

The treatment and management of bipolar disorder

Medical treatment is the primary treatment for bipolar disorder. Some people benefit from certain psychological treatments in addition to their medication. Other helpful strategies include reducing triggers of bipolar symptoms, making lifestyle adjustments and responding to early warning signs of illness. Good support from caregivers and clinicians can also make a difference.

Medical treatment

Taking ongoing medication (even when the person is well) can prevent bipolar relapse, reduce hospitalizations and suicide risk. Medications can also reduce symptoms if the person experiences a bipolar episode.^{1,2} Some bipolar episodes are more severe than others. While many people can be treated at home, sometimes people need to be treated in hospital.

Medications that have shown the most benefit include mood stabilizers and atypical antipsychotics.^{1,2} The use of antidepressants alone to treat bipolar disorder is not recommended as they may trigger hypomania, mania, mixed states or rapid cycling of bipolar moods.³ Anti-anxiety medications (benzodiazepines) are sometimes used for short periods in conjunction with a person's usual medications to relieve restlessness, anxiety, panic or insomnia. Different medications and combinations may be used to reduce different kinds of bipolar episodes.

To get the best from medications, the person needs to take an active role in taking medications regularly, monitoring their effects and discussing treatment problems and decisions with their clinician. For some important points about taking medication for bipolar disorder see Box 1.



Box 1: Important points about taking medication for bipolar disorder

- **Treatments often take time** to begin to work and for people to experience the full benefits of taking them.
- **If the person develops new symptoms**, medications that have helped to keep their bipolar mood stable may need to be adjusted.
- **If the person stops taking a medication that has helped**, the benefits will no longer be there once the medication is out of their system.¹
- **Some medications need to be stopped gradually.**
- **Regular appointments** with the doctor can help to monitor medications.
- **Blood tests** are sometimes required to check levels of certain medications in the blood.
- **The first medication the person tries does not always work.** Sometimes the person needs to work with their clinician to try different medications alone, in combination, or at different doses before they find the right treatment for them.
- **Weighing up the benefits versus the side effects** of a certain medication is sometimes necessary. Some side effects are temporary, or can be overcome by adjusting the dose or changing medications in consultation with the clinician.
- **Medications for bipolar disorder can have negative interactions with other medications** and the person may need to check with their clinician or pharmacist if they are taking other medications.
- **Certain medications for bipolar disorder may not be recommended during pregnancy or when breastfeeding.**
- **Changes in diet** may be required while taking certain medications.

Electroconvulsive therapy (ECT)

ECT may be beneficial if other treatments have not helped and the person is severely depressed or at risk (e.g. they have stopped eating or sleeping, or are very suicidal).⁴ ECT is most beneficial in reducing severe depression but can help reduce other severe symptoms. In ECT the person is given an anesthetic and electrical stimulation is applied to a specific area of the brain. Temporary confusion or loss of memory may occur for a certain time after treatment.

Psychological treatment

Psychological treatment is **not a stand alone treatment** for bipolar disorder. The benefits of adding psychological to usual medical treatment include reductions in bipolar relapse, time spent with symptoms and hospitalization, and improved functioning.⁵⁻⁸

Treatments that have shown to be helpful include *psychoeducation, cognitive therapy, family focused therapy and interpersonal and social rhythm therapy*.^{5,6} These treatments involve the person with bipolar disorder alone, in a group or in the family. Psychological programs aimed at providing information for caregivers about bipolar disorder, ways to provide support and take care of themselves may benefit the person with bipolar disorder and reduce caregiver distress or depression.^{7,8} As with medical treatment, not all people benefit equally from psychological treatment and researchers are finding out who benefits the most from different kinds of psychological treatments.^{5,6}

Some important points about psychological treatment are:

- Psychological treatments need to be conducted by trained health professionals with experience in dealing with bipolar disorder.
- When relatively well a person can learn more about their illness, its treatment and positive ways to manage it. Psychological treatments may also help with depression. However, if the person is currently manic they may be unable to participate effectively in psychological treatment.



Netting Stars - Sarah K Reece

Reducing triggers and making lifestyle adjustments

'Triggers' are stressors that can spark off relapse or make symptoms worse. Recognizing a trigger provides the opportunity for the person to either reduce the stressor or find helpful ways to cope with it.

Common bipolar triggers include:

- **Negative or positive life events:** (e.g. promotion, retrenchment, moving house or divorce).
- **Sleep disruption:** Decreases in sleep can contribute to hypomania or mania and increases in sleep or bedrest to depressive symptoms.
- **Disruption to routine:** Changes in levels of daily activity and stimulation such as work deadlines, jet lag or increases in social activity.
- **Alcohol or other drug abuse:** These substances trigger mood changes and having alcohol or drug problems increases the chances of bipolar relapse, hospitalization and suicide.
- **Interpersonal stress:** (e.g. excessive emotional expressions of concern, shouting, conflict, hostility or criticism).
- **Other overstimulating factors:** (e.g. successful achievement of goals caffeine, nicotine, noise, clutter or traffic.)

