

You've Just Been Diagnosed with Bipolar Disorder... What Now?



Depression and Bipolar
Support Alliance

Just Diagnosed with Bipolar Disorder?

You're not alone.



If you've just been diagnosed with bipolar disorder, you are not alone. Bipolar disorder affects more than nine million Americans. It is treatable, and you are not weak, flawed, or crazy. One of the best things you can do to help yourself in your recovery is learn all you can about your illness.

What's happening to me?

Bipolar disorder is a physical illness that affects the brain. The exact cause is not known, but it is known that an imbalance in brain chemicals plays a role. Bipolar disorder also has a genetic component, meaning it can run in families. It's not caused by "stress" as some people think, but the course of bipolar disorder can be affected by biological and social stresses in your life. It is not your fault, and it is nothing to be ashamed of. There are many things you can do to manage how bipolar disorder affects you.

What is bipolar disorder?

People diagnosed with bipolar disorder have mood swings involving both lows (bipolar depression) and highs (called mania if severe or hypomania if mild).

Some people with bipolar disorder can experience what's called a mixed state. When this happens, people have symptoms of both depression and mania at the very same time. They have all of the negative feelings that come with depression, but they also feel agitated, restless and activated, or "wired."

There are different types or patterns of bipolar disorder, such as rapid cycling (more than four mood episodes in one year), cyclothymia (mild highs and lows), and bipolar not otherwise specified (NOS), which is an inexact term for people whose symptoms don't quite fit the other categories. But, the two most common types are bipolar I and bipolar II.

Bipolar I disorder is the "classic" form of the illness in which the individual experiences extreme highs (mania) and lows (bipolar depression) in mood. Sometimes the manic symptoms can be so severe that people can hear

voices or see things that are not there, or can firmly believe in ideas that are not true. Sometimes these beliefs are uncomfortable (like the firm conviction that particular people are out to get them). Sometimes these beliefs are actually enjoyable (like believing that they are divine or have special powers)—ironically, these seemingly pleasant beliefs can be the most dangerous of all.

Those with **bipolar II disorder** don't have such extreme highs or manic symptoms as in bipolar I disorder. Instead, they experience mild highs, or hypomania. The symptoms of hypomania are similar to those of mania, but are much less intense and severe. In fact, people who experience hypomania might not feel impaired at all. For example, people who are hypomanic might be more talkative than usual, but their speech makes sense and seems to follow a logical pattern. They don't experience hallucinations or delusions. Hypomania might make them appear more energetic or productive. But if their illness goes untreated, they can become severely depressed.

Bipolar depression is a very common occurrence in both bipolar I and bipolar II; such periods are referred to as "major depressive episodes." Most people who have a major depressive episode do not have bipolar disorder. However, bipolar depressive episodes look and feel identical to other depressive episodes, and affect virtually everyone who has bipolar disorder at one time or another. In fact, people with bipolar disorder tend to spend more time depressed than manic. In both types of the illness, bipolar depression (the lows) is more common than mania or hypomania (the highs) and the depressions can be quite severe, even dangerous. Even more than typical depression, bipolar depression is also more likely to be accompanied by disability and suicidal thinking and behavior. One thing that all types of bipolar disorder have in common is this: people with the illness spend the majority of their symptomatic lives "below baseline"... in the low, depressed phase. Because depression can be the more common or more obvious part of bipolar disorder, some people who have bipolar disorder may get treatment for depression only—and the diagnosis of bipolar disorder can be overlooked for years.

Symptoms of bipolar depression

- Sad, empty, irritable or tearful mood every day
- No interest in, or pleasure from, activities once enjoyed
- Major changes in appetite or body weight
- Insomnia or sleeping too much
- Feelings of restlessness or agitation
- Fatigue, exhaustion, lack of energy or feeling slowed down
- Feelings of worthlessness or excessive guilt
- Difficulty concentrating or making decisions
- Thoughts of death or suicide

Symptoms of mania/hypomania

- Feeling overly energetic, high, better than good, or unusually irritable for at least one week
- Very high self-esteem and/or feeling like you can do anything
- Decreased need for sleep without feeling tired
- Talking more than usual and/or feeling pressure to keep talking
- Racing thoughts and/or many ideas coming all at once
- Distracted easily and/or thoughts or statements jumping topic-to-topic
- Restlessness and increase in goal-directed activity
- Excessive pursuit of pleasure (e.g. financial or sexual) without thought of consequences

People who live with bipolar disorder can also experience related problems like:

- Drinking/using substances
- Overeating
- Cutting or hurting yourself
- Obsessions (can't stop thinking about something or someone)
- Anxiety
- Panic attack
- Isolating/hiding from people
- Delusions (strange or bizarre thoughts)
- Hallucinations (seeing or hearing things)

What is the difference between a mood disorder and ordinary mood swings?

