

## 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 <sup>1</sup>
- Is associated with increased substance use/dependence and the excessive use of alcohol, and smoking <sup>1,5</sup>
- Increases the likelihood of having other psychiatric and medical conditions <sup>1</sup>
- Increases the risk of suicide especially during major depressive episodes <sup>8</sup>

## 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. <sup>7</sup>

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%. <sup>6</sup> Treatment of BD is often lifelong, and needs to be reviewed at least every six months. <sup>2</sup>

## 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.

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# 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].<sup>1,2</sup>

There are two types of Bipolar disorder. Bipolar I disorder affects men and women equally, while bipolar II disorder is more common in women.<sup>2</sup>

### BIPOLAR I DISORDER

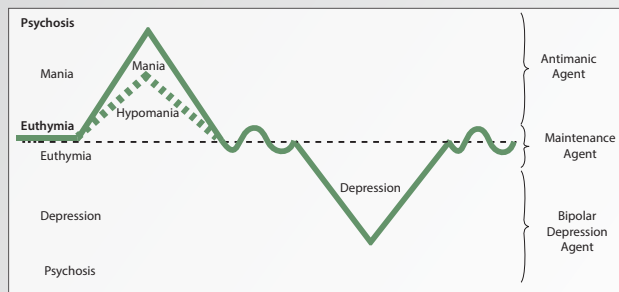
One or more episodes of mania with or without major depressive episodes<sup>2,3</sup>

### BIPOLAR II DISORDER

One or more episodes of hypomania (less elevated mood) as well as at least one major depressive episode<sup>2,3</sup>  
  
Shorter episodes of depression than bipolar I<sup>4</sup>

Anxiety, substance use/dependence and personality disorders are common to both<sup>4</sup>

## PHASES OF BIPOLAR DISORDER



Adapted from SASOP<sup>2</sup>

### SYMPTOMS OF "HIGHS" (MANIA)<sup>5</sup>

An elevated or irritable mood which is often jovial and joking but is unstable. There can be extreme irritability and hostility

Overabundant energy and activity and rapid, pressured speech

A rush of ideas

Impulsive and inappropriate behavior

Grandiose delusions (e.g. delusions of inventive genius or aristocratic birth)

Overoptimistic about one's abilities

Severe insomnia

### SYMPTOMS OF "LOWS"<sup>2</sup>

Depressed mood

Lack of interest or pleasure

Change in appetite

Insomnia / hypersomnia

Excessive guilt feelings

Ideas or acts of self-harm or suicide

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.<sup>6</sup> Depression usually presents first and dominates the later stages of the illness.<sup>2,7</sup>

## WHO IS AFFECTED?

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

### MEN<sup>7</sup>

Early onset associated with manic episodes

Higher probability of childhood antisocial behaviour

Higher rates of comorbid alcohol abuse/dependence

Cannabis abuse/dependence

Pathological gambling

### WOMEN<sup>7</sup>

More depressive episodes

Higher rates of comorbid eating disorders

Weight change  
Insomnia



*"Depression usually presents first and dominates the later stages of the illness."<sup>2,7</sup>*