

Guide to Bipolar Disorder

R E L I E F



RELIEF RESOURCES is a mental health referral service with a unique sensitivity to the frum community and the expertise needed to find the best care available. With our extensive referral network of leading medical professionals, we can partner patients with providers by specialty, location, and therapeutic technique.

If you or your loved one is struggling with any disorder and don't know where to turn, call **RELIEF** at **718.431.9501** and get the help and support you need.

Relief Resources does not endorse or recommend the use of any specific treatments or medications listed in this publication. For advice about specific treatment or medications, individuals should consult their physician and/or mental health professional.



TABLE OF CONTENTS

BIPOLAR DISORDER: MORE THAN A MOOD SWING	3
<i>Symptoms of Mania</i>	4
<i>Symptoms of Depression</i>	5
<i>Types of Episodes</i>	5
THE IMPORTANCE OF RECOGNIZING MANIA	7
WHAT IS THE COURSE OF BIPOLAR DISORDER?	8
CAN CHILDREN AND ADOLESCENTS HAVE BIPOLAR DISORDER?	9
WHAT CAUSES BIPOLAR DISORDER?	11
HOW IS BIPOLAR DISORDER TREATED?	12
<i>Medications</i>	13
TREATMENT OF BIPOLAR DEPRESSION	16
<i>Thyroid Function</i>	16
<i>Medication Side Effects</i>	17
<i>Never Stop Taking Medication Without Talking to Your Doctor</i>	17
<i>Psychotherapy</i>	18
<i>Electroconvulsive Therapy (ECT)</i>	19
<i>Alternative Treatments</i>	20
SUICIDE	21
WHEN HOSPITALIZATION IS REQUIRED	23
TAKING CONTROL OF YOUR ILLNESS	24
HOW INDIVIDUALS AND FAMILIES CAN GET HELP	26
FOR FAMILIES AND FRIENDS	28

Bipolar Disorder (Manic Depression): More than a Mood Swing



Manic-depression is a treatable medical illness marked by extreme changes in mood, thought, energy and behavior. It is also known as *bipolar disorder* because a person's mood can alternate between the "poles" of *mania* and *depression*. This change in mood or "mood swing" can last for hours, days, weeks or even months. Mood swings that come with bipolar disorder can be severe, ranging from extremes in energy to deep despair. The severity of the mood swings and the way they disrupt normal activities distinguish bipolar mood episodes from ordinary mood changes.

Unlike people with clinical (unipolar) depression, most people who have bipolar disorder talk about experiencing the "highs" and "lows" of the illness. The "highs" are periods of mania or intense bursts of energy or euphoria, and the "lows" are periods of extreme depression and sadness.

In order for Bipolar Disorder to be diagnosed, you must have a number of these symptoms:

SYMPTOMS OF MANIA

- ☞ Increased physical and mental activity and energy
- ☞ Heightened mood; feeling wonderful, euphoric
- ☞ Exaggerated optimism and self-confidence; for example, being absolutely convinced that one has correct judgment and anyone who disagrees is certainly wrong.
- ☞ Excessive irritability, aggressive behavior
- ☞ Decreased need for sleep without experiencing fatigue
- ☞ Grandiose delusions (such as believing one is Mashiach or being absolutely convinced that they can bring Mashiach), inflated sense of self-importance
- ☞ Racing speech, racing thoughts or flight of ideas (jumping from one idea to another – so fast that other people can not keep up with you.)
- ☞ Impulsiveness, poor judgment or distractibility
- ☞ Reckless behavior such as spending sprees, rash business decisions, erratic driving or sexual indiscretions.
- ☞ Excessive suspiciousness and distrust of people one should trust, for example, not believing spouse, family member, or doctor when they tell the patient that he or she needs help.
- ☞ Feeling “wired”, “driven” or “speedy”; or appearing this way to others.
- ☞ Being very goal directed about one thing or activity to exclusion of other things, for example, being overly preoccupied with religion such as feeling compelled to learn, daven or lead a “perfect life” more than a Rav would consider appropriate.
- ☞ Excessive consumption of alcohol or use of chemical substances
- ☞ In the most severe cases, delusions and hallucinations

