More than meds & therapy:
A holistic guide to the treatment of bipolar disorder

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Publications: Relevant Publications


Resources:


Writers Comments Regarding this Topic:

As a mental health professional and trainer with bipolar disorder, I have done considerable research to facilitate my own healing and used that research to educate others through the publication of my book, Bipolar 101 and a bipolar research blog: [http://bipolar-101.blogspot.com](http://bipolar-101.blogspot.com). The main methods of treating bipolar disorder are medication and psychotherapy. This course offers other scientifically proven strategies that will prevent and ameliorate symptoms.
Course Objectives:

Demonstrate knowledge of the symptoms of bipolar disorder.

Compare symptoms of mania and depression in bipolar disorder.

List the three main types of psychotherapy proven to be effective with bipolar disorder.

List three medications used to treat bipolar disorder.

Demonstrate knowledge of how sleep, nutrition, exercise, sleep and stress impacts the experience of symptoms of bipolar disorder.

State three strategies in each of the following: diet, exercise, sleep and stress reduction which can be used by someone with bipolar disorder to improve their mental well being.

Describe three types of support that can help someone with bipolar disorder maintain their mental health.

COURSE SUMMARY

This course is for the mental health care provider who wants to increase the strategies in their bipolar disorder treatment toolkit. It provides scientifically proven techniques for helping people with bipolar disorder prevent symptoms, treat symptoms and live more productive lives by addressing the most common triggers for the symptoms themselves. It takes the most current science as the foundation for practical strategies which can help people cope with an often disabling, chronic and episodic mental illness.
INTRODUCTION

Bipolar Disorder Can Be Managed

Bipolar disorder can be treated and people living with this illness can lead a productive life. Not everyone with bipolar disorder hurts themselves or requires hospitalization. Some people have their symptoms relieved through treatment and symptom management. Although some people with bipolar disorder do attempt suicide themselves, it does not have to end that way. Although the primary cornerstones of successful treatment are medications and psychotherapy, there are many other strategies for managing symptoms that can increase the time between manic or depressive episodes and decrease the severity of these episodes.

According to Kay Redfield Jamison (2000), at least 25-50% of people with bipolar disorder attempt suicide at least once and mood disorders (including depression) are the most common psychiatric conditions associated with suicide. Getting well takes work, commitment, effort and time. But the payoff of wellness is very much worth it.

Why Use this Holistic Approach?

Even though I am a social work professor who is mentally ill and worked with mentally ill adolescents and adults for many years, it took me a long time to finally get a handle on this complicated, serious and chronic illness. It is because of my experience and my academic knowledge of this illness that I decided to write a straightforward, comprehensive, course about treating bipolar disorder.
Chapter One: BIPOLAR DISORDER

This chapter will give you a broad research-based overview of bipolar disorder, including symptoms, course of the illness, diagnosis, treatment and disease management. State of the art knowledge presented is gleaned from reliable sources such as the National Institutes of Mental Health, classic texts and current academic literature.

What is Bipolar Disorder?

You may ask: What’s the difference between the blues, happiness, depression, and bipolar disorder? Although everyone has shifts in mood – anger, sadness, happiness – which are related to their surroundings and life circumstances, people with Bipolar Disorder, also known as manic depressive illness, experience unusual and sometimes drastic shifts in mood, energy, thoughts, behavior and ability to function that are out of proportion, or unrelated, to their environment. Moods swing from overly ‘high’ and/or irritable to sad and hopeless with short or extended periods of stable mood in-between. These shifts in mood are called *episodes* and are chronic (i.e. recurrent over time) and severe (with regard to intensity of symptoms).

The Causes of Bipolar Disorder

The use of new brain imaging technology such as magnetic resonance imaging (MRI), positron emission tomography (PET), and functional magnetic resonance imaging (fMRI), have begun to give clues to the process of bipolar disorder in the brain. These technologies have revealed differences in the brains of people with bipolar disorder and those of people without the disease.

The body of research on bipolar disorder does point to instability in the transmission of nerve impulses in the brain, which is related to the brain’s biochemistry. People with this biochemistry are more vulnerable to emotional and physical stresses. And stress has been found to negatively impact treatment by reducing its effectiveness. Stress is also a major trigger for the onset of symptoms (Kleindienst, Engel & Griel, 2005).

Recent studies have also found that childhood trauma hastens the onset and severity of bipolar disorder. Children who had been abused were more likely to have early onset, in
adolescence or earlier, of bipolar disorder (Leverich & Post, 2006; Garno, Goldberg, Ramirez et al, 2005).

Although there is not yet an identified cause of the disease, there are known triggers for episodes, which are amenable to intervention and prevention. The major triggers are lack of sleep and high levels of stress. Trauma has also been known to trigger bipolar episodes. Recent studies have also found that childhood trauma hastens the onset and severity of bipolar disorder. Children who had been abused were more likely to have early onset, in adolescence or earlier, of bipolar disorder (Leverich & Post, 2006; Garno, Goldberg, Ramirez et al, 2005).

**Normal Mood Changes or Bipolar Disorder?**

The most marked symptom of bipolar disorder are *significant* shifts in mood from a ‘high’ feeling that is sometimes associated with irritability (mania) to feelings of sadness and hopelessness that can be severe (depression).

