Demystifying Bipolar Disorder

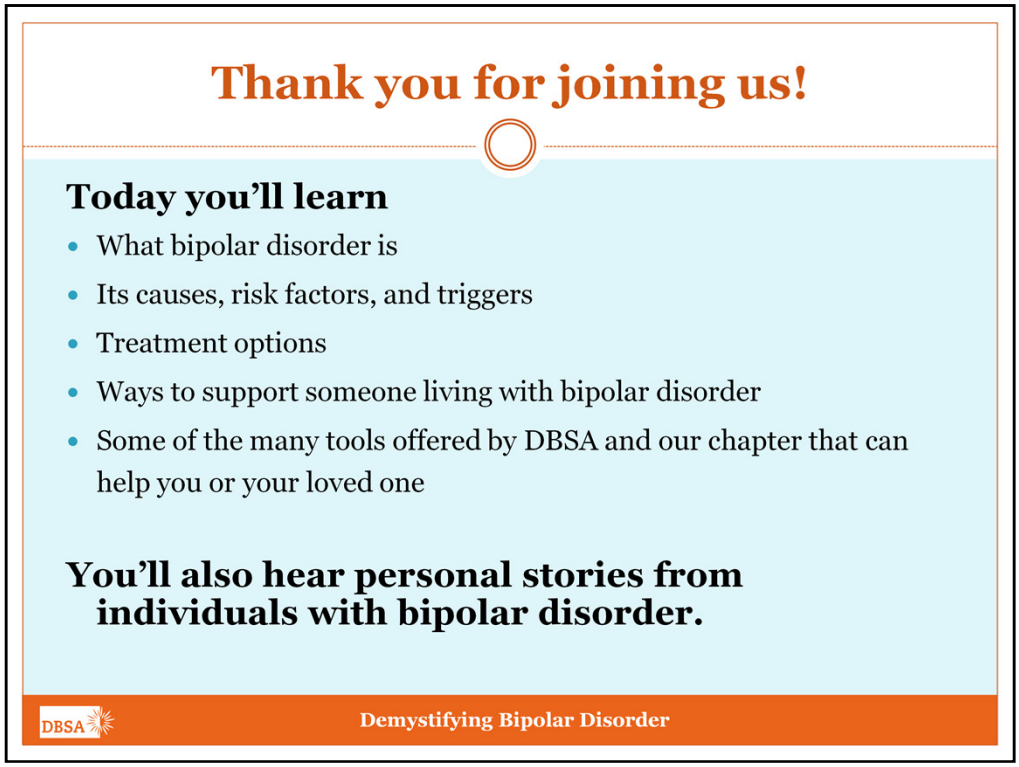


DBSA

Depression and Bipolar Support Alliance

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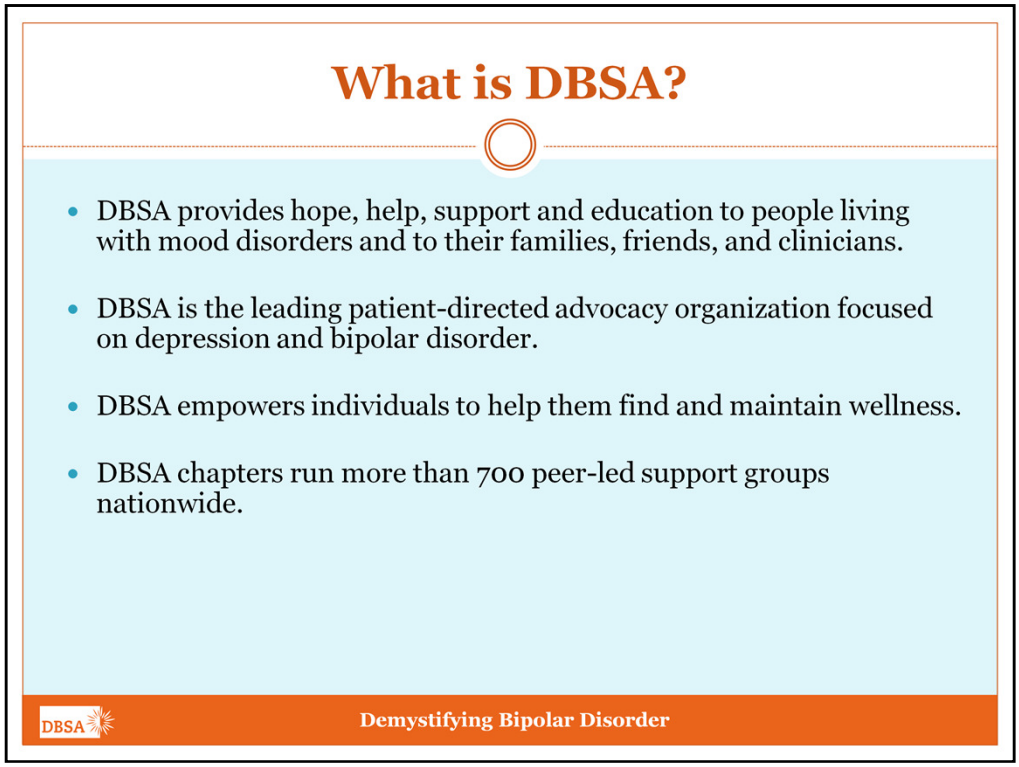


Thank you for joining us today. My name is [full name] and I am a member of the DBSA [chapter name] chapter here in [city].

•Today, I hope to demystify bipolar disorder, which is very often misunderstood. I will share with you

- what bipolar disorder is
- its causes, risk factors and triggers
- treatment options
- ways to support someone living with bipolar disorder
- and some of the many tools offered by DBSA and our chapter that can help you or your loved one.

•You'll also hear personal stories from individuals [like me] living with bipolar disorder.

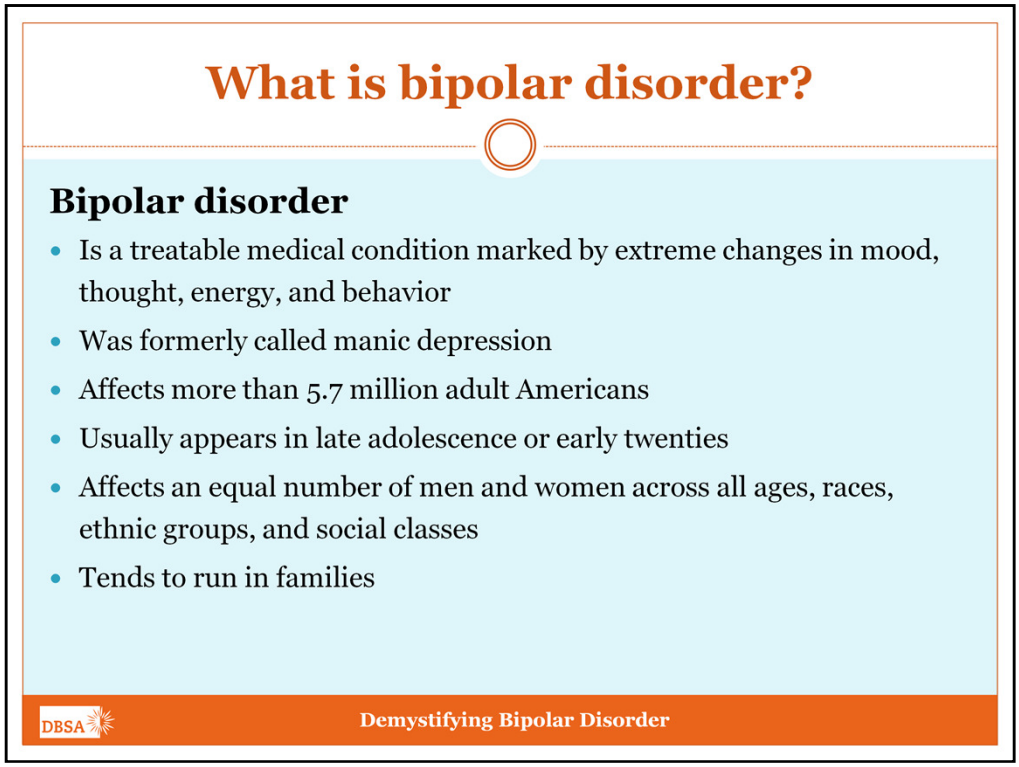


•The mission of the Depression and Bipolar Support Alliance is to provides hope, help, support, and education to improve the lives of people who have mood disorders.

•DBSA is the leading patient-directed advocacy organization focused on depression and bipolar disorder.

•One of the ways we do that is by improving recognition, early detection, and diagnosis of these illnesses, and by empowering individuals with information, resources, and tools to help individuals find and maintain wellness.

•Because DBSA was created for and is led by individuals living with mood disorders, our programming is always informed by the personal, lived experience of peers. The extensive network of DBSA chapters run more than 700 peer-led support groups nationwide.



•Bipolar disorder is a treatable illness marked by extreme changes in mood, thought, energy and behavior. It is not a character flaw or a sign of personal weakness.

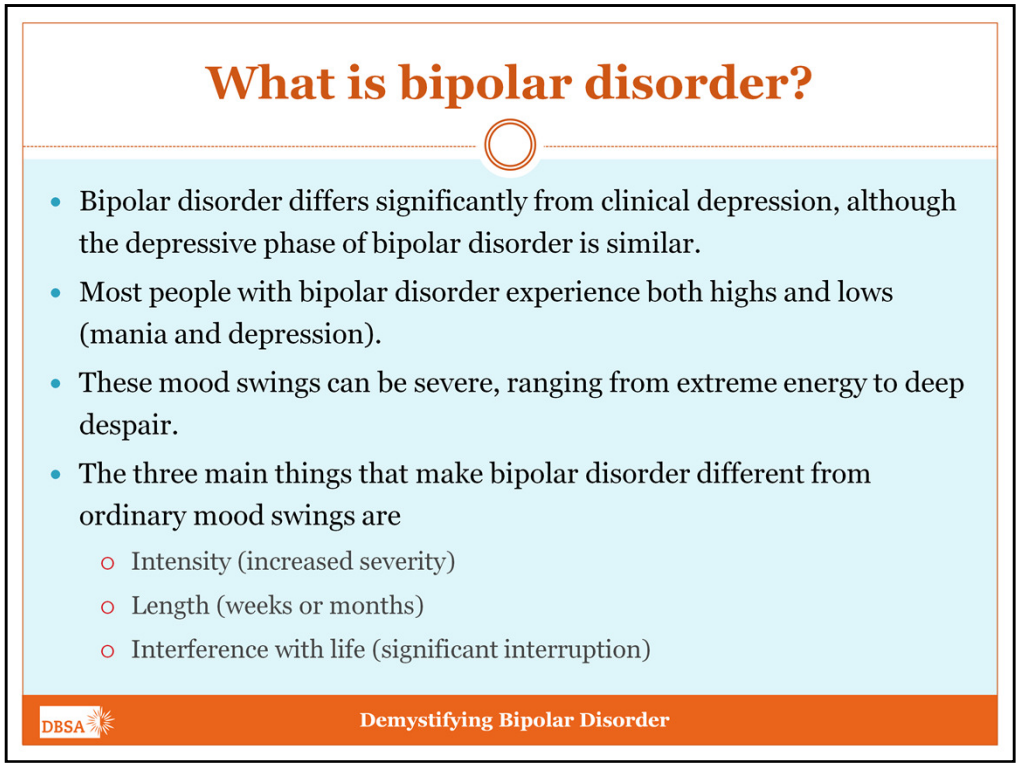
•Bipolar disorder was formerly known as manic depression because a person's mood can alternate between the two poles of mania (highs) and depression (lows). This change in mood or "mood swing" can last for hours, days weeks or months.

