



MOOD DISORDERS ASSOCIATION OF MANITOBA INC.

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Bipolar Affective Disorder (Q&A)

Source: Canadian Network for Mood and Anxiety Disorders (CANMAT)

Q: Why is bipolar disorder called an illness?

A: Everyone has ups and downs in moods – happiness, sadness, and anger are normal emotions and an essential part of everyday life. In contrast, bipolar affective disorder (used to be called manic-depression) is a medical condition in which people have mood swings out of proportion, or totally unrelated, to things going on in their lives. These swings affect thoughts, feelings, physical health, behaviour, and functioning. Bipolar disorder is not your fault, nor is it the result of a ‘weak’ or unstable personality. It is a treatable medical disorder for which there is no one specific medication that helps most people.

Q: When does bipolar disorder begin?

A: Bipolar disorder **usually** begins in adolescence or early adulthood, although it can sometimes start in early childhood or as late as the 40s or 50s. When someone over 50 has a manic episode for the first time, the cause is more likely to be a problem **imitating** bipolar disorder (eg., neurological illness or the effects of drugs, alcohol, or some prescription medications).

Q: Why is it important to diagnose and treat bipolar disorder as early as possible?

A: **On average**, people with bipolar disorder see 3 to 4 doctors and spend over 8 years seeking treatment before they receive a correct diagnosis. Earlier diagnosis, proper treatment, and finding the right medications can help people avoid the following:

- **Suicide.** The risk is highest in the initial years of the illness.
- **Alcohol/substance abuse.** More than 50% of those with bipolar affective disorder abuse alcohol or drugs during their illness.

- **Treatment difficulties.** There is evidence that the more mood episodes a person has, the harder it is to treat each subsequent episode and the more frequent episodes may become. This is sometimes referred to as ‘kindling’ – eg., once the fire has started and spread, it is harder to put out.
- **Incorrect, inappropriate, or partial treatment.** A person misdiagnosed as having depression alone instead of bipolar disorder may incorrectly receive antidepressants alone without anti-manic medication. This can trigger manic episodes and make the overall course of your illness worse.

Q: Can I pass this disorder on to my children?

A: There is evidence from a number of studies that close relatives of someone with bipolar affective disorder are more likely than normal to develop the same disorder. However, even when a family member is affected, it is not possible to accurately predict the risk that person has for passing it on to his or her children.

Q: Will mood stabilizers reduce the likelihood of a person experiencing normal emotions?

A: Mood stabilizers act more as mood ‘levellers’ and do not blanket feelings or emotions. Once mood has stabilized closer to normal, people will continue to have normal emotional reactions and experience little, if any, interference with mental or physical activity. Indeed, most people are able to carry out all their usual activities including going to work and driving a car.

Q: When will the medication start to work?

A: Depending on the medication used, it may take several weeks before people notice an improvement in symptoms, and further improvement may be gradual. This is why at the outset of treatment, a mood stabilizer may be combined with a different medication so as to hasten symptomatic improvement. Knowing there is usually a delay in mood improvement when a medication is started should help prevent people from giving up too soon.

Q: How can I tell if the medication is working properly?

A: Mood stabilizers are working properly if they effectively control mood swings while producing few side effects. Some mood stabilizers also prevent further episodes of mania and depression from recurring, and if recurrent episodes do occur, they are often less severe and less frequent. It’s important not to get discouraged if mood swings continue after starting medication. Although not everyone responds to a single medication, most eventually do, especially given in combination, and it’s essential that treatment not be stopped before the medication has had an adequate chance to work.

Q: Why are blood tests necessary when taking valproate or lithium?

A: Tests are important because they help doctors better monitor the amount of medication present in the blood. Too little medication may not be effective in helping stabilize mood swings, whereas too much can lead to unwanted and sometimes serious side effects. So blood tests are done to ensure that the dosage given is effective and safe.

Q: What are the early warning signs of a new mood episode?

A: Early signs of a mood episode differ from person to person and are different for mood elevations and depressions. The better you are at spotting your own early warning signs, the faster you can get help to prevent a full-blown episode. Each person gets to know certain inner feelings that indicate when a mood change is developing. Slight changes in mood, sleep, energy, self-esteem, sexual interest, concentration, willingness to take on new projects, thoughts of death (or sudden optimism), and even changes in dress and grooming, may be early warnings of an impending highs or lows. Pay special attention to a marked change in your sleep pattern, since this is a common clue that trouble is brewing. Since loss of insight may be an early sign of an impending mood episode, don't hesitate to ask your family to watch for early warnings that you may be missing.

Q: What should you do when you feel like quitting your treatment?

A: It is normal to have occasional doubts and discomfort with treatment. Be sure to discuss all your concerns and any discomforts with your doctor, therapist, and family. If you feel a treatment is not working or is causing unpleasant side effects, tell your doctor – **don't stop or adjust your medication on your own.** Symptoms that come back after stopping medication are sometimes much harder to treat. You and your doctor can work together to find the best and most comfortable medicine for you. Also, don't be shy about asking for a second opinion from another clinician. Consultations can be a great help.

Q: Can I drink alcohol while taking a mood stabilizer?

A: Most people may have an occasional drink if they wish. However, the ability to drive and operate machinery may be impaired by the combination of the alcohol and mood stabilizers and should be avoided.

“Treat it ... defeat it.”