SYMPTOMS OF DEPRESSION

- ☞ 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
- ☞ Unexplained aches and pains
- ☞ Feelings of guilt, worthlessness and/or hopelessness
- ☞ Inability to concentrate or indecisiveness
- ☞ Inability to take pleasure in former interests or social withdrawal
- ☞ Excessive consumption of alcohol or use of chemical substances (This is actually more common in the manic phase than in the depressed phase.)
- ☞ Recurring thoughts of death or suicide

TYPES OF EPISODES

Manic Episode:

A manic episode is marked by a distinct period of persistently elevated, expansive, or irritable mood, which lasts at least one week. During this period, three or more symptoms of mania must be present.

Major Depressive Episode:

A major depressive episode occurs over a period of two weeks or more, during which five or more symptoms of depression are present.

Hypomanic Episode:

A hypomanic episode is a mild to moderate level of mania. This is similar to a manic episode, however, it is less severe, and

delusions or hallucinations are not present. A hypomanic episode must be clearly different from the individual's typical non-depressed mood, with a clear change in functioning and observable behaviors that are unusual or out-of-character, such as overspending, marital problems and/or excessive anger and arguing. Hypomania may even be associated with feeling good and increased productivity. However, hypomania can progress into severe mania or switch into depression.

Mixed Episode

A mixed episode is when symptoms of a manic and a major depressive episode are both present every day for at least a one-week period. Some people experience symptoms of a mixed state where they feel very sad and hopeless, yet, at the same time feel extremely energized. The person may switch rapidly – in minutes or hours – between mania and depression. For example, the person might be manic, talking rapidly and enraged and then suddenly start to cry.

Rapid Cycling

Rapid Cycling is marked by four or more manic, hypomanic, mixed or depressive episodes within a 12-month period. Some people have multiple episodes in one week, or even within a day. Rapid Cycling tends to develop later in the course of the disorder.

The classic form of the illness, which involves recurrent episodes of mania and depression, is called **bipolar I disorder**. Some people, however, never develop severe mania but instead experience milder episodes of hypomania that alternate with depression; this form of the illness is called **bipolar II disorder**.

The Importance of Recognizing Mania



Unfortunately, many people with symptoms delay seeking professional help. In the frum community while the fear of stigma may be great, the overriding need to attend to one's health must take precedence.

The average length of time between the onset of bipolar symptoms and a correct diagnosis is seven years. There is a real danger involved in leaving bipolar disorder undiagnosed, untreated or undertreated – people with bipolar disorder who do not receive proper help have a suicide rate as high as 20 percent.

When left untreated, the natural course of bipolar disorder can worsen, and episodes may become more frequent and severe over time. However, in many cases bipolar disorder can be effectively treated, and treatment can improve a person's quality of life and help maintain healthy and productive functioning.

What Is the Course of Bipolar Disorder?



Episodes of mania and depression typically recur across the life span. Between episodes, most people with bipolar disorder are free of symptoms, but as many as one-third of people have some residual symptoms. A small percentage of people experience chronic unremitting symptoms despite treatment.

People with bipolar disorder can lead healthy and productive lives when the illness is effectively treated. Without treatment, however, the natural course of bipolar disorder tends to worsen. Over time a person may suffer more frequent (as well as more rapid-cycling) and more severe manic and depressive episodes than those experienced when the illness first appeared. But in most cases, proper treatment can help reduce the frequency and severity of episodes and can help people with bipolar disorder maintain good quality of life.

Can Children and Adolescents Have Bipolar Disorder?



Both children and adolescents can develop bipolar disorder. It is more likely to affect the children of parents who have the illness.