These episodes can occur over years or within weeks, days or even hours, depending on the rate of cycling; that is, the period between mood swings. Symptoms for episodes can be rated as mild, moderate or severe. The various mood states can be considered to be on a continuum and people living with bipolar disorder experience the extremes of the range.

**Symptoms of Mania**

According to the DSM-IV (the official diagnostic manual of the American Psychiatric Association), a manic episode is diagnosed if there is elevated mood accompanied by three or more of the other symptoms (listed below) most of the day, nearly every day, for one week or longer. If the mood is irritable, then four additional symptoms (see list below) are required before a diagnosis can be made.

A mild or moderate level of mania is called hypomania. In this state, the person feels good, may have increased productivity and good functioning and will tend to deny that anything is wrong, even when others around him learn to recognize the symptoms and confront him with them. Episodes of hypomania often only last 2-3 days but can continue for a longer period of time. However, if hypomania is not treated it can develop into severe mania or change to depression. Someone in a hypomanic state may stop taking her medications because of the good feelings associated with this type of episode.
The signs and symptoms of mania are as follows (NDMDA, 1996; NIMH, 2006):

- Increased energy, activity and restlessness
- Excessively ‘high’, overly good, euphoric mood
- Extreme irritability
- Racing thoughts and talking very fast, jumping from one idea to another, others having difficulty following your thinking
- Distractibility, can't concentrate well; attention shifts between many topics in just a few minutes
- Needing little sleep and still having great energy
- Having an inflated feeling of power, greatness or importance; an unrealistic sense of one’s abilities
- Poor judgment
- Spending sprees
- A lasting period of unusual behavior
- Increased sexual drive and risky sexual behavior
- Abuse of drugs, particularly cocaine, alcohol and sleeping medications
- Provocative, intrusive or aggressive behavior
- Denial that anything is wrong

**Symptoms of Depression**

For a diagnosis of depressive episode, five or more of the symptoms listed below must last most of the day, nearly every day, for a period of two weeks or longer (NIMH, 2006):

- Lasting sad, anxious or empty mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness or helplessness
- Loss of interest or pleasure in activities once enjoyed including sex
- Decreased energy, a feeling of fatigue or of being ‘slowed down’
- Difficulty concentrating, remembering, making decisions
- Restlessness or irritability
- Sleeping too much or can’t sleep
- Change in appetite and/or unintended weight loss or gain
• Chronic pain or other persistent bodily symptoms that are not caused by physical illness or injury
• Thoughts of death, suicide or suicide attempts

Although everyone has low feelings at times, clinical depression is chronic and can be severe, moderate or mild. In its most severe form it can be dangerous as it often precedes suicidal thoughts or actions. It is depression that often brings clients into treatment because of the difficulty experienced in functioning that pervades one’s life. When mild forms of depression are chronic, it is called dysthymia.

(Though mania can also lead to suicidality, mania is also marked by denial which makes it less likely for someone to seek treatment).

**Symptoms of a Mixed Bipolar State**

Some people with bipolar disorder experience a condition called a mixed state, which may also be called mixed episode, dysphoric mania or agitated depression. A mixed state is a condition where symptoms of both mania and depression occur at the same time. Feelings of sadness and hopelessness may occur at the same time with increased energy. Agitation, insomnia, appetite changes, suicidal thinking and psychosis may be symptoms of a mixed state. One example may include feeling agitated during a depressed episode. It can be an extremely frustrating experience because you feel challenged to describe how you are feeling to anyone and it becomes difficult to manage your symptoms because you feel so out of control.

**The Different Types of Bipolar Disorder**

There are several diagnoses that describe bipolar disorder. Bipolar I Disorder is considered to be the classic form of the disease. It is marked by recurrent episodes of mania and depression and it is also possible to have mixed episodes (NDMDA, 1996). Bipolar II Disorder is marked by milder episodes of hypomania which alternate with major depressive episodes and no full manic episodes (NIMH, 2006). Rapid Cycling Bipolar Disorder is the diagnosis given when a person experiences four or more depressive or manic episodes within a 12-month period.
**Rapid Cycling Bipolar Disorder**

As stated earlier, some people have multiple episodes in a single week or a single day, which is diagnosed as ultra-rapid cycling. While rapid cycling is more likely to develop in women and in the late stages of the illness, it may well occur in men and may be present in early onset cases. According to recent studies, approximately 10-24% patients with bipolar disorder exhibit this form of the disease (Reilly-Harrington et al, 2007). Rapid cycling is often caused by an interaction between bipolar disorder and concurrent substance abuse (Strakowski et al, 2007; Frye & Salloum, 2006), or use of antidepressants (Schneck, 2006) or thyroid disease (Gyulai et al, 2003).

**Severe and Mixed Symptoms**

*Psychosis* may accompany severe episodes of either mania or depression. The common symptoms of psychosis are *delusions* (passionate, yet erroneous beliefs not influenced by logical reasoning or explained by cultural concepts such as traditional religious beliefs) and *hallucinations* (seeing, hearing, or sensing things that are not there). Experiencing these symptoms may result in a misdiagnosis of schizophrenia, which is another severe and chronic mental illness.

