROVED BY:
MHA
Mental Health America

Guide to living with Bipolar Disorder



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Reclaim your life from bipolar disorder!

Today's treatments help clear away the roadblocks to personal fulfillment.

Christine T. has had bipolar disorder for 20 years. Since her diagnosis, the 38-year-old financial controller from Orlando, FL, graduated college and received her MBA, traveled extensively, got married and is now a mom to two beautiful children, Grace and Holten. And while she's had her share of challenges, she's learned not to let bipolar disorder hold her back.

"I remember when I was in college, there were days I would isolate myself in my dorm room. My roommate would invite me to parties, but I just didn't have the energy or the desire to be social," recalls Christine. "Just *thinking* about taking a shower and getting dressed was overwhelming."

When she was in class, there were moments when it felt like she couldn't shut her mind off. At other times, she felt surges of anger she could barely control. "It became too much for me to handle. I felt lonely and sad, so I confided in my sister, and she encouraged me to see a therapist."

Christine made an appointment with a psychiatrist and told her about her isolation, lack of energy and low mood. Thinking it a clear-cut case of depression, the doctor prescribed an antidepressant, but relief didn't come. Over the course of two years, she tried one after another, but nothing helped.

Instead, she found her mind racing even more, struggled with insomnia and had fits of unexplained irritability. She started thinking about taking her own life.

It wasn't until she read an article about bipolar disorder that Christine recognized herself. "I had been dwelling so much on my depression that I'd never talked to my psychiatrist about the racing thoughts and feelings of rage," she says.

The realization changed the course of her life. "Once I got the right diagnosis and found the treatment I needed, things came into focus," says Christine. "Studying became easier, I became more relaxed around friends and my confidence grew. It opened the door to my future."

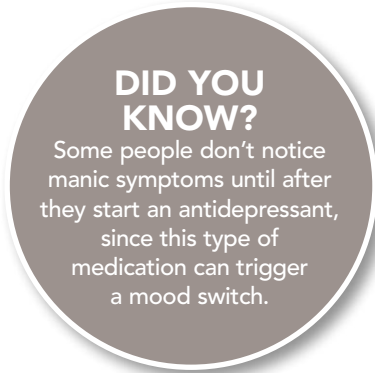
Diagnosing bipolar disorder: a major challenge

Nearly 6 million people in the U.S. live with bipolar disorder, but as Christine's story illustrates, it often escapes detection. In fact, studies show it takes many people as long as 10 years to get an accurate diagnosis. That's a shame, since the delay leads to needless suffering. Why is the diagnosis so elusive? For one, many people are more likely to seek help when they are depressed than when their mood is elevated, so doctors may mistake



DID YOU KNOW?

70% of people with bipolar disorder receive at least one misdiagnosis and see an average of four doctors for about 10 years before getting an accurate diagnosis.



the problem as major depression. In other cases, people with bipolar disorder may experience subtle (i.e., “non-textbook”) highs and lows or cycle rapidly between low mood and excess energy—both of which also make diagnosis challenging.

Understanding the different types

It's important to know that bipolar disorder, also known as manic-depressive illness, manifests in various ways. Being attuned to the differences can help ensure that the illness is properly diagnosed and treated.

• **Bipolar I.** This type is diagnosed after a person experiences one or more manic episodes or “mixed episodes” (when mania and depression occur at the same time). In bipolar I, the manic episodes are extreme and may

require hospitalization. Periods of depression usually last about two weeks but may last longer.

- **Bipolar II.** The main difference between bipolar I and bipolar II is that in bipolar II, the highs are not as extreme as in bipolar I; they are called hypomanic episodes. Bipolar II is diagnosed after a person experiences at least one major depressive and at least one hypomanic episode.
- **Cyclothymic disorder (or cyclothymia).** This may be diagnosed when a person experiences multiple hypomanic

and depressive symptoms over a period of at least two years.

- **Other specified and unspecified bipolar and related disorders.** This may be diagnosed when a person experiences bipolar disorder symptoms that don't fit the above descriptions.

Where do you stand?

Whether you've been diagnosed with bipolar disorder or suspect you may have it, take heart: Today's treatments are helping people with the illness take control of their symptoms and lead happy, productive lives. It's important to work closely with your healthcare team and to monitor your symptoms. Keep reading this guide for the tools and information that will help you do just that—and find the treatment strategy that works best for you. 📖

Recognize the highs and lows of bipolar disorder

Symptoms of MANIA	Symptoms of BIPOLAR DEPRESSION
<input type="checkbox"/> High, “elated” mood	<input type="checkbox"/> Deep sadness, feeling empty and hopeless
<input type="checkbox"/> Less need for sleep, yet not tired	<input type="checkbox"/> Sleeping trouble; sleeping too much or too little
<input type="checkbox"/> Exaggerated optimism and self-confidence	<input type="checkbox"/> Loss of energy, sluggishness, pessimism
<input type="checkbox"/> Exaggerated feelings of self-importance, grandiose thoughts	<input type="checkbox"/> Feelings of guilt and worthlessness
<input type="checkbox"/> Racing speech and thoughts, easily distracted	<input type="checkbox"/> Having trouble concentrating and forgetting things a lot
<input type="checkbox"/> Doing reckless things, like spending a lot of money	<input type="checkbox"/> Indecision and indifference
<input type="checkbox"/> Feeling irritable, agitated and “touchy”	<input type="checkbox"/> Feeling anxious and worried
<input type="checkbox"/> Feeling jumpy and restless	<input type="checkbox"/> Inability to enjoy people and activities that once brought pleasure
<input type="checkbox"/> Feeling like you can do lots of things at once	<input type="checkbox"/> Unexplained aches and pains
	<input type="checkbox"/> Thinking about death or suicide

Is it bipolar disorder?

Bipolar disorder is hard to diagnose because people often seek help when they are depressed rather than when they are in a manic or hypomanic phase. To ensure an accurate diagnosis, it's key to report the highs and the lows. Review this checklist with your healthcare provider.