•Bipolar disorder affects more than 5.7 million adult Americans. http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml

•It usually begins in late adolescence (often appearing as depression during teen years) although it can start in early childhood or later in life.

•An equal number of men and women develop this illness, unlike depression which is more common in women (men tend to begin with a manic episode, women with a depressive episode) and it is found among all ages, races, ethnic groups, and social classes.

•The illness tends to run in families and appears to have a genetic link.



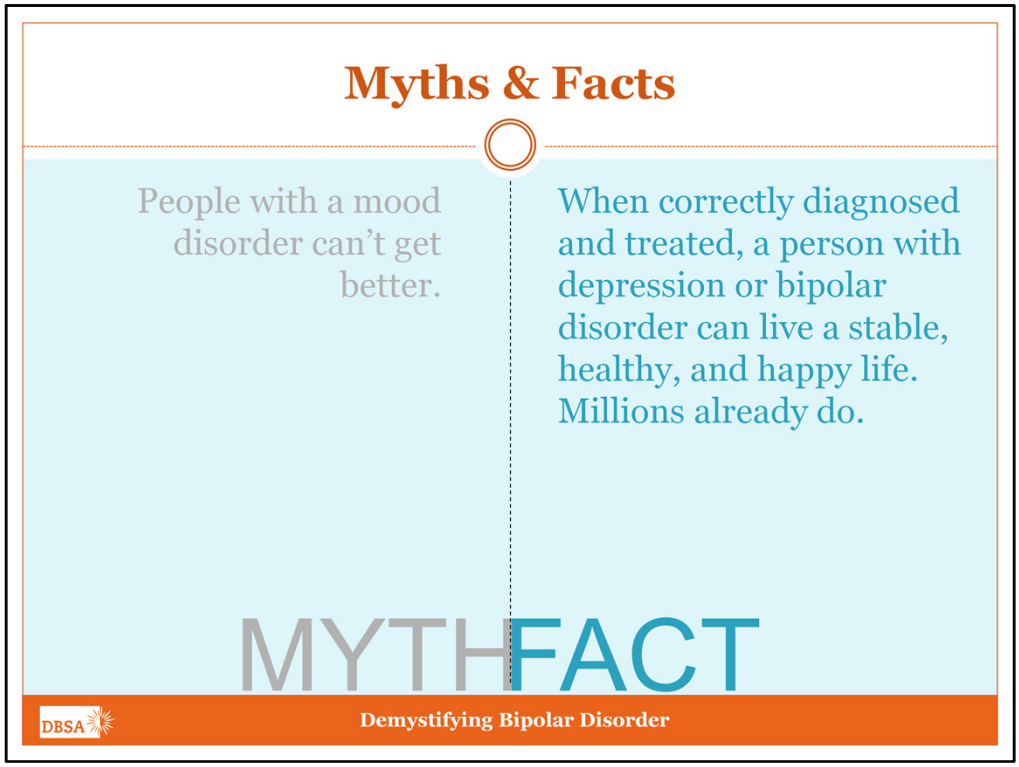
•Bipolar disorder differs significantly from clinical depression, although the symptoms for the depressive phase of bipolar disorder are similar.

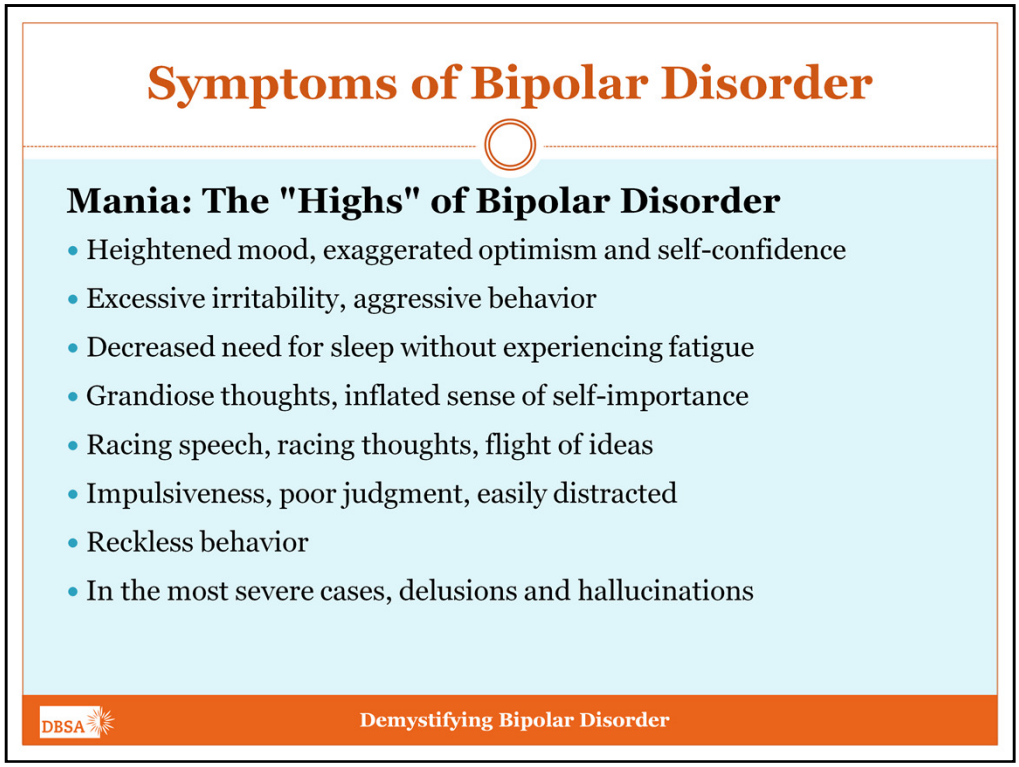
•Most people who have bipolar disorder talk about experiencing both "highs" and "lows"—periods of mania and depression.

•These swings can be severe, ranging from extreme energy to deep despair.

•The three main things that make bipolar disorder different from ordinary mood swings are:

- **Intensity:** Mood swings that come with bipolar 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. With rapid cycling, moods last a short time but change quickly from one extreme to another and "level" (euthymic) moods do not last long.
- **Interference with Life:** The extremes in mood that come with bipolar disorder can severely disrupt your life. For example, depression can make a person unable to get out of bed or go to work or mania can cause a person to go for days without sleep.


Myths & Facts
People with a mood disorder can't get better.
When correctly diagnosed and treated, a person with depression or bipolar disorder can live a stable, healthy, and happy life. Millions already do.
MYTH
FACT
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Demystifying Bipolar Disorder



Typical symptoms of mania, the highs of bipolar disorder include but are not limited to:

•Heightened mood, exaggerated optimism and self-confidence

•Excessive irritability, aggressive behavior

•Decreased need for sleep without experiencing fatigue

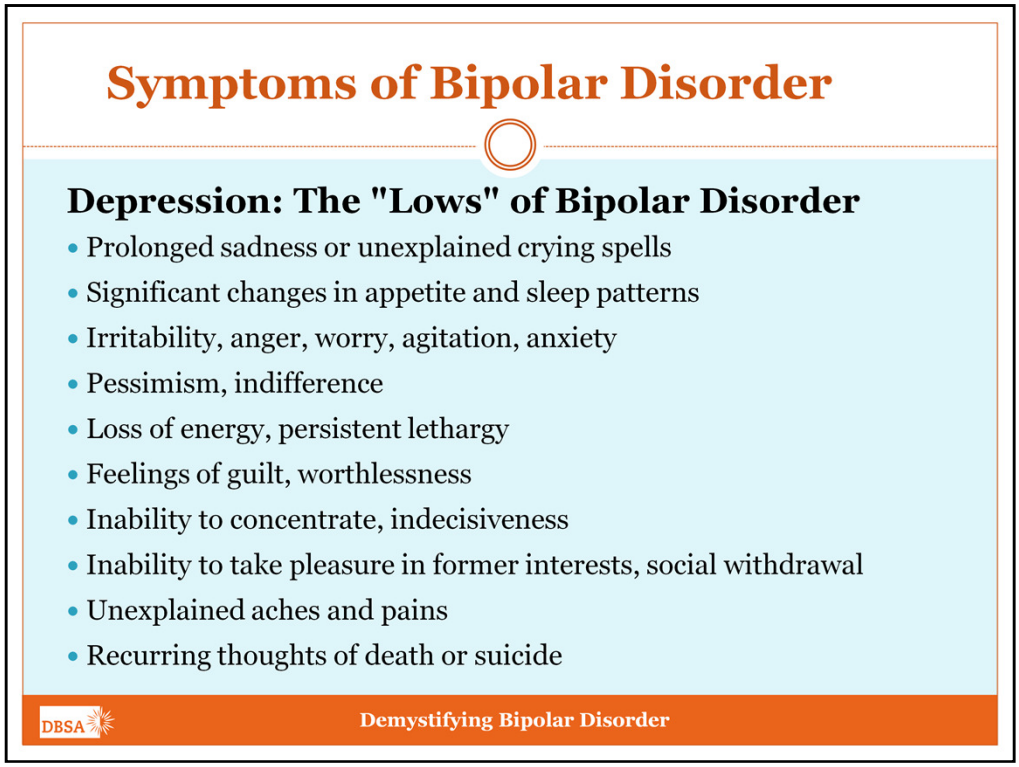
•Grandiose thoughts, inflated sense of self-importance

•Racing speech, racing thoughts, flight of ideas

•Impulsiveness, poor judgment, easily distracted

•Reckless behavior

•In the most severe cases, delusions and hallucinations



Typical symptoms of bipolar depression, the lows of bipolar disorder include but are not limited to:

•Prolonged sadness or unexplained crying spells

•Significant changes in appetite and sleep patterns

•Irritability, anger, worry, agitation, anxiety

•Pessimism, indifference

•Loss of energy, persistent lethargy

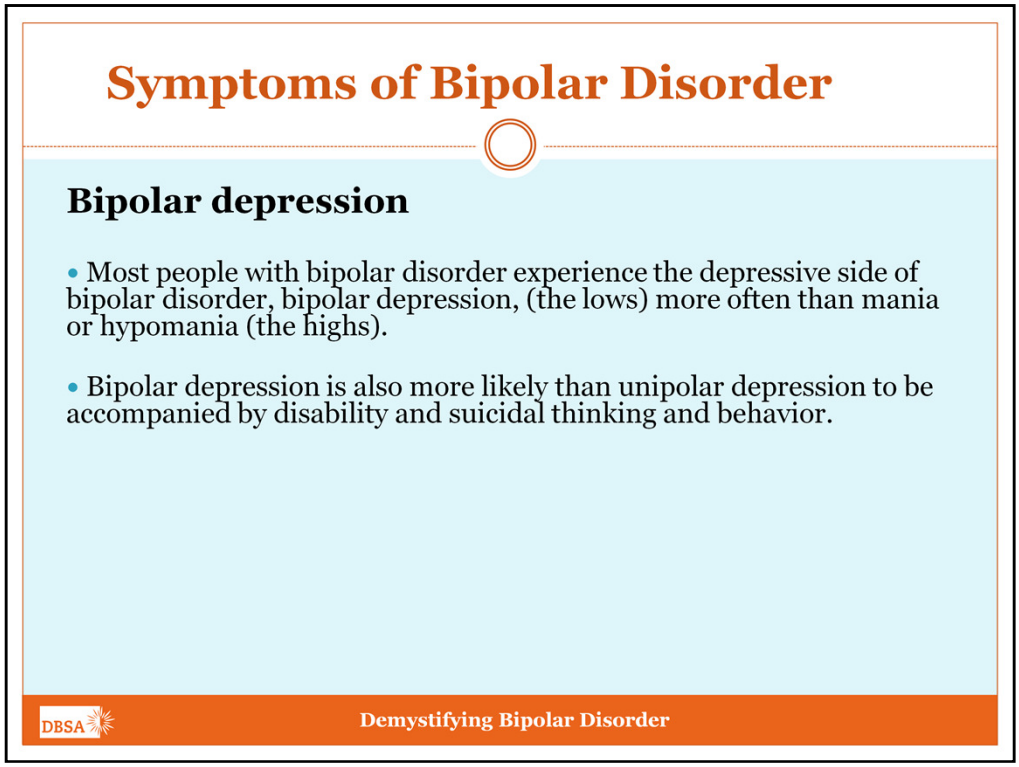
•Feelings of guilt, worthlessness

•Inability to concentrate, indecisiveness

•Inability to take pleasure in former interests, social withdrawal

•Unexplained aches and pains

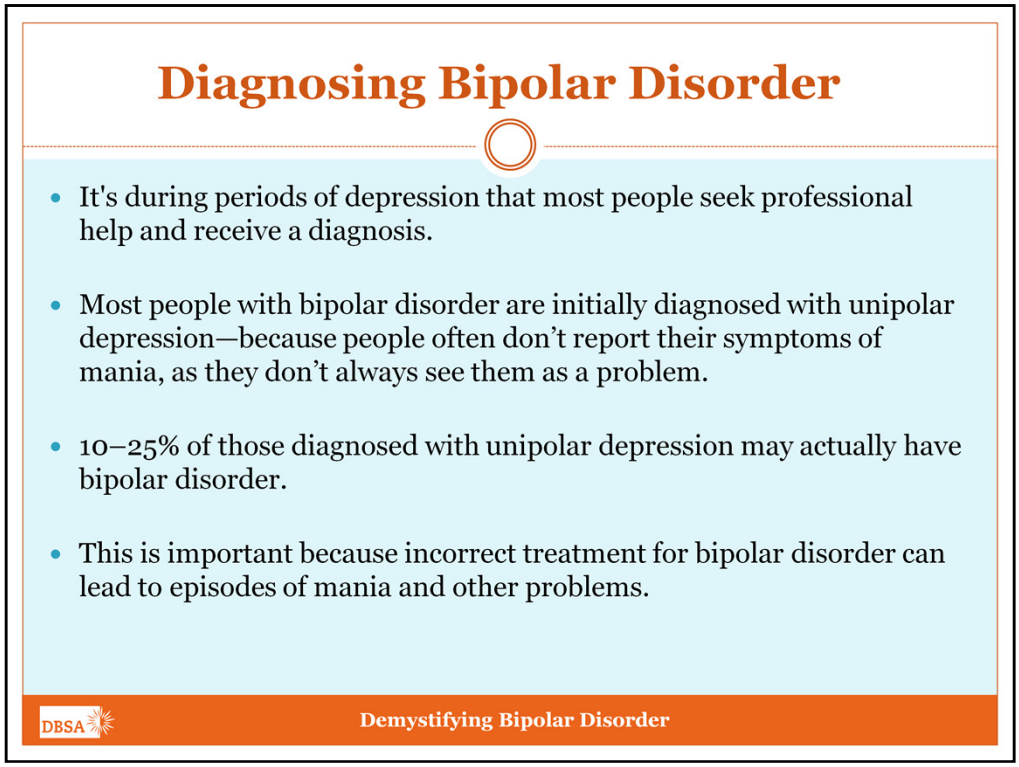
•Recurring thoughts of death or suicide



The symptoms of bipolar disorder's "low" period are very similar to those of unipolar depression. That's why the "lows" of bipolar disorder are sometimes referred to as "bipolar depression." These lows are one thing that most mood disorders have in common.

•People with bipolar disorder experience bipolar depression (the lows) more often than mania or hypomania (the highs).

•Bipolar depression is also more likely to be accompanied by disability and suicidal thinking and behavior.

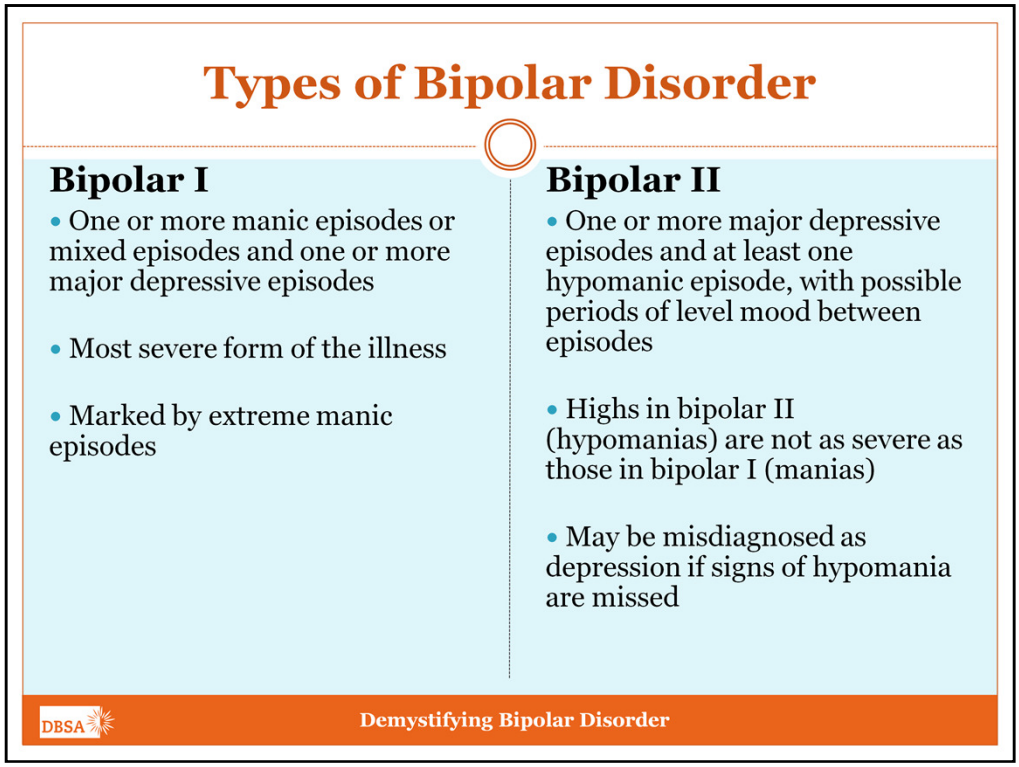


It's during periods of depression that most people get professional help and receive a diagnosis.

In fact, most people with bipolar disorder in the outpatient setting are initially seen for—and diagnosed with—unipolar depression. Often this is because people do not report their symptoms of mania as they don't always see these symptoms as a problem. During periods of mania, people may feel that they're on top of the world and capable of anything. And sometimes because symptoms just plain start with depression and the mania comes later.

Studies show that, in the primary care setting alone, 10-25 percent of those diagnosed with unipolar depression may actually have bipolar disorder. And the percentage is even higher in the psychiatric setting.

This is important because incorrect treatment for bipolar disorder can actually lead to episodes of mania and other problems.

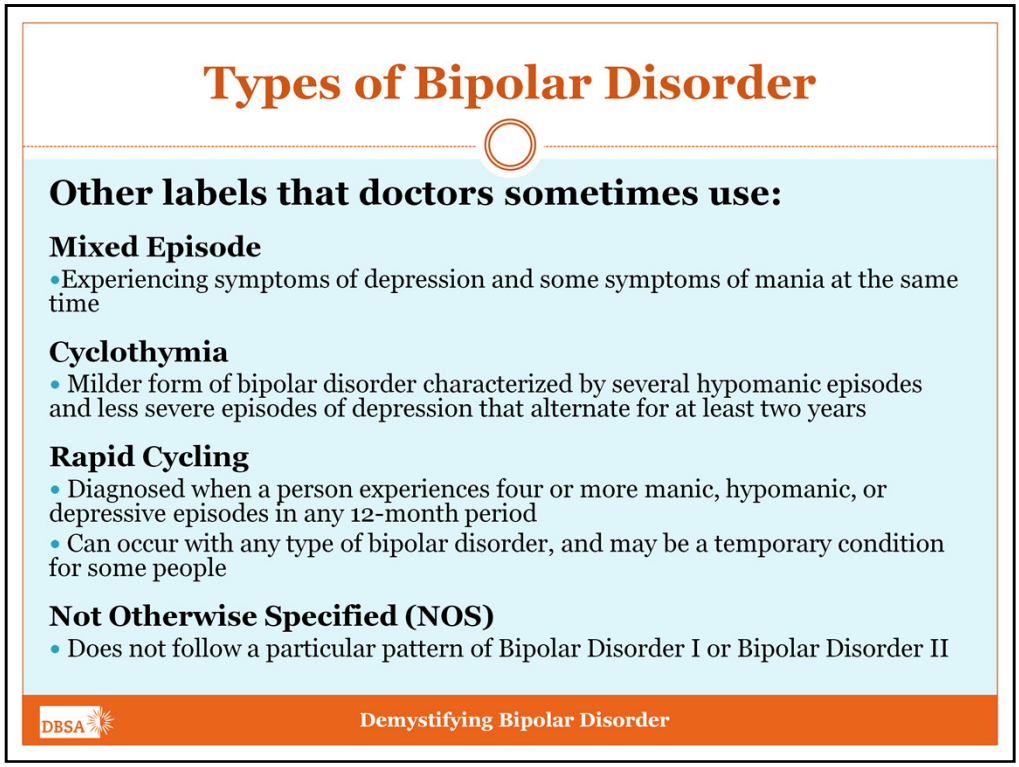


Patterns and severity of symptoms (or episodes of "highs" and "lows") determine different types of bipolar disorder. The two most common types are bipolar I disorder and bipolar II disorder.

