

Information about

BIPOLAR DISORDER IN ADULTS

The disorder, its treatment and prevention



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Bipolar affective disorder (the term we will use in this publication is “bipolar disorder”) is a serious mental disorder. When a person has bipolar disorder, knowledge of the illness is important. The more you know, the better you can handle and prevent the illness and its consequences.

This brochure describes the illness as well as options for its treatment and prevention. It is mainly intended for people being treated for bipolar disorder by the psychiatric service in Region Midtjylland.

We hope this brochure will help you and your loved ones to learn more about the diagnosis of bipolar disorder.

Kind regards

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WHAT IS BIPOLAR DISORDER?

Bipolar disorder is a mental illness characterised by episodes of mania, hypomania (a mild form of mania), depression and/or mixed state (a state where manic and depressive symptoms coexist or occur in rapid succession).

This disorder affects approx. 1–2% of the Danish population. Bipolar disorder occurs with equal frequency in women and men and usually begins in adolescence or early adulthood. On average, it takes 8–9 years from the appearance of initial symptoms or episodes of illness until the illness is recognised and diagnosed.

Late diagnosis of bipolar disorder can result, among other things, from the fact that hypomanic episodes and mixed states are often overlooked.

Other mental disorders are often seen alongside bipolar disorder – especially substance abuse and various types of anxiety disorder. Even though the symptoms and severity of the disorder vary, the illness is often associated with serious social, financial and personal consequences, and especially an increased risk of suicide.

There is a high risk of relapse, but treatment and prevention can help a lot in terms of reducing the progression

of symptoms and decreasing the psychological and social costs to the individual and the family.



When I am manic, I'm completely different from how I am normally.

I don't need any sleep at all.

I see everything from my own

perspective. I feel **I am the**

most important person in the

world, and all my ideas are

brilliant. I think so quickly that I

can't manage to say everything

I'm thinking. I don't have the

patience to listen to other people

and can only remain in one

place for a short time. **I pace the**

house restlessly. I drive much

too fast in traffic, walk around

the town and **make contact**

with strangers and flirt with

all the women I meet. **I become**

very irritated if anyone tries

to put the brakes on me. I get

ideas about starting several

companies at the same time and

I think nothing can stop me.

CHRISTIAN, 30



WHAT CAUSES BIPOLAR DISORDER?

Research has shown that heredity is very significant in bipolar disorder. Susceptibility, and not the illness itself, is hereditary. External environmental factors such as various types of stress also have an impact on the development and progression of the illness. The more susceptible you are, the less strain it takes to trigger an episode of the illness. Social and environmental factors can protect against or aggravate genetic susceptibility.

Genetic factors

If your parents or siblings have bipolar disorder, the risk of developing the illness yourself increases by 10%. If an identical twin has the illness, the risk that the other twin will become ill increases further, up to 70–80%. Research indicates that several hundred different genes are involved in developing bipolar disorder, but each gene contributes only a comparably slight increase in the risk of the illness.

With mania and depression, changes can also be demonstrated in some

of the brain's neurotransmitters, i.e. the molecules the nerve cells use to communicate. The effect of these neurotransmitters, e.g. dopamine and serotonin, is what is affected by medical treatment of bipolar disorder.

Trigger factors

While an episode of illness sometimes develops without any external influence, in other cases it is possible to pinpoint one or more factors that have contributed to triggering the episode. Research has shown that a number of biological, psychological and social factors may play a role in the development of both manic and depressive symptoms.

Among biological factors, the effect of light sometimes influences the course of the illness. The occurrence of manic episodes is greatest in the spring and autumn months, and some types of depression occur notably in the darker months.

In women, hormonal changes may contribute to provoking mania, depression



or mixed state, e.g. in connection with pregnancy and giving birth.

Disruption of the circadian rhythm plays a major part in the development of an episode of illness. Mania may occur, for example, if a person does not sleep, or in connection with jet lag when travelling across time zones.

Cannabis, alcohol, speed and cocaine may contribute to provoking mania, mixed state and depression. Many people feel that cannabis, for example, has a calming effect on them, but in fact it increases the risk of episodes of the illness. That is why it is very important to resist taking cannabis or other substances. Anti-depressants may sometimes provoke manic symptoms in people with bipolar disorder.