MOOD DISORDER QUESTIONNAIRE

Name: _____ Date of visit: _____

Please answer each question to the best of your ability:

1. Has there ever been a period of time when you were not your usual self and...

- ...you did things that were unusual for you or that other people might have thought were excessive, foolish or risky?
 Yes No
- ...you were so irritable that you shouted at people or started fights or arguments?
 Yes No
- ...you felt much more self-confident than usual?
 Yes No
- ...you got much less sleep than usual and found that you didn't really miss it?
 Yes No
- ...you were much more interested in sex than usual?
 Yes No
- ...you had more energy than usual?
 Yes No
- ...you were much more active or did many more things than usual?
 Yes No
- ...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?
 Yes No
- ...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?
 Yes No
- ...spending money got you or your family in trouble?
 Yes No
- ...thoughts raced through your head or you couldn't slow your mind down?
 Yes No
- ...you were more talkative or spoke much faster than usual?
 Yes No
- ...you were so easily distracted by things around you that you had trouble concentrating or staying on track?
 Yes No

2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?

Yes No

3. How much of a problem did any of these cause you—like being unable to work; having family, money or legal troubles; or getting into arguments or fights?

No problems Minor problem Moderate problem Serious problem

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Meet your healthcare team

Psychiatrist: A doctor who specializes in the evaluation, diagnosis and treatment of mental disorders. Psychiatrists prescribe medication, if needed.

Psychologist: a licensed mental health professional (PhD or PsyD) who specializes in the evaluation, diagnosis and treatment of mental disorders.

Primary care physician: an MD who can prescribe drugs and refer you to a specialist.

Psychiatric nurse practitioner: an advanced practice RN who specializes in mental health nursing. They are licensed to conduct therapy and/or prescribe medication.

Certified peer specialist: a trained individual who shares the experience of living with a psychiatric disorder. Peer providers can offer one-on-one coaching, facilitate support groups and more.

Licensed clinical social worker: A health professional who can help you cope with emotional concerns, conduct therapy and help you reach treatment goals.

Know your *treatment options*

The latest medications—including more streamlined options that treat the range from bipolar depression to mania—together with psychotherapy are making it easier than ever for people with bipolar disorder to find stability.

Yes, it is possible to manage the symptoms of bipolar disorder—and research suggests a combination strategy is key: People who received both medication and intensive psychotherapy had fewer relapses and lower hospitalization rates and were better able to stick with their treatment plans compared to those who simply received education about the illness, according to a study in the *Archives of General Psychiatry*. Even better, more than half the people in the study recovered over the course of one year. Also helpful: a strong support network, which may include others who have bipolar disorder, family and friends, and certified peer counselors. (See box.)

Finding what works for you is easier when you form a solid partnership with your doctor. Being patient helps, too: You may need to

try several different combinations of medications—and several different dosages—before discovering the best regimen for you. And one last thing: Stick to the plan! If a medication helps you feel better, don't stop taking it unless your doctor says it's okay. Taking medication when you feel well can reduce the severity and frequency of manic and depressive episodes. Therapies your doctor may recommend:

Medications

- **Mood stabilizers, such as anticonvulsants.** These medications treat and also help prevent manic and depressive episodes. Some work better for treating manic episodes, while others work better for depression. They work by calming hyperactivity in the brain. While lithium was once the standard treatment for

bipolar disorder, it is now used mainly when other treatments fail.

- **Antipsychotics/Atypical antipsychotics.** Most of these medications relieve the symptoms of manic or mixed episodes, helping to regulate brain function and stabilize activity of brain chemicals called neuro-transmitters. And in May 2019, an atypical antipsychotic called cariprazine was approved by the FDA to treat bipolar depression as well. This is significant since doctors now have the option of treating the whole range of depressive and manic symptoms with a single medication.

Note: Within the group of atypical antipsychotics, there is a wide range of effects. For example, some medications can make people sleepy and should be given at bedtime; others can feel activating and are better taken in the morning.

- **Anti-anxiety medications (benzodiazepines).** These drugs help ease manic symptoms and insomnia by slowing hyperactive brain function.
- **Antidepressants.** These medications can improve mood, boost energy, help you focus and more. However, taking them alone can increase your risk of developing manic symptoms, so your doctor will probably also prescribe a mood stabilizer or antipsychotic

medication and monitor you closely.

- **Other medications.**

Your doctor may also recommend other types of medication, sometimes taken on an as-needed basis—e.g., a hypnotic, which can help you fall and stay sleep.

Psychotherapy

Each type of psychotherapy offers support for people with bipolar disorder and their families.

- **Cognitive behavioral therapy.** CBT teaches people with bipolar disorder to identify negative thought patterns and behaviors and replace them with positive ones. It can also help you pinpoint your triggers for manic and depressive episodes—and teach you how to manage them so you can avoid these episodes.
- **Family-focused therapy.** Family

members learn how to recognize a manic or depressive episode early and help their loved one cope. This approach enhances communication among the family.

- **Interpersonal and social rhythm therapy.** This type of therapy helps people with bipolar disorder by working on two levels: improving their relationships and recognizing the importance of consistent daily routines—predictable meal times, exercise and sleep/wake times—and striving to improve daily routines via planning and scheduling. Inconsistent routines can trigger an episode.

- **Psychoeducation.** People are taught to recognize the warning signs of a mood swing so they can get treated before a full-blown episode occurs. This approach can also be helpful for family members.


TREATMENT UPDATE!

A newer treatment option has recently been FDA-approved to treat symptoms of both bipolar depression and mania.

Electroconvulsive therapy (ECT)

Done under anesthesia, ECT involves a series of carefully monitored sessions in which electrical currents are passed through the brain to produce seizure activity in the area. It may be an option for people with severe bipolar disorder who have not responded to other treatments or cannot tolerate medications.

Transcranial Magnetic Stimulation (TMS)

With TMS, a magnetic field generator—also known as a coil—produces electrical pulses in the brain to stimulate nerve cells involved in mood. This approach may be helpful for people who haven't responded to antidepressants. 