The following are three distinguishing factors.

Intensity: Mood swings that come with a mood disorder are usually more severe than ordinary mood swings.

Length: A bad mood is usually gone in a few days, but mania or depression can last weeks or months. Even if moods go quickly from high to low, the person does not usually return to a stable mood for a long period of time.

Interference with life: Mood disorders can cause serious problems, such as making a person unable to get out of bed, or causing a person to go for days without sleep, or spend money he or she does not have.

How can I spot my warning signs?



Each person is different and each person has different triggers or stressors that may cause their symptoms of bipolar depression or mania to get worse. A trigger might be an argument, visiting a

particular place, having too much to do, or a major life event such as moving. As you learn more about your illness and your triggers, you will be able to spot new episodes and get help before they get out of control. Be sure your family and friends know how to look for signs that you might be having an episode.

Example of trigger/warning sign

Triggering Event: Arguing with a loved one

Your reaction: I get anxious. My thoughts start to race. I feel like everything I do is wrong. I stop sleeping.

What can you do? Take a deep breath. Remind yourself you are worthwhile. Be aware of your attitude. Discuss this stressor in therapy or support group. Spend less time with this person. Take action as soon as you notice your warning signs. Don't wait for an episode to become full-blown and cause a crisis. Call your doctor or therapist. Ask a close friend or family member to stay with you until you are feeling more stable.

Treatment and physical tracking

Charting your moods and tracking your daily activities can help you and your doctor identify patterns and things that cause stress, track your improvement on different medications or get an idea of when new episodes might occur.

DBSA offers a printed Personal Calendar as a mood-tracking tool, which allows you to record, changes in your mood level, symptoms, stressful life events, the medication you take each day, and their side effects. Print or download the calendar at www.DBSAlliance.org.

You can also go online and use our free Wellness Tracker, an interactive tool designed to chart your moods, symptoms, lifestyle, medication, and overall physical health. It allows you to generate reports to see any trends or patterns in your health that you can share with your health care provider(s). Find the DBSA Wellness Tracker at www.FacingUs.org/Tracker.

What if I start to feel suicidal?



It's especially important to have a plan in place to help yourself if you start to feel suicidal and to make a promise to yourself that you'll use it. You can start by using the plan on the next page. Make a list of the phone numbers of trusted friends, health care providers and crisis hotlines you can call if/when you are having

trouble. Your life is important, and as strong as suicidal thoughts may seem, they are a temporary and treatable symptom of your illness. Get help as soon as you start having these thoughts. One national crisis hotline you can use is 1-800-273-8255 (TALK). You can also check your local phone directory or ask your health care providers for a local crisis line number. If urgent, call 911.

My Plan for Life

I promise myself:

If I start to think about suicide, or feel I am in crisis, I will contact these family members or friends:

NAME	PHONE
NAME	PHONE
NAME	PHONE
NAME	PHONE

I will also:

- Call my doctor or a suicide hotline, or go to a hospital if necessary.
- Remind myself that my brain is lying to me and making things seem worse than they are. Suicidal thoughts are not based on reality; they are a symptom of my illness.
- Remember that my life is valuable and worthwhile, even if it doesn't feel that way right now.
- Stick with my prescribed treatment plan and remember to take my medications.
- Remember to call my health provider(s) if I don't feel safe or if I'm having problems.
- Get in contact with other people who have a mood disorder.
- Stay away from alcohol and illegal drugs.
- Have someone take away anything I could use to hurt myself.
- Stay aware of my moods, know my warning signs and get help early.
- Be kind to myself

"It was like my brain played a cruel joke on me. My energy and creativity were the things I relied on and when I became depressed they were completely gone, as was most of my will to live. There was no way I could 'snap out of it.' The depression was stronger than I was. I'm so grateful that my treatment has helped me get back to living my life.

Do I need to see more than one health care provider?

Bipolar disorder is best treated by mental health professionals. Primary care physicians have some familiarity with treating individuals with depression, but most will readily say that in treating someone with bipolar disorder they want the help of a specialist. Sometimes you will need to see one health care provider for psychotherapy or talk therapy (This may be a psychiatrist, psychologist, therapist, social worker or other professional.) and a psychiatrist (or maybe your primary care or other doctor) to prescribe medication. If you have more than one person treating you, let them know how they can reach one another. It is best for all of you to work together to find the right treatment plan for you.

