

## **BIPOLAR DISORDER: STORIES OF COPING AND COURAGE**

These are real stories. These people have decided to share their stories to help others understand how it feels to have a mood disorder; what treatment, relationship, and work issues arise; and what really works in coping. They are helping all of us fight the social stigma that prevents so many people from seeking help, and they are giving us hope that recovery is possible, no matter what the circumstances. While each person has a unique story, the stories share common themes, including:

- **Determination:** They continue seeking the best treatment possible and are dedicated to improving their lives;
- **Commitment:** They stick with their treatment plans, despite setbacks or relapses;
- **Support:** They seek help from multiple sources, including doctors, talk therapists, family, friends and support groups;
- **Hope:** They believe that they will get better over time.

If you have depression or bipolar disorder, it does not mean you are weak, flawed, or alone. These illnesses affect millions of people. With the right treatment, a full, happy life in the community can be achieved..

The stories in this handout are about people at different stages of recovery. Sometimes it takes some time to receive a correct diagnosis, or to find the right treatment. Some have to try more than one method or wait awhile for treatment to become effective. Although it may be difficult, it's important not to give up hope, and that you stick with your recovery plan.

As a small group, discuss your responses to the following questions after reading the stories that you choose:

- *What were the major challenges that the person faced? Are they still facing challenges? Do you expect challenges for them in the future?*
- *What worked for this person? Why? Do you think other factors played a role in their success beyond what is listed in the **What works** part of the story?*
- *What connections can you draw to your own experiences, and what lessons can you learn as you move forward?*



***“I felt like I would be giving in.” - Missy, age 42***

Although Missy struggled with bouts of depression since childhood, she refused to take medication. “Therapists recommended that I take medication, but I always resisted. I felt like I would be giving in. I didn’t need medication, and I could do it on my own.” Missy finally sought treatment in order to be well for her daughter. At first the prescribed antidepressant helped, but then Missy became manic and was hospitalized. She continued to suffer for years, until she received a correct diagnosis of bipolar disorder and got the treatment she needed.

**What works**

*The turning point was when my doctor changed my diagnosis to bipolar disorder and prescribed a mood stabilizer with an antipsychotic medication. The combination of the new medications, along with the joint counseling for Bill and me, and support from our church and family, is what works for me.*

To help their family, Bill learned as much as he could about bipolar disorder. Though Bill and Missy drifted apart due to stress for awhile, they are now re-united and better than ever. Missy continues to work with her doctor to fine-tune her treatment plan and is doing well.

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***“I was hospitalized several times after stopping the medication and I hated being in the hospital.” - Zack, age 19***

Less than a year ago, Zack had his first major manic episode while away at college. After using some recreational drugs with his friends, he felt a sudden change come over him that persisted even after the effects of the drugs wore off. “The next day, I thought that I was enlightened and knew the meaning of life, like I was a Buddha or Gandhi,” he recalls. “I felt invincible, like I was on top of the world and could do anything. I even thought I had psychic powers, like ESP. I didn’t sleep because I felt like it was a waste of time. I stayed up all night writing poetry. I talked nonstop even though I’m usually quiet. I spent a thousand dollars on CDs, clothes, and food for my friends.” When Zack came home, his mother, Nancy, realized that Zack was manic because her daughter also suffers from bipolar disorder. She immediately got him to the hospital.

**What works**

*Things are good when I stay on my medication. At first I wouldn’t – I was afraid it would change my personality and I didn’t want to accept that I had an illness. Then I was hospitalized several times after stopping the medication and I hated being in the hospital. I also lost two girlfriends that I really cared about because of things I said when I was manic, so I need the medication.*

Nancy has helped manage Zack’s hospitalizations, consulted with doctors, and overseen his prescriptions. She has also found support by joining the parent-run Child and Adolescent Bipolar Foundation. Zack’s friends accepted his condition after he talked to them openly about having bipolar disorder and they saw him go through his hospitalizations. Now they are protective of him and help him stay away from drugs. He is stabilized on medication, feeling well, and looking forward to returning to school in the fall.

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***“I couldn’t imagine living past a certain age.” - Siu Wai, age 44***

Siu Wai was adopted from a Hong Kong orphanage when she was two years old. She had been so neglected in the orphanage that her growth was stunted and she couldn’t walk. She believes that this trauma contributed to her depression. “When I was a child, I got a diary for Christmas,” says Siu Wai. “I wrote on the last page, ‘I died of pneumonia,’ because I couldn’t imagine living past a certain age.” After a difficult pregnancy and the birth of her second child, Siu Wai’s depression worsened. “When my daughter cried in the crib, it tore me apart because it reminded me of myself as an orphan baby girl,” explains Siu Wai. “I was so upset that I started hitting my head against the wall.” Five years after that, Siu Wai became intensely suicidal and had to be hospitalized. It was at that time she received a correct diagnosis of bipolar disorder.

**What works**

*I have to stay on my medications. My doctor and I are working together to adjust them, to reduce side effects and control my depression. But I realize that this is part of the process. Rich provides stability. He manages the finances and the house, and can take over caring for the kids when needed. I have regular contact with my friends, belong to a supportive church, and attend a structured therapy group.*

Now that Siu Wai receives the right treatment, her moods are more stable. She enjoys being a mother, playing the piano and using her new computer. When Siu Wai feels depressed, Rich supports her by reminding her of her positive traits and her children’s love for her. “Siu Wai carries this darkness with her,” says Rich, “but she has an equal desire for life. She is a caring mother and our children really open up to her.”

***“I will use any method I can to give people hope.” - John, age 67***

After his initial diagnosis of manic depression in 1979, John threw away his medications and denied there was anything wrong. He later had a manic episode on a business trip. “I was on an airplane,” he recalls, “and I thought I could fly it. Later, I ended up locking myself in my hotel room. When I got home, still manic, my family wanted me to sign myself into a hospital. I spent three days in that hospital’s quiet room and I did a lot of praying. I said, if I ever get out of here, I’ll do anything I can to help other people who have this illness.” John realized he needed to be around people who understood his illness and joined the Chicago chapter of the Depression and Bipolar Support, which was then in its infancy. John and his wife worked together to make the groups more inclusive of families and get more groups started.

**What works**

*Being with people who understand what it’s like to have this illness and sharing my experience with others have been extremely helpful. In 1981, some of the first support groups for people with depression and manic depression were beginning to form in Chicago. I called them and they told me to show up at a restaurant several towns away. I thought, who are these people – what are they trying to do? But I didn’t have a choice. I drove 45 miles to the restaurant to see them. That’s where I met the people who changed my life.*

Early in his recovery, John began speaking about his experiences, and he continues to do so today. His goal is to inspire people and make them believe they can get better. John speaks to a variety of audiences, including patients, psychology and psychiatry students, social workers and primary care physicians. “I will use any method I can to give people hope,” he says. “I tell them my story and I stress that it’s just one person’s experience. Everyone may not agree or understand, but that’s all right with me.”

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***“The fact that I know mood episodes don’t last forever has helped me cope.” - Jane, age 51***

Jane first experienced depression as a freshman in college. “I became extremely depressed, my grades dropped, and I left school for a year,” she remembers. At age 26, after graduating from medical school, Jane had another severe depressive episode that lasted a year. “I was suicidal and started driving around, looking for a gun shop. That’s when I decided to get help,” says Jane. She was diagnosed with major depression and went into psychotherapy. Still, she did not receive proper treatment. Instead, her therapy was focused on “fixing” her sexual orientation. Jane went on to become a psychiatrist, treating patients with eating disorders. While still undergoing psychotherapy herself, she stayed up one night, obsessed with thoughts of how she could restructure psychiatric theory. She realized something was wrong and told her psychiatrist about her symptoms. It was then that she was diagnosed with bipolar disorder and medication was added to her treatment plan.

**What works** *The fact that I am a psychiatrist and know that mood episodes don’t last forever has helped me cope. I know that there are always new treatments coming out that may improve my condition. I realize it takes time to get well, and as long as there is something that I can try, I can hang onto hope.*

In the last two years, Jane has developed a deep sense of spirituality. “I came to accept the Serenity Prayer, to let God grant me the serenity to accept the things I cannot change,” she explains. “My partner, Eileen, has also helped me, just by being there. Her support makes me feel like I am not a burden or a failure.”

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***“I’ve been episode-free for more than 20 years.” - Rich, age 59***

Rich suffered his worst major depressive episode in 1979, followed by a manic episode in 1980. It took him a while to get the proper treatment, even in New York City. Rich recognized that he could benefit from the support of others who were living with mood disorders and he knew there were others who needed help. So he, his wife and a small group of others started the Mood Disorders Support Group (MDSG), an affiliate of DBSA, in 1981. The group has grown to include a lecture series, newsletter and website ([www.mdsg.org](http://www.mdsg.org)) and now serves approximately 10,000 people per year at three sites in New York City.

**What works** *I am one of the fortunate ones who have responded extremely well to treatment and I’ve been episode-free for more than 20 years. I owe my recovery to four factors: excellent treatment with my psychopharmacologist; a wonderful supportive wife; dedicated work with a good psychologist; and my work with MDSG. Despite the absence of episodes and symptoms, my road to recovery has still been long and difficult. My greatest challenges have included guilt, self-stigma, and a tendency to spend too much energy looking for symptoms. My involvement with a DBSA support group has given me a lot of confidence in my executive and leadership skills. After my initial bout with mania and a long reactive depression, I worried that I would lose these skills, but I use them now more than ever. Today I have everything I need including a loving family, an interesting job, sufficient income, plus the enormous satisfaction of helping others manage their illness in a way that we could only have dreamed of in 1981.”*

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***“My opponent tried to use my illness to discredit me.” - Lynn Rivers, age 45***

Lynn Rivers is a 4th term United States Representative for Michigan’s 13th district. In 1995, one year after she was first elected, Rivers was the first member of the U.S. Congress to talk openly about having bipolar disorder. “I had made a promise to myself during the campaign that I would speak out,” says Rivers. “Then, my opponent tried to use my illness to discredit me. So, I gave a speech about my experience at a fundraiser.” Encouraged by the crowd’s positive response, she went on to tell her story to the press. Today she continues to give talks to audiences around the country. Rivers had her first daughter at age eighteen and soon after began experiencing severe anxiety attacks. Three years later, her anxiety increased and depression followed with the birth of her second daughter. Sensing something was very wrong, Rivers sought the help of a psychiatrist. She was first diagnosed with depression; then her diagnosis was changed to bipolar disorder. Over the next 12 years she worked closely with her psychiatrist to find a combination of medications that stabilized her.

**What works**

*I’ve managed to reach balance with my medication and have been in good health for ten years. But I had to continue working with my doctor for 12 years to get to this point. I had a number of relapses and each time it was not only heartbreaking to feel I was losing, but also very embarrassing. I had to keep starting over, fighting the same battles. There is a real anger and frustration that goes along with that. Psychotherapy has also been a great help. I’ve learned how to function as a healthy person and had a chance to talk through my feelings. My family and community have been very supportive and we talk openly about my condition.”*

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***“Writing has helped bring me back to sanity.” - John McManamy, age 53***

Hope was the last thing on John McManamy’s mind in January 1999 when his family brought him to the local emergency room for suicidal depression. He was diagnosed with bipolar disorder, an illness he had long suspected but denied that he had. One of the first things he did once he was able to crawl out from under the covers was get to the computer to educate himself. Soon after, he began writing articles about bipolar disorder treatment and his own experience. Eventually he started a website devoted to educating people about bipolar disorder ([www.mcmanweb.com](http://www.mcmanweb.com)) and an e-mail newsletter, *McMan’s Depression and Bipolar Weekly*. By sharing his experience and knowledge, he was able to help himself and countless others. “I remember one mixed manic episode,” says John, “that left me jobless and nearly penniless in a far away country, and the depression that landed me in the emergency room. I know what’s at stake should this illness try to reassert itself. I’m in complete awe of the destructive power of this perfect mental storm. Maybe that’s why I’m still here.”

**What works**

*Staying informed has given me the tools to actively manage my illness. In addition to sticking with my medications and treatment plan, I also jog, do yoga, meditate and regularly attend my Wednesday support group meetings. Writing is another thing that helped bring me back to sanity. For me, it is a healing activity. When my writing takes full flight, there is no time and space. The sun takes its leave, booming music falls mute, and the steaming hot cup of tea by my side is stone cold when I pick it up a minute later.*

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***“I can track my moods and look back to see how I’m making progress.” - Sharon, age 42***

Growing up, Sharon had constant tantrums and cried for no apparent reason. “There were times when I would break every glass in the house,” says Sharon. “I would get angry, destroy things, then go to sleep and feel peaceful.” Her tantrums continued as an adult, she quit jobs constantly, and her relationships never lasted longer than six months. Gradually, Sharon realized she needed help. When she was 25, Sharon sought treatment from a doctor. But her family discouraged her, telling her pills were bad, doctors were quacks, and faith would help her get over her problems. Sharon stopped the medication and tried to control her moods by herself. At age 38, Sharon vowed she would get help. She had to try several doctors before she found one who could give her the treatment she needed. She meets with him regularly to monitor her treatment plan.

**What works**

*Calvin, my fiancé, really helps me. He takes the lead on finding and reading information about bipolar disorder. Everyday he asks me, “Did you take your medicine?” When I’m not feeling well, Calvin takes over household duties. We both try to talk about how we feel so we don’t bottle up resentment. My doctor is also a godsend. He works with me to improve my treatment. He suggested that I keep a diary, so I can track my moods and look back to see how I’m making progress.*

Today Sharon is very satisfied with her treatment. Although she still has some bad days, she feels that she is better than ever and on her way to recovery.

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***"Support groups have really helped me" Dennis, age 55,***

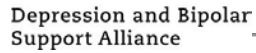
Mood disorders can place a huge strain on close relationships. Dennis and Joan have experienced hospitalizations, job losses, and financial difficulties as a result of mood disorders, but their struggles have brought them closer together. Joan has major depression and Dennis has bipolar disorder. Dennis recalls that during manic episodes, he had more energy than usual, felt very creative and started writing a play, then in the snap of a finger, became psychotic. He felt he had learned all the secrets of the world, but couldn't quite articulate them. He later became depressed and had suicidal thoughts. It took both Dennis and Joan decades to find the treatments that now work for them.

**What works**

*In addition to my medication and Joan, support groups have really helped me. When someone else is talking, I can identify with it, because it resonates with my experience. I don't have to speak, all I have to do is listen and make connections. There is a profound recognition and connection to other people that really drives the group. We all feel like we can finally breathe, relax, and be with other people in way we haven't been able to before.*

Dennis is a support group leader for DBSA Boston, where he and Joan first met six years ago. He says that when people first come to a group, their reaction is usually, "I'm home, I've found people that finally understand me." Dennis and Joan were married last year in a poignant celebration that marked newfound stability and wellness. They continue to draw strength from each other and from their support group involvement. Their compassionate understanding of one another's illness, a common Irish Catholic upbringing, and a strong will to recover have united them.

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***What are all the tools, resources or treatments that could be helpful for someone living with depression or bipolar disorder?***

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# Finding Peace of Mind

Treatment Strategies for Depression  
and Bipolar Disorder



We've been there.  
We can help.

## What are depression and bipolar disorder?

**D**epression and bipolar disorder (also known as manic depression) are mood disorders, treatable medical conditions involving changes in mood, thought, energy and behavior. They can affect anyone, regardless of age, ethnic background or social status. Mood disorders are not character flaws or signs of personal weakness. A person cannot “snap out of” or “control” mood changes caused by depression or bipolar disorder.

**Major depressive episode:** A period of at least two weeks during which at least five of the following symptoms are present.

- Sadness, crying spells
- Major changes in appetite and sleep patterns
- Irritability, anger
- Worry, anxiety
- Pessimism, indifference, feeling like nothing will ever go right
- Loss of energy, constant exhaustion
- Unexplained aches and pains
- Feelings of guilt, worthlessness and/or hopelessness
- Not able to concentrate or make decisions
- Not able to enjoy things you once liked, not wanting to socialize

- Excessive alcohol or drug use
- Recurring thoughts of death or suicide

**If you or someone you know has thoughts of death or suicide, contact a medical professional, clergy member, loved one, friend or crisis line such as (800) 442-HOPE immediately.**

**Manic episode:** A distinct period of elevated, enthusiastic or irritable mood that includes at least three of the following symptoms.

- Increased physical and mental activity and energy
- Extreme optimism and self-confidence
- Grandiose thoughts, increased sense of self-importance
- Irritability, anger
- Aggressive behavior
- Decreased need for sleep without feeling tired
- Racing speech, racing thoughts
- Impulsiveness, poor judgment
- Reckless behavior such as spending sprees, major business decisions, careless driving and sexual promiscuity
- In severe cases, delusions and hallucinations (thinking, seeing or hearing things that aren't true or don't exist)

**Hypomanic episode:** Similar to a manic episode, but less severe and without delusions or hallucinations. It is clearly different from a non-depressed mood with an obvious change in behavior that is unusual or out-of-character.

Individuals who have hypomanic episodes and depressive episodes are usually diagnosed with Bipolar II Disorder, while people who have full-blown manic and depressive episodes are usually diagnosed with Bipolar I Disorder. Bipolar disorder that does not follow a pattern is called Bipolar Disorder NOS (Not Otherwise Specified).

**Mixed state** (also called mixed mania): A period during which symptoms of a manic and a depressive episode are present at the same time.

**Dysthymia:** A long low-grade state of depressed mood, symptoms of which include poor appetite or overeating, insomnia or oversleeping, low energy or fatigue, low self-esteem, poor concentration or difficulty making decisions and feelings of hopelessness. The depressed state of dysthymia is not as severe as with major depression, but can be just as disabling.

**Cyclothymia:** A milder form of bipolar disorder characterized by alternating hypomanic episodes and less severe episodes of depression. The severity of this illness may change over time.

**Rapid cycling** occurs when a person has four or more manic, hypomanic, mixed or depressive episodes within a 12-month period. For many people, rapid cycling is temporary.

## How are mood disorders treated?

A good treatment plan often includes medication to stabilize mood, talk therapy to help with coping skills, and support from a peer-run group like DBSA to help you manage your illness. Seeking treatment does not mean you are weak or a failure, it means you have the strength and courage

to look for a way to feel better. Getting treatment for depression or bipolar disorder is no different than getting treatment for diabetes, asthma, high blood pressure or arthritis. Don't let feelings of shame or embarrassment keep you from getting help.

## What is psychotherapy (talk therapy)?

Psychotherapy can be an important part of treatment. A good therapist can help you cope with the feelings you are having and change the patterns that contribute to your illness. Behavioral therapy concentrates on your actions; cognitive therapy focuses on your thoughts; and interpersonal therapy looks at your relationships with others. Your loved ones may join you in

sessions of family or couples therapy. Group therapy involves several, usually unrelated people working with the same therapist and each other. Many therapists use a combination of approaches. One approach is not necessarily better than another – the best choice is the one that works best for you.

## How is medication used to treat depression and bipolar disorder?

There are many safe, effective medications that may be prescribed to relieve symptoms of depression or bipolar disorder. You and your doctor will work together to find the right medication or combination of medications for you. This process may take some time, so don't lose hope. No two people will respond the same way to a medication, and many people need to try several before they find the best one(s). Different treatments may be needed at different times in a person's life. Keep your own records of treatment – how you feel each day, what medications (and dosages) you take and how they affect you – to help your doctor develop a treatment plan

for you. DBSA's Personal Calendar, available at [www.DBSAlliance.org](http://www.DBSAlliance.org) or by calling DBSA, can be very helpful with this.

Your doctor may start your treatment with a medication approved to treat mood disorders. He or she might also add other medications which have been approved by the Food and Drug Administration (FDA) as safe and effective treatments for other illnesses of the brain, but have not yet been specifically approved to treat depression or bipolar disorder. This is called "off-label" use, and can be helpful for people whose symptoms don't respond to traditional treatments.

## Is it safe to take medication if I am pregnant or nursing?

Try to discuss pregnancy ahead of time with your doctor if you are planning it. If you become pregnant, inform your doctor immediately. You and your doctor should discuss your health in detail and make medication decisions based on your need for the medication compared to the risk the medication may pose to your

baby's health. The greatest period of risk for most medications is during the first three months of pregnancy, but some medications may also be harmful to a baby during later stages of pregnancy. Medications may also be present in breast milk, so your doctor may advise you to stop breastfeeding if you take medication.

## How do mood disorders and treatments affect children?

Children with mood disorders often have a different set of symptoms than adults do. For example, children with bipolar disorder may switch more quickly between mania and depression, or experience more mixed states. Mania often appears as irritability or rage in children, and may be misdiagnosed as Attention Deficit Hyperactivity Disorder (ADHD).

Many mood disorder medications used for adults are prescribed for children. If your child has a mood disorder, make sure he or she is being treated by a doctor who has experience treating mood disorders in children. A child with bipolar disorder may have a manic episode if treated with anti-

depressants alone, so talk to your child's doctor to see if mood stabilizers should be tried first.

Much has been written about the use of certain types of depression medication in children and adolescents and the possibility of increased risk of suicide. Families and physicians must make informed decisions that compare benefits and risks of all treatment options. Treatment involves more than taking a medication. Parents must monitor their children's moods and behaviors and develop a close working relationship with their child's health care provider that includes regular follow-up appointments.

## How do mood disorders and treatments affect older adults?

With older adults, depression or bipolar disorder can sometimes be mistaken for normal signs of aging. These symptoms are not a normal part of growing older. Treatment can be very helpful for older adults, and they should be given a thorough physical examination if

they have symptoms of a mood disorder. It's also important for older adults to be aware of possible medication interactions or medication side effects if they are taking several medications for different conditions.

## What should I do if I experience side effects?



Many of the medications that affect the brain may also affect other systems of the body, and cause side effects such as dry mouth, constipation, sleepiness, blurred vision, weight gain, weight loss, dizziness or sexual problems. Some side effects become less or go away within days or weeks, while others can be long-term.

Don't be discouraged by side effects; there are ways to reduce or get rid of them. It may help to

change the time you take your medication to help with sleepiness or sleeplessness, or take it with food to help with nausea. Sometimes another medication can be prescribed to block an unwanted side effect, or your dosage can be adjusted to reduce the side effect to a tolerable level. Other times your medication must be changed. Tell your doctor about any side effects you are having. The decision to change or add medication must be made by you and your doctor together; you should *never stop taking your medication or change your dosage without talking to your doctor first*.

**Contact your doctor or a hospital emergency room right away if side effects cause**

**you to become very ill with symptoms such as fever, rash, jaundice (yellow skin or eyes) breathing problems, heart problems (skipped beats, racing), or other severe changes that concern you. This includes any changes in your thoughts, such as hearing voices, seeing things or having thoughts of death or suicide.**

Be sure your doctor knows about all the medications you are taking – for your mood disorder and any other physical illnesses you have. This includes over-the-counter or “natural/herbal” treatments. Even natural treatments may interact with your medications and change the way they work.

## What if I don't feel better?

If you don't feel better right away, remember that it isn't your fault, and you haven't failed. Never be afraid to get a second opinion if you don't feel your treatment is working as well as it should. Here are some reasons your treatment may not be giving you the results you need.

**Not enough time:** Often a medication may not appear to work, when the reality is that it may not have had enough time to take effect. Most medications for mood disorders must be taken for two to four weeks before you begin to see results. Some can take as long as six to eight weeks before you feel their full effect. So, though it may not be easy, give your medication time to start working.

**Dosage too low:** With most medications used to treat mood disorders, the actual amount reaching the brain can be very different from one person to the next. A medication must reach the brain to be effective, so if your dose is too low and not enough reaches your brain, you might incorrectly assume the medication doesn't work, when you actually just need your doctor to adjust your dosage.

**Different type (class) of medication needed:** Your doctor may need to prescribe a different type of medication, or add one or more different types of medication to what you are currently taking.



**Not taking medications as prescribed:** A medication can have poor results if it is not taken as prescribed. Even if you start to feel better, keep taking your medication so you can keep feeling better. If you often forget to take your medications, consider using an alarm or pager to remind you, or keeping track of what you have taken using a pillbox with one or more compartments for each day. It may also be helpful for you to keep a written checklist of medications and times taken, or to take your medication at the same time as a specific event: a meal, a television show, bedtime or the start or end of a work day.

**Side effects:** Some people stop taking their medication or skip doses because the side effects bother them. Even if your medication is working, side effects may keep you from feeling better. In some cases, side effects can be similar to symptoms of depression or mania, making it difficult to tell the difference between the illness and the effects of the medication. If you have trouble with side effects, they don't go away within a few weeks, and the suggestions on page 6 don't help, talk to your doctor about changing the medication, but don't stop taking it on your own.

**Medication interactions:** Medications used to treat other illnesses may interfere with the medication you are taking for your depression or bipolar disorder. For example, some medications may keep others from reaching high enough levels in the blood, or cause your body to get rid of them before they have a chance to work. Ask your doctor or pharmacist about the possible interactions of each newly-prescribed medication with other medications you are taking.

**Other medical conditions:** Sometimes a medication may not work for reasons not related to your mood disorder. Medical conditions such as hypothyroidism, chronic fatigue syndrome, and brain injury can limit the effectiveness of your medication. Sometimes normal aging or menopause can change your brain chemistry and make it necessary to change your dosage or your medication. It's a good idea to have a complete physical examination and discuss your complete medical history with your doctor.

**Substance abuse:** Alcohol or illegal drug abuse may interfere with the treatment of depression or bipolar disorder. For example, alcohol reduces the effectiveness

of some antidepressants. The combination of alcohol or drugs with your medication(s) may lead to serious or dangerous side effects. It can also be difficult to benefit from talk therapy if you are under the influence. If you are having trouble stopping drinking or using, you may want to consider a seeking help from a 12-step recovery program or a treatment center.

**Non-response:** Response to any medication, especially those for depression and bipolar disorder, can be very different for each individual. A certain percentage of people won't respond to a particular medication at all. If you are one of these people, don't give up hope. There are many treatment strategies available for you and your doctor to try.

## What are some other treatments for depression and bipolar disorder?

**Electroconvulsive therapy (ECT)** In the 1930s, researchers discovered that applying a small amount of electrical current to the brain caused small mild seizures that changed brain chemistry. Over the years, much has been done to make this form of treatment milder and easier for people to tolerate. ECT can be effective in treating severe depression. However, there can be side effects such as confusion and memory loss. The procedure must be performed in a hospital with general anesthesia.

**Transcranial Magnetic Stimulation (TMS)** In TMS therapy, a small hand-held device with a special electromagnet is placed against the scalp and delivers short magnetic pulses that

affect the brain. This is believed to help correct the chemical imbalance that causes depression. TMS therapy does not require surgery, hospitalization, or anesthesia. The side effects associated with TMS, such as a mild headache or lightheadedness, are relatively infrequent and usually go away soon after the treatment session. The FDA has not yet approved TMS for treatment of depression. Clinical trials are ongoing.

**Vagus Nerve Stimulation (VNS)** VNS involves implanting a small battery-powered device, similar to a pacemaker, under the skin on the left side of the chest. The device is programmed to deliver a mild electrical stimulation to the brain, which may work to

correct the chemical imbalance. Studies have shown that VNS can benefit individuals who have not found relief with other treatments. The most common side effects of VNS are hoarseness, sore throat and shortness of breath. The FDA has approved VNS as a therapy for preventing epileptic seizures, but VNS is not yet approved for the treatment of depression. Clinical trials are ongoing.

### **Magnetic Stimulation Therapy (MST)** MST uses powerful

magnetic fields to induce a small, mild seizure, similar to one produced through ECT. Clinical trials have recently begun. Researchers believe MST will be able to treat specific areas of the brain. It is hoped that this treatment will not affect memory or concentration.

If these treatments interest you, discuss them with your doctor. Work with your doctor in a collaborative partnership to find the treatments that work best for you.

## **What are some things to find out from the doctor?**

- What dosage(s) of medication should be taken, at what time(s) of day, and what to do if you forget to take your medication.
- How to change your dosage, if this needs to be done before your next visit.
- The possible side effects of your medication(s) and what you should do if you experience a side effect that bothers you.
- How you can reach your doctor in an emergency.
- How long it will take to feel better and what type of improvement you should expect.
- The risks associated with your treatment and how you can recognize problems when they happen.
- If your medication needs to be stopped for any reason, how you should go about it. (Never stop taking your medication without first talking to your doctor.)
- If psychotherapy is recommended as part of your treatment, and what type.
- If there are things you can do to improve your response to treatment such as changing your diet, physical activity or sleep patterns.

- What you can do if your current medication isn't helpful – what your next step will be.
- The risks involved if you are pregnant, plan to become pregnant or are nursing.

- The risks involved if you have another illness, such as heart disease, cancer or HIV.

## **How can DBSA support groups help me?**

With a grassroots network of more than 1,000 support groups, no one with a mood disorder needs to feel alone or ashamed. When combined with treatment, DBSA support groups:

- Can help you stick with your treatment plan and avoid hospitalization.
- Provide a place for mutual acceptance, understanding and self-discovery.
- Help you understand that a mood disorder does not define who you are.
- Give you the opportunity to benefit from the experiences of those who have “been there.”



Each group has a professional advisor and appointed group leader. Participants are people with mood disorders and/or their family members. Contact DBSA at (800) 826-3632 or visit [www.DBSAlliance.org](http://www.DBSAlliance.org) to locate the DBSA chapter or support group nearest you. If there is no group in your area, DBSA can help you start one.

## Medications Approved by the FDA for Depression

Medication Class	Medication	Brand name	How it works in the brain	Some possible side effects	May interact with
Selective serotonin reuptake inhibitors (SSRI)	Citalopram Escitalopram Fluvoxamine Paroxetine Fluoxetine Sertraline	Celexa® Lexapro® Luvox® Paxil® Prozac® Zoloft®	+serotonin	Nausea Insomnia Sleepiness Agitation Sexual dysfunction Withdrawal symptoms if stopped abruptly (except Prozac)	MAOIs Tricyclic antidepressants Alcohol Tranquilizers Blood-thinning medications Anticonvulsants Heart medications
Norepinephrine and dopamine reuptake inhibitors (NDRI)	Bupropion	Wellbutrin® Wellbutrin-SR®	+norepinephrine +dopamine	Agitation Insomnia Anxiety Dry mouth Headache <b>Seizures are a danger when there are specific risk factors such as previous seizures, heart trauma, eating disorders, or abrupt stopping of alcohol, tranquilizers or sleep medications.</b>	MAOIs Tricyclic antidepressants Tranquilizers Phenobarbital Steroid medications Anticonvulsants Alcohol Insulin Diabetes medications
Serotonin antagonist and reuptake inhibitor (SARI)	Trazodone Nefazodone	Desyrel® Serzone®	+serotonin	Nausea Dizziness Sleepiness Dry mouth Constipation Weight gain <b>Possible serious liver damage (nefazodone only) – if you experience yellowing of the skin, nausea or abdominal pain contact your doctor or hospital immediately.</b>	Tranquilizers BuSpar MAOIs Digoxin (Lanoxin) Sleep medications
<p><i>Please note that these lists may not include all possible side effects or all possible interactions. You should thoroughly discuss all medication choices with your doctor.</i></p> <p><i>DBSA does not endorse or recommend the use of any specific treatment or medication for mood disorders. Consult your doctor for more information about specific treatments or medications.</i></p>					

## Medications Approved by the FDA for Depression

Medication Class	Medication	Brand name	How it works in the brain	Some possible side effects	May interact with
Serotonin and norepinephrine reuptake inhibitor (SNRI)	Venlafaxine  Duloxetine	Effexor® Effexor XR® Cymbalta®	+serotonin +norepinephrine	Anxiety Nausea Dizziness Sleepiness Sexual dysfunction Withdrawal symptoms when stopped abruptly	MAOIs Ulcer medications or stomach acid reducers such as Tagamet
Noradrenergic and specific serotonergic antidepressant (NaSSA)	Mirtazapine	Remeron®	+serotonin +norepinephrine	Sleepiness Increased appetite Weight gain Dizziness Dry mouth Constipation	MAOIs Alcohol Tranquilizers
Tricyclic (TCA), Tetracyclic	Clomipramine Amitriptyline Desipramine Nortriptyline Trimipramine Imipramine Protriptyline Amoxapine Maprotiline	Anafranil® Elavil® Norpramin® Pamelor® Surmontil® Tofranil® Vivactil® Asendin® Ludiomil®	+serotonin +norepinephrine (depending on medication)	Sleepiness Nervousness Dizziness Dry mouth Constipation Urinary retention Increased appetite Weight gain Low blood pressure Sexual dysfunction May be toxic if levels in blood get too high	Alcohol Sleep medications Antihistamines Cold medicines Pain medications Heart medications Tranquilizers Birth control or hormone pills Anticonvulsants Drugs that control spasms
Monoamine oxidase inhibitor (MAOI)	Phenelzine Tranylcypromine Isocarboxazid	Nardil® Parnate® Marplan®	+serotonin +norepinephrine +dopamine	Dizziness Dry mouth Urinary retention Sleep problems Low blood pressure Weight gain Sexual dysfunction <b>Dangerously high blood pressure if taken with the wrong food.</b>	<b>Fatal interaction with some prescribed and over-the-counter medications</b> (such as cold medications, and Demerol) Interaction with some foods (you'll need to be on a strict diet low in a chemical called tyramine)
<p><i>Please note that these lists may not include all possible side effects or all possible interactions. You should thoroughly discuss all medication choices with your doctor.</i></p> <p><i>DBSA does not endorse or recommend the use of any specific treatment or medication for mood disorders. Consult your doctor for more information about specific treatments or medications.</i></p>					

## Medications Approved by the FDA for Bipolar Disorder

Medication	Brand name	How it works in the brain	Some possible side effects	May interact with
Lithium carbonate	Lithionate® Lithotabs® Lithobid® Eskalith®	+serotonin +brain and nerve cell activity	Shaking Nausea Feeling “dulled” Fatigue Frequent urination Increased thirst Dehydration Diarrhea Dry mouth Weight gain Lowered thyroid activity Kidney trouble May be toxic if blood levels get too high <b>Avoid excessive sweating or becoming dehydrated, which can cause your lithium levels to get too high.</b>	Antidepressants Anti-inflammatory medications (such as ibuprofen) Caffeine Calcium-blocking medications Carbamazepine (Tegretol) Diuretics High blood pressure medications Iodine-containing preparations Major tranquilizers Metronidazole (Flagyl) Phenytoin (Dilantin)
Divalproex sodium	Depakote®	+GABA (gamma-aminobutyric acid)	Nausea Shaking Weight gain Decrease in blood platelets Rash Pancreatitis Liver dysfunction (rare) Polycystic Ovary Syndrome (rare)	Aspirin Tegretol Lamictal Blood thinners such as Coumadin Barbiturates such as phenobarbital and Seconal Cyclosporine (Sandimmune, Neoral)
Olanzapine	Zyprexa®	- dopamine +serotonin	Drowsiness Dry mouth Shaking Increased appetite Weight gain	Tranquilizers Sleep medication
Fluoxetine + Olanzapine	Symbyax®	+serotonin +nor-epinephrine -dopamine	Dizziness Drowsiness Dehydration Headache Nausea Sweating	MAOI antidepressants Thioridazine Pain relievers Blood pressure or heart medications Anticonvulsants Herbal remedies Alcohol or sedatives
Lamotrigine	Lamictal®	+NMDA (N-methyl D-aspartate)	Blurred vision Sleepiness Headache Nausea Sensitivity to sunlight <b>*If rash occurs, contact your doctor immediately.</b>	Depakote (Divalproex sodium) Tegretol (Carbamazepine) Bactrim Proloprim Septra Phenobarbital, phenytoin, primidone Birth control pills

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## Medications Approved by the FDA for Bipolar Disorder

Medication	Brand name	How it works in the brain	Some possible side effects	May interact with
Risperidone	Risperdal®	-dopamine +serotonin	Weight gain Sedation Increased saliva Stiffness Shaking Restlessness Low blood pressure	Blood pressure medications Medications that slow the central nervous system, such as other antipsychotics or tranquilizers Heart medications Medications for Parkinson's disease
Quetiapine fumarate	Seroquel®	-dopamine +serotonin	Weight gain Sedation Dry mouth Constipation Stiffness Shaking Restlessness Low blood pressure	Barbiturates Antibiotic or antifungal medications Tranquilizers Ulcer medications such as Tagamet Steroid medications Alcohol

## Antipsychotics that may be Prescribed for Bipolar Disorder

Medication	Brand name	How it works in the brain	Some possible side effects	May interact with
Ziprasidone	Geodon®	-dopamine +serotonin +norepinephrine	Tiredness Dizziness Restlessness Cough Shaking Nausea Stiffness Stomach upset Insomnia Rash <b>Tell your doctor if you have ever had heart problems. Contact your doctor or an emergency room immediately if you faint or feel a change in your heartbeat.</b>	Anti-arrhythmic heart medications such as dofetilide, sotalol or quinidine Blood pressure medications MAOI antidepressants Carbamazepine (Tegretol) Barbiturates Levodopa Ketoconazole Thioridazine (Mellaril) Mesoridazine Chlorpromazine Droperidol Pimozide Sparfloxacin, gatifloxacin, moxifloxacin Halofantrine, mefloquine, pentamidine Arsenic trioxide Levomethadyl acetate Dolasetron mesylate Probulcol Tacrolimus

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## Antipsychotics that may be Prescribed for Bipolar Disorder

Medication	Brand name	How it works in the brain	Some possible side effects	May interact with
Trifluoperazine	Stelazine®	-dopamine	Constipation Dry mouth Insomnia Headache Rigidity Restlessness Shakiness	Alcohol Barbiturates Pain medication Antiseizure drugs such as Dilantin Atropine (Donnatal) Blood thinners such as Coumadin Guanethidine (Ismelin) Lithium Propanolol Thiazide diuretics
Haloperidol	Haldol®	-dopamine	Constipation Rigidity Restlessness Shakiness	Dilantin Tegretol Bentyl Blood-thinners such as Coumadin Antidepressants such as Elavil, Tofranil, Prozac and Effexor Epinephrine Lithium Methyldopa Propanolol Rifampin
Thioridazine	Mellaril®	-dopamine	Constipation Nausea Twitching Rigidity Visual problems Dry mouth Heart problems <b>Contact your doctor or an emergency room immediately if you faint or feel a change in your heartbeat.</b>	Alcohol Pain medications Tranquilizers Sleep medication Epinephrine Phosphorus insecticides Pindolol Propanolol and other heart medications Antibiotics
Aripiprazole	Abilify®	-dopamine +serotonin	Insomnia Nausea Restlessness Tiredness	Paroxetine (Paxil) Fluoxetine (Prozac) Paroxetine (Paxil) Carbamazepine (Tegretol)

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## Anticonvulsants that may be Prescribed for Bipolar Disorder

Medication	Brand name	How it works in the brain	Some possible side effects	May interact with
Carbamazepine	Tegretol® Tegretol-XR® Epilex® Carbitrol®	+GABA, serotonin and others	Blurred vision Dizziness Dry mouth Drowsiness Nausea Decreased white blood cell count Shaking <b>*If rash occurs, contact your doctor immediately.</b>	Birth control pills (can make them ineffective) Lithium Lamictal (Lamotrigine) Depakote (Divalproex sodium) Anticonvulsants/Antiseizure medications Tricyclic antidepressants Antibiotics Tranquilizers Cancer medications
Oxcarbazepine	Trileptal®	+GABA, serotonin and others	Blurred vision Dizziness Dry mouth Sedation Upset stomach Drowsiness Unsteadiness	<b>Drugs that interact with carbamazepine (see above)</b> Felodipine (Plendil) Verapamil (Covera, Calan, Isoptil, Verelan) Birth control pills (can make them ineffective)
Gabapentin	Neurontin®	+GABA	Blurred vision Dizziness Fatigue Nausea	Antacids Birth control pills
Topiramate	Topamax®	+GABA	Drowsiness Memory problems Feeling “dulled” Weight loss Kidney stones <b>*If you have changes in vision, eye pain or redness, or increased eye pressure, contact your doctor immediately.</b>	Other anticonvulsants Acetazolamide (Diamox), Dichlorophenamide (Daranide) Digoxin (Lanoxin) Birth control pills Alcohol Sleep medications Antihistamines Tobacco
Zonisamide	Zonigran®	+GABA	<b>Possible allergic reaction</b> Drowsiness Upset stomach Headache Irritability Inability to sweat (contact your doctor if you get overheated or feverish)	Other anticonvulsants Antidepressants (SSRIs) Antifungals/Antibiotics Antihistamines Birth control pills Heart medications Alcohol

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# Never Give Up Hope

Right now you might be dealing with symptoms that seem unbearable, and it can be difficult to have patience as you search for effective treatment. The most important thing you can do is believe that there is hope.

Treatment does work, and most people can return to stable, productive lives. Even if you don't feel 100% better right away, it's important to stick with treatment and remember that you are not alone.

## Resources

### Other Organizations that Offer Help

The following organizations offer information and/or assistance with mood disorders and related topics. While you may find additional support from these organizations, DBSA assumes no responsibility for the content or accuracy of the material they provide.

#### American Psychiatric Association (APA)

(888) 357-7924 • [www.psych.org](http://www.psych.org)

#### American Psychological Association

(800) 374-2721 • TDD: (202) 336-6123 • [www.helping.apa.org](http://www.helping.apa.org)

#### The Center for Mental Health Services (CMHS)

(800) 789-2647 • TDD: (866) 889-2647 • [www.mentalhealth.org](http://www.mentalhealth.org)

#### Clinical Trial Listings

(888) FIND-NLM (346-3656) • [www.clinicaltrials.gov](http://www.clinicaltrials.gov)

#### National Alliance for the Mentally Ill (NAMI)

(800) 950-6264 • [www.nami.org](http://www.nami.org)

#### National Library of Medicine/National Institutes of Health/Medline

[www.nlm.nih.gov/medlineplus/](http://www.nlm.nih.gov/medlineplus/)

#### National Hopeline Network

(800) 442-HOPE • (800) 442-4673 • (800) SUICIDE • (800) 784-2433

#### National Institute of Mental Health (NIMH)

(800) 421-4211 • [www.nimh.nih.gov](http://www.nimh.nih.gov)

#### National Mental Health Association (NMHA)

(800) 969-6642 • [www.nmha.org](http://www.nmha.org)

#### U.S. Food and Drug Administration (FDA)

(888) INFO-FDA (888-463-6332) • [www.fda.gov](http://www.fda.gov)

## Please help us continue our education efforts.

We hope you found the information in this brochure useful. Your gift will help us continue to distribute this information and assist people in understanding treatments and medications. Please fill in and mail or fax the donation form below, call (800) 826-3632 or visit [www.DBSAlliance.org](http://www.DBSAlliance.org) for details.

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FPOM-04



**We've been there.  
We can help.**

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This brochure was reviewed by DBSA Scientific Advisory Board member John Zajecka, M.D., Professor in the Department of Psychiatry at Rush-Presbyterian St. Luke's Medical Center. Portions of this brochure were also reviewed by Shelia Singleton of DBSA Triangle Area and Jacqueline Mahrley of DBSA Orange County.

**DBSA does not endorse or recommend the use of any specific treatment or medication for mood disorders. For advice about specific treatment or medication, patients should consult their physicians and/or mental health professionals.**

# Psychotherapy: How it Works and How it Can Help



Psychotherapy (also known as talk therapy) can be an important part of treatment for depression or bipolar disorder (manic depression). A good therapist can help you cope with feelings and symptoms, and change behavior patterns that may contribute to your illness.

Talk therapy is not just “talking about your problems”; it is also working toward solutions. Some therapy may involve homework, such as tracking your moods, writing about your thoughts, or participating in social activities that have caused anxiety in the past. You might be encouraged to look at things in a different way or learn new ways to react to events or people.

Most of today’s psychotherapy is brief and focused on your current thoughts, feelings and life issues. Focusing on the past can help explain things in your life, but focusing on the present can help you cope with the present and prepare for the future. You might see your therapist more often at the beginning of treatment, and later, as you learn to manage problems and avoid triggers, you might go to psychotherapy appointments less often.

Psychotherapy can help you:

- Understand your illness
- Define and reach wellness goals
- Overcome fears or insecurities
- Cope with stress
- Make sense of past traumatic experiences
- Separate your true personality from the mood swings caused by your illness
- Identify triggers that may worsen your symptoms
- Improve relationships with family and friends
- Establish a stable, dependable routine
- Develop a plan for coping with crises
- Understand why things bother you and what you can do about them
- End destructive habits such as drinking, using drugs, overspending or unhealthy sex.



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## Who provides talk therapy?

Your therapist may be a psychiatrist (MD), psychologist (PhD, PsyD, EdD, MS), social worker (DSW, MSW, LCSW, LICSW, CCSW), counselor (MA, MS, LMFT, LCPC), or psychiatric nurse (APRN, PMHN).

Your ability to talk honestly and openly with your therapist, set clear goals and make real progress is important. Think of your relationship with your therapist as a partnership. The two of you will work together to help you feel better. You do not need to feel ashamed or embarrassed about talking openly and honestly about your feelings and concerns.

## How do I get started?

Make a list of the things that are bothering you and the issues you would like help with. Bring it with you to your first appointment. You might include:

- Issues in your family or other relationships
- Symptoms like changes in eating or sleeping habits
- Anger, anxiety, irritability or troubling feelings
- Thoughts of hurting yourself

In your first few sessions, you will probably do most of the talking. You should tell the therapist why you are there and what you would like to get from therapy. Make a list of short- and long-term goals with your therapist at the beginning of treatment. After a few sessions, your therapist may be able to give you an idea of how long therapy will take and when you can expect to see changes in your moods.

## How will I know if I'm making progress?



After some time has passed, check the list and see if you're closer to reaching your goals. It may be helpful to track how you feel each day and how you cope with difficult situations.

Review your progress with your therapist. Improvement won't happen overnight, but you should see some change, even if it's just a better understanding of your own thoughts and feelings. It is also helpful to learn everything you can about depression and bipolar disorder and their treatments. Visit DBSA's website at [www.DBSAlliance.org](http://www.DBSAlliance.org), and check your local library for other books and reference materials.

## What if I'm not making progress?

If, after some time, you don't begin to feel some relief, you have a right to seek a second opinion (as you would with any illness) from another therapist or mental health professional. You have a right to have the best treatment possible, and you *can* feel better.

## What type of therapy is best for me?



There are many types of talk therapy and most therapists use a combination of approaches. Behavioral therapy concentrates on your actions; cognitive therapy focuses on your thoughts; and interpersonal therapy looks at your relationships with others. Your loved ones

may join you in sessions of family or couples therapy. Group therapy involves several, usually unrelated people working with the same therapist and each other. One approach is not necessarily better than another – the best choice is the one that works best for you.

## What are some therapies commonly used for depression or bipolar disorder?

**Interpersonal therapy (IPT)** was originally developed to treat depression. It has since been adapted for bipolar and other disorders. It is time-limited and goal-oriented, and addresses a person's symptoms, social relationships and roles. IPT focuses on what is happening "here and now" and attempts to help a person change, rather than just understand his or her actions and reactions. The patient and therapist examine current and past relationships. IPT does not focus on unconscious or subconscious motivations, wishes or dreams. It looks at conscious, outward action and social adjustment. It does not try to change the personality, but rather to teach new skills that can lessen symptoms.

An IPT therapist is an active supporter of the patient on the wellness journey. The therapist does not assign homework, but may encourage a patient to engage in social activities. The therapist helps the patient review his or her symptoms and relate these symptoms to one of four

things: grief over a loss, conflicts with others, changes in life status such as moving or changing jobs or isolation/ lack of social skills. The therapist and patient then work through specific situations, one by one, to relieve symptoms and stress.

**Cognitive-behavioral therapy (CBT)** combines cognitive therapy, which involves examining how thoughts affect emotions, and behavioral therapy, which involves changing a person’s reactions to challenging situations. CBT is goal-oriented and works best when the patient takes an active role. One aspect of CBT helps a person recognize the automatic thoughts or core beliefs that contribute to negative emotions. The therapist helps the person see that some of these thoughts and beliefs are false or don’t make sense and helps the person change them. Types of automatic thoughts may include focusing on one negative idea (an unkind person) and applying the negative quality to everything (the human race in general); viewing things as “all good” or “all bad”; or applying labels such as “loser,” “no good,” or “worthless.” Types of core beliefs may include, “I have to succeed at everything”; “Everyone has to love me”; “It’s a disaster if things don’t go the way I plan or expect”; or “I can’t change the miserable way I am.”

The behavioral aspect of CBT takes place after a person has a more calm state of mind. The person can then take actions that help him or her move closer to planned goals. For example, if depression has caused someone to withdraw from life, that person may be encouraged to participate in hobbies or spend time with friends. Or a person may be gently coached, under supervision, to confront situations, things or people that cause fear or panic. Through practice, a person learns new, healthier behaviors.

With CBT, the therapist assigns homework. It may include journaling, reviewing notes or tapes of the therapy session, or trying a new approach to an old problem. There may also be exercises to make a person more aware of his or her own thoughts and actions without judging them.

The most important parts of any type of therapy are partnership, communication, goals, collaboration, trust, understanding and action. Successful therapy can help a person change thoughts, beliefs, perceptions, actions and moods for the better.

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Short-term goals for therapy:

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Long-term goals for therapy:

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Questions to ask my therapist:

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How will I know if I'm feeling better?

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Can I involve my loved ones in treatment? If so, how?

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This brochure was reviewed by Robert N. Golden, M.D., Vice Dean of University of North Carolina School of Medicine and Ken Heideman of DBSA Boston.

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# Treatment Challenges: Finding Your Way to Wellness



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We've been there. We can help.

## What are mood disorders?



**M**ood disorders are treatable medical illnesses involving changes in energy, behavior, thought and mood. They are not character flaws or personal weaknesses. A person with bipolar disorder has alternating high and low periods. A person with depression has recurring low periods. Cyclothymia is a

milder form of bipolar disorder with highs and lows that are less severe. Dysthymia is a low, depressed mood that is present more of the time than not.

### Symptoms of depression include:

- Sad, empty, irritable or tearful mood most of the day, nearly every day
- No interest in or pleasure from activities once enjoyed
- Major changes in appetite or body weight
- Insomnia or sleeping too much
- Feelings of restlessness or being slowed down
- Fatigue, exhaustion, lack of energy
- Feelings of worthlessness or excessive guilt
- Inability to concentrate or make decisions
- Thoughts of death or suicide

### Symptoms of mania include:

- Feeling overly energetic, high, better than good, or unusually irritable for at least one week
- Very high self-esteem, feeling like you can do anything
- Decreased need for sleep without feeling tired
- Talking more than usual, feeling pressure to keep talking
- Racing thoughts, many ideas coming all at once
- Distracted easily, thoughts or statements jumping topic-to-topic
- Increase in goal-directed activity, restlessness
- Excessive pursuit of pleasure (e.g., financial or sexual) without thought of consequences

## Can I feel better?

Yes you can. Your treatment for these illnesses may include talk therapy, medication and support from people who understand. Healthy lifestyle choices such as a balanced diet and regular exercise, along with activities like meditating and writing in a journal, can also help you. Different people respond to treatment in different ways. Work with your health care providers to find a plan that fits you.

## How can I be sure I'm getting the right diagnosis and treatment?

Be sure to tell your health care providers all of the symptoms you are having. Report all of the symptoms you have had in the past, even if you don't have them at the time of your appointment. Since these illnesses can run in families, look at your family history. Tell your health care provider if any of your family members experienced severe mood swings, were diagnosed with a mood disorder, had "nervous breakdowns" or were treated for alcohol or drug abuse. With the right diagnosis, you and your doctor have a better chance of finding a treatment that is right for you.

## Is there more than one type of bipolar disorder?



Yes. The two most common types of bipolar disorder are bipolar I disorder and bipolar II disorder. The highs in bipolar II, called hypomanias, are not as high as those in bipolar I (manias).

Bipolar disorder that does not follow a particular pattern is called bipolar disorder NOS (not otherwise specified). Bipolar II disorder may be misdiagnosed as depression if you and your doctor don't notice the signs of hypomania. In a recent DBSA survey, nearly seven out of ten people with bipolar disorder had been misdiagnosed at least once. Sixty percent of those people had been diagnosed with depression.

## How can I spot hypomania?

Talk to your doctor about the possibility of hypomania if you've had periods of several days when your mood is especially energetic or irritable, and/or

- You feel unusually confident
- You need less sleep
- You are unusually talkative
- Your thoughts come and go faster than usual
- You are more easily distracted or have trouble concentrating
- You are more goal-directed at work, school or home
- You are more involved in pleasurable or high-risk activities, such as spending or sex
- You feel like you're doing or saying things that are unlike your usual self
- Other people say you're acting strangely or you're not yourself

## What are some things that might stand in the way of my wellness?



Finding the right treatment can take time. If you don't feel better right away, don't get discouraged or blame yourself. It isn't your fault. Being aware of things that may stand in the way of your wellness is the first step toward working through them.

**High expectations:** The changes that happen in talk therapy will take time and effort. You may need to work through painful issues or change long-term habits. Be willing to take one step at a time. Give yourself credit for small, positive changes.

It's also important to have patience while your body is getting used to new medications. Most medications for mood disorders must be taken for two to four weeks before you begin to see results. Some can take as long as six to eight weeks before you feel their full effects.

**Not sticking with treatment:** One of the most important things you can do is to stick with your treatment. Your treatment has the best chance of working if you are committed to following it. Keep all your health care appointments and take any medications as prescribed. Don't stop treatment because you feel better – you need to stay with treatment to stay better.

**Need for other treatment:** Treatments for mood disorders work together. Sometimes you may need to add another form of treatment. If you are only getting talk therapy, consider adding medication. If you are only taking medication, consider talk therapy. Attending support groups and making healthy changes to your lifestyle can also help.

**Other medical conditions:** Have a complete physical examination at the beginning of your treatment and once each year, and discuss your medical history with your doctors. Other physical illnesses may cause your treatments to affect you differently. Normal aging or menopause can also change your brain chemistry.

**Substance abuse:** Alcohol or illegal drug abuse may make your medications less effective or even dangerous. It can also be hard to benefit from talk therapy if you are under the influence. Be honest with your health care providers about your current use of alcohol or drugs. If you are having trouble stopping, talk to your doctors about getting treatment for alcoholism or substance abuse.



## How can I get the most from my treatment?



**Be informed:** Find out all you can about your illness, its symptoms and its treatments. Talk with your health care providers, visit fact-based internet sites such as [www.DBSAlliance.org](http://www.DBSAlliance.org), and look for books on mood disorders at your local library.

**Communicate with your health care providers:** You know the most about how you are feeling. Be an active participant in your treatment plan and work with your health care providers to find the best treatments. Don't be afraid to bring written questions to your doctor's office or take notes during your appointment. Bring a supportive person to your appointment if it helps you feel more comfortable. If you think that you could be doing better, talk to your doctor about it. If things do not improve, consider seeing another doctor for a second opinion.

**Set goals:** Talk with your health care providers at the beginning of treatment about what you want to accomplish. Work with them to set goals for the future, decide how to reach them, and check your progress.

**Track your treatment, lifestyle and moods:** At the end of each day, take a few minutes to write down some information about your treatment (talk therapy, medication and support groups), lifestyle (meals, exercise, relaxation) and mood levels (stable, manic, depressed, mixed). This information can help you find your patterns, anticipate mood changes and make treatment decisions with your doctors. Call DBSA or visit our web site to order a *Personal Calendar* or download a *Wellness Workbook*.

**Know that you are not alone:** According to the National Institute of Mental Health, approximately 19 million adults in the United States have a depressive disorder. Nearly two and a half million adults in the U.S. have bipolar disorder. Because bipolar disorder is often misdiagnosed, many researchers believe that the number of people with bipolar disorder may be much higher.

**Find support:** You can find people who know what you are going through and can help answer your questions. Patients, family members and friends around the country have come together to form a network of more than 1,000 support groups where you can find information and understanding from people who have had similar experiences. Call DBSA or visit our web site to find a group near you. If there is no group in your area, we can help you start one.



## How can I get the most from my medication?



### *Be sure you have the correct dosage:*

Doctors generally begin with a low dose of medication to allow your body to adjust to it, and increase the dosage as necessary. Early in your treatment, your doctor may want

to meet with you more frequently to monitor your response to the medication and adjust your prescription.

Work with your doctor to make sure your dosage is not too low or too high to be effective. Be patient as your dosage is adjusted. It may take some time to find the right dosage for you, but don't lose hope. Different dosages work for different people.

*Find out about different types of medication.* Your doctor may need to prescribe a different type of medication, or add another medication. Keep a record of what you take and how you feel to help with future choices.

There are several types (or classes) of medication that are prescribed to help with mood disorder symptoms. Your doctor might prescribe antidepressants, mood stabilizers (sometimes called anticonvulsants), anti-psychotics (sometimes called neuroleptics or described as atypical) or a combination of these to help control your symptoms. These medications are not addictive and do not change your personality. Follow your doctor's instructions about how to take medications and any foods, beverages, other medications or natural/herbal supplements that you need to avoid.

*Take medication as prescribed.* To help you remember to take your medications, you might want to use an alarm, pager, or pre-fillable medication container. You can also keep a written checklist, ask someone to remind you, or take medication at the same time as another daily activity.

*Talk with your doctor about side effects.* Sometimes side effects such as dry mouth, constipation, sleepiness, or blurred vision can keep you from feeling better. Side effects may go away within days or weeks. It may help to change the time you take your medication, take it with food, or ask your doctor to change the dosage or add a medication. Your doctor may also be able to help you find another medication or treatment option with fewer side effects. Never stop taking your medication or change your dosage without first talking to your doctor. If side effects cause you to become very ill, contact your doctor or a hospital emergency room right away.

*Avoid medication interactions.* Make sure your doctors know all the medications you are taking for all illnesses, so they do not interact.

## **You are in charge of your health.**

You have the right to ask questions and request changes in your treatment plan. Don't give up hope. You can feel better.



# Resources

## Other Organizations That Offer Help

The following organizations also offer information and/or assistance with mood disorders and related topics. While you may find additional support from these organizations, DBSA assumes no responsibility for the content or accuracy of the material they provide.

### American Association for Marriage and Family Therapy (AAMFT)

(202) 452-0109 • [www.aamft.org](http://www.aamft.org)

### American Foundation for Suicide Prevention (AFSP)

(888) 333-2377 • [www.afsp.org](http://www.afsp.org)

### American Psychiatric Association (APA)

(888) 357-7924 • [www.psych.org](http://www.psych.org)

### American Psychological Association

(800) 374-2721 • TDD: (202) 336-6123

[www.helping.apa.org](http://www.helping.apa.org)

### Anxiety Disorders Association of America (ADAA)

(240) 485-1001 • [www.adaa.org](http://www.adaa.org)

### The Center for Mental Health Services (CMHS)

(800) 789-2647 • TDD: (866) 889-2647

[www.mentalhealth.org](http://www.mentalhealth.org)

### Child & Adolescent Bipolar Foundation (CABF)

(847) 256-8525 • [www.bpkids.org](http://www.bpkids.org)

### National Alliance for the Mentally Ill (NAMI)

(800) 950-6264 • [www.nami.org](http://www.nami.org)

### National Library of Medicine/Medline

(Medication information)

[www.nlm.nih.gov/medlineplus/](http://www.nlm.nih.gov/medlineplus/)

### National Hopeline Network

(800) 442-HOPE (800-442-4673) or

(800) SUICIDE (800-784-2433)

### National Institute of Mental Health (NIMH)

(800) 421-4211 • [www.nimh.nih.gov](http://www.nimh.nih.gov)

### National Mental Health Association (NMHA)

(800) 969-6642 • [www.nmha.org](http://www.nmha.org)

### Needy Meds (suggestions for obtaining low-cost medication)

(215) 625-9609 • [www.needymeds.com](http://www.needymeds.com)

### Pharmaceutical Research and Manufacturers of America

(Directory of Prescription Drug Patient Assistance Programs)

(202) 835-3400 • [www.phrma.org/searchcures/dpdpap/](http://www.phrma.org/searchcures/dpdpap/)

# Help DBSA change lives.

We hope you found the information in this brochure useful. Your gift will help us continue to assist people and families with mood disorders.

**Yes**, I want to make a difference. Enclosed is my gift of:

☐ \$100    ☐ \$50    ☐ \$20    ☐ Other \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

☐ Check (payable to DBSA)    ☐ Money order  
☐ VISA    ☐ MasterCard    ☐ Discover Card    ☐ AmEx

ACCOUNT \_\_\_\_\_ EXP. DATE \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

SIGNATURE (REQUIRED) \_\_\_\_\_

- ☐ I wish my gift to remain anonymous.
- ☐ Please send me \_\_\_\_\_ donation envelopes to share.
- ☐ I'd like details on including DBSA in my will.
- ☐ I have enclosed my company's matching gift form.
- ☐ I'd like to receive more information about mood disorders.
- ☐ Please send all correspondence in a confidential envelope.

*If you would like to make your gift a Memorial or Honorary tribute, please complete the following:*

☐ In Memory of/In Honor of (circle one):

PRINT NAME \_\_\_\_\_

☐ Please send an acknowledgment to:

RECIPIENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please send this form with payment to: **Depression and Bipolar Support Alliance, 730 N. Franklin Street, Suite 501, Chicago, IL 60610-7224 USA**

**Questions?** Call (800) 826-3632 or (312) 642-0049.

**Credit card payments** (Visa, MasterCard, Discover or AmEx) may be faxed to (312) 642-7243. Secure online donations may be made at [www.DBSAlliance.org](http://www.DBSAlliance.org).

DBSA is a not-for-profit 501(c)(3) Illinois corporation. All donations are tax deductible based on federal and state IRS regulations. Please consult your tax advisor for more details. All information is held in strict confidence and will never be shared.

***Thank you for your gift!***



## Depression and Bipolar Support Alliance

We've been there. We can help.

**The Depression and Bipolar Support Alliance (DBSA)** is the leading patient-directed national organization focusing on the most prevalent mental illnesses. The organization fosters an environment of understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically-based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably.

Assisted by a Scientific Advisory Board comprised of the leading researchers and clinicians in the field of mood disorders, DBSA has more than 1,000 peer-run support groups across the country. Three million people request and receive information and assistance each year. DBSA's mission is to improve the lives of people living with mood disorders.

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### Depression and Bipolar Support Alliance

730 N. Franklin Street, Suite 501  
Chicago, Illinois 60610-7224 USA  
Phone: (800) 826-3632 or (312) 642-0049  
Fax: (312) 642-7243

Web site: [www.DBSAlliance.org](http://www.DBSAlliance.org)

*Visit our updated, interactive website for important information, breaking news, chapter connections, advocacy help and much more.*

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DBSA does not endorse or recommend the use of any specific treatment, medication or resource mentioned in this brochure. For advice about specific treatments or medications, individuals should consult their physicians and/or mental health professionals. This brochure is not intended to take the place of a visit to a qualified health care provider.