SUPPORT: Don't overlook this key to recovery!

Along with medication, psychotherapy, ECT and TMS, support is a critical part of treatment. Connecting with others who live with bipolar disorder (whether online or in person) helps you feel less alone and provides hope. Consider seeking out a peer specialist, too. Peer support has been proven to increase confidence, boost one's sense of control and more. To find an online support group, see inspire.com, and visit mentalhealthamerica.net for help locating in-person support, peer counseling and other resources.

“I’ve turned my life around!”

Dealing with bipolar depression and manic episodes left Ryan Phillips feeling broken. Today, thanks to effective treatment, he’s found the balance that’s letting him bring hope and inspiration to others with mental illness. —BY AMY CAPETTA

Sometimes being a humanitarian can be physically and mentally exhausting—just ask Ryan Phillips, the 44-year-old from British Columbia who pedaled more than 3,700 miles across Canada this past summer to raise awareness for mental health. “After a long day of sweating, I feel relaxed and balanced because there is a sense of accomplishment,” he says.

The cause is personal—the author, Ted Talk speaker and ex hockey player is living with bipolar I disorder, a disease that wasn’t on his radar when he started playing pro hockey at age 16. But multiple trades during his nine years on the ice slowed his momentum, and after suffering a few concussions he decided to end his hockey career. “The dream had turned into a nightmare,” he adds.

“I was on a roller coaster”

Feeling lost, Ryan began drinking heavily with a “party crowd” and ultimately spent a year and a half in a Canadian penitentiary for making some poor decisions. “For the first seven months, I hardly left my cell—I slept the days away,” he recalls. “Of course it was severe depression, but there was no one to help me.”

After his release, he traveled around the world, experiencing an awakening in Southeast Asia, where he witnessed extreme poverty. “Suddenly my own issues didn’t seem as problematic, so I made it my mission to give back to humanity,” he explains.

Reenergized, Ryan went into overdrive, raising funds for children in need, writing *A Return to Happiness*, a book about his advocacy, and giving motivational speeches. But then, the crash: “I stopped leaving my home because I felt like I was drowning in quicksand and on fire at the same time. It was debilitating.”

“I felt mental and physical anguish”

Ryan chalked up the feelings to a recent breakup. On top of that, his retirement funds were gone—lost during an out-of-control spending spree. “I was trying to be positive, yet I was having these warped thoughts,” he explains. “I had been brimming with confidence, but suddenly I couldn’t look at myself in the mirror. I wanted to keep doing good things in the world, but I couldn’t do anything and turned into a lone wolf. This was anxiety on a whole other level.” Ryan was also dealing with excruciating

pain throughout his body. “Most people don’t understand that mental illness can cause physical pain.”

“I got the right diagnosis—and the right treatment”

Ryan met with a psychiatrist and was eventually diagnosed with bipolar I disorder. In the beginning, Ryan was impatient, throwing out his first prescription medication after just five days: “I thought it wasn’t working, that I was too broken to be fixed,” he remembers. But living the way he was wasn’t an option, so he continued working with his psychiatrist until he found the medication that made all the difference. “It keeps me feeling balanced and able to function and be productive,” says Ryan.

With his moods stabilized, he resumed his charitable efforts, but this time, he shifted his mission to the mental health community. His two-month “Spin the Globe” journey across Canada was filmed for a documentary, and he plans on biking in other countries. “My mission is to reach as many people as possible who are struggling with bipolar disorder and other mental disease and take away the stigma,” he says. “If you have the will inside—just enough will to live for today—you have a chance!”

“My mission is to reach as many people as possible who are struggling with bipolar disorder and other mental disease and take away the stigma.”



“You can live an active and purposeful life!”

Here, Ryan shares some of the strategies that have been helping him do just that.


Seek professional counseling.

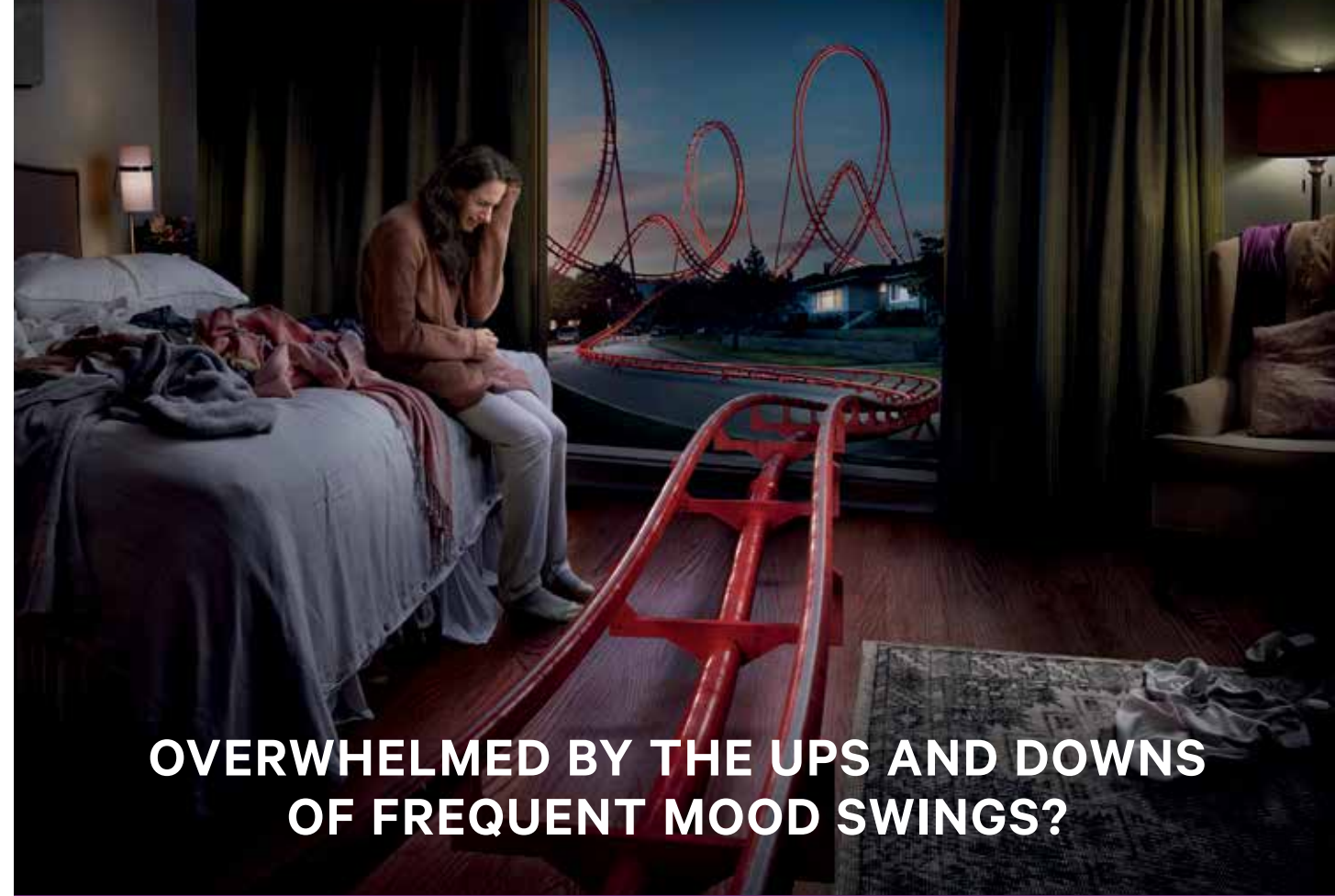
“My number one message for anyone suffering from bipolar disorder is to please reach out for help,” he emphasizes. “If you don’t have any friends or family members, then connect with somebody in the medical community.” It took Ryan multiple visits with a psychiatrist until he began to truly open up about his thoughts, feelings and actions. “Ask and it is given. But you need to take that first step and to keep remembering that you are worth it.”