•Bipolar I disorder is 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 1 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 is characterized by one or more depressive episodes accompanied by at least one hypomanic episode. Hypomanic episodes must be clearly different from a person's non-depressed mood. While hypomainc symptoms are similar to, but less severe, than manic episodes. For some, hypomanic episodes are not severe enough to cause notable problems in social activities or work. However, for others, they can be troublesome.

•Bipolar II disorder may be misdiagnosed as depression if you and your doctor don't notice the signs of hypomania. In a DBSA survey, nearly seven out of ten people with bipolar disorder had been misdiagnosed at least once. Sixty percent of those people had been diagnosed with depression.

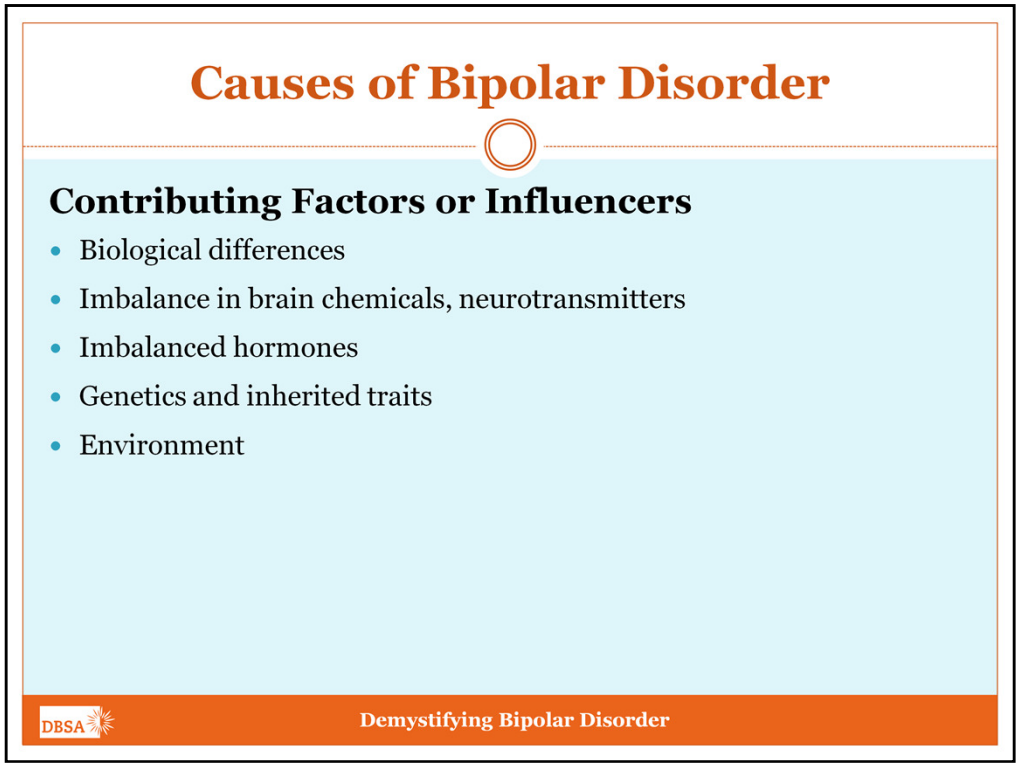


Mixed Episode means experiencing symptoms of depression and some symptoms of mania at the same time

Cyclothymia
Cyclothymia is a milder form of bipolar disorder characterized by several hypomanic episodes and less severe episodes of depression that alternate for at least two years. The severity of this illness may change over time.

Rapid Cycling
Bipolar disorder with rapid cycling is diagnosed when a person experiences four or more manic, hypomanic, or depressive episodes in any 12-month period. Rapid cycling can occur with any type of bipolar disorder, and may be a temporary condition for some people.

Not Otherwise Specified (NOS)
Bipolar disorder that does not follow a particular pattern



The exact causes of bipolar disorder are unknown, however the following appear to be contributors or influencers

•**Biological differences.** People with bipolar disorder appear to have physical changes in their brains. The significance of these changes is still uncertain but may eventually help pinpoint causes.

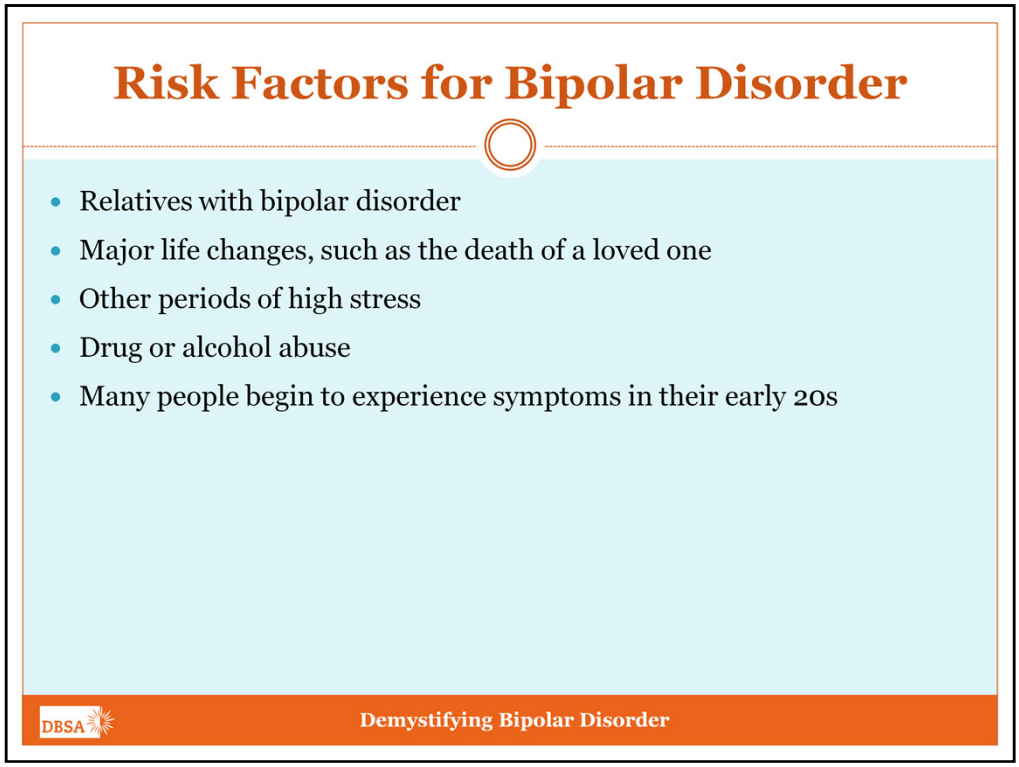
•**Neurotransmitters.** An imbalance in naturally occurring brain chemicals called neurotransmitters seems to play a significant role in bipolar disorder and other mood disorders.

•**Hormones.** Imbalanced hormones may be involved in causing or triggering bipolar disorder.

•**Genetics and Inherited traits.** Bipolar disorder is more common in people who have a blood relative (such as a sibling or parent) with the condition. Researchers are trying to find genes that may be involved in causing bipolar disorder.

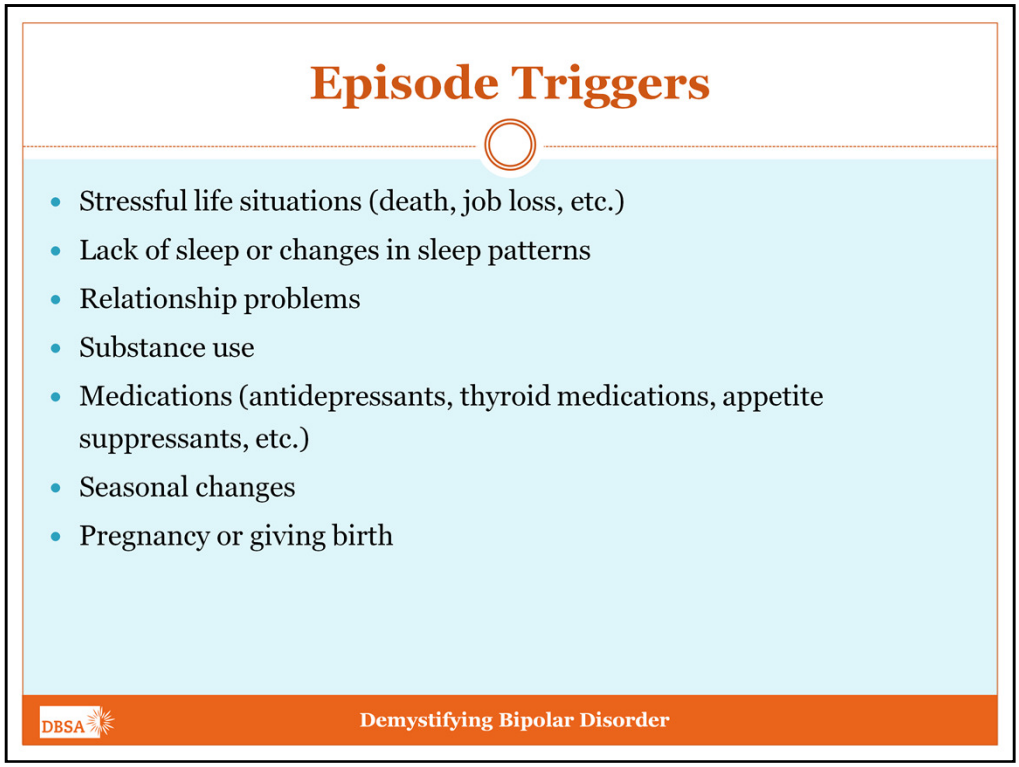
•**Environment.** Stress, abuse, significant loss or other traumatic experiences may play a role in bipolar disorder.

http://www.mayoclinic.com/health/bipolar-disorder/DS00356/DSECTION=causes



The incidence of bipolar disorder is greater for individuals with the follow risk factors.