Sometimes symptoms can occur together—e.g., high energy, depression, and suicidal thoughts. This is called a mixed state or dysphoric mania and will be defined in more detail later.

**Diagnosing Bipolar Disorder**

Diagnosis of bipolar disorder is a very complex process and requires the skill of a highly trained professional. Taking effective steps to mental health begins with an accurate clinical diagnosis. Because the symptoms of bipolar disorder are so varied and there is no blood test or brain scan to diagnose the disease, it can appear to be something other than itself. Some people think that the mood changes experienced by people living with bipolar disorder happen suddenly without warning. In reality, these changes can be very gradual and almost unnoticeable unless you or those you love learn to see subtle changes and track ‘triggers’ that often precede changes in mood. Sometimes because of these subtleties, bipolar disorder goes undiagnosed, especially when substance abuse or other disorders that are co-occurring exist.
At other times bipolar disorder can be misdiagnosed, especially as uni-polar depression, because people often seek help when they are depressed. Unless they are asked about possible manic symptoms, that particular aspect of their illness may go untreated. Similarly, someone experiencing a manic episode may seek treatment and be diagnosed with Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder. (Some people with bipolar disorder ‘self-medicate’ by using alcohol or drugs and may seek help for symptoms related to an addiction to substances). Poor work or school performance may also be signs of an undiagnosed mood disorder.

**Bipolar Triggers**

A trigger is an environmental, biological or situational factor that causes symptoms of bipolar disorder to begin. Some common triggers are lack of sleep, stress, change of seasons, inconsistent patterns of eating and sleeping, skipping medications, changes in normal patterns of exercise, among others. The strategies in this course will help prevent and mediate some of these triggers.

**CHAPTER TWO: The Three Strategies of Treatment**

Although there are many forms of treatment, this course will discuss the ones provided by conventional medicine (versus alternative or more holistic methods): medication regimens, education and psychotherapy.

**Medication Regimens.**

Bipolar disorder is a complex disease that requires medications which often are accompanied with close monitoring of blood levels. A successful medication regimen typically involves trial and error and demands a close relationship with your medical doctor.

For acute mania, the following medications are commonly prescribed: lithium, Depakote (divalproex), Tegretol (carbamazepine), Trileptal (oxcarbazepine) and antipsychotic medications (e.g. Zyprexa or Seroquel). For depression the following drugs are the most frequently prescribed: lithium, Lamictal (lamotrigine), Seroquel (quetiapine) or Symbyax (a combination of olanzepine and fluoxetine) and lithium. On occasion anti-depressants such as Prozac (fluoxetine hydrochloride) may be added. Antidepressants can at times aggravate bipolar disorder and should never be prescribed alone. At times they can be used in combination with anti-manic agents such as lithium or divalproaex. For
maintenance of mood stability and relapse prevention: lithium or Lithobid (a slow-acting version of lithium), Lamictal or Depakote are the drugs most commonly prescribed.

Medications for bipolar are often prescribed in combination with each other. In a recent large-scaled study it was found that the average number of medications taken concurrently by bipolar patients is 3-4 medications (STEP-BD Program: see study results at www.stepbd.org). A combination of medications is most often required to achieve effectiveness and medication tolerability. Antidepressants and benzodiazepines (tranquilizers) are considered to be risky in treating bipolar, especially if used alone. Lithium usage may precipitate thyroid damage in up to 1/3 of patients taking this medication for a number of years. Therefore, many people, especially women also take thyroid hormone supplements while on lithium.

Long-term stability is dependent on maintaining medication treatment continuously. Those who do not do well almost invariably are people who stop taking medications, take them intermittently or take a lower dose than is prescribed. The reality is that many of these medications do have significant side effects. There is a high chance of developing a new manic, depressed or mixed episode when a person stops taking prescribed medications. Often medications can be changed or the dose adjusted to minimize side effects.

**Education**

To get the most effective treatment, people living with bipolar disorder must learn about the disease, its symptoms and treatments taking into account their own personal experience with the illness. There are many other avenues to become educated about bipolar disorder. Because the illness has a unique presentation in each individual patient, one of the ways to educate yourself about your illness is to keep track of your symptoms and to have open and frequent communication with a mental healthcare provider. Three excellent online sources for information are the National Institute of Mental Health (NIMH) (www.nimh.gov), the National Alliance on Mental Illness (www.nami.org) and the Depression and Bipolar Support Alliance (DBSA) (www.dbsa.org). There are also many online support groups such as www.dailystrength.org which can help you get information. Searching on Facebook using keyword bipolar also results in finding many online support groups.
Psychoeducation

In a psychoeducation model, education strategies are usually integrated into psychotherapy. Psychoeducation is short-term psychological treatment which most often involves the whole family (and may also include other loved ones, such as a partner). The focus is on learning about bipolar disorder and finding ways for the family to be helpful in supporting the person with bipolar disorder.

Psychoeducation has been found to increase adherence to treatment and improves outcome of bipolar disorder (Gonzalez-Pinto, Gonzalez, Enjuto et al, 2004). In fact, those who have received six or seven sessions of psychoeducation have been shown to reduce severe relapses by more than 50%. For example in one study those who received psychoeducation sessions (along with medication treatments) showed a 12% rehospitalization rate during a two year period of time, compared with a 60% rehospitalization rate among those who only took medications. (Miklowitz and Goldstein, 1990; also see Rea, et al. 2003).