Find your mantras. While taking a long flight in 2006, Ryan read the bestselling self-help book, *The Secret*, which ultimately changed the way he viewed his existence. “I discovered

that on a vibrational level, we’re manifesting our lives each day,” he explains. “So if you keep putting something out into the universe, it will come back to you.” Ryan then studied the teachings of numerous inspirational speakers, such as Joe Vitale, Wayne Dyer, Lisa Nichols and Bob Proctor, who ended up writing the forward of his book. A couple of his favorite mantras include, “Whatever we think about, we bring about,” and “Whatever we focus on expands.”

Be here now. “I believe that most people with mental health issues need to do their best to focus on living in the present moment,” states Ryan, who is raising money for

families affected by mental health at gofundme.com/spin-the-globe. “We’re usually thinking about the future—which causes fear and anxiety—or about the past—which we cannot change.” One technique that helps keep him feeling grounded and balanced is mindfulness meditation. “I have to do it more often since I’ve found that meditating helps set the tone for the day.” In fact, a study conducted by psychology professors at Rutgers University concluded that a group of clinically depressed and non-depressed students who practiced both meditation and aerobic exercise twice a week reduced their depressive symptoms by 40% in just two months. 



OVERWHELMED BY THE UPS AND DOWNS OF FREQUENT MOOD SWINGS?

VRAYLAR is for bipolar depression and for the short-term treatment of manic and mixed episodes that happen with bipolar I disorder in adults. Ask your healthcare provider if VRAYLAR is right for you.

ONE PILL, ONCE A DAY, CAN HELP BALANCE YOUR SYMPTOMS.



Depression and other serious mental illnesses are the most important causes of suicidal thoughts and actions. Patients on antidepressants and their families or caregivers should watch for new or worsening depression symptoms, especially sudden changes in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant is started or when the dose is changed. Report any change in these symptoms immediately to the doctor.

IMPORTANT RISK INFORMATION

What is the most important information I should know about VRAYLAR?

Elderly people with dementia-related psychosis (having lost touch with reality due to confusion and memory loss) taking medicines like VRAYLAR are at an increased risk of death. VRAYLAR is not approved for treating patients with dementia-related psychosis.

Antidepressants may increase suicidal thoughts or actions in some children and young adults within the first few months of treatment and when the dose is changed.

Please see additional Important Risk Information and Prescription Drug Facts, including Boxed Warnings, on the following pages.



HELPS SMOOTH THE UPS AND DOWNS

IMPORTANT RISK INFORMATION (continued)

VRAYLAR may cause serious side effects, including:

- **Stroke (cerebrovascular problems) in elderly people with dementia-related psychosis that can lead to death**

- **Neuroleptic malignant syndrome (NMS):** Call your healthcare provider or go to the nearest hospital emergency room right away if you have high fever, stiff muscles, confusion, increased sweating, or changes in breathing, heart rate, and blood pressure. These can be symptoms of a rare but potentially fatal side effect called NMS. VRAYLAR should be stopped if you have NMS

- **Uncontrolled body movements (tardive dyskinesia or TD):** VRAYLAR may cause movements that you cannot control in your face, tongue, or other body parts. Tardive dyskinesia may not go away, even if you stop taking VRAYLAR. Tardive dyskinesia may also start after you stop taking VRAYLAR

- **Late-occurring side effects:** VRAYLAR stays in your body for a long time. Some side effects may not happen right away and can start a few weeks after starting VRAYLAR, or if your dose increases. Your healthcare provider should monitor you for side effects for several weeks after starting or increasing dose of VRAYLAR

- **Problems with your metabolism, such as:**

- **High blood sugar and diabetes:** Increases in blood sugar can happen in some people who take VRAYLAR. Extremely high blood sugar can lead to coma or death. Your healthcare provider should check your blood sugar before or soon after starting VRAYLAR and regularly during treatment. Tell your healthcare provider if you have symptoms such as feeling very thirsty, very hungry, or sick to your stomach, urinating more than usual, feeling weak, tired, confused, or your breath smells fruity

- **Increased fat levels (cholesterol and triglycerides) in your blood:** Your healthcare provider should check fat levels in your blood before or soon after starting VRAYLAR and during treatment

- **Weight gain:** Weight gain has been reported with VRAYLAR. You and your healthcare provider should check your weight before and regularly during treatment

- **Low white blood cell count:** Low white blood cell counts have been reported with antipsychotic drugs, including VRAYLAR. This may increase your risk of infection. Very low white blood cell counts, which can be fatal, have been reported with other antipsychotics. Your healthcare provider may do blood tests during the first few months of treatment with VRAYLAR

- **Decreased blood pressure (orthostatic hypotension):** You may feel lightheaded or faint when you rise too quickly from a sitting or lying position.