- Blood relatives such as a parent or sibling with bipolar disorder
- Periods of high stress
- Drug or alcohol abuse
- Major life changes, such as the death of a loved one
- Being in your early 20s



The following are common triggers for the onset of an episode of bipolar mania or depression:

•Stressful life situations (death, job loss, etc)

•Lack of sleep or changes in sleep patterns

•Relationship problems

•Substance use

•Medications (antidepressants, thyroid medications, appetite suppressants, etc)

•Seasonal changes

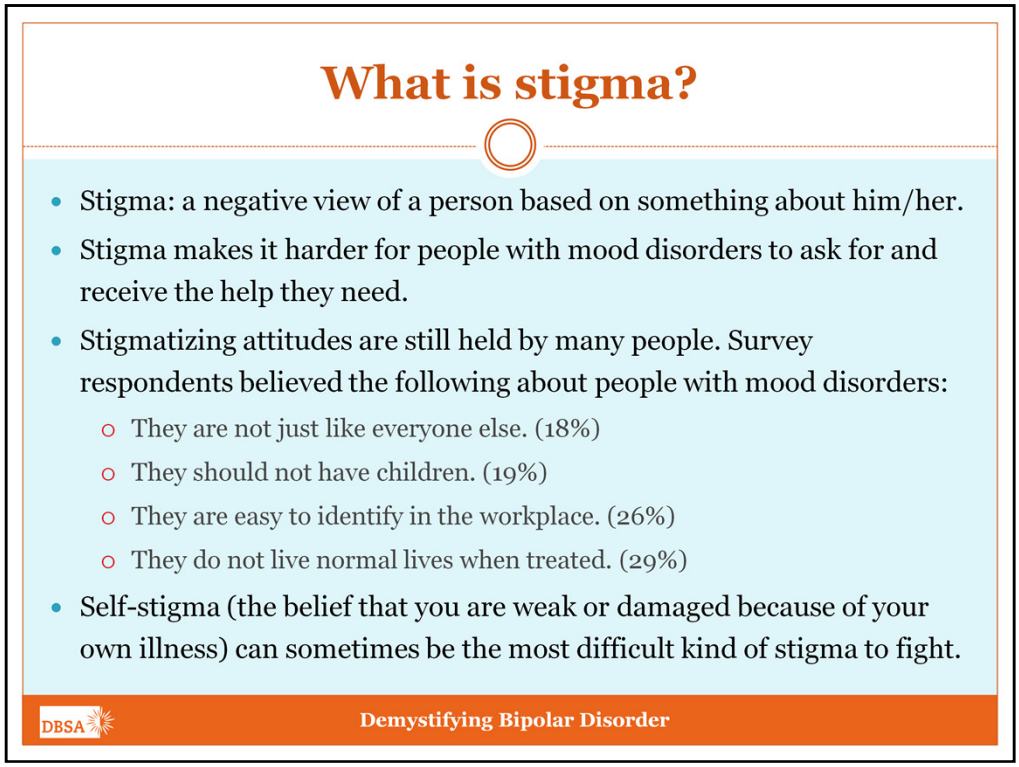
•Pregnancy or giving birth



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Please note: In order for the embedded videos to work, you should play the presentation directly from the DVD or copy both the PowerPoint presentation and videos on to your hard drive.


Myths & Facts
People with bipolar disorder or depression are dangerous.
Research shows that people with mental health conditions do not *commit* more violent acts than people in the general population. However, they are twice as likely to be *victims* of violence.
MYTH
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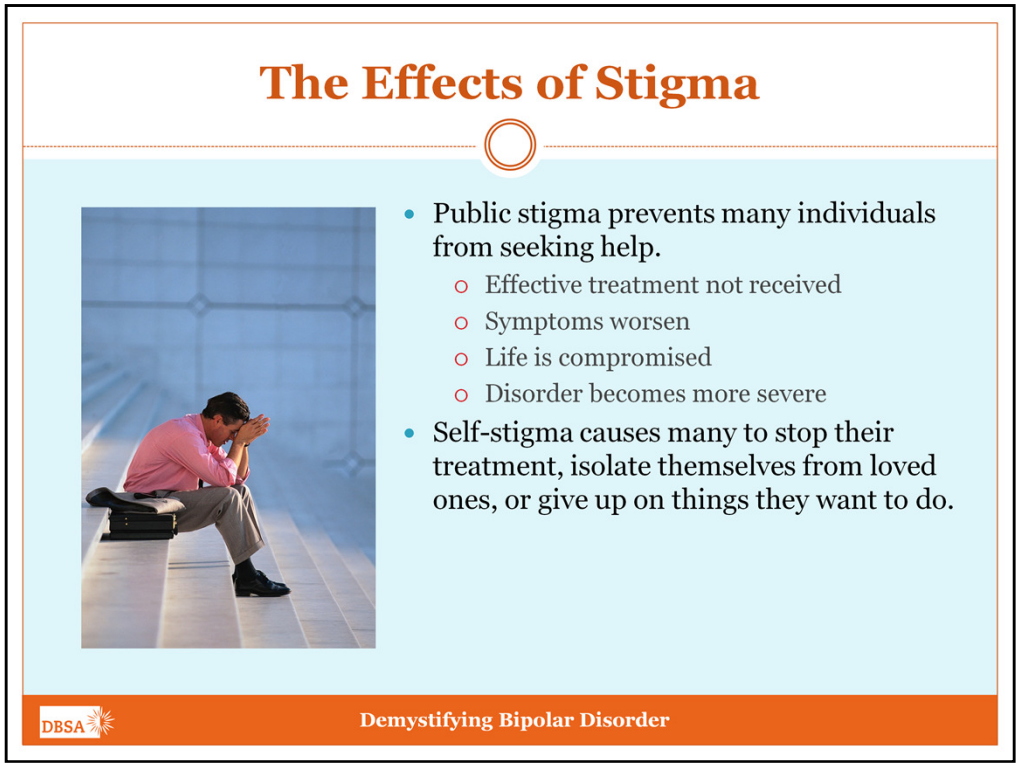
•Stigma is a negative view of a person based on something about him or her.

•Stigma makes it harder for people with mood disorders to ask for and receive the help they need.

•Stigmatizing attitudes are still held by many people. Survey respondents believed the following about people with mood disorders

- They are not just like everyone else (18%)
- They should not have children (19%)
- They are easy to identify in the workplace (26%)
- They do not live normal lives when treated (29%)

•Self-stigma (the belief that you are weak or damaged because of your own illness) can sometimes be the most difficult kind of stigma to fight.



Stigma results in serious negative consequences.

•Because of public stigma, many people with mood disorders do not seek help. As a result:

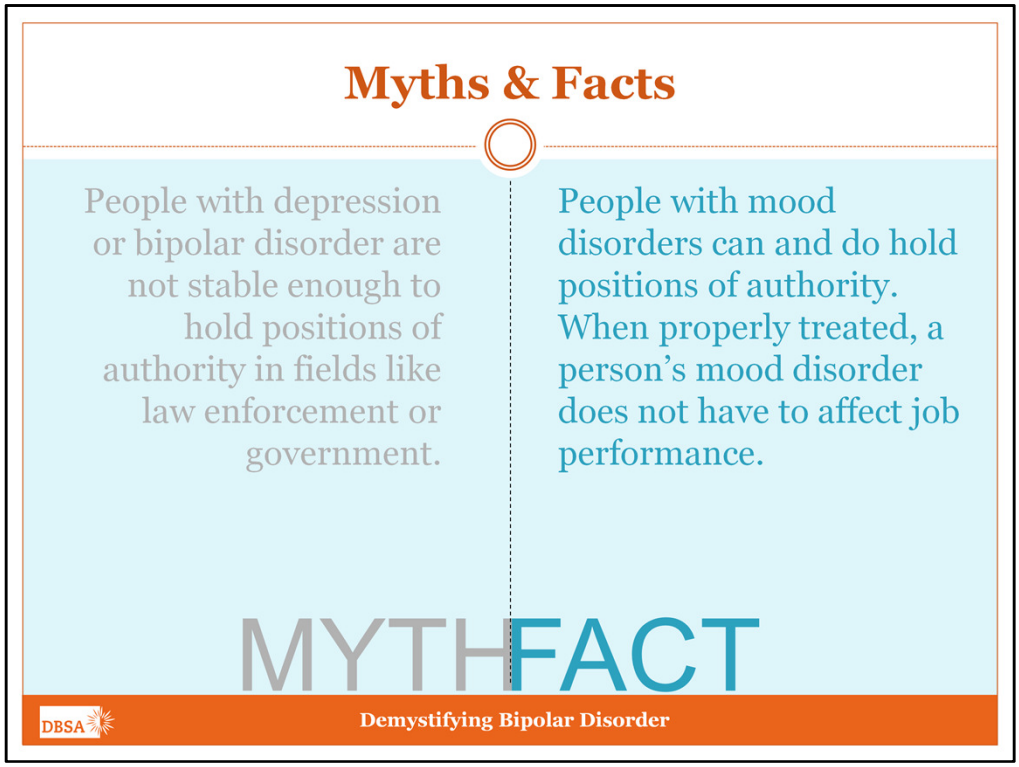
- They don't receive proper treatment to improve their lives
- Their symptoms may worsen
- Their lives may be severely compromised
- Their disorder may become more severe. Getting treatment as early as possible is critical as the frequency and severity of future episodes increase with each occurance.

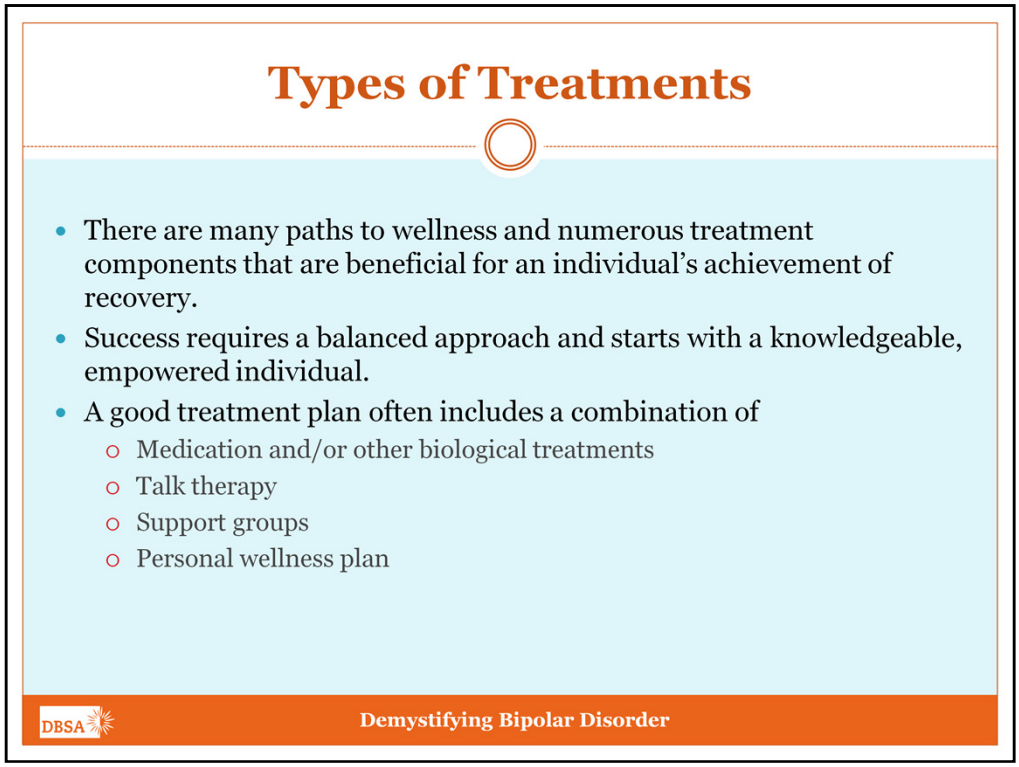
•Self-stigma may cause people to not seek or stop their treatment, isolate themselves from loved ones, or give up on things they want to do.