The goal of psychoeducation is to educate the person living with bipolar illness so he or she can become better at symptom management and increase awareness of the process of her own illness. There are also groups for loved ones who want to learn how to be a support to their family member or friend who is living with bipolar disorder. Often done in groups, psychoeducation also provides support gained from sharing experiences with others going through similar struggles. Most psychoeducation programs included information on treatment adherence, early identification of symptoms and the development of daily routines (Colom & Lam, 2005). Research is still being done on the impact of psychoeducation on bipolar disorder symptoms. At the time this course was written, there was a new National Institutes of Health study which was recruiting participants for a study on the impact of structured psychoeducational groups on bipolar disorder.

Support from family and friends is a crucial factor in recovery and there are family psychoeducation groups run by the National Alliance on Mental Illness (NAMI) and the Depression and Bipolar Disorder Alliance (DBSA) (see below). Families can also learn about the disorder and find support so that they are better able to support the wellness of their loved one.
Psychotherapy

Psychotherapy has been found to enhance the impact of medication in people living with bipolar disorder (Miklowitz & Otto, 2006) and reduce relapse (Scott & Guttierez, 2004; Scott, 2003) and hospitalization (Scott, 2003). It is now unquestionably a viable form of appropriate treatment for bipolar illness (Colom & Lam, 2005).

The National Institute of Mental Health (2001) states that a combination of medication and psychosocial (which explores how your social environment influences your thoughts and behaviors) treatment, is the optimal treatment for managing bipolar disorder in the long-term. From a review of treatment outcome studies, Scott (2006) concluded that, in conjunction with medication, psychotherapy reduces the overall rates of relapse but is more effective for reducing episodes of depression than for episodes of mania. In one study, the use of cognitive behavior therapy had a moderate to large positive impact on sleep, which the authors suggest is likely to improve other medical and psychiatric measures because of the impact of sleep on well-being (Smith, Huang & Manber, 2005).

Types of psychotherapy

In their review of the literature, Miklowitz and Otto (2006) found scientific support for four different psychosocial interventions: cognitive-behavioral therapy (CBT), interpersonal and social rhythm therapy (IPSRT), family focused psycho-educational treatment (FFT) and group psycho-education with no particular model appearing to be more effective than any others (Scott, 2006; Scott & Guttierez, 2004; Jones, 2004).

Cognitive behavioral therapy (CBT) focuses on specific strategies and exercises that help patients engage in more accurate thinking. It takes particular aim at pessimistic predictions, all-or-none conclusions (e.g. “I am totally worthless”) and the common tendency to jump to conclusions (e.g. “I just know I won’t get that job”). CBT techniques have been shown to be highly effective in improving critical thinking and combating overly negative thinking.

IPSRT focuses on a number of the topics covered in psychoeducational groups. In addition, it places particular emphasis on developing lifestyles that are stable and highly regularized (e.g. eating meals at the same time each day, having specific times to go to bed and to awaken, etc). In addition IPSRT emphasizes the importance of addressing potentially
troubled and de-stabilizing relationship problems. This can involve doing couples counseling and developing better communication skills.

FFT and other psychoeducational approaches were described above.

Gutierrez and Scott (2004) reviewed the reports of scientific studies of psychological treatment for bipolar disorders and found that certain models have led to an increase in interest in psychotherapeutic interventions with people living with bipolar disorder. They also state that long-term treatment is better than on-and-off treatment for long-term prevention of episodes. The evidence from their review showed that psychological treatment has been linked to a reduction in symptoms, relapses and hospitalizations and an enhancement of social adjustment and functioning. However, because of the wide variety of variables studied, some therapies were found to be more effective with mania than with depression while others had the opposite effect. They suggest that further studies be done to find standardized interventions which would apply to everyday practice.

Although psychotherapy may have a stigma in some social circles, it is more common that it used to be for someone seeking mental health treatment for a wide variety of conditions.

Resources
National Institutes of Health (www.nih.gov),
Depression and Bipolar Support Alliance (www.dbsa.org)
National Alliance on Mental Illness (www.nami.org)
Chapter Three: MEDICATIONS

Medication is one of the three pillars of bipolar treatment. Unfortunately, finding the right combination and dosages of medications can involve a lot of trial-and-error and can be a frustrating process. Many people with bipolar illness have to take multiple medications each day to stay balanced. Without proper and consistent medication, people living with bipolar disorder can experience dangerous and unsettling mood swings.

Medication Adherence

Aside from the stigma that accompanies mental illness, it is often the challenge of medication adherence which sabotages treatment of bipolar disorder (Colom et al, 2005). Even mental health professionals can be confused about the myriad of options available to treat bipolar disorder. Many manic or depressive episodes are triggered because of non-compliance with medication due to either inadvertent or deliberate misuse of prescribed medications. Despite the frustration of finding the right mix of medications however, pharmaceutical treatment is still the best way to maintain balanced moods in someone with bipolar disorder.