- **Falls:** VRAYLAR may make you sleepy or dizzy, may cause a decrease in blood pressure when changing position (orthostatic hypotension), and can slow thinking and motor skills, which may lead to falls that can cause fractures or other injuries

- **Seizures (convulsions)**

- **Impaired judgment, thinking, and motor skills:** Do NOT drive, operate machinery, or do other dangerous activities until you know how VRAYLAR affects you. VRAYLAR may make you drowsy

- **Increased body temperature:** Do not become too hot or dehydrated during VRAYLAR treatment. Do not exercise too much. In hot weather, stay inside in a cool place if possible. Stay out of the

sun. Do not wear too much clothing or heavy clothing. Drink plenty of water

- **Difficulty swallowing** that can cause food or liquid to get into your lungs

Who should not take VRAYLAR?

Do not take VRAYLAR if you are allergic to any of its ingredients. Get emergency medical help if you are having an allergic reaction (eg, rash, itching, hives, swelling of the tongue, lip, face, or throat).

What should I tell my healthcare provider before taking VRAYLAR?

Tell your healthcare provider about any medical conditions and if you:

- have or have had heart problems or a stroke

- have or have had low or high blood pressure

- have or have had diabetes or high blood sugar in you or your family

- have or have had high levels of total cholesterol, LDL-cholesterol, or triglycerides; or low levels of HDL-cholesterol

- have or have had seizures (convulsions)

- have or have had kidney or liver problems

- have or have had low white blood cell count

- are pregnant or plan to become pregnant. VRAYLAR may harm your unborn baby. Talk to your healthcare provider about the risk to your unborn baby if you take VRAYLAR during pregnancy. If you become pregnant or think you are pregnant during treatment, talk to your healthcare provider about registering with the National Pregnancy Registry for Atypical Antipsychotics at 1-866-961-2388 or <http://www.womensmentalhealth.org/clinical-and-research-programs/pregnancyregistry/>

- are breastfeeding or plan to breastfeed. It is not known if VRAYLAR passes into breast milk. Talk to your healthcare provider about the best way to feed your baby during treatment with VRAYLAR

Tell your healthcare provider about all medicines that you take, including prescriptions, over-the-counter medicines, vitamins, and supplements. VRAYLAR may affect the way other medicines work, and other medicines may affect how VRAYLAR works. Do not start or stop any medicines while taking VRAYLAR without talking to your healthcare provider.

What are the most common side effects of VRAYLAR?

- The most common side effects were difficulty moving or slow movements, tremors, uncontrolled body movements, restlessness and feeling like you need to move around, sleepiness, nausea, vomiting, and indigestion.

These are not all possible side effects of VRAYLAR.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please see Important Risk Information, including Boxed Warnings, on the previous page, and Prescription Drug Facts on the adjacent page.



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This summary contains important risk information about VRAYLAR (cariprazine). The information provided here is not comprehensive, and is not meant to take the place of your healthcare provider's instructions. To learn more, talk about VRAYLAR with your healthcare provider or pharmacist. The FDA-approved product labeling can be found at www.vraylar.com or call 1-800-678-1605.