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Myths & Facts
People with depression or bipolar disorder are not stable enough to hold positions of authority in fields like law enforcement or government.
People with mood disorders can and do hold positions of authority. When properly treated, a person's mood disorder does not have to affect job performance.
MYTH
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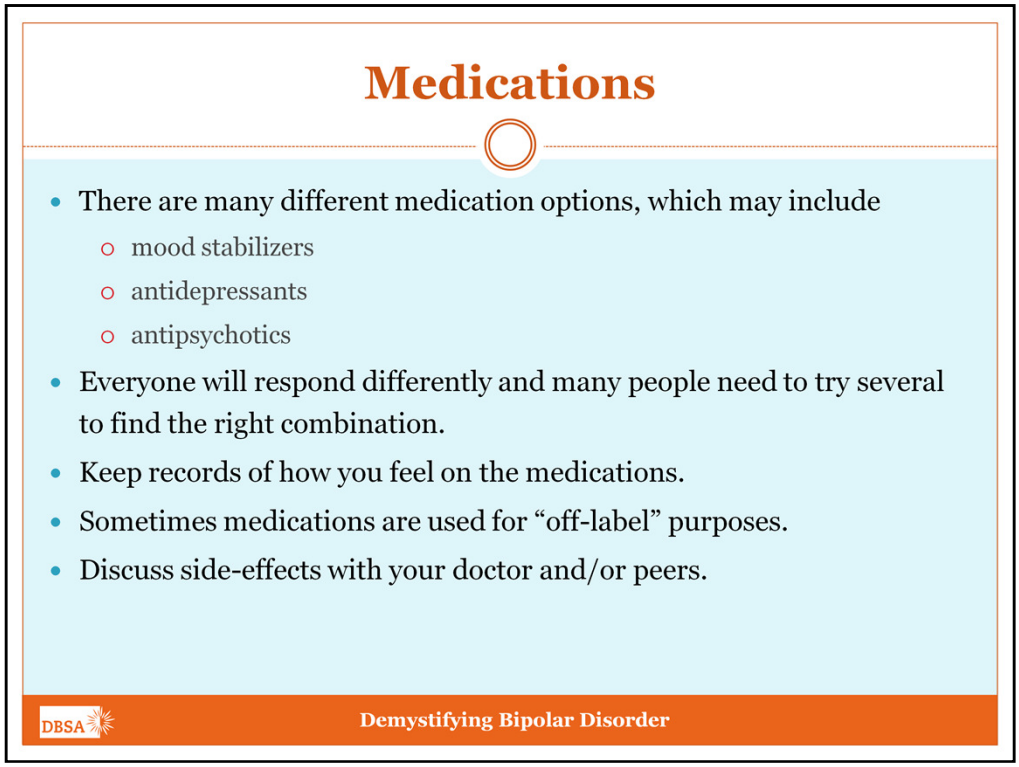
•DBSA recognizes that there are many paths to wellness and promotes numerous treatment components that are beneficial for an individual's achievement of recovery.

•We believe that a successful approach to mental health is balanced and starts best with a knowledgeable, empowered individual.

•A good treatment plan often includes:

- medication or treatments to stabilize mood*
- talk therapy to help with coping skills
- support from a peer-run group like DBSA to learn from and gain strength from others that share similar experiences
- and a personal wellness plan that helps you to better direct your treatment priorities and live better day to day.

*Some individuals find that they do not need medications, while others find them very helpful. Effective treatments vary greatly from person to person.



•There are many safe, effective medications that may be prescribed to relieve symptoms of depression or bipolar disorder. You and your doctor will work together to find the right medication or combination of medications for you. This process may take some time, so don't lose hope.

- Mood stabilizers: These medications help balance your highs and lows. Some mood stabilizer medications are called anticonvulsants, because they are also used to treat epilepsy.
- Antidepressants: These medications help lift the symptoms of depression. There are several different classes (types) of antidepressants.
- Antipsychotics: These medications are primarily used to treat symptoms of mania. Even if you are not hallucinating or having delusions, these medications can help slow racing thoughts to a manageable speed.

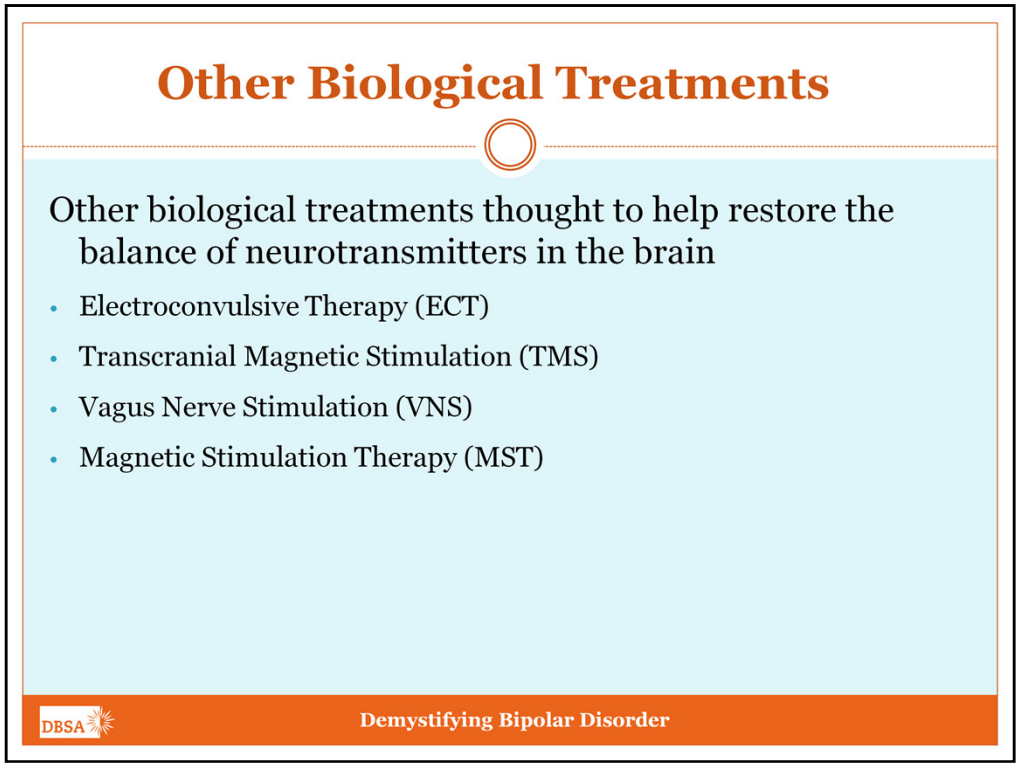
•No two people will respond the same way to a medication, and many people need to try several before they find the best one(s). Different treatments may be needed at different times in a person's life.

•Keep your own records of treatment how you feel each day, what medications (and dosages) you take and how they affect you to help your doctor develop a treatment plan for you. The printed DBSA Personal Calendar or online DBSA Wellness Tracker can be very helpful with this.

•Your doctor may start your treatment with a medication approved to treat mood

disorders. He or she might also add other medications which have been approved by the Food and Drug Administration (FDA) as safe and effective treatments for other illnesses of the brain, but have not yet been specifically approved to treat depression or bipolar disorder. This is called “off-label” use, and can be helpful for people whose symptoms don’t respond to traditional treatments.

•Discuss potential side-effects of any medication with your doctor and/or peers prior to taking the medication and be sure to tell your doctor about any side-effects that become problematic.



There are several technological treatments currently in use or under investigation that are thought to help restore the balance of neurotransmitters in the brain and reduce symptoms of depression or bipolar disorder.

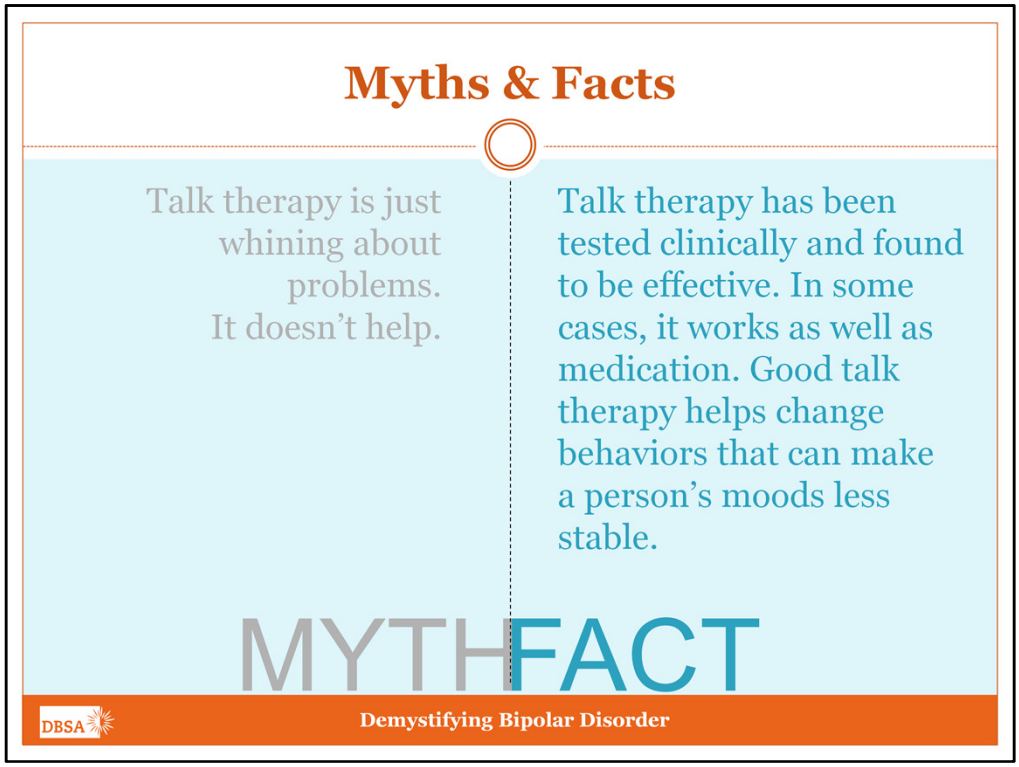
Electroconvulsive therapy (ECT)
In the 1930s, researchers discovered that applying a small amount of electrical current to the brain caused small mild seizures that changed brain chemistry. Over the years, much has been done to make this form of treatment milder and easier for people to tolerate. ECT can be effective in treating severe depression. However, there can be side effects such as confusion and memory loss. The procedure must be performed in a hospital with general anesthesia.