Unlike many adults with bipolar disorder whose episodes tend to be more clearly defined, children and young adolescents with the illness often experience very fast mood swings between depression and mania many times within a day. Children with mania are more likely to be irritable and prone to destructive tantrums than to be overly happy and elated, for example, they might break things or be violent towards others; use shockingly foul language; and have no fear of adults. Mixed symptoms also are common in youths with bipolar disorder. Older adolescents who develop the illness may have more classic, adult-type episodes and symptoms.

Bipolar disorder in children and adolescents can be hard to tell apart from other problems that may occur in these age groups. For example, while irritability and aggressiveness can indicate bipolar

disorder, they also can be symptoms of attention deficit hyperactivity disorder, conduct disorder, oppositional defiant disorder, or other types of mental disorders more common among adults such as major depression or schizophrenia. Although the hyperactivity of mania and attention deficit hyperactivity disorder are very similar, the manic child is more likely to willfully (not accidentally) break things and be violent or threaten violence. Drug abuse also may lead to such symptoms.

For any illness, however, effective treatment depends on appropriate diagnosis. Children or adolescents with emotional and behavioral symptoms should be carefully evaluated by a mental health professional. **Any child or adolescent who has suicidal feelings, talks about suicide, or attempts suicide should be taken seriously and should receive immediate help from a mental health specialist.**

What Causes Bipolar Disorder?



Research has shown that the presence of bipolar disorder indicates an imbalance in brain chemicals called *neurotransmitters*. Although the direct cause of the illness is unclear, it is known that genetic, biochemical and environmental factors each play a role. Body chemistry can bring on a depressive or manic episode, due to the presence of another illness, altered health habits, stress, substance abuse, or hormonal changes. In addition, studies have shown that the illness often runs in families, and that stressful life experiences can trigger some symptoms.

How Is Bipolar Disorder Treated?



Most people with bipolar disorder—even those with the most severe forms—can achieve substantial stabilization of their mood swings and related symptoms with proper treatment. Because bipolar disorder is a recurrent illness, long-term preventive treatment is strongly recommended and almost always indicated. A strategy that combines medication and psychosocial treatment is optimal for managing the disorder over time.

In most cases, bipolar disorder is much better controlled if treatment is continuous than if it is on and off. But even when there are no breaks in treatment, mood changes can occur and should be reported immediately to your doctor. The doctor may be able to prevent a full-blown episode by making adjustments to the treatment plan. Working closely with the doctor and communicating openly about treatment concerns and options can make a difference in treatment effectiveness.

In addition, keeping a chart of daily mood symptoms, treatments, sleep patterns, and life events may help people with bipolar

disorder and their families to better understand the illness. For example, the patient might notice that frequently after being out late at a *simcha*, he or she tends to have a small manic episode; or that sleeping late in the morning consistently makes the person depressed. This chart also can help the doctor track and treat the illness most effectively.

MEDICATIONS

Medications for bipolar disorder are prescribed by psychiatrists—medical doctors (M.D.'s) with expertise in the diagnosis and treatment of mental disorders. While primary care physicians who do not specialize in psychiatry also may prescribe these medications, it is recommended that people with bipolar disorder see a psychiatrist for treatment.

Medications known as “mood stabilizers” are usually prescribed to help control bipolar disorder. Several different types of mood stabilizers are available. In general, people with bipolar disorder continue treatment with mood stabilizers for extended periods of time (years). Other medications are added when necessary, typically for shorter periods, to treat episodes of mania or depression that break through despite the mood stabilizer.

- Lithium, the first mood-stabilizing medication approved by the U.S. Food and Drug Administration (FDA) for treatment of mania, is often very effective in controlling mania and preventing the recurrence of both manic and depressive episodes.
- Anticonvulsant medications, such as Depakote® (valproate) Lamictal® (lamotrigine), Tegretol® and Equetro® (carbamazepine), also can have mood-stabilizing effects and may be especially useful for difficult-to-treat bipolar episodes.
- Atypical antipsychotic medications, including Clozaril® (clozapine), Zyprexa® (olanzapine), Risperdal® (risperidone),