Prescription Drug Facts for VRAYLAR®	
Uses <ul style="list-style-type: none">▪ Short-term (acute) treatment of manic or mixed episodes that happen with bipolar I disorder in adults▪ Treatment of depressive episodes that happen with bipolar I disorder (bipolar depression) in adults	
It is not known if VRAYLAR is safe and effective in children.	
Warnings <p>Most important information about VRAYLAR:</p> <p>Increased risk of death in elderly people with dementia-related psychosis. Elderly people with dementia-related psychosis (having lost touch with reality due to confusion and memory loss) taking medicines like VRAYLAR are at an increased risk of death. VRAYLAR is not approved for treating patients with dementia-related psychosis.</p> <p>Increased risk of suicidal thoughts or actions in children and young adults. Antidepressants may increase suicidal thoughts or actions in some children and young adults within the first few months of treatment and when the dose is changed. Depression and other serious mental illnesses are the most important causes of suicidal thoughts and actions. Patients on antidepressants and their families or caregivers should watch for new or worsening depression symptoms, especially sudden changes in mood, behaviors, thoughts, or feelings. This is very important when an antidepressant is started or when the dose is changed. Report any change in these symptoms immediately to the doctor.</p> <p>VRAYLAR may cause serious side effects, including:</p> <ul style="list-style-type: none">▪ Stroke (cerebrovascular problems) in elderly people with dementia-related psychosis that can lead to death.▪ Neuroleptic malignant syndrome (NMS). Call your healthcare provider or go to the nearest hospital emergency room right away if you have high fever, stiff muscles, confusion, increased sweating, or changes in breathing, heart rate, and blood pressure. These can be symptoms of a rare but potentially fatal side effect called NMS. VRAYLAR should be stopped if you have NMS.▪ Uncontrolled body movements (tardive dyskinesia or TD). VRAYLAR may cause movements that you cannot control in your face, tongue, or other body parts. Tardive dyskinesia may not go away, even if you stop taking VRAYLAR. Tardive dyskinesia may also start after you stop taking VRAYLAR.▪ Late-occurring side effects. VRAYLAR stays in your body for a long time. Some side effects may not happen right away and can start a few weeks after starting VRAYLAR, or if your dose increases. Your healthcare provider should monitor you for side effects for several weeks after starting or increasing the dose of VRAYLAR.▪ Problems with your metabolism, such as:<ul style="list-style-type: none">• High blood sugar and diabetes. Increases in blood sugar can happen in some people who take VRAYLAR. Extremely high blood sugar can lead to coma or death. Tell your healthcare provider if you have symptoms such as feeling very thirsty, very hungry, or sick to your stomach, urinating more than usual, feeling weak, tired, confused, or your breath smells fruity. Your healthcare provider should check your blood sugar before or soon after you start VRAYLAR, and regularly during long-term treatment with VRAYLAR.• Increased fat levels (cholesterol and triglycerides) in your blood. Your healthcare provider should check fat levels in your blood before or soon after starting VRAYLAR and during treatment.• Weight gain has been reported with VRAYLAR. You and your healthcare provider should check your weight before and regularly during treatment.▪ Low white blood cell (WBC) count. Low WBC counts have been reported with antipsychotic drugs, including VRAYLAR. This may increase your risk of infection. Very low WBC counts, which can be fatal, have been reported with other antipsychotic drugs. Your healthcare provider may do blood tests during the first few months of treatment with VRAYLAR.▪ Decreased blood pressure (orthostatic hypotension). You may feel light-headed or faint when you rise too quickly from a sitting or lying position due to a sudden change in heart rate and blood pressure. This may occur especially early in treatment and also when restarting treatment or increasing the dose. Your healthcare provider may monitor your heart rate and blood pressure if you are at risk of decreased blood pressure or if you have heart disease or disease affecting blood supply to the brain.▪ Falls. VRAYLAR may make you sleepy or dizzy, may cause a decrease in your blood pressure when changing position (orthostatic hypotension), and can slow your thinking and motor skills which may lead to falls that can cause fractures or other injuries.▪ Seizures (convulsions) may occur with VRAYLAR and other antipsychotic drugs. The risk is greatest if you have a history of seizures or conditions that could lead to seizures, which may be more common in older people.▪ Impaired judgment, thinking and motor skills. Do not drive, operate machinery, or do other dangerous activities until you know how VRAYLAR affects you. VRAYLAR may make you drowsy.▪ Increased body temperature. Do not become too hot or dehydrated during VRAYLAR treatment. Do not exercise too much. In hot weather, stay inside in a cool place if possible. Stay out of the sun. Do not wear too much clothing or heavy clothing. Drink plenty of water.▪ Difficulty swallowing that can cause food or liquid to get into your lungs.	
Do NOT use if you <ul style="list-style-type: none">▪ are allergic to cariprazine or any of the ingredients in VRAYLAR. Get emergency medical help if you are having an allergic reaction (eg, rash, itching, hives, swelling of the tongue, lip, face or throat).	
Tell your healthcare provider before use about all of your medical conditions and if you have or have had <ul style="list-style-type: none">▪ heart problems or stroke▪ low or high blood pressure▪ diabetes or high blood sugar in you or your family▪ high levels of total cholesterol, LDL-cholesterol, or triglycerides; or low levels of HDL-cholesterol▪ seizures (convulsions)▪ kidney or liver problems▪ low white blood cell count	
Ask your healthcare provider before use if you take <ul style="list-style-type: none">▪ any prescription and over-the-counter medicines, vitamins, and herbal supplements. VRAYLAR and other medicines may affect each other causing possible serious side effects. VRAYLAR may affect the way other medicines work, and other medicines may affect how VRAYLAR works. Your healthcare provider can tell you if it is safe to take VRAYLAR with your other medicines. Do not start or stop any medicines while taking VRAYLAR without talking to your healthcare provider first.	
The most common side effects of VRAYLAR include <ul style="list-style-type: none">▪ difficulty moving or slow movements▪ tremors▪ uncontrolled body movements▪ restlessness and feeling like you need to move around▪ sleepiness▪ nausea▪ vomiting▪ indigestion Call your healthcare provider for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088 or www.fda.gov/medwatch .	
If pregnant or breastfeeding, ask your healthcare provider before use. Tell your healthcare provider if you are pregnant or plan to become pregnant. VRAYLAR may harm your unborn baby. Talk to your healthcare provider about the risk to your unborn baby if you take VRAYLAR during pregnancy. Tell your healthcare provider if you become pregnant or think you are pregnant during treatment with VRAYLAR. If you become pregnant during treatment, talk to your healthcare provider about registering with the National Pregnancy Registry for Atypical Antipsychotics at 1-866-961-2388 or http://www.womensmentalhealth.org/clinical-and-research-programs/pregnancyregistry/ . If breastfeeding or planning to breastfeed, talk to your healthcare provider about the best way to feed your baby during treatment with VRAYLAR. It is not known if VRAYLAR passes into your breast milk.	
Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away (1-800-222-1222).	
Other information <ul style="list-style-type: none">▪ Rx only▪ 1.5 mg, 3 mg, 4.5 mg, and 6 mg capsules▪ Last updated: 08/19	



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Your bipolar disorder *discussion guide*

No two people experience bipolar disorder in exactly the same way, and the treatment strategies that work for one person may not work for another. That's why it's important for you to tune in to the signals of your shifting moods and understand how bipolar disorder affects you specifically. Fill out this worksheet and review during your exam.

HOW DO SYMPTOMS OF BIPOLAR DEPRESSION AND MANIA AFFECT YOU?

Try to identify any triggers

I have noticed that my moods change when (check all that apply):

- I have not been getting enough sleep.
- I have been stressed at home or on the job.
- The seasons change.
- The holidays are coming, or a big event, like a wedding or party, is about to happen.
- Other: _____

Tune into your mood-shift symptoms

I have noticed that before a period of mania or depression, I experience (check all that apply):

- changes in my sleep
- lowered or increased sex drive
- arguments with loved ones, friends or coworkers
- increased anxiety and/or irritation
- increased use of alcohol and other mood-altering substances
- difficulty concentrating
- lower or higher confidence and self-esteem
- lower or higher energy
- Other: _____

What else have you noticed?

