HOW DOES IT IMPACT QUALITY OF LIFE?

Bipolar disorder:

- Affects work functioning and is responsible for loss of productivity and increased illness and absenteeism - 72% of bipolar patients receive disability payments [1]
- Is associated with increased substance use/dependence and the excessive use of alcohol, and smoking [1, 5]
- Increases the likelihood of having other psychiatric and medical conditions [1]
- Increases the risk of suicide especially during major depressive episodes [8]

CAN BIPOLAR DISORDER BE TREATED?

Effective treatment is available for bipolar disorder. However despite advances in medical and non-medical treatments, bipolar disorder often has many relapses and affects psychological functioning. [7]

Long-term treatment is aimed at preventing manic and depressive episodes. Long-term treatment is strongly recommended because, even after one episode, the chances of having recurrences in a lifetime is 95%. [6] Treatment of BD is often lifelong, and needs to be reviewed at least every six months. [2]

WHERE TO GO FOR HELP

The first step to effective long term treatment is to discuss your symptoms with your general practitioner or a healthcare professional at your local day clinic or hospital.

Please Note: This is an educational information leaflet only and should not be used for diagnosis. For more information on bipolar disorder and mental illness, consult your healthcare professional.

References: 1. Fagiolini A, Forgione R, Maccari M, Cuomo A, Morana B, Dell'Osso MC, et al. Prevalence, chronicity, burden and borders of bipolar disorder. Journal of Affective Disorders 2013;148:161-169. 2. Emsley R, Flisher AJ, Grobler G, Seedat S, Szabo CP. The South African Society of Psychiatrists (SASOP) Treatment Guidelines for Psychiatric Disorders. SAJP 2013;19(3):128-171. 3. Parker G, Fletcher K. Differentiating bipolar I and II disorders and the likely contribution of DSM-5 classification to their cleavage. Journal of Affective Disorders 2014:57-64. 4. Parker G, Fletcher K, McCraw S, Futeran S, Hong M. Identifying antecedent and illness course variables differentiating bipolar I, bipolar II and unipolar disorders. Journal of Affective Disorders 2013;148:202 -209. 5. Akiskal HS. Mood Disorders: Clinical Features In: Kaplan and Sadock's Comprehensive Book of Psychiatry. Sadock BJ, Sadock VA, Pedro R editors. 9th ed. Philadelphia. Wolters Kluwer Health/Lippincott Williams & Wilkins 2009. Chapter 13.7. 6. Vieta E, Valentí M. Pharmacological Management of Bipolar Depression: Acute Treatment, Maintenance, and Prophylaxis. CNS Drugs 2013;27:515–529. 7. Treuer T, Tohen M. Predicting the course and outcome of bipolar disorder: A review. European Psychiatry 2010;25;328–333. 8. Isometsä E. Suicidal Behaviour in Mood Disorders—Who, When, and Why? Can J Psychiatry 2014;59(3);120-130.

Cipla

Cipla SADAG Helpline: 0800 456 789

WhatsApp counselling helpline: 076 88 22 77 5

www.sadag.org

Distributed by Medinformer. To reorder brochures please contact us on +27 21 438 0841 or services@medinformer.co.za.
This content is protected in terms of the Copyright Act 98 of 1978.

To view a digital version of this material and many other health topics sms "BIPOLAR" to 43990 (standard rates apply) or visit www.medinformer.co.za

Cipla

BIPOLAR

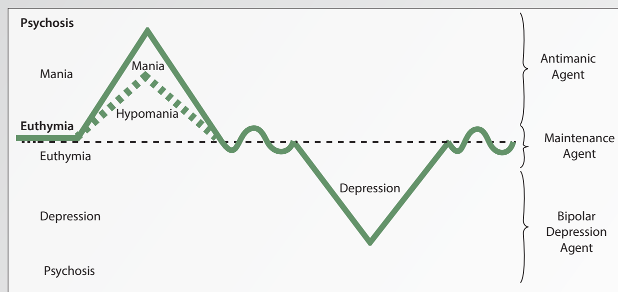
WHAT IS IT?

Bipolar disorder (also known as BD) is a severe lifelong mood disorder causing alternating episodes of "highs" [elevated mood or mania] and "lows" [depressed mood]. [1, 2]

There are two types of Bipolar disorder. Bipolar I disorder affects men and women equally, while bipolar II disorder is more common in women. [2]

BIPOLAR I DISORDER	BIPOLAR II DISORDER
One or more episodes of mania with or without major depressive episodes [2, 3]	One or more episodes of hypomania (less elevated mood) as well as at least one major depressive episode [2, 3] Shorter episodes of depression than bipolar I [4]
Anxiety, substance use/dependence and personality disorders are common to both [4]	

PHASES OF BIPOLAR DISORDER



Adapted from SASOP [2]

SYMPTOMS OF "HIGHS" (MANIA) [5]	SYMPTOMS OF "LOWS" [2]
An elevated or irritable mood which is often jovial and joking but is unstable. There can be extreme irritability and hostility	Depressed mood
Overabundant energy and activity and rapid, pressured speech	Lack of interest or pleasure
A rush of ideas	Change in appetite
Impulsive and inappropriate behavior	Insomnia / hypersomnia
Grandiose delusions (e.g. delusions of inventive genius or aristocratic birth)	Excessive guilt feelings
Overoptimistic about one's abilities	Ideas or acts of self-harm or suicide
Severe insomnia	Reduced self-esteem and self confidence
	Reduced concentration and attention

Mania is probably the most well recognised feature of bipolar disorder, but most people spend far more time in depressive episodes, than in elevated mood and mixed mood episodes. [6] Depression usually presents first and dominates the later stages of the illness. [2, 7]

WHO IS AFFECTED?

The first symptoms of BD often present at 15 to 19 years of age. [2] There is often a family history of bipolar disorder, as well as a history of bullying at school and attempts of suicide/self-harm. [5]

MEN [7]	WOMEN [7]
Early onset associated with manic episodes	More depressive episodes
Higher probability of childhood antisocial behaviour	Higher rates of comorbid eating disorders
Higher rates of comorbid alcohol abuse/dependence	Weight change Insomnia
Cannabis abuse/ dependence	
Pathological gambling