Both positive and negative events, situations and changes may result in mental stress and contribute to activating manic or depressive symptoms. Susceptibility to stress increases with the number of episodes of the illness.

Loss, violation, lack of social support and family conflicts are some of the factors that can typically contribute to triggering depressive symptoms, while increased focused behaviour and increased commitment, e.g. in connection with an exam, overtime or falling in love, can contribute to developing manic symptoms. Factors such as personal perception and handling of the situation determine whether a specific event or certain factors give rise to stress.

WHAT ARE THE SYMPTOMS OF BIPOLAR DISORDER?

Bipolar disorder is characterised by periods of unnatural changes in mood and energy levels. During mania or hypomania, the person's mood is elevated or irritable, and during depression, it is low. Changes in mood are accompanied by a number of changes in thinking, emotions and behaviour. Below is a description of the symptoms of the various types of the illness found in bipolar disorder:

Mania is defined as the presence of characteristic manic symptoms for at least a week, or where hospitalisation is required. The core symptoms of mania are unnatural optimism and possibly violent anger and irritability. In addition, there is a significantly reduced need for sleep, an unnatural energy boost, increased activity involving plans and ideas, strikingly fast, leaping thought processes and a strong urge to talk, with frequent changes of subject. Finally, mania is associated with over-confidence in oneself, impaired judgement and loss of self control that may be expressed by haphazard and uninhibited behaviour, such as unrealistic, excessive spending, substance abuse or increased libido and sexual activity. In severe cases of mania, psychotic symptoms sometimes take the form of delusions (ideas that are completely real to the

person, but which are not shared by others, and are not anchored in reality) or hallucinations (sensory perceptions not grounded in reality).

Hypomania is a mild form of mania, characterised by mild optimism or increased irritability, an energy boost, increased self confidence and a greater sense of wellbeing. Often, increased productivity is noted, and the need for sleep seems to be reduced by two to three hours compared to normal requirements. In order to be able to make the diagnosis of hypomania, these mild manic symptoms must have persisted for at least four days. This state does not always affect a person's level of functioning, but will often be noticeable to those around the person. In some people, hypomania may be a prelude to mania, while others may suddenly slip into a depressive state.

Depression, as part of bipolar disorder (also known as bipolar depression) is characterised by the same symptoms as unipolar depression (bouts of depression that have never been accompanied by mania or hypomania). Depression is categorised by its degree of severity as mild, moderate or severe, as well as severe depression with psychotic symptoms (you can read

more about this in the brochure about depression in adults). In order to be able to make the diagnosis of depression, depressive symptoms must have persisted for at least 14 days. The core symptoms are feeling down, a lack of energy and lack of aspiration. Sleep and appetite are usually disrupted, and the person often has difficulties with concentration and memory.

In bipolar depression, so-called atypical symptoms of depression are sometimes seen, such as increased need for sleep and increased appetite. Reduced self-confidence and unreasonable self-reproach are common symptoms, and in moderate and severe depression, the person sometimes has thoughts of suicide or, in the worst cases, actually plans to commit suicide. In severe bouts of depression, psychotic symptoms sometimes take the form of delusions (ideas that are completely real to the person, but which are not shared by others, and are not anchored in reality) or hallucinations (sensory perceptions not grounded in reality). For example, the patient may hear voice denigrating or criticising him or her, or even urging suicide.

Mixed states are characterised by the simultaneous occurrence of manic and depressive symptoms, or by rapid switching between depressive and manic symptoms. Mixed states may appear as independent episodes of the illness or during a transition from mania to depression or vice versa. In other cases, the manic and depressive

“ Normally, I’m a quiet, reserved girl. **When I’m hypomanic, everything changes.** Suddenly I’ll wake up two hours earlier than normal. My thoughts are racing; I have lots of ideas and I have a feeling of being on top of things and able to manage everything. **I suddenly feel that other people are slow and boring.** I talk to strangers I meet on the train or at the bus stop. **That’s not me at all, normally.** I’m usually quite thrifty, but suddenly I’ll go shopping a lot and buy all sorts of things I don’t really need. **After two weeks of hypomania, I change states, usually from one day to the next, and I’ll wake up depressed one morning.**

CAMILLA, 18

symptoms are present in equal measure, while in still other cases, mixed states can be predominantly either manic or depressive. In cases where mixed states are accompanied by thoughts of suicide and at the same time increased energy/decisiveness, this state can be associated with a high risk of suicide. Mixed states are some of the most unpleasant states a person can experience – especially if manic and depressive symptoms occur simultaneously.