What are the benefits of psychotherapy?

You may need extra help coping with unhealthy relationships or harmful lifestyle choices that contribute to your illness. Psychotherapy (talk therapy) can be very helpful for this. Choose a therapist with whom you feel comfortable and whose judgment you trust. The goal of therapy is for you to develop skills and behaviors that will help you cope with difficult situations and help you to become aware of, and possibly prevent, episodes of depression or mania.

Do I need to take medication?

The vast majority of individuals with bipolar disorder can benefit from medication. However, the decision to take medication is entirely up to you and your doctor. Some people worry that medication will change their personality or be addictive; neither of these beliefs is true. Medications are prescribed to keep your moods stable and keep you from having episodes of depression or mania that would interfere with your life.


What if my medication doesn't work?

No two people will respond the same way to the same medication. Sometimes you and your doctor will need to try several different medications or a combination of medications in order to provide the improvement you need. It is not uncommon for a person to need to try several medications or combinations in order to find a treatment package that works for them. This typically takes several months rather than several weeks.

Don't lose hope! It may also take some time for you to adjust to your medication. Most medications take two

to six weeks before a person feels their full effect. So, though it may be difficult, it's important to be patient and wait for a medication to take effect. Many of the medications that affect the brain may also affect other systems of the body, and cause side effects. Some side effects go away within days or weeks, while others can be long-term.

If you and your doctor make a change in medication, be sure to ask how long you should wait to decide if it is a change for the better. It's important to wait enough time to see the true effect of a change. But you don't want to wait too long if things change in the wrong direction.



"I thought medication was going to make me weird or an addict. But after a few months, I wasn't really aware I was taking it. There was no 'high,' but I now feel a lot less depressed. As long as I keep taking my pill every morning and go to therapy regularly, I'm able to cope with life. Things that used to make me cry and want to go hide, I'm able to deal with now."

Tell your doctor about any side effects you are having. It's always wise to check with your doctor before stopping medication or changing the dose. You are the best judge of whether medications are helping you or not, but your doctor can give you the best advice if you tell her or him what you are thinking and doing. Tell your doctor before you begin taking any additional medication, including over-the-counter medications or natural/herbal supplements.

Above all, don't be discouraged!

What can I do to improve communication with my health care provider(s)?

Everyone deserves to have open, trusting relationships with health care providers. You should never feel intimidated by your doctor or feel as if you're wasting his or her time. It's also important that you share all the information your doctor needs to help you. A complete medical history, including your medication allergies, prior experiences with medication, and any alcohol or drug use, is important to your treatment. Sometimes your doctor will also ask for your family history.

You deserve the best treatment possible. If, after some time has passed, you feel the same way you did before treatment or worse, you have the right to ask for a second opinion from another health care professional.

Bring a list of questions with you to your doctor. Take notes so you can check them later.

Questions to Ask your Doctor

- What's the name of my medication and how will it help me?
- What dosage(s) of medication do I need to take?
- At what time(s) of day should I take them? Do I need to take them with food?
- Do I need to avoid any specific foods, medications (cough medicines), supplements (vitamins, herbals) or activities while I am taking this medication?
- What should I do if I forget to take my medication?
- Is there a generic form of my medication available?
- Would it be right for me?
- What side effects might I have? What can I do about them?
- How long it will take for me to feel better?
- What type of improvement should I expect?
- Are there any specific risks I should worry about? How can I prevent them? How can I recognize them?
- If my medication needs to be stopped for any reason, how should I do it? (Never stop taking your medication without first talking to your doctor.)
- How often will I need to come in for medication management? How long will my appointments take?
- Should I also have talk therapy? What type do you recommend? Is it possible that I could be treated with talk therapy and no medication?
- Is there anything I can do to help my treatment work better, such as changing my diet, physical activity, sleep patterns, or lifestyle?
- If my current treatment isn't helpful, what are my alternatives? What is my next step?
- What risks do I need to consider if I want to become pregnant?
- How will other illnesses I have affect my treatment?
- How can I reach you in an emergency?

What are some things I can do to manage the cost of treatment?

- Talk to your health care provider(s) and try to work out lower fees or a payment plan.
- Use community or state-provided services, many of which offer a sliding payment scale.
- Space out your allowable psychotherapy visits over time and work on developing skills you can use between visits.
- Ask your doctor to contact the pharmaceutical company that makes your medication to see if you are eligible to receive free medication. Ask if your doctor has any medication samples to give you.
- Ask your doctor to contact your insurance company and ask if they will allow more treatment for you.
- If you are having a hard time getting insurance because you've had treatment for mental illness, your state may have a risk pool, which offers insurance for hard-to-insure individuals. You may find additional information at www.healthinsurance.org/riskpoolinfo.html.
- Get help before there is a crisis. A brief appointment to talk about how you're feeling or adjust your medication costs less than a hospital stay.