When I am depressed, I feel: _____

When I am in a manic period, I feel: _____

My loved ones tell me: _____

I think it would help me if: _____

Other: _____



Make copies to have on hand.

TRACK YOUR MOODS

Fill out this chart at the end of each day. Review with your healthcare team to look for triggers, patterns and other useful information that can help you better manage life with bipolar disorder.

Date: _____	How many cigarettes, if any, did you smoke? _____
Rate your mood on a scale from 1 (worst) to 10 (best): _____	How much caffeine or other stimulant, if any, did you have (e.g., coffee, energy drink, etc.)? _____
How many hours did you sleep last night? _____	List the medications you took today: _____
Rate your anxiety on a scale from 1 (low) to 10 (high): _____	_____
Rate your irritability on a scale from 1 (low) to 10 (high): _____	_____
Rate your energy level on a scale from 1 (low) to 10 (high): _____	How was your day in general? (Note any problems at home, work, with friends, etc. You may include therapy sessions, stressors, lifestyle or weight changes, menstrual cycle, and any other information you consider relevant.) _____
Did you drink alcohol? <input type="checkbox"/> yes <input type="checkbox"/> no. If so, how much? _____	_____

“We’re thriving and productive—and, yes, we have bipolar disorder!”

Managing bipolar disorder can be overwhelming at times. However, Victoria, Jessica and Wendy have come up with lifestyle strategies for keeping the manic and depressive episodes at bay while finding a path to happiness. Ask your medical team if their suggestions can work for you, too. —BY AMY CAPETTA

“Discover ways to take charge”

Victoria Maxwell, 52,
Halfmoon Bay, Canada

Ask your loved ones for cues.

Victoria’s husband, Gord, tends to notice when slight changes in her behavior occur. “We all have our blind spots, and sometimes he will catch signs of things shifting up or down better than I can,” she says. For example, when he observes her fidgeting too often or filling the water jug above the fill line, “he’ll use a code word to signal that I’m becoming hypomanic,” she continues. “His words are an instant reminder to be more vigilant. I will check to make sure I’ve taken my meds, review my sleep patterns, and ask myself if I’m putting too much on my plate.”

Decide how you will experience each day.

“When I was participating in cognitive behavioral therapy, I learned that shifting my thinking can change how I feel,” says Victoria, a mental health speaker who offers advice and showcases her talks on her website, victoriamaxwell.com. Each morning, she makes it a point to set an intention for the day. “It’s sort of like coming up with a theme



PHOTO BY NIK WEST

for a party,” she adds. “One of my recent mantras was ‘peace and calm.’ It’s a simple way to guide my feelings

and create the sensation that I’m in charge of how the rest of the day will unfold.”

“Change your body, change your mind”

Jessica Shade, 36,
Springfield, IL

Detox your body. After being diagnosed with bipolar disorder in 1999, Jessica spent years “treating” her condition with alcohol. “Self-medicating is the most destructive way I have ever tried to cope with this disorder,” she states. It wasn’t until the mother of four got sober in 2016 that she became capable of managing her mental health condition. “For the first time, I was able to see how my disorder affected my emotions and reactions,” continues Jessica. “I then discovered my warning signs, along with learning strategies on how to battle the drastic mood changes. Being sober has also given me more free time to research my disease and be more proactive in my health.”

Clean up your diet. “Your body is your vessel, and if your vessel is not working properly, it’s going to disrupt your mental health,” emphasizes Jessica, who weighed 183 pounds back in 2013. After eliminating processed foods and sugary items from her diet and replacing them with fruits and vegetables, not only did the number on the scale go down (she lost about 60 pounds!), but she became less anxious and experienced fewer emotional highs and lows. Also, during periods of depression, Jessica dealt with a number of side effects,



PHOTO BY KIMBERLY KNIGHT

including a tingling sensation on her head, face, and hands, along with a rapid heartbeat and brain fog. “Once I realized that staying hydrated helps keep the physical symptoms of my bipolar disorder regulated, I started drinking 20 ounces of water every morning.” In fact, researchers from University of Connecticut discovered that mild dehydration can result in headache, fatigue, confusion and changes in mood.

Have an attitude of gratitude. Jessica and her partner, Jeremy, begin each day listening to the

inspirational words of personal development gurus (her favorites include Tony Robbins, Inky Johnson and Les Brown). At the same time, she jots down positive mantras and at least three things she’s grateful for at the moment. “After journaling, I’ll drink my coffee while I reflect on what I’ve written since these affirmations will come in handy throughout the day,” she adds. The couple, who runs the site RelearningToLive.com, hopes to inspire others on their mental health journey. “It’s all about rewiring stuff up there!” ▶

“Prescription drugs and restorative sleep go hand in hand” Wendy K. Williamson, 48, Rumson, NJ

Adhere to your medication schedule. Along with regularly checking in with her healthcare team and taking meds “faithfully,” Wendy relies on organizational tools that help keep her prescription drugs in order, such as using pill trays, signing up for automatic refills, and setting up reminders on her smartphone. “Medication is one of the necessary elements of bipolar wellness,” she stresses.

Work on getting proper shut-eye. “Along with medication, sleep is the other half of our treatment,” says Wendy, who is the author of two books, *I’m Not Crazy Just Bipolar* and *Two Bipolar Chicks Guide to Survival: Tips for Living with Bipolar Disorder*. However, she adds that sleep tends to be difficult for those living with bipolar—after all, too little sleep can induce mania, yet too much can signal a period of depression. She’s found that keeping on a sleep schedule (even on weekends) can be effective, but if getting consistent slumber is a challenge, Wendy advises speaking with your healthcare team. “Your sleep routine may require the tweaking of medications, and working with your psychiatrist should help you facilitate this change.”

Look forward to something. Wendy, who can be found on Twitter @bipolarwendy, attributes this motivational tip to her mother: “You don’t have to book a vacation—the smaller, everyday



PHOTO BY PETER LAGREGOR

plans—like meeting a friend for dinner or coffee, gathering with extended family members, or taking a long walk in nature—are

just as important,” she explains. “And I’ve found my mood lifts once I know there’s something on my calendar I’m excited to do.”