Adherence to Medication Regimens

Here are five simple systems for ensuring that patients take their medications. These can include some of the following strategies:

1. Periodic text messages sent to yourself as a reminder. Depending on your cellular phone or personal digital assistant (PDA), you can program it to send text messages at set times. Clients can also use several software programs such as your email program (Outlook or Google Mail for example) to remind them, either by email or by phone. A reminder tools is available for free on www.moodtracker.com.

2. Set a watch or cellular phone alarm to remind you to take medications.

3. Some people put a note on their bathroom mirror that reminds them to take medications, especially if they have morning/night medications which are the two times they are most likely to be in their bathrooms.
4. Write the times for your medication dosage as an appointment in a daily calendar or your PDA.

5. Purchase a pill dispenser that helps remind you of the medication you need to take each day. A pill dispenser can also be helpful to keep in your purse or briefcase in case you do not go home on a given night or have an emergency. This way you will always have the supply of medication with you.

Supplements and Complementary Therapies

Many people living with bipolar disorder seek complementary and alternative therapies to help with symptoms. If your client is pursuing complementary alternative treatment for bipolar disorder encourage them to discuss ALL their medications, supplements, herbs, etc. with ALL their healthcare providers. This will help avoid interactions between medications with may impact their efficacy – making drug or supplement effects either stronger or weaker which may cause negative side effects. Just because a product is “natural” does not mean that it is necessarily safe. A number of over-the-counter and herbal products can have significant and sometimes dangerous interactions with certain prescription drugs. St. John’s Wort and SAM-e (over-the-counter antidepressants) have been shown to cause mania when taken by people suffering from bipolar disorder.

Side Effects of Medication

Unfortunately, bipolar medications can have some uncomfortable side effects. These effects are often the reason why people with bipolar disorder either don’t take their prescribed dose or stop taking their medications entirely. The most common side effects that influence compliance are: dry mouth, weight gain, sexual problems, stomach problems, frequent urination and appetite changes. Most side effects however, can be helped by simple lifestyle changes or by changing dosages or medications. Here, I will discuss the most common side effects and what you can do to alleviate them.

Weight Gain

Many psychotropic medications including lithium and Zyprexa (olanzapine) change your metabolism and/or your appetite and result in weight gain that can be quite rapid. This can reduce the desire to continue with these medications after the first 3 months. There are two main ways of addressing the weight gain issue: first, maintain an exercise regimen (this will
be discussed in more detail later) and maintain a healthy diet that is heavy on fruits and vegetables (also discussed later).

**Dry mouth**

This is usually due to low fluid intake combined with the frequent urination that accompanies medications such as lithium. The solution to this is to drink a lot of fluids. Drinking a minimum of 8 ounces of fluids every hour when you are awake is essential to beating this very common symptom which is a result of the diuretic properties of many psychotropic medications. Some clients may find that they need more than 8 ounces to keep dry mouth at bay. If dry mouth is a problem then clients should avoid diuretics such as caffeine which is commonly found in some sodas, coffee and green/black teas. Some good options are a 50-50 juice water combination (using sparkling water gives you a refreshing spritzer), herbal teas, sparkling mineral water or lightly flavored waters.

**Constipation**

Zyproxa (olanzapine) and lithium are known to cause constipation. See the solution to dry mouth to find one of the main ways of preventing constipation. A healthy diet filled with fruits (avoid bananas) and green leafy vegetables also serves as primary prevention. Constipation is often a problem in the beginning stages of a medication regimen and should sort itself out with the measures described above. If it continues for more than a week then consultation with a healthcare provider should be recommended. Common treatments include milk of magnesia, suppositories and Pepto-Bismol. A glass of milk or a cup of coffee also sometimes does the trick.

**Sexual problems**

Many antidepressants such as Prozac (fluoxetine) often cause sexual dysfunction such as a reduction in libido and erectile dysfunction. You should discuss these symptoms with your doctor and explore other medication options. For example, Wellbutrin is less likely to produce these side effects. Also note that since depression also may result in low libido you may want to explore whether your bipolar symptoms are the source of this problem rather than the medications.
**Nausea**

Nausea is often caused by taking medication on a full or empty stomach so make sure you are following the directions exactly as written. Eating water or saltine crackers may relieve symptoms. Clients can also take medications with peppermint or ginger tea as these herbal teas are known to relieve nausea.

**Tremors**

This side effect is very challenging for many people because it is a symptom that others can see. Tremors are often caused by the same medications that cause dry mouth and so the solution to tremors is the same.

**Liver and kidney problems**

Many psychotropic medications such as lithium, Depakote (divalproex) and Zyprexa (olanzapine) may cause liver and/or kidney damage. Quarterly (minimum) blood tests need to be taken to monitor liver and kidney functions. The ability to tolerate lithium is greater during acute mania and decreases when these symptoms subside. Other variations in medication response may relate to interactions with other medications or lifestyle changes.
Chapter 4: MINIMIZE STRESS

Most people can recognize the symptoms of stress: tension, feeling overwhelmed, anxiety, anger, frustration, weight gain or weight loss due to increase or decrease in appetite. These are really the emotional and psychological reactions to factors in our environment, such as traffic delays, long hours at work, interpersonal conflict, financial issues, health problems and major life transitions. We also have physical reactions to stress. For some, it is neck tension and stomach distress. For others it is headaches, back spasms, difficulty in sleeping, reduce in libido and constant fatigue.