“ When I am in severe depression, I wake up much too early with a **feeling of anxiety and turmoil**. I hate the dawn chorus. My body feels as heavy as lead, and I **have difficulty even going out to the toilet** and having my daily shower. I have no appetite **and the pleasure and joy of everything has gone**. I reproach myself for being this way and I don't want to live. I think that **everything is hopeless**, and that I'll never get well.

WOMAN WITH BIPOLAR DEPRESSION

HOW IS BIPOLAR DISORDER DIAGNOSED?

The diagnosis is based on one or more in-depth discussions and special psychiatric interviews with the person in question. Current and, possibly, earlier episodes of unnatural mood swings, changes in thinking and the person's levels of energy and activity are charted. Emphasis is placed on the presence, duration and severity of the individual symptoms in relation to the person's normal level of functioning. The assessment also takes account of what appears reasonable and appropriate in a given situation. Information from relatives is often an important contribution to assessing the condition.

The person is also examined for physical illnesses and the presence of other mental disorders, e.g. substance abuse, anxiety disorder, personality disorder or attention deficit. Bipolar disorder may be diagnosed if a person has had at least two episodes of the illness, one of which is manic, hypomanic or a mixed state. If it is a matter of mania, hypomania or a mixed state occurring just once, this is termed a single episode.

A milder variant of bipolar disorder is known as cyclothymia, characterised by

persistent fluctuations (over at least two years) between manic and depressive tendencies where the criteria of mania or depression are not met at any time.

“ **When I went for diagnosis to find out whether I had bipolar disorder, it was important for my mum to be there with me.** I was in mild depression at the time and was able to remember and clearly describe **the depressive phases**, but the **highs** were more difficult; in fact, I had regarded them as a welcome break from my depression. My mum was able to help describe how **different** I was during the highs, how I talked a lot more, had wild ideas and phoned early in the morning. I had difficulty remembering that myself, but **when she described it**, I was able to recall it.

NIKOLAJ, 23

DIFFERENT PROGRESSIONS AND MODES OF EXPRESSION

The progression of bipolar disorder varies a great deal from one person to another, e.g. with regard to the number, severity, duration and nature of the episodes. Some have the classic type with bouts of mania and depression, while others experience only hypomania and depression. In others, the progression of the illness is characterised by mixed states and bouts of depression. Studies indicate that bouts of depression occur three times more frequently than bouts of mania in people with bipolar disorder.



When I am in a mixed state, I tend to wake up at 5 am and I'm full of beans. I have lots of rapid thoughts and ideas for new projects. I get up and start cleaning the whole house even if it doesn't need it. I turn my music up loud and forget all about the neighbours being asleep. I usually phone lots of my female friends to arrange to meet up over the next few days and I tell them everything's fantastic and I'm feeling very happy. Around midday, everything suddenly changes. I become sad; my thoughts suddenly slow down; I've lost confidence in myself and all my energy has gone. I can't cope with anything else and I have the urge to run away from everything. I can't contemplate the arrangements I've made, and I have to ring up and cancel everything.

Between episodes of the illness, there are often stable periods of varying duration, i.e. weeks, years or decades. However, some people with bipolar disorder experience mild depressive or manic symptoms outside the serious episodes. For several weeks or months after an episode of the illness, there may also be residual symptoms in the form of tiredness, lack of energy, difficulty sleeping and/or cognitive impairment. Cognitive impairment may manifest as problems with paying attention, remembering things, keeping on top of things, initiative or planning. In some cases, this may lead to major problems with functioning in the home, socially, at work or in education – even if the person's mood is stable.

While the prognosis for individual episodes of the illness is relatively good, the longer-term prognosis is extremely variable. In addition to relevant treatment, good personal resources, a stable way of life and social support have a positive impact, while the incidence of substance abuse or anxiety disorders will tend to worsen the prognosis.