RECOVERY IS POSSIBLE.

Set yourself up for success by creating recovery plans that work for you.

**Learn more.
Find resources.
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Q&A

Answers to your questions about bipolar disorder



OVERCOMING SHAME

Q *I'm ashamed of what I've done during my manic episodes—like getting into debt because of online gambling. I feel awkward when I run into anyone who knows I have bipolar disorder. How can I get over my feelings of shame?*

A One of the cardinal symptoms of mania is a loss of judgment, and it is not uncommon for people who normally follow life's rules and conventions to overspend, gamble, engage in risky sexual behaviors or otherwise cross boundaries of propriety during a manic episode. Feeling ashamed in the aftermath of such behavior is a pretty normal response, but if your feelings are beginning to get in the way of the social part of your recovery, it may well be time to get some professional help! There is good

evidence that people with bipolar disorder benefit from forms of psychotherapy and counseling that include help with picking up the pieces with family, friends and employers in the aftermath of manic indiscretions.

LIFESTYLE PRESCRIPTION

Q *Can lifestyle affect bipolar disorder? My doctor advises that I stay on a regular sleep schedule. Is it really that important? Dealing with this condition is difficult enough.*

A There is some evidence that people who keep regular schedules, including regular mealtimes and bedtimes—function better and may be happier than people with less organized lifestyles. For those with bipolar disorder, this may be even more so because a loss of sleep can hasten or herald an impending manic episode, and sleeping long hours, especially during the day, may have a mood-lowering effect. The fact that interpersonal and social rhythm therapy, a form of therapy designed to help regulate circadian rhythms for those with bipolar disorder, was shown to help increase chances for recovery may urge you to give it a try. 📌

OUR EXPERT: Michael Edward Thase, MD, Professor of Psychiatry, Department of Psychiatry, Perelman School of Medicine, University of Pennsylvania

Establishing a healthy sleep schedule

Mood and sleep are so connected that a shift in patterns can trigger a mood switch or worsen symptoms. If getting regular sleep is a challenge for you, try these strategies and discuss the issue with your doctor:

Turn in and get up at the same time each day. That includes weekends. Sticking to the pattern can naturally help you feel sleepy at the same time each night.

Shut down screens within two hours of bedtime. Limiting light exposure at night can help you fall asleep faster. So avoid digital—and TV—screens, and while you're at it, dim lights, too.

Get in touch with how the seasons affect you. If you tend to feel depressed in the winter, getting 30 minutes of light in the morning (whether from natural light or a lightbox) could help. On the other hand, if you tend to develop manic symptoms in spring and summer, work with your doctor on a strategy to prevent the mood switch.



Fill up on good-mood foods

A newer field of study called nutritional psychiatry is looking at the connection between what you eat and how you feel. And mounting evidence suggests some nutrients can help curb stress and anxiety and brighten your outlook. Although diet alone cannot relieve bipolar disorder, including the foods below in your meals may enhance your treatment. **Bonus:** They'll also help you achieve and maintain a healthy weight—that's key since there is a link between bipolar disorder and obesity, according to a study in *Journal of Affective Disorders*.

1 Leafy greens, like kale, spinach, collards, watercress and arugula. These greens are the richest plant source of 12 nutrients that have been shown to guard against depression and anxiety (so-called “antidepressant nutrients”), according to a study in the *World Journal of Psychiatry*. They are: folate, iron, omega-3 fatty acids, magnesium, potassium, selenium, thiamine, vitamin A, vitamin B6, vitamin B12, vitamin C and zinc. **Enjoy raw in salads, or cooked in soups and stews.** **Not a fan?** Peppers and cruciferous vegetables, such as broccoli, cauliflower and Brussels sprouts also rated high on the Antidepressant Food Score, which takes into account a food's concentration of the 12 antidepressant nutrients.

2 Seafood, such as oysters, clams, scallops, octopus and mussels. Seafood is packed with zinc, omega-3 fatty acids and vitamin B12, low levels of which have been linked to bipolar depression. What's more, running low on zinc seems to impair cognitive function—i.e., the ability to think, process information, reason, remember and more—which can further affect mood. **Mollusks not your thing?** Try sardines, mackerel, salmon, anchovies and trout. The fish are rich in omega-3s, which seem to have a mood-stabilizing effect.

3 Fresh produce. Forget canned fruits and veggies and reach for the fresh stuff. A study of 422 people from New Zealand and the U.S. found that a high

intake of fresh raw produce led to better mental health and an overall greater sense of well-being. Researchers say the mood-friendly nutrients in fruits and veggies (especially B vitamins) break down when exposed to heat, so try to go raw as often as possible. **Eat the rainbow!** Red peppers, blueberries, yellow squash, kale, sweet potatoes, tomatoes and other colorful produce owe their hues to phytonutrients, which help fend off brain inflammation and stimulate the production of new brain cells.

4 Fermented foods, like kimchi and sauerkraut. These naturally preserved foods deliver a dose of probiotics, which help promote and maintain a healthy microbiome—the balance of good and bad bacteria in your digestive tract. How does that affect your mood? For starters, consider that 90% of the body's serotonin (the happiness hormone) is produced in the gut. What's more, the gut and brain communicate directly via the vagus nerve, which transmits signals between them. **Prefer milder sources?** Kefir, miso and tempeh, though fermented, lack the pungency of kimchi. 📌

Questions to ask at today's exam

Fill out this worksheet with your doctor to make sure your treatment plan is on track.



1. Could my depression be a sign of bipolar disorder?

2. What treatment do you recommend and why?

3. How will this treatment help my depressive episodes?

4. How will this treatment help my manic episodes?

5. Is there a treatment that can help with both depressive and manic episodes?

6. What side effects may occur, and how can I minimize them?

7. How will we know if my treatment is working?

8. Should I see other healthcare professionals, such as a therapist? If so, can you recommend someone?

9. What lifestyle changes might help me?

10. How can I help my family and friends understand my disorder?