Where Does Our Stress Come From?

Much of our stress is due to the go-go lifestyle endemic to life in the USA; too much to do and not enough hours in the day in which to accomplish our to-do lists. We get praise for working long hours and for being able to live without sleep, but living without sleep and working with no play time are not healthy behaviors. Chronic stress can lead not only to the symptoms above but to more acute and chronic problems such as heart disease and hypertension.

Stress and Bipolar Disorder

Because of the impact of stress on minds, bodies, and spirits, it also exacerbates mental illnesses such as bipolar disorder. In the case of bipolar disorder, stress is a significant trigger for episodes. Even people that do not have bipolar disorder get irritable, impatient and short-tempered when faced with chronic stress, but for people with bipolar disorder, uncontrolled stress can lead to dangerous manic or depressive symptoms. The degree of stress we feel in response to environmental stressors are partly genetic. They can also be controlled by learning behaviors that minimize the impact of stress on our psyche, relationships and bodies and reduce the amount of stress we feel.

Both human and animal studies have found links between emotional sensitivity and response to stress and the predisposition toward mood disorders (Bale, 2006). A Swedish twin study found that the relationship between stressful life events and mood disorders were a combination of environment and genes. They found that people with mood disorders tended to be drawn to high-risk environments (Brostedt & Pedersen, 2003).
High levels of stress and limited access to social support, such as family and friends, are linked with recurrence of bipolar episodes, particularly in the cases of people diagnosed with bipolar disorder I (Cohen et al, 2004). The stress related to a death in the family and the experience of major life events have been found to be associated with increased risk of a first hospital admission with bipolar disorder (Kessing, Agerbo and Mortensen, 2004). This means that major stress relates to the onset of a bipolar episode which may result in a hospitalization.

Coping with stress is about our response to our environments. As an example, having bipolar disorder can be very stressful and creates anxiety that reinforces symptoms. With psychotherapy and medications that reduce anxiety, clients can learn how to live in the present moment and not worry as much about what may happen IF they have an episode. When they are having an episode they may feel anxious that the episode may result in a hospitalization.

**Coping with Stress**

So how do you relieve stress? Coping with stress requires that first you identify and understand the source of your stress and then you make a plan for how you will reduce the impact of that stressor on your life.

**Stress Reduction Strategies**

It would be great if we had no stress in our lives and all we had to do was wake up on a tropical beach and eat fresh fruit and fish that we wash down with coconut water, but that is mere fantasy for 99.9% of us. For those of us who live in the real world, stress is a part of our daily lives. Below is a list of scientifically proven ways to reduce the impact of stress on your life. You may find some of these useful in addition to the stress-reduction activities that you discovered in the exercises above.

**Exercise is the Best Medicine for Stress**

Exercise is probably the most effective way to manage stress. The Mayo Clinic website (2009) states that exercise not only decreases stress hormones but also counteracts the body’s natural response to stress. Exercise gives energy to deal with stressors while providing an outlet for reducing stress. It also increases the natural mood-elevating chemicals in our brain and prepares us to deal with stressors in healthier ways. Often when
we’re stressed, it’s not that we need more time, but we need more energy. More energy allows us to be more productive by improving our ability to focus, concentrate, process new information and elevate our mood. (We will explore how to start and maintain an exercise regimen in Chapter 7).

Some particularly effective exercises for coping with stress are yoga and walking. Yoga is a calm and relaxing exercise that tones and strengthens muscles and gives us strategies to deal with stress through deep breathing and stretching exercises. Walking is exercise anyone can do anywhere and anytime and even a few minutes walk after a stressful event can bring us back to a more centered and calm place.

**Good Nutrition Every Day Keeps Stress Away**

Eating a balanced diet with lots of fresh fruits and vegetables allows your body to have a more healthy response to stress. Like exercise, good nutrition fights diseases that impact our overall health and well-being (and chronic illness often causes depression and vice versa) and can also elevate mood through nutrients such as omega-3 fatty acids. (See Chapter 7 on Eating Well).

**A Good Night’s Sleep**

Getting a good night’s sleep allows us to improve our concentration, improves productivity, and reduces our irritability. When we are well-rested, it is much easier to solve problems, and often stressful situations don’t seem as frustrating. Sleep is of particular importance to people living with bipolar disorder will be explored in the next chapter.

**Connect and Engage**

For ongoing stress relief, encourage your clients to seek support from their family and friends. Having a support system means having someone to talk to when they are feeling stressed. This can help relieve some of the pent-up feelings that can contribute to stress such as frustration, anger and anxiety. Loved ones may also give new perspectives that change the way your clients perceive the stressor. (See Chapter 8 on Social Support)

**Planning Ahead**

Even with the best stress management skills in the world, we will all have bad days. Planning ahead for times of stress can be helpful; especially for people living with bipolar disorder, who may have unexpected mood swings with unknown consequences. It can be helpful to make sure work assignments, chores and other important tasks are done earlier
than the deadline in case an episode comes on suddenly. Planning ahead can reduce the stressor of the unknown and reduce the anxiety that can so easily trigger an episode of bipolar disorder.