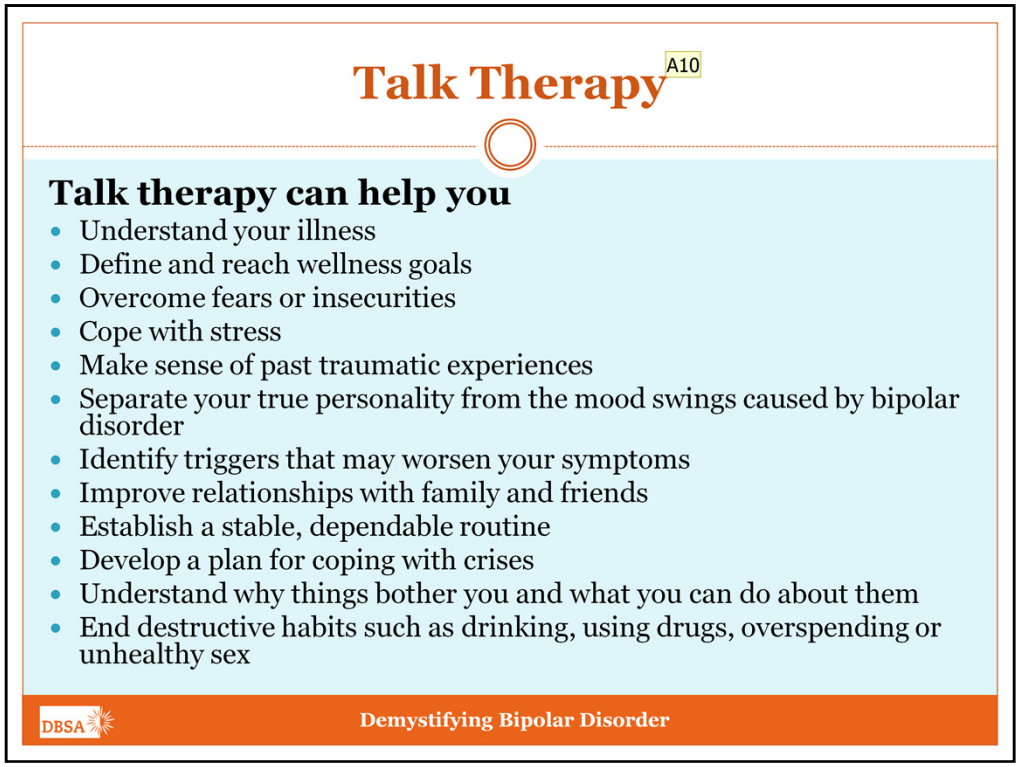
Transcranial Magnetic Stimulation (TMS)
In TMS therapy, a small hand-held device with a special electromagnet is placed against the scalp and delivers short magnetic pulses that affect the brain. This is believed to help correct the chemical imbalance that causes depression. TMS therapy does not require surgery, hospitalization, or anesthesia. The side effects associated with TMS, such as a mild headache or lightheadedness, are relatively infrequent and usually go away soon after the treatment session. The FDA has not yet approved TMS for treatment of depression. Clinical trials are ongoing.

Vagus Nerve Stimulation (VNS)
VNS involves implanting a small battery-powered device, similar to a pacemaker, under the

skin on the left side of the chest. The device is programmed to deliver a mild electrical stimulation to the brain, which may work to correct the chemical imbalance. Studies have shown that VNS can benefit individuals who have not found relief with other treatments. The most common side effects of VNS are hoarseness, sore throat and shortness of breath. The FDA has approved VNS as a therapy for preventing epileptic seizures, but VNS is not yet approved for the treatment of depression. Clinical trials are ongoing.

Magnetic Stimulation Therapy (MST)
MST uses powerful magnetic fields to induce a small, mild seizure, similar to one produced through ECT. Clinical trials have recently begun. Researchers believe MST will be able to treat specific areas of the brain. It is hoped that this treatment will not affect memory or concentration. If these treatments interest you, discuss them with your doctor. Work with your doctor in a collaborative partnership to find the treatments that work best for you.

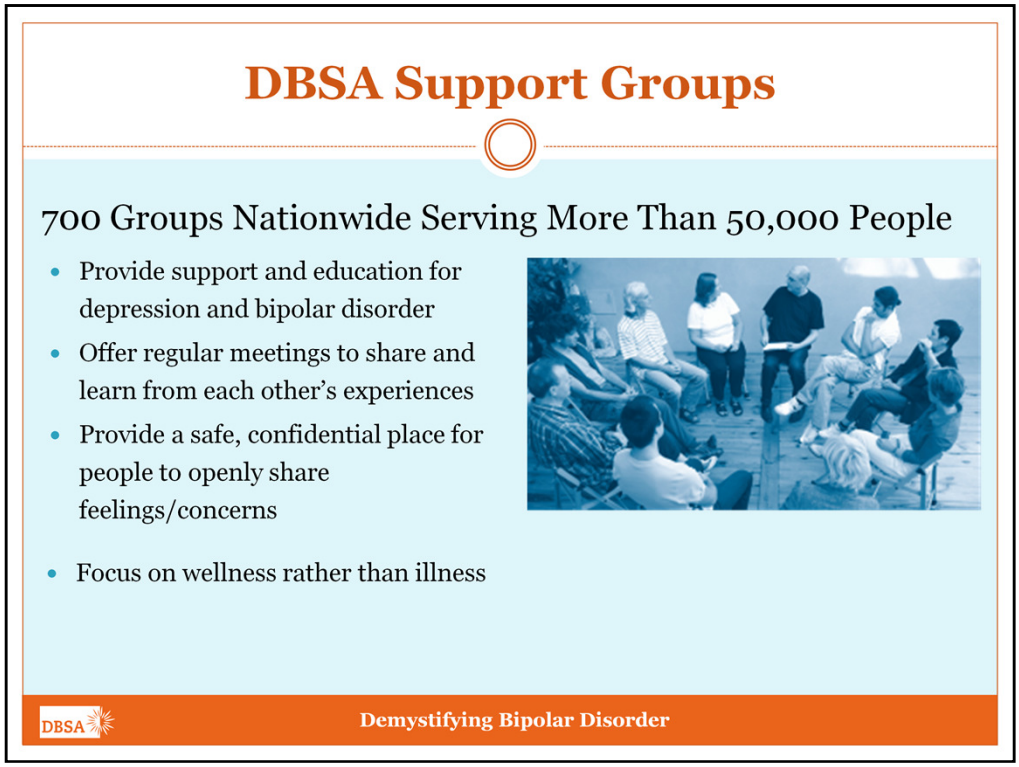

Myths & Facts
Talk therapy is just whining about problems. It doesn't help.
Talk therapy has been tested clinically and found to be effective. In some cases, it works as well as medication. Good talk therapy helps change behaviors that can make a person's moods less stable.
MYTH
FACT
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Psychotherapy (also known as talk therapy) can be an important part of treatment for depression or bipolar disorder (manic depression). A good therapist can help you cope with feelings and symptoms, and change behavior patterns that may contribute to your illness.

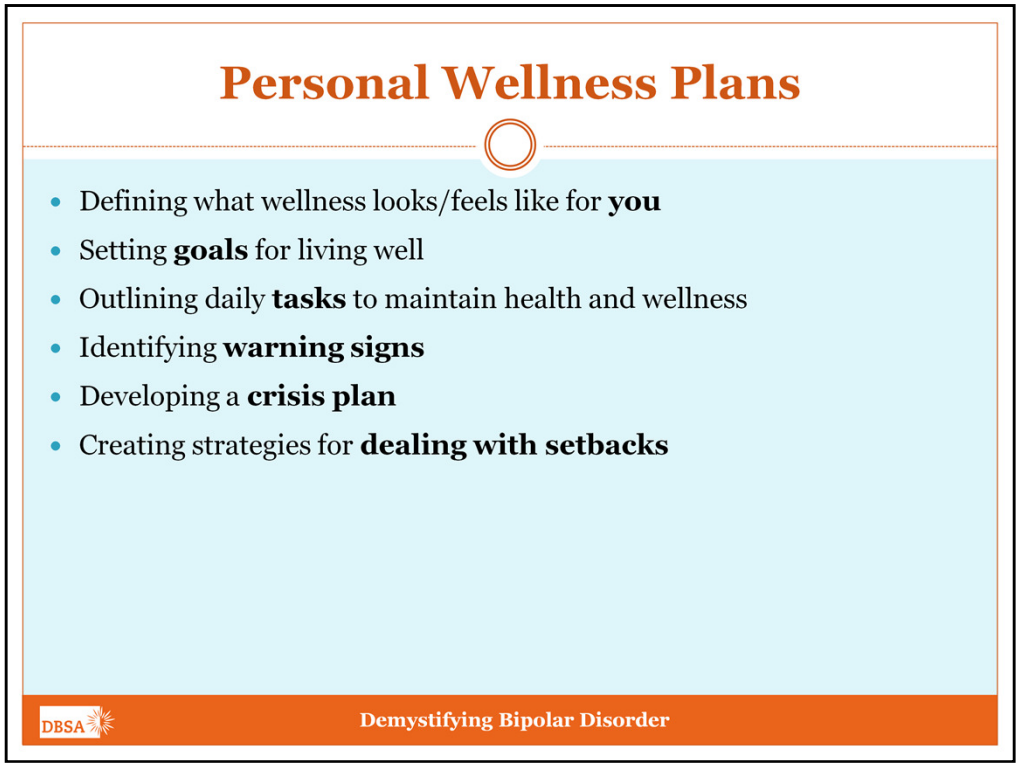
Talk therapy can help you

- Understand your illness
- Define and reach wellness goals
- Overcome fears or insecurities
- Cope with stress
- Make sense of past traumatic experiences
- Separate your true personality from the mood swings caused by bipolar disorder
- Identify triggers that may worsen your symptoms
- Improve relationships with family and friends
- Establish a stable, dependable routine
- Develop a plan for coping with crises
- Understand why things bother you and what you can do about them
- End destructive habits such as drinking, using drugs, overspending or unhealthy sex



Our local group is one of more than 700 support groups that are part of the Depression and Bipolar Support Alliance. Together, these groups are visited by over 50,000 people every year.

•We are a support and education group for people living with depression or bipolar disorder.
•We meet weekly to share and learn from each other's experiences, discuss coping skills and offer hope to one another.
•Our group offers a safe place where people can get together and openly share their concerns and talk about their feelings.
•We focus on helping people improve their lives, in whatever ways they feel are most important.



Creating a plan puts you in control of your wellness and gives you a clear picture of what you're working for every day. It also prepares you, and those who support you, to handle the more difficult moments that the illness might bring.

Some key elements of a wellness plan include:

- Defining what wellness looks/feels like for **you**
- Setting **goals** for living well
- Outlining daily **tasks** to maintain health and wellness
- Identifying **warning signs**
- Developing a **crisis plan**
- Creating strategies for **dealing with setbacks**



DBSA has several tools that can be helpful as you work towards wellness.

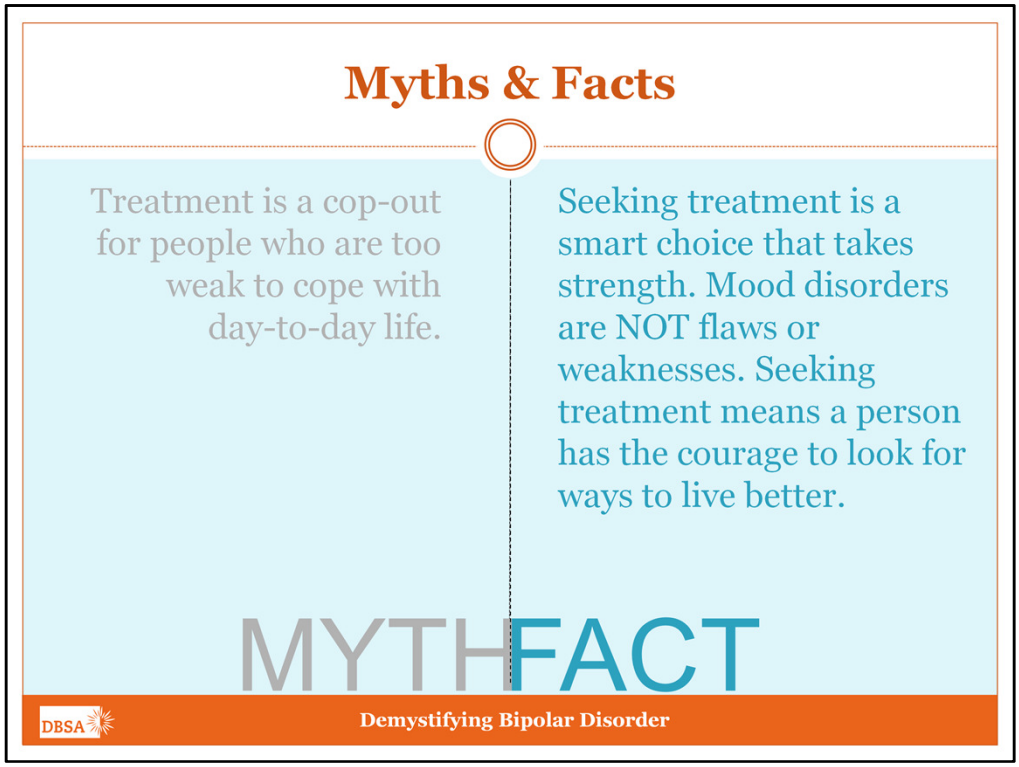
•Knowledge is power! On DBSAlliance.org you'll find in-depth information about bipolar disorder, treatment options, strategies for better communicating with clinicians, family, and friends, and much more. Arm yourself for success by learning as much as you can about bipolar disorder and your options.

•DBSA's printed personal calendar and online wellness tracker can help you keep track of your moods day-to-day, as well as tracking life events, exercise, amount of sleep and much more. These tools can be great to help you track how you've been doing. Many people find it helpful to share these reports with their mental health care providers to show what's been going on with them since their last appointment. The personal calendar can be downloaded or ordered from DBSA's website: www.DBSAlliance.org and the online DBSA Wellness Tracker is available at FacingUs.org.

•Resources for creating your wellness plan can be printed from DBSAlliance.org, or you can create an online wellness plan at FacingUs.org.

•DBSA's wellness clubhouse, FacingUs.org, also has many other great wellness tools you can use! In the clubhouse you can create a personal wellness plan, maintain a journal, share wellness tips with your peers, and listen to or watch audio and video recordings of meditations and yoga, find inspiration in the video personal stories of other individuals who live with mood disorders, and much more!

•And as we talked about earlier, DBSA support groups can be a great way to learn from others what wellness tools have worked for them. You may even find some people willing to try out some new wellness tools with you! If you can't find a support group locally that works with your schedule, consider participating in DBSA's online support groups at www.DBSAlliance.org/OSG.


Myths & Facts
Treatment is a cop-out for people who are too weak to cope with day-to-day life.
Seeking treatment is a smart choice that takes strength. Mood disorders are NOT flaws or weaknesses. Seeking treatment means a person has the courage to look for ways to live better.
MYTH
FACT
DBSA
Demystifying Bipolar Disorder



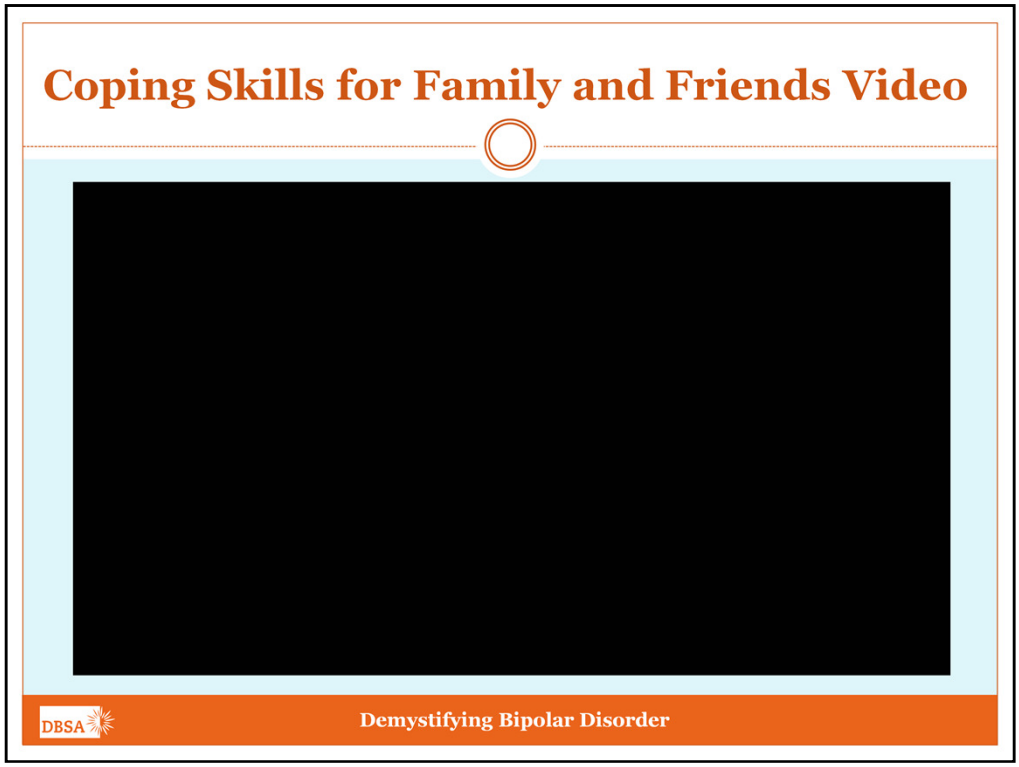
As a friend or family member of someone who is coping with bipolar disorder or depression, your support is an important part of working toward wellness. Don't give up hope.

Treatment for mood disorders does work, and the majority of people with mood disorders can live stable and productive lives. Keep working with your loved one and his or her health care providers to find treatments that work, and keep reminding your loved one that you are there for support.

Helping a Friend or Family Member

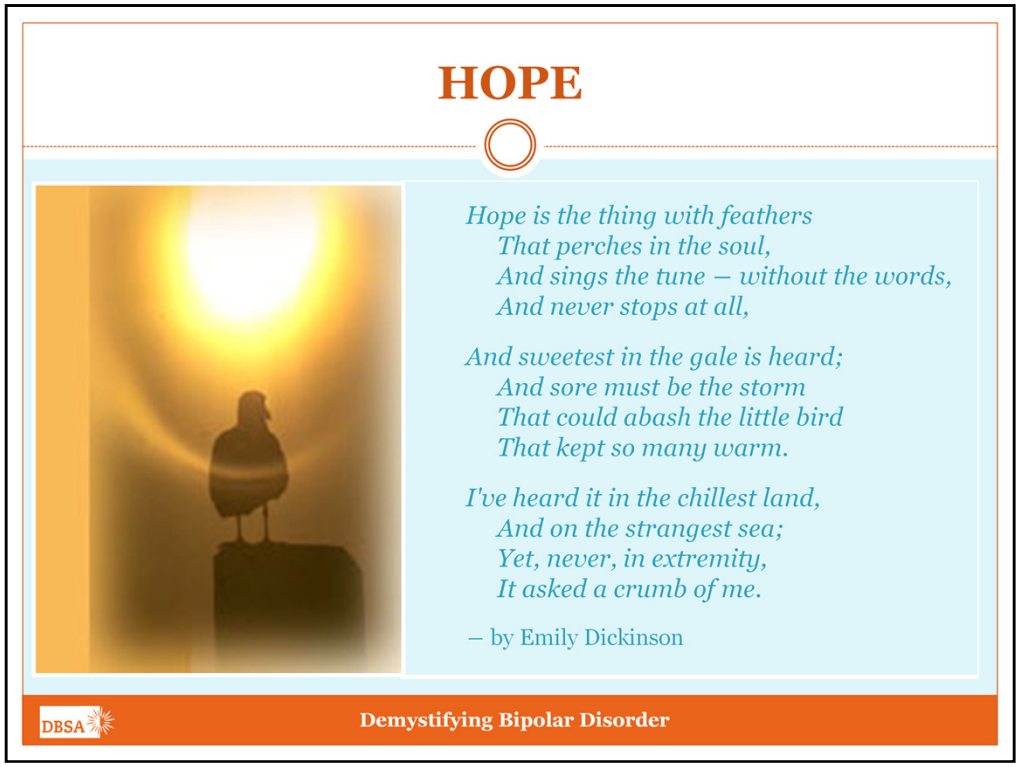
What You Need to Find Out

- If your loved one has a crisis plan and how you can assist in that plan if needed
- Whether you have permission to discuss your loved one's treatment with their doctors
- The most likely warning signs of a worsening manic or depressive episode (words and behaviors) and what you can do to help
- What kind of day-to-day help you can offer, such as doing housework or touching base frequently



Click the black box to play the video. There are two videos. The second will start up a few seconds after the first.

Please note: In order for the embedded videos to work, you should play the presentation directly from the DVD or copy both the PowerPoint presentation and videos on to your hard drive.



•We've learned a lot from each other through this class. We've learned about Bipolar Disorder, and we've learned about treatments. We've learned about recovery, and we've learned about helping each other. But if there is anything that DBSA believes you must learn about, it is about the power of HOPE.

•Hope can be a small and fragile flame. It may not be clear where hope comes from, or what makes it so important, but many of us know that hope is the invisible hand that reaches down to help us climb further up the rocky cliff of recovery. Hope gets us there. Hope guides us, and hope gives us a reason for tomorrow on our darkest days.

•The great poet, Emily Dickinson, wrote a poem about hope that I want to share with you now.
•READ POEM ON SLIDE
•(Optional) Discuss the poem, and why hope is important to each participant.



•Thank you all for being here with us today. We hope this has help you to find knowledge, hope, and the belief that you and/or your loved ones can live a full and happy life beyond a diagnosis of bipolar disorder.
•The [chapter name] hopes to remain a resource to you. If you're interested in learning more about our support group or have any additional questions, please see [me and or another/others you name and point out].
•Share any additional announcements or resources with the participants
•Encourage participants to attend local support group and educational functions, and to visit DBSA's website or to call DBSA's toll-free number for more information (800) 826-3632.
•ADJOURN