How do support groups help?

When you are newly diagnosed, it's helpful to have reliable, knowledgeable people around you who know what you are going through. DBSA support group participants are people with mood disorders and their families who share experience, discuss coping skills, and offer hope to one another in a safe and confidential environment.

- People who go to DBSA groups say that the groups
- Provide a safe and welcoming place for mutual acceptance, understanding and self-discovery.
 - Give them the opportunity to reach out to others and benefit from the experience of those who have "been there."
 - Motivate them to follow their treatment plans.
 - Help them to understand that mood disorders do not define who they are.
 - Help them rediscover their strengths and humor.

People who had been attending DBSA groups for more than a year were also less likely to have been hospitalized for their mood disorder during that year, according to a DBSA survey.

How do I talk to others about my illness?



Telling others about your bipolar disorder is completely your choice. Some of your close friends and family members may have already become

concerned about mood swings you've had, so they might be glad to hear you're getting help. Other people in your life might have wrong or hurtful beliefs about mental illness and you may choose not to tell them.

Sharing your illness with employers or co-workers can also be difficult. Sometimes it may be best to say nothing about your illness, unless you need special accommodations such as reduced hours or extended time off. In other cases, like with friends and family, it can help to explain what they have already recognized as unusually severe mood swings.

Some people have a hard time accepting a mood disorder diagnosis. They may believe that a person should be able to control mood swings, or just “snap out of it”. Do your best to educate your family and friends by giving them information about mood disorders. Even if they do not change their beliefs, keep reminding yourself that getting treatment is the best thing you can do for yourself.

It can be very helpful to have someone close to you (your spouse or partner, parent, child, or close friend) support you—including coming along to visits with your doctor or therapist.

There is help. There is hope.

Patience is a great help when adjusting to the effects of a new treatment, getting to know a new group of people, or waiting for your mind and body to feel better. If you've lived with symptoms of bipolar disorder for years, you may have already developed patience from holding on and waiting for depression or mania to pass.

Always remember, you are not alone, there is help and there is hope. With treatment and support, you can feel better.

MOOD DISORDER GLOSSARY

Bipolar I disorder: Characterized by one or more manic episodes or mixed episodes (symptoms of both a mania and a depression occurring nearly every day for at least one week) and one or more major depressive episodes. Bipolar I disorder is the most severe form of the illness marked by extreme manic episodes.

Bipolar II disorder: Diagnosed after one or more major depressive episodes and at least one episode of hypomania, with possible periods of level mood between episodes. The highs in bipolar II, called hypomanias, are not as high as those in bipolar I (manias).

Manic episode: The “up” side of bipolar disorder; a period of high, energetic or irritable mood that interferes with life. (symptoms on page 8)

Hypomanic episode: Similar to a manic episode, but less severe. It is clearly different from a non-depressed mood with an obvious change in behavior that is unusual or out-of-character.

Major depressive episode: A period of prolonged sadness, often with physical symptoms that interferes with life.

Mixed state (also called mixed mania): A period during which symptoms of a manic and a depressive episode are present at the same time.

Dysthymia: A milder form of depression characterized by changes in eating or sleeping patterns, and a “down,” irritable, or self-critical mood that is present more of the time than not. People with dysthymia may say they are “just that way,” or “have always been that way.”

Cyclothymia: A milder form of bipolar disorder characterized by alternating hypomanic episodes and less severe episodes of depression. The severity of this illness may change over time.

Rapid cycling: A characteristic of bipolar disorder that occurs when a person has four or more manic, hypomanic, mixed or depressive episodes within a 12-month period. For many people, rapid cycling is temporary.



DBSA

Depression and Bipolar Support Alliance

We've been there. We can help.

The Depression and Bipolar Support Alliance (DBSA) is the leading patient-directed national organization focusing on the most prevalent mental illnesses. The organization fosters an environment of understanding about the impact and management of these life threatening illnesses by providing up-to-date, scientifically-based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments, and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably.

Assisted by a Scientific Advisory Board comprised of the leading researchers and clinicians in the field of mood disorders, DBSA has more than 1,000 peer-run support groups across the country. Three million people request and receive information and assistance each year. DBSA's mission is to improve the lives of people living with mood disorders.

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Visit our updated, interactive website for important information, breaking news, chapter connections, advocacy help and much more.

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