Some ways clients can plan ahead to reduce stress include:

- Go paperless by getting all your bills online giving you less paper to manage.
- Use online banking to pay your bills as they come (set the date for ongoing payments in the future);
- For work tasks that have a deadline, plan to use one hour per day to work on it so it is not all left to the day or night before the deadline.
- Plan driving trips to cover as many errands as possible per trip. This not only saves time and stress but reduces your cost for parking and gas. For example, choose a grocery store that has a pharmacy or is near a pharmacy and also has a bank and near a dry cleaners so you can do all these errands in one place.
- Call ahead. So much waiting time can be saved by calling ahead. For example, call the dry cleaner and let them know you are coming so you can simply pick up your clothes without waiting for them to search.
- Walk instead of drive. If you live within two miles of where you want to go you may choose to walk to get in your exercise and not have to deal with the stress of parking and waiting. Call ahead then put on your walking shoes.

**Structure and Routine**

Structure and routine reduce stress because your body goes into ‘automatic pilot’. For example, many people are challenged to find their keys when they are ready to leave home. Simply placing a hook near the door for the keys to go when one enters the home is one less thing to cause stress if running late in the morning. For women, it may mean only changing purses at the end of the week instead of during the week so they can take the time to remember to transfer their important items from one to another. Finding the cell phone or the handset for your landline is also a common stressor that can be simply solved by returning the handset after all calls and keeping your cell phone in the same place. Routine reduces the anxiety of the new. This does not mean that we never make changes or experience new things, but a daily routine requires less of us mentally and means fewer unpleasant surprises and less unexpected stress.
**Meditation**

Meditation is a great strategy for learning how to distress in the moment as it can produce deep relaxation and can give a sense of stability, calm and peace. Sometimes anxiety may build as a result of a stressful event. This is when some meditation strategies may come in useful. There are many books dedicated to meditation and for someone with bipolar disorder a book on meditation may be a very useful addition to her library.

One of the simplest meditation strategies is to simply focus on breathing; slow it down and take long deep breaths through the nose that you blow out through the mouth. Count as you breathe in for 5 seconds: counting in your head, 1-potato, 2-potato etc until you get to 5-potato and blow out for five seconds counting the same way (the word potato approximates a second). Clients can do this five times and will find that their heart rate has slowed down. This strategy also reduces the likelihood of anxiety as a result of the stressor.

**Psychotherapy**

Usually, the problem with stress isn’t the stressful situation itself, but how we react to the situation. Much research has been done on ways we can change our reactions to stressful events. One successful method is Cognitive Behavioral Therapy (CBT), which can be very useful for changing the way we think about and react to the events of our life. CBT teaches clients to pay attention to what they tell themselves about a stressful event and change that internal message, as well as change problematic behavior.

For example, someone who loses a job may find himself anxious and stressed because he believes he is a failure and will never again find a job that fits his skills and interests. He may be afraid to look for another job because he fears the humiliation and painful feelings he will experience if he applies for a job and doesn’t get it. CBT can teach that client to explore, understand and change the messages he’s telling himself and can help him see his experience in the broader context of his life. This can help him learn and practice new behaviors which lessen his chronic stress, such as learning better time management techniques so he will be more successful at his next job.
CHAPTER 5: GET ENOUGH GOOD SLEEP

Tuesday, February 17, 2004

Well mania is upon me. There I was at 3:30 am sweeping the baseboards… It’s so frustrating. I haven’t even yawned. I’ve swept, done laundry and now it’s 4:30 am and I’m doing pushups and situps.

This is an entry from my own journal. Some people wish they would have that much energy. Trying to manage mania is a very risky endeavor and eventually the lack of sleep leads the brain to malfunction in serious ways that can lead to hospitalization. Lack of sleep (insomnia) and too much sleep can worsen moods.

For people with bipolar disorder, regular sleep may seem like a pipe dream. But take it from one who knows, it is possible. Many people living with bipolar disorder have spent a lifetime going to bed later than everyone else and having a hard time with mornings as a result. They may get no sleep at all and feel fine. And even worse yet, because of the awful feelings of depression, they may sleep all the time. Sleep can be the enemy in many ways. When they are manic they sleep little and when they are depressed they may sleep too much or not at all.

Insomnia

The truth is that almost everyone will experience insomnia at some point in their lives. If it becomes a chronic condition it can impact your quality of life by negatively affecting your performance at work, completing daily tasks, increase risk of accidents and make you irritable.

Causes and Symptoms of Insomnia

The symptoms of insomnia include: trouble falling asleep, frequent wakings during the night, waking up very early and being unable to return to sleep, experiencing fatigue during the day, morning headaches and irritability (as anyone with a young child knows).

Some of the conditions that can cause sleeplessness include stress, a change in your normal routine, bright lights, too much (or any) caffeine or alcohol use, an uncomfortable bed, a snoring roommate or bed partner, moving to high altitude and or caring for a child or aging parent. Sleep usually returns when the situation returns to normal.
**Bipolar Disorder and Insomnia.**

The irony of the relationship between insomnia and bipolar disorder is that not sleeping i.e. staying up late or going without sleep can cause insomnia. Lack of sleep can also trigger a bipolar episode, especially a manic or hypomanic episode. People living with bipolar disorder often have a sensitivity to change within their internal clocks (circadian rhythms) that regulate sleep (Soreca, Frank, & Kupfer, 2009). This can be caused by any major change in daily routine or by the change of seasons.