To keep well, the person may need to make some **adjustments to their lifestyle and goals**. The extent of this adjustment differs from person to person. Examples of positive lifestyle habits include:

- Having regular routine and sleep patterns
- Not abusing alcohol or street drugs
- Exercising regularly
- Regulating stimulation (e.g. having quiet times between social engagements or restoring sleep habits after celebrations)
- Setting realistic manageable goals
- Eating a healthy diet
- Finding ways to relax and unwind
- Adopting a problem solving approach to difficulties (i.e. identifying the problem, looking for possible solutions, selecting a solution to try, planning and implementing the solution and seeing how it worked).

The person may need to make some adjustments to their lifestyle and goals to help them to keep well.

Dealing with bipolar warning signs

'Warning signs' are changes in the way the person behaves, thinks or feels that are much milder than actual symptoms and indicate that they may be developing a bipolar episode. Research studies have shown that in addition to ongoing medical treatment, recognizing and responding to early warning signs might help to prevent bipolar relapse.⁹ For suggestions about how a person with bipolar disorder can deal with warning signs of hypomania or mania see Box 2, and with warning signs of depression see Box 3. Although effective, it can sometimes be difficult for the person to act contrary to their mood to prevent relapse (e.g. to get out of bed when becoming depressed).

Box 2: Dealing with warning signs of hypomania or mania

Examples of common warning signs of mania or hypomania include:

- Sleeping less
- Being more active or sociable
- Irritability and impatience
- Being more talkative or rapid speech
- Increased self-confidence, self-importance or optimism
- Elevated mood
- Agitation or restlessness
- Being easily distracted and unable to concentrate
- Thinking much more quickly or racing thoughts
- Engaging in more risky or sexual behavior
- Having lots more plans and goals
- Increased alcohol or other drug use

Helpful things people with bipolar disorder can do to deal with their warning signs of hypomania or mania include:

- Responding to warning signs early, before symptoms have really had a chance to develop.
- Contacting the clinician to get medical treatment or taking medication that has already been prescribed specifically for times when warning signs appear.
- Reducing stimulation (e.g. reducing social activities).
- Resting (with the help of prescribed medication if necessary).

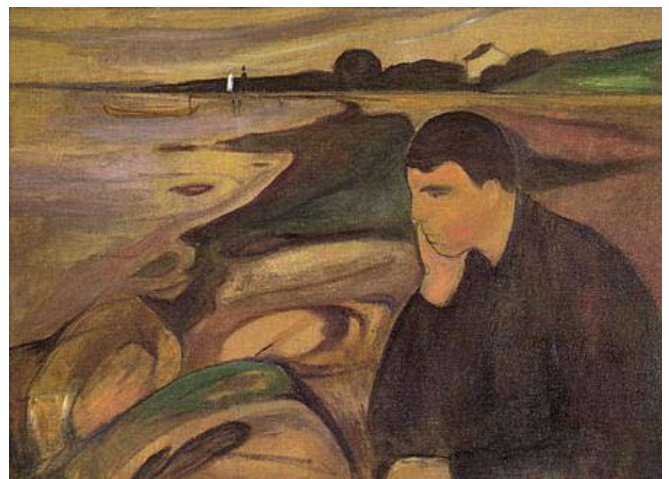
Box 3: Dealing with warning signs of depression

Examples of common warning signs of depression include:

- Being less interested in doing things or socializing
- Anxiety or worry
- Sleep problems
- Being tearful or sad
- Feeling more tired than usual
- Neglecting certain tasks and doing less
- Having physical aches and pains
- Being forgetful

Helpful things people with bipolar disorder can do to deal with their warning signs of depression include:

- Restoring or maintaining a basic routine and regular sleep patterns.
- Doing something that involves a bit of physical activity or exercise.
- Setting small manageable goals to do things, and dividing these goals into smaller steps if they are hard to achieve.
- Acknowledging what they (the person) manages to do, no matter how small, as experiencing a sense of achievement can have a positive influence on mood.
- Recognizing positive events and experiences when they occur.
- Discussing warning signs or early symptoms with their clinician.



Melancholy - Edvard Munch

Developing a good support system

Many people with bipolar disorder recommend developing a good support system and research shows that good support may help reduce bipolar relapse.¹⁰ A support system can include:

- Certain family members and friends for companionship and to help with the illness when necessary.
- More distant acquaintances may also help out at times (e.g. a neighbor may give the children a lift to school).
- Selective work colleagues or people who share the person's hobbies.
- Peer- support groups give the person the opportunity to communicate with like-minded people.
- A good relationship with a clinician or mental health team can help the person to deal with the illness and get the best from treatment.



Bushfire - Leigh Kibby

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Please note:

This summary is NOT a replacement for medical advice and we recommend that you or the person you care for discuss issues related to treatment with a clinician.



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