HOW CAN BIPOLAR DISORDER BE TREATED AND PREVENTED?

Treatment of bipolar disorder can be subdivided into the treatment of individual episodes of the illness and the prevention of further episodes. The treatment is adjusted for each individual with bipolar disorder and the various phases of the progression of the illness. Involving relatives is another key element of treatment.

The purpose of treatment is:

- 1) To subdue depressive or manic symptoms and curtail an individual episode of the illness – as well as to stop depression turning into mania or vice versa
- 2) To prevent new episodes of the illness
- 3) To prevent suicide
- 4) To minimise the psychological and social costs of the disorder

Hospitalisation is often required in connection with mania, severe depression and severe mixed states; in some cases, enforced hospitalisation is necessary. Milder episodes of the illness are treated in outpatient clinics by practising psychiatrists, in outpatient psychiatry clinics or by the person's GP. Preventive efforts mainly take the form of outpatient care.

Medicine plays a vital part in both the acute phase and preventive treatment. ECT (Electroconvulsive Therapy) is occasionally used in emergency treatment – especially in severe bouts of depression or severe mixed states. When people with bipolar disorder are in a fairly stable phase, it is often useful to combine medical treatment with various types of counselling and psychoeducation. Psychoeducation is a type of dialogue-based teaching about the disease and its treatment.

Medical treatment

Various types of medicine are used in the treatment of mania, including lithium as well as other types of anti-epileptic drugs (anticonvulsants) and anti-psychotic medicines. It is often necessary to supplement the treatment with calming medicines and sleeping pills. Treatment of depression as part of bipolar disorder differs from the treatment of ordinary depression – notably due to the risk of triggering manic symptoms by the use of anti-depressants. Anti-depressants are occasionally used, but must always be combined with a drug to protect against mania, e.g. lithium or a newer anti-psychotic drug.

In most cases, long-term preventive medical treatment is recommended for bipolar disorder. In some cases, preventive treatment is proposed after even the first episode of the illness. The choice of treatment depends on factors such as information about early effects and side-effects of medicines, and on information about the previous progression of the illness. The person's wishes for a particular treatment or a wish to avoid a specific side-effect are also important in the choice of treatment. Consideration is also given to the person's age and any physical ailments.

It is important to know that it can take up to six months or a whole year for preventive treatment to work to best advantage. If, despite preventive treatment, the person with bipolar disorder develops significant symptoms of depression and/or mania, the medication will usually be adjusted.

❑ **Anti-epileptics:** A drug originally developed for the treatment of epilepsy, but also found to be effective for bipolar disorder.

❑ **Antipsychotics:** A drug with antipsychotic effect that particularly affects symptoms such as delusions, hallucinations and manic optimism.

❑ **Antidepressants:** A drug with an antidepressive and anti-anxiety effect.

For a while, most people with bipolar disorder find it difficult to accept the need to take medicine. Compliance problems as regards taking recommended medicines may, for example, be linked to the person's perception of his or her illness, undesirable side-effects or a longing for hypomanic periods. In most cases, a dialogue is required to shed light on the advantages and disadvantages of medical treatment.

If a woman with bipolar disorder is pregnant or planning a pregnancy, she should be referred to hospital psychiatric services because of the increased risk of relapsing. At the same time, there is a need for advice regarding the proper preventive medicine during pregnancy.

Psychoeducation

Psychoeducation may be given as part of a person's individual treatment or in a structured group process, and includes, for example, information about the diagnosis, future prospects, causal relationships and options for treatment and prevention. The spotlight is particularly on conditions or skills that are significant in handling the illness and preventing relapses.

When the person with bipolar disorder is in a fairly stable phase, it is useful to prepare a personal prevention plan, e.g. in conjunction with relatives. The prevention plan covers the person's individual early warning signs of hypomania/mania, mixed state and depression and any trigger factors, as well as a plan of what is to happen if there are signs that an episode of the illness is developing.

Supportive counselling and psychotherapy

There may be a need to combine medical treatment with provision of supportive counselling or psychotherapy. Counselling may be individual or in a group. The content of the individual process depends on the person's needs and is continuously adjusted for the individual phases of the progression of the illness.