**Poor Sleep Hygiene**

Insomnia can also be caused by poor sleep hygiene which includes the following list of 4 behaviors:

1. Napping during daytime hours
2. Excess activity prior to bedtime, such as mental or physical exercise
3. Doing activities in bed other than sleeping, such as watching TV, reading, writing
4. Using alcohol, caffeine or tobacco close to bedtime.

**A Regular Sleep/Wake Schedule**

Whatever the source, people living with bipolar disorder need to maintain a regular sleep/wake schedule (Srinivisan et al, 2006). Routine has been found to be an important factor in preventing recurrence of bipolar disorder (Frank, Gonzalez, & Fagiolini, 2006). Because mania and depression often interrupt sleep and sleep deficit has been found to be a risk factor or warning sign for future mood episodes (Bauer et al, 2006; Umlauf & Shattel, 2005), consistent sleep patterns are an important feature of bipolar symptom management and relapse prevention.

One study found that sleep deficit predicted depressive symptoms and the authors recommended that sleep management provide an opportunity for intervention (Perlman, Johson & Mellman, 2006). Low sleep has even been found to be a predictor of suicide in people without mental illness (Goodwin & Marusic, 2006). And as noted above, sleep loss is a very common trigger for mania and hypomania.

**Treatment for Insomnia**
The main treatments for insomnia include behavioral programs, medications (over the counter, prescription and herbal) and improved sleep hygiene. Without going into detail, some of the behavioral programs include: cognitive behavioral therapy (CBT, which was discussed in Chapter 4), relaxation and meditation strategies and sleep restriction therapy. Medications used for sleep include the family of drugs related to benzodiazepines (Ambien, Halcion, Sonata, Lunesta), anti-depressants like trazodone or Remeron (mirtazapine) and some anti-psychotics medications (such as Seroquel) because of their sedating qualities.

The easiest place to start is by changing sleep-related behavior with a focus on sleep hygiene before dealing with some of the trial and error challenges of trying a new medication. In this chapter the focus will be on the behaviors your clients can control. Action strategies can give them the positive reinforcement they need in order to take control and change their lives.

**Good Sleep Hygiene**

Good sleep hygiene includes the following activities that promote falling asleep, staying asleep and waking up feeling rested in the morning:

1. Going to bed only when sleepy
2. Establishing a good sleep environment with limited distractions (low noise, dim light, cool temperature)
3. Avoiding foods, beverages and medications that may contain stimulants such as caffeine
4. Avoiding alcohol and nicotine within an hour of bedtime
5. Reducing caffeine consumption to a minimum or none at all. Any caffeine (sodas, chocolate, coffee, teas etc) should be consumed before noon
6. Regular exercise in the morning and no later than early evening so the energy boost from exercise does not keep you awake
7. Using behavioral/relaxation techniques to assist with physical and mental relaxation
8. Napping only in the early afternoon so you are not fully rested at bedtime
9. Heavy dinners at least an hour before bedtime
10. Participating in a relaxing activity such as reading, knitting, etc at least an hour before bedtime
11. Avoiding protein snacks in the evening (e.g. cheese, nuts)
12. Avoiding fluids before going to sleep. This may present a problem for people who have dehydration as one of the medication side effects. Although fluids at bedtime may cause frequent urination through the night, the cost of not having enough fluids could be toxicity have other problematic side effects such as dry mouth that may discourage your client from taking their medications.

13. Using the bed only for sleep and intimacy. (Do not eat, read, use your laptop or watch TV in bed).

14. Keeping room cool as cooler body temperatures are associated with more time spent in deep sleep.

15. Keeping your room dark with minimal distractions. Use a sleeping mask or blindfold if necessary.

16. Establishing a regular wake time schedule. This is a high yield strategy. It is important to awaken at the same time every day (week days and weekends) and preferably expose yourself to bright light upon awakening (e.g. open drapes and shutters…let sunlight come into your room). This routine has been shown to be a powerful way to regulate the circadian rhythm which is important for maintaining mood stability.

For people who work afternoon or overnight shifts can use these strategies to help their bodies develop a routine to accommodate the work hours. Many people who do shift work are less likely to get enough sleep and often suffer from fatigue. People with bipolar disorder want to decrease the likelihood of being one of these people because fatigue can trigger episodes. Furthermore, if possible, people living with bipolar disorder should minimize changes to their sleep routine because these shifts may trigger bipolar episodes.

RESOURCES

National Sleep Foundation
1522 K St. NW Ste 500
Washington, DC 20005
202.347.3471
nsf@sleepfoundation.org
www.sleepfoundation.org
Chapter 6: KEEP ON MOVING

You do not have to be a professional athlete to get the benefits of exercise, which include maintaining a health weight, improved heart and lung function, improved mood, stress reduction, stronger immune system and improved mental functioning. What’s not to love about it? Regular exercise has multiple benefits for everyone regardless of their mental or physical state. Before your client starts any exercise program they should consult their healthcare provider.

Exercise and Bipolar Disorder

As stated above, exercise has many benefits. This is especially true for people living with mood disorders. Exercise increases cognitive functioning, fights depression and improves overall mental health (Williams & