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.
- Is associated with increased substance use/dependence and the excessive use of alcohol, and smoking.
- Increases the likelihood of having other psychiatric and medical conditions.
- Increases the risk of suicide especially during major depressive episodes.

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:

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.

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%. Treatment of BD is often lifelong, and needs to be reviewed at least every six months.

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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].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 episodes² ³  |  One or more episodes of hypomania (less elevated mood) as well as at least one major depressive episode² ³
Shorter episodes of depression than bipolar I⁴  |  Grandiose delusions (e.g. delusions of inventive genius or aristocratic birth)
Anxiety, substance use/dependence and personality disorders are common to both⁴  |  Overoptimistic about one’s abilities

PHASES OF BIPOLAR DISORDER

Psychosis
Mania
Euphoria
Hypomania
Depression
Psychosis

Adapted from SASOP²

SYMPTOMS OF “HIGHS” (MANIA)³
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”²
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

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

MEN⁷
Early onset associated with manic episodes
Higher probability of childhood antisocial behaviour
Higher rates of comorbid eating disorders
Cannabis abuse/dependence
Pathological gambling

WOMEN⁷
More depressive episodes
Higher rates of comorbid alcohol abuse/dependence
Insomnia

“Depression usually presents first and dominates the later stages of the illness.”² ⁷