In the depressive phase, the person needs help to break the depressive patterns of behaviour, such as inactivity, isolation and passiveness. Tasks that appear insurmountable can be broken down into smaller, easier-to-deal-with jobs. When the worst depressive symptoms have receded, depressive thoughts can be worked on with a view to finding alternative and more balanced ways of thinking.

If the person develops mild manic symptoms, the therapist can help by restricting stimuli and the level of activity on the one hand and, on the other, by considering the advantages and disadvantages of acting on impulses and "good ideas".

An important goal of preventive treatment is to learn to handle stress, or to avoid it, in an appropriate way. For example, this could be about handling stress at work, in education, leisure or close interpersonal relationships, as well as about stabilising daily routines, social activities and sleeping patterns.

On an emotional level, there is often a need to work through the loss, offences and defeats that typically follow in the wake of the illness. This could be grief over the loss of close relationships or over having to break off studies or leave employment. Another subject is the guilt and shame linked to actions carried out during manic or depressive periods. Some people need help to deal with a perception of stigmatisation, i.e. a sense of being different and being singled out because of the illness. Others may need to work on personality difficulties that may be a consequence of the illness itself and/or may relate to temperament, upbringing and early life history.

“ **In talking with my nurse, we have worked out a prevention plan so I know how to react if a manic episode is flaring up. This is very important to me, because above all, I don't want to become manic again.** I have become aware that lack of sleep, exam stress and excessive alcohol intake can trigger manic symptoms. **My earliest sign of mania** is waking up two hours earlier than usual. **I talk more** and much faster, and **I get lots of ideas** about borrowing money to start a business, even though that is completely unrealistic. My action plan is to **take extra medicine**, contact my therapist and avoid alcohol. My girlfriend also has to contact my therapist **if she notices signs of mania.**

YOUNG MAN WITH BIPOLAR DISORDER

WHAT CAN YOU DO TO HELP YOURSELF IF YOU HAVE BIPOLAR DISORDER?

There are a number of things you can try to do yourself to cope with the illness and help prevent new episodes. Whether you will be able to use some of the tools depends on factors such as your current state, and whether you have access to the necessary support from the people around you.

Learn to recognise your illness

It is a good idea to learn about bipolar disorder, its various symptoms and phases. Often, it takes time to recognise and accept the illness. If you had the illness for a long time before it was diagnosed, looking back and trying to make sense of the periods when you have been most ill can in itself be a major challenge.

It takes time to learn to distinguish between normal emotional fluctuations and symptoms of mania/hypomania or depression. It may be challenging to learn to strike a balance between being aware of any signs and symptoms of the disease, and not letting fear of new episodes of the illness consume all your time. When you are in a stable phase, as already mentioned, you can prepare a personal prevention plan jointly with your therapist and the people closest to you.

For most people with bipolar disorder, it usually takes a while to strike a balance between denial and over-identification with the illness. An important goal in its own right could be learning to define yourself in ways other than merely through the illness. It is important to focus on the resources and abilities you can use to make your life meaningful and give it substance. Here, developing any creative talents such as drawing, painting or music could be of immense value.

Get to grips with your depressive symptoms

If you are depressed, it might help to undertake simple, manageable activities that could help improve your mood. You should take account of your current energy level and your ability to concentrate. If you are severely depressed, you will often need the people around you to help you to produce a daily plan and to go through with activities. Exercise or other forms of movement can help to lessen depressive symptoms.

Consider advantages and disadvantages when you get new ideas

Hypomania is often perceived as a positive state that the person feels a strong urge to act on. The person often has lots of ideas, and there is not much of a gap between thoughts and actions.

It may help to consider the advantages and disadvantages of new ideas and to discuss them with one or two people you trust. You can also practise postponing risky decisions, e.g. for three days. The energy associated with hypomania can be used constructively, and any plans for major projects can be tested on less comprehensive, less risky projects.

Know your limits and demand less of yourself

After an episode of illness, the person is usually more vulnerable. Perhaps you will launch into activities and tasks too quickly, overlooking the fact that you do not have as much oomph and energy as usual. There may be some days when your mood is suddenly low or elevated. When in some states, you will need to pay particular attention to ensure that that state does not suddenly switch to the opposite pole. An important objective could be to adjust any unrealistically high expectations of yourself and to learn to say no in various contexts. Adjusting your expectations and accepting that you can no longer manage to do as much or undertake as much responsibility as perhaps you used to can often be a long and challenging process.

As previously mentioned, you may experience problems with attention, overview, memory and initiative after an episode of the illness. It is important to take account of these difficulties and not to take on too much. If you feel able, there are a number of things you can do to assuage any cognitive challenges. A calendar can be useful in overcom-

ing problems to do with overview and planning. If you write your appointments and tasks on your calendar, it will be easier to keep in mind what needs to happen during the week, and how much you can realistically manage in a day or a week. Regular routines, specific systems or using the calendar can help you to remember things and appointments.

Comply with medical treatment in dialogue with your therapist

It is common for people to find it difficult to accept having to take medicine at times. It is important to discuss doubts and deliberations about medicines with your therapist so that, together, you can identify the medicine that gives you the best help with the fewest side-effects. People are different, but you need to have an open dialogue with your therapist about your medication.

Establish a stable circadian rhythm, eat healthily and get some exercise

As disruption of the circadian rhythm is particularly significant in bipolar disorder, a key aim can be to establish daily routines, fixed social activities and a stable sleeping pattern. It is generally advisable to have a set circadian rhythm, getting up and going to bed at roughly the same times each day. A healthy, regular diet as well as regular exercise are important too.

Be cautious with stimulants

Some people with bipolar disorder increase their consumption of stimulants during some periods. Sometimes people drink more or start smoking cannabis in

connection with episodes of the illness. As previously mentioned, stimulants can trigger, aggravate and maintain manic and depressive symptoms, and long-term substance abuse can have an adverse impact on memory and learning. If you have difficulties controlling your intake, it is important to seek help.

Be open about your illness, when appropriate

The question of how open you should be

about your illness is a recurring theme for most people with bipolar disorder. When should you tell other people that you have bipolar disorder, and when should you not? There is no straightforward answer to that question, but as a rule, it is a good idea to weigh up the advantages and disadvantages in the short and longer term in relation to being open about your illness in different situations and contexts. Talk to your therapist about it.

WHAT CAN YOUR LOVED ONES DO?

It is often a challenge being close to someone who suffers from bipolar disorder. Sadness, uncertainty, anxiety, irritation and helplessness are very

common reactions among loved ones. One woman describes her reaction to her husband's mania as follows:

“**When my husband** became manic for the first time, everything got very stressful for our whole family. It **developed into a real nightmare**. Several weeks went by before I realised that he was ill. To begin with, **he described an incredible feeling of happiness** and wanted to give us all presents. He got up very early in the morning and was on the go with all sorts of projects from morning till evening. I thought **it seemed a bit strange**, but I didn't want to be a wet blanket. **After a few weeks, he became increasingly angry**, talked incessantly about his projects **and couldn't listen to me and the children at all**. He hardly slept at all, he was horribly irritable and the children started to be afraid of him. **He became more and more wound up and threatening**, especially if I suggested he should get help. He was completely unrecognisable. **My darling husband had been transformed totally**. It was ghastly. In the end, I had to call the doctor and the police to have him hospitalised.

MIA, 39

What can you, as a relative, do to help the person affected?

As a relative of someone with bipolar disorder, you need knowledge about the illness, about the key symptoms and the various phases of the progression of the illness. Knowledge can help you to understand why the person reacts as he or she does, the best way of dealing with it, and what you might have to try to accept for a while. If you want to support the person affected, you can find out what he or she needs in the various phases of the process. Family counselling with a counsellor might often prove helpful in this regard. The support of relatives during treatment is important both in the acute phase and in the preventive phase.

Emergencies

With depression, mania and the mixed state, it is important to recognise the first signs of fluctuations and to help the person affected to get treatment. In an emergency, e.g. in the case of mania, severe depression or mixed states, where the person experiences the urge to commit suicide, you can help them by making contact with their own doctor, an emergency doctor or a Psychiatric advice line.