Seroquel® (quetiapine), Abilify® (aripiprazole) and Geodon® (ziprasidone), are used as possible treatments for bipolar disorder. Zyprexa is FDA approved for the treatment of acute mania and the maintenance treatment of bipolar disorder. Risperdal®, Seroquel®, Geodon®, and Abilify® are all FDA approved for the treatment of acute mania. Of the current atypicals, Clozaril® is the only one that doesn't have the official FDA approval for bipolar disorder. However, evidence suggests Clozaril® may be helpful as a mood stabilizer for people who do not respond to lithium or anticonvulsants. Although these drugs are called "antipsychotics" a patient with bipolar disorder does not have to be psychotic to benefit from one of them and getting a prescription for one does not mean that the patient has schizophrenia. Rather, these drugs have been shown to be helpful in treating acute mania and many physicians prefer them in this situation to lithium or an anticonvulsant.

- Anticonvulsant medications may be combined with lithium, or with each other, for maximum effect.
- Children and adolescents with bipolar disorder generally are treated with lithium, but Depakote® (valproate) and Tegretol® (carbamazepine) also are used. Researchers are evaluating the safety and efficacy of these and other psychotropic medications in children and adolescents. *There is some evidence that Depakote® may lead to adverse hormone changes in teenage girls and polycystic ovary syndrome in women who began taking the medication before age 20. Therefore, young female patients taking Depakote® should be monitored carefully by a physician.*
- Women with bipolar disorder who wish to conceive, or who become pregnant, face special challenges due to the possible harmful effects of existing mood stabilizing medications on

the developing fetus and the nursing infant. Therefore, the benefits and risks of all available treatment options should be discussed with a clinician skilled in this area. New treatments with reduced risks during pregnancy and lactation are under study.

- If insomnia is a problem, a high-potency benzodiazepine medication such as Klonopin® (clonazepam) or Ativan® (lorazepam) may be helpful to promote better sleep. However, since these medications may be habit-forming, they are best prescribed on a short-term basis. Other types of sedative medications, such as Ambien® (zolpidem), are sometimes used instead.
- Changes to the treatment plan may be needed at various times during the course of bipolar disorder to manage the illness most effectively. A psychiatrist should guide any changes in type or dose of medication.
- Be sure to tell the psychiatrist about all other prescription drugs, over-the-counter medications, or natural supplements you may be taking. This is important because certain medications and supplements taken together may cause adverse reactions.
- To reduce the chance of relapse or of developing a new episode, it is important to stick to the treatment plan. Talk to your doctor if you have any concerns about the medications.

Treatment of Bipolar Depression



Research has shown that people with bipolar disorder are at risk of switching into mania or hypomania, or of developing rapid cycling during treatment with antidepressant medication. Therefore, “mood-stabilizing” medications generally are required, alone or in combination with antidepressants, to protect people with bipolar disorder from this switch. Lithium and Depakote® are the most commonly used mood-stabilizing drugs today with Lamictal® being used more and more. Research studies continue to evaluate the potential mood-stabilizing effects of newer medications.

THYROID FUNCTION

For unknown reasons, people with bipolar disorder often have abnormal thyroid gland function – especially low thyroid (hypothyroid). Because too much or too little thyroid hormone alone can lead to mood and energy changes, it is important that thyroid levels are carefully monitored by a physician.

People with rapid cycling tend to have co-occurring thyroid problems and may need to take thyroid pills in addition to their medications for bipolar disorder. Also, lithium treatment may cause low thyroid levels in some people, resulting in the need for thyroid supplementation.

MEDICATION SIDE EFFECTS

Before starting a new medication for bipolar disorder, always talk with your psychiatrist and/or pharmacist about possible side effects. Depending on the medication, side effects may include weight gain, nausea, tremor, reduced sexual drive or performance, anxiety, hair loss, movement problems, or dry mouth. Be sure to tell the doctor about all side effects you notice during treatment. He or she may be able to change the dose or offer a different medication to relieve them. Your medication should not be changed or stopped without the psychiatrist’s guidance.

NEVER STOP TAKING YOUR MEDICATION WITHOUT TALKING TO YOUR DOCTOR FIRST.

If you’ve been taking medication, it’s important not to discontinue it abruptly. Certain drugs can not be safely stopped abruptly; they have to be tapered off slowly under a physician’s supervision. Ask your doctor when and how medication will be stopped.

It is also important to be aware of how religious observances may affect your medication routine. Certain medications, such as Lithium, must be taken along with water. Therefore your doctor should be consulted regarding fast days. In addition, the consumption of wine, (such as at the Seder) should be discussed with your doctor. Your doctor will help guide you on how to deal with this. **Do not make any changes in your medication routine on your own.**

Psychotherapy



Psychotherapy or “talk therapy” is an important part of treatment for many people. It can sometimes work alone in cases of mild to moderate depression. People who are severely depressed may not be able to benefit from psychotherapy until their symptoms have been lifted through another means of treatment. People with bipolar disorder and/or chronic depression usually benefit from a combination of medication and talk therapy. A good therapist can help you modify behavioral or emotional patterns that contribute to your illness. There are several types of psychotherapy: interpersonal, cognitive behavioral, group, marriage and family, to name a few. Research the different types to find the one you feel is most appropriate for you. Psychotherapists, although highly-educated professionals, are not medical doctors and therefore cannot prescribe medication.

Electroconvulsive Therapy (ECT)



This treatment is intended for people with severe symptoms of depression or sometimes mania. When medications and psychotherapy fail to adequately lessen symptoms, ECT can be a safe and effective alternative treatment. ECT is never forced upon people or used as a means of submission.

Mild electrical stimulation to the brain causes brief seizures which, in turn, relieve the depression. Muscle relaxants are administered to the anesthetized person to eliminate shaking. An average of six to twelve treatments over a three-to four-week period is usually required. After successful treatment, subsequent depressive episodes may be managed by antidepressants or less frequent maintenance doses of ECT. Like all treatments, ECT has potential side effects. Although there have been reports of memory disturbances, most ECT patients feel that the benefits far outweigh the prospect of suffering from long-term severe, unremitting depression. This is especially true for suicidal patients who may otherwise have carried out their impulses if they had waited for medication therapy to take effect.

Alternative Treatments



Relief Resources recognizes that dietary supplements and other alternative treatments are advertised to have a positive effect on depression or bipolar disorder, and regularly enter the marketplace. These alternative treatments include Omega-3, St. John's wort, SAM-e and others. However, St. John's wort and SAM-e have stimulation antidepressant effects, so they could actually make bipolar disorder worse. There is some evidence that Omega 3's help treat and prevent bipolar depression, but it should not be taken alone; it should be used as an adjunct to medication. Because of the lack of scientific data, Relief does not *endorse* or *discourage* the use of these treatments. However, consumers should be aware that natural is not always synonymous with safe. Different brands of supplements may contain different concentrations of the active substance, and these alternative treatments may have side effects, so read labels carefully and discuss them with your doctor or pharmacist.

Suicide



Since the suicide rate for Bipolar Disorder is high, anyone who is thinking about committing suicide needs immediate attention, preferably from a mental health professional or a physician. Anyone who talks about suicide should be taken seriously. Risk for suicide appears to be higher earlier in the course of the illness. Therefore, recognizing bipolar disorder early and learning how best to manage it may decrease the risk of death by suicide.

