

You've Just Been Diagnosed... What Now?



Depression and Bipolar
Support Alliance

We've been there. We can help.



I've always had mood swings. I used to throw huge tantrums when I was a kid. As I got older, the highs got higher and the lows got lower. I lost several jobs and ruined a whole bunch of relationships. Finally, I decided nothing could be worse than living like I was, and I went to get some help."



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—that's the nature of the illness. I'm so grateful that my treatment has helped me get back to living my life."



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, 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."

Just diagnosed? You're not alone.



If you've just been diagnosed with a mood disorder, you are not alone. Mood disorders affect more than 20 million Americans. They are 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?

Mood disorders are physical illnesses that affect the brain. Their exact cause isn't known, but it *is* known that an imbalance in brain chemicals plays a role. These illnesses also have a genetic component, meaning they can run in families. They're not your fault, and they're nothing to be ashamed of. Having a mood disorder doesn't mean you can't lead a normal life.

Think of your mood disorder the same way you think of illnesses such as asthma or diabetes. No one would ever ask someone else to "think positive" in response to the low blood sugar of diabetes or breathing trouble of asthma, and no one would think twice about getting the necessary treatment for these illnesses.

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

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 medical doctor to prescribe medication (this may be your primary care doctor or a psychiatrist). If you have more than one person treating you, let them know how they can reach one another. It's 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 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 fears 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. Finding the right treatment plan can take time. Don't lose hope!

It might 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, while 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 such as dry mouth, constipation, sleepiness, blurred vision, weight gain, weight loss, dizziness or sexual dysfunction. Some side effects go away within days or weeks, while others can be long-term.

Don't be discouraged by side effects; there are ways to reduce or eliminate them. Changing the time you take your medication can help with sleepiness or sleeplessness, and taking it with food can help with nausea.

Sometimes another medication can be prescribed to block an unwanted side effect, or your dosage can be adjusted to reduce the side effect. Other times, your medication can be changed.

Tell your doctor about any side effects you're having. The decision to change or add medication must be made by you and your doctor together. Never stop taking your medication or change your dosage without first talking to your doctor. Tell your doctor before you begin taking any additional medication, including over-the-counter medications or natural/herbal supplements.

If side effects cause you to become very ill

(with symptoms such as fever, sore throat, rash, yellowing of your skin, pain in your abdomen or any other area, breathing or heart problems, or other severe changes that concern you), **contact your doctor or a hospital emergency room right away.**

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 to have 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 (e.g., cough medicines), supplements (e.g., vitamins, herbals) or activities while I'm 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 can I reach you in an emergency?
- 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's 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 spot my warning signs?



Each person is different, and each person has different triggers or stressors that may cause their symptoms of 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'll 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. Use a journal, personal calendar (see page 14) and/or the tools below to track your moods.

My symptoms of depression/dysthymia

- Sad, empty, irritable or tearful mood most of the day, nearly 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 being slowed down
- Fatigue, exhaustion, lack of energy
- Feelings of worthlessness or excessive guilt
- Difficulty concentrating or making decisions
- Thoughts of death or suicide

Symptoms are different for everyone. Some people feel like sleeping all the time when they become depressed; others have trouble sleeping and stay up late feeling worried. What are your warning signs?

My symptoms of mania/hypomania

- Feeling overly energetic, high, unusually happy or unusually irritable for at least one week
 - Very high self-esteem, feeling like I can do anything
 - Decreased need for sleep without feeling tired
 - Talking more than usual, feeling pressure to keep talking
 - Racing thoughts, many ideas coming all at once
 - Easily distracted, thoughts or statements jumping from topic-to-topic
 - Increase in goal-directed activity, restlessness
 - Excessive pursuit of pleasure (e.g., financial or sexual) without thought of consequences
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-
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My Stressors/Triggers

EVENT	MY REACTION (THOUGHTS, EMOTIONS, ACTIONS)
Arguing with a loved one	I get anxious, my thoughts start to race, I feel like everything I do is wrong.

My other symptoms:

- Drinking/using substances
 - Overeating
 - Cutting or hurting myself
 - 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 CAN I DO?

*Take a deep breath, remind myself I am worthwhile.
Be aware of my own 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're feeling more stable.

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 hot-lines 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 (800) 442-HOPE (800-442-4673). You can also check your local phone directory or ask your health care providers for a local crisis line number.

Make sure you can't get hold of any weapons, old medications or anything else you could use to hurt yourself. Throw away all medications you're no longer taking. Have someone else hold onto your car keys. Don't use alcohol or illegal drugs, because they can make you more likely to act on impulse.

My Plan for Life

I promise myself:

If I start to think about suicide, or am in any other type of crisis, I will contact these family members or friends:

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.

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 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.

According to a 1999 DBSA survey, 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. About 80 percent didn't need to be hospitalized, in contrast to about 40 percent of those who had only attended for less than a year.

How do I talk to others about my illness?



Telling others about your mood 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 coworkers 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.

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 don't change their beliefs, keep reminding yourself that getting treatment is the best thing you can do for yourself. Encourage your loved ones to get help and support if they need it.

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 a mood disorder for years, you may have already developed patience from holding on and waiting for depression or mania to pass.

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

Lifestyle Tracking

MONTH/YEAR

8. Write down how many hours of sleep you got.
9. Write down how many meals and snacks you had.
10. Check the days when you did some kind of physical activity or exercise.
11. Check the days when you spent some time relaxing.

12. Check the days when you reached out to help other people.
13. Check the days when you had a major life event that affected your mood. List the events if there are more than one.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Hours of nighttime sleep	7																															
Number of meals	3																															
Number of snacks	1																															
Physical activity	√																															
Relaxation time																																
Reached out to others																																
Major life event																																

Mood Tracking

MONTH/YEAR

14. Fill in the box that best describes your mood for the day.
 15. If your mood changes during the day, fill in the boxes for the highest and lowest moods. Connect them by drawing a line or filling in the boxes between them.

16. If you experience a mixed state (manic and depressive symptoms at the same time), check the box.
 17. Look for patterns. See how your daily moods relate to your lifestyle and your treatment.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
Extremely manic																																			
Very manic																																			
Somewhat manic																																			
Mildly manic or hypomanic																																			
STABLE																																			
Mildly depressed																																			
Somewhat depressed																																			
Very depressed																																			
Extremely depressed																																			
Mixed state (✓ IF YES)																																			

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.

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.”

Hypomanic episode: Similar to a manic episode, but less severe. It’s 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 that interferes with life. (*See symptoms on page 7.*)

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

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

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

- **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 doesn’t 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 doesn’t have.

Help DBSA change lives.

We hope you found the information in this brochure useful. Your gift will help us continue to assist people and families with mood disorders.

Yes, I want to make a difference. Enclosed is my gift of:

\$100 \$50 \$20 Other _____

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

Check (payable to DBSA) Money order
 VISA MasterCard Discover Card AmEx

ACCOUNT

EXP. DATE

NAME AS IT APPEARS ON CREDIT CARD

SIGNATURE (REQUIRED)

- I wish my gift to remain anonymous.
- Please send me _____ donation envelopes to share.
- I'd like details on including DBSA in my will.
- I have enclosed my company's matching gift form.
- I'd like to receive more information about mood disorders.
- Please send all correspondence in a confidential envelope.

If you would like to make your gift a Memorial or Honorary Tribute, please complete the following:

In Memory of/In Honor of (circle one):

PRINT NAME

Please send an acknowledgment to:

RECIPIENT'S NAME

ADDRESS

CITY

STATE

ZIP

Please send this form with payment to:

Depression and Bipolar Support Alliance, 730 N. Franklin Street, Suite 501, Chicago, IL 60610-7224 USA

Questions? Call (800) 826-3632 or (312) 642-0049.

Fax credit card payments (Visa, MasterCard, Discover or AmEx) to (312) 642-7243. Make secure online donations at **www.DBSAAlliance.org**.

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Thank you for your gift!



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.

Depression and Bipolar Support Alliance

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Website: www.DBSAAlliance.org

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

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DBSA does not endorse or recommend the use of any specific treatment, medication or resource mentioned in this brochure. For advice about specific treatments or medications, individuals should consult their physicians and/or mental health professionals. This brochure is not intended to take the place of a visit to a qualified health care provider.