If the person affected is already undergoing treatment and agrees to it, the treatment centre can be your first port of call in an emergency. In certain situations, e.g. in the case of serious threats or violence, you may need to contact the police.

Support during depression and when suicide is being contemplated

If you are in doubt as to how best to support a person in a depressive phase, it is a good idea to ask the person. You can offer contact, but there is a great deal of

Did you know...?

As a patient or relative, you can contact the psychiatric advice line if you are facing an acute mental health crisis.

**The lines are open 24/7
78 470 470**

variation in what a depressed person needs or is able to cope with. While some people in depression want to talk about how they feel, others prefer to be distracted, e.g. by talking about entirely unrelated things.

You can support the depressed person in maintaining hope of recovery and offer encouragement for the person to keep going at his or her own pace. Recognition of their efforts is absolutely crucial. Very ordinary tasks, e.g. having a bath or getting up, require a great deal of effort on the part of someone with severe depression. While in some cases it may be necessary for relatives to relieve the person affected entirely of tasks, in other cases it is better to do things together rather than have you, the relative, taking over all tasks and functions.

Thoughts of suicide are often part of depression or a mixed state. If you are worried that your loved one is contemplating suicide, you must try to talk to the person about it. Perhaps you can help him or her to recognise other solutions, but above all, it is important not to be condemnatory towards the person. If the urge to commit suicide is strong, the depressed person should not be left alone, and it is important to get in touch with the treatment centre, the person's GP, an emergency doctor or a Psychiatric advice line.

Support during hypomania and mania

During mania, many different difficulties can arise between the sick person and those around him or her. The failure to recognise illness that often accompanies a manic state is a major challenge to the relatives. It is often pointless arguing too much with a manic person, and in the worst case it can exacerbate the condition still further. During stable phases, it can be important to discuss how relatives can best offer support if there are signs of hypomania or mania. In a hypomanic state, you could perhaps help the person to get a good night's sleep and to restrict appointments and activities that could worsen the condition. However, you must take account of the possibility of the person regarding the hypomanic phase as a positive part of his or her normal behaviour.

Adjusting expectations

As previously mentioned, after an episode of the illness, the person is typically more tired and vulnerable. The ability to be attentive, to remember things and to keep track of things is often impaired. There are various ways you can help the person. You can help by organising the person's everyday routine and maintaining a stable rhythm. You can pay attention to how you yourself give instructions and agree things. You might need to repeat important information and messages, or write things down. Perhaps you can help with planning, initiating and completing specific tasks, e.g. housework, shopping, gardening and leisure activities. If it is not possible for the person to return to his or her former level of functioning at first, you must try to adjust your expectations, even though this may be a bit frustrating.

What can you, as a relative, do for yourself?

If you are to be able to provide long-term support and help, you will also need to take care of your own needs and try to lead as normal a life as possible. You must try to accept that you will not always have the energy or be in a condition to provide help. You may need to take a short or longer break at times. This is why it helps if you can share the responsibility with other relatives so that you do not have to bear the brunt of the responsibility yourself.

As well as making contact with therapists, you might benefit from contact with other carers and patient-and-carer associations, such as SIND's Pårørenderådgivning (advice for relatives), Bedre Psykiatri ("better psychiatry") or Depressionsforeningen (association for depression), all of which provide advice over the telephone. If you personally feel you are becoming emotionally overburdened as time goes on and/or you are developing distinct symptoms of anxiety or depression yourself, you can consult your own doctor to get help and support. In some cases, a referral to a practising psychologist will be possible with a subsidy from health insurance.

Remember children and siblings

When a person with bipolar disorder has children or siblings, special attention should be paid to their needs and reactions. It is important to talk to the child about the parent or sibling's illness. In some parts of Denmark, there is provision for family counselling with the therapist and/or the opportunity for the child to participate in a children's or siblings' group with other children of parents with a mental illness.

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Where can you find **MORE INFORMATION** ?

📄 **Psykinfomidt.dk**

Here, you can find brochures such as “Mood stabilisers”.

📄 **Depressionsforeningen.dk**

The support group is intended for people with depression and bipolar disorder, as well as their relatives.

📄 **Sundhed.dk**

Enter “bipolar disorder” in the search field