Signs and symptoms that may accompany suicidal feelings include:

- ☞ talking about feeling suicidal or wanting to die
- ☞ feeling hopeless, that nothing will ever change or get better
- ☞ feeling helpless, that nothing one does makes any difference
- ☞ feeling like a burden to family and friends
- ☞ abusing alcohol or drugs
- ☞ putting affairs in order (e.g., organizing finances or giving away possessions to prepare for one's death)
- ☞ writing a suicide note
- ☞ putting oneself in harm's way, or in situations where there is a danger of being killed

If you are feeling suicidal or know someone who is:

- ☞ call a doctor, Hatzolah, emergency room, or 911 right away to get immediate help
- ☞ make sure you, or the suicidal person, are not left alone
- ☞ make sure that access is prevented to large amounts of medication, weapons, or other items that could be used for self-harm

While some suicide attempts are carefully planned over time, others are impulsive acts that have not been well thought out; thus, the final points listed above may be a valuable *long-term* strategy for people with bipolar disorder. Either way, it is important to understand that suicidal feelings and actions are symptoms of an illness that can be treated. With proper treatment, suicidal feelings can be overcome.

**When
Hospitalization
is Required**



In some cases physicians may recommend hospitalization. Hospitalization may be necessary for a number of reasons: medication side effects may render one temporarily incapable of safe self-care; a drug wash (discontinuing medication) may require a period of controlled observation; or attempted suicide or severe manic episodes may require treatment in a safe, controlled environment. If hospitalization is recommended, be sure to ask questions about the course of treatment while in the hospital and the estimated length of the stay. Also, be sure to check with your health care provider or insurance company about the type of coverage provided.

People are not always willing to be hospitalized. Those who are unable to take care of themselves, or who appear to be a threat to themselves or others, must be admitted involuntarily. Involuntary commitment is rare, but could prove to be life-saving.

If treatment is not successful, continue to work with your doctor on a plan for living. Don't try to self-medicate by adjusting your own dose, combining medications without your doctor's permission or abusing alcohol or illegal drugs. Treatment failure can be frustrating, and many people have been there. Remember that this difficult point is just one step on the road to recovery, not a factual statement about your life or a prediction of the future. Keep moving forward to find the help you need – support is out there!

Taking Control of Your Illness



As with other chronic illnesses such as diabetes, heart disease or asthma, people with mood disorders should see themselves as managers of their illness. Bipolar disorder is a *treatable* medical illness, but it is not curable. It may very well happen that the initial treatment you receive will be the only time in your life you need medication for your disorder. For many, though, severe depressive and/or manic episodes reappear at some point in life. If this happens, don't panic. Your experience with previous episodes puts you one giant step ahead in the process of recognizing symptoms and getting help.

SELF-CARE

Maintaining good health is not a cure, but it can tremendously affect your overall sense of wellness. **The most important part of self care is regular sleep habits – 7-8 hours at the same time every night.** Additionally, a good diet, exercise and regular sleep habits can help you feel better. On the other hand, factors that contribute to mood disorders include poor sleep habits, vitamin deficiencies,

stress, other illnesses and their treatments, drug interactions, food sensitivities, improper metabolism, social isolation and substance abuse.

- ☞ **Take your medications.** Even if you're feeling well, resist the temptation not to take your medications. If you stop, you may again encounter signs and symptoms of bipolar disorder.
- ☞ **Pay attention to warning signs.** You and your caregivers may have identified a pattern to your episodes of bipolar disorder and what triggers them. Call your doctor if you feel you're facing an episode. Involve family members and friends in watching for warning signs.
- ☞ **Avoid Drugs and Alcohol.** Drugs, especially stimulants including diet drugs, and alcohol may be part of what triggers episodes of bipolar disorder.
- ☞ **Check first before taking other medications.** Call the doctor who's treating you for bipolar disorder before you take medications prescribed by another doctor. Sometimes other medications trigger episodes of bipolar disorder or may interact with medications you're taking for bipolar disorder.

You may find it helpful to keep a journal to chart your activities, nutrition, health and for women, your menstrual cycle to determine possible contributing factors to your mood disturbances and share your journal with your health care provider.

How Can Individuals and Families Get Help for Bipolar Disorder?



Anyone with bipolar disorder should be under the care of a psychiatrist skilled in the diagnosis and treatment of this disease. Other mental health professionals, such as psychologists, psychiatric social workers, and psychiatric nurses, can assist in providing the person and family with additional approaches to treatment.

HELP CAN BE FOUND AT:

- ☞ University—or medical school—affiliated programs
- ☞ Hospital departments of psychiatry
- ☞ Private psychiatric offices and clinics
- ☞ Health maintenance organizations (HMOs)
- ☞ Offices of family physicians, internists, and pediatricians
- ☞ Public community mental health centers

PEOPLE WITH BIPOLAR DISORDER MAY NEED HELP TO GET HELP.

- ☞ Often people with bipolar disorder do not realize how impaired they are, or they blame their problems on some cause other than mental illness.
- ☞ A person with bipolar disorder may need strong encouragement from a Rav, family members or friends to seek treatment. Family physicians can play an important role in providing referral to a mental health professional.
- ☞ Ongoing encouragement and support are needed after a person obtains treatment, because it may take a while to find the best treatment plan for each individual.
- ☞ In some cases, individuals with bipolar disorder may agree, when the disorder is under control, to a preferred course of action in the event of a future manic or depressive relapse.
- ☞ Like other serious illnesses, bipolar disorder is also hard on spouses, family members, friends, and employers.
- ☞ Family members of someone with bipolar disorder often have to cope with the person's serious behavioral problems, such as wild spending sprees during mania or extreme withdrawal from others during depression, and the lasting consequences of these behaviors.

For Family and Friends



Living with a person who has bipolar disorder can be a great challenge. As a family member, friend or trusted supporter, it's important to stay informed about the illness and your loved one's progress so that you will know when to help and when to leave matters alone. For instance, forcing a person with severe depression to see visitors could add seriously to his or her anxiety level instead of lifting spirits. On the other hand, letting a person stay isolated too long during a serious depression could be dangerous if he or she has exhibited signs of suicidal thoughts.

With someone prone to manic episodes, try to set rules during periods of stable mood and discuss safeguards such as when to withhold credit cards, banking privileges or car keys. Like suicidal depression, uncontrollable mania may endanger a person's life. Hospitalization may be helpful in both cases.

Never ignore remarks about suicide, or about harming oneself. If someone you know has thoughts about death or suicide, speak to the person's therapist. Do not promise confidentiality if you think someone is considering suicide. If you believe immediate self-harm is possible, call 911 or Hatzolah.

Emotional support is also very important, including understanding, patience, affection, and encouragement. Engage the person in conversation and listen carefully. Try not to act as a therapist or come up with answers to the person's concerns. Very often people just want someone to listen. Do not put down feelings expressed, but point out realities and offer hope. Invite the depressed person for walks, outings, and other activities.

It is normal for people to feel ups and downs during various times in their life. However, people suffering from bipolar disorder experience great difficulty in functioning at work, school or relationships. Unfortunately, many do not get the help needed due to the stigma surrounding the illness, or not understanding and recognizing symptoms. However, it is important to realize that bipolar disorder CAN be treated.


With the right help and support, bipolar disorder can be managed. There have been enormous strides made in the treatment of bipolar disorder allowing people to live better and more successful lives. **Remember, you are not alone.** There is a lot of support and guidance to assist you on this journey.

Call **Relief** at **718-431-9501** and get the help and encouragement you need.

R*elief* would like to thank the **National Institute of Mental Health** for providing much of the material for this guide.

We would like to especially thank **Dr. Jack Matthew Gorman, MD**, Professor of Psychiatry, Mount Sinai School of Medicine and **Dr. Robert D. McMullen, MD**, Assistant Professor of Psychiatry, New York Presbyterian Hospital Columbia University Medical Center for their valuable comments and suggestions in helping prepare this booklet for publication.

R E L I E F



R E L I E F

NEW YORK

5904 13th Avenue
Brooklyn, NY 11219
718.431.9501

NEW JERSEY

1825 Swarthmore Avenue
Lakewood, NJ 08701
732.905.1605

ISRAEL

PO Box 57173
Jerusalem, Israel
02.580.8008

**SUPPORTED BY AN EDUCATIONAL GRANT FROM
ELI LILLY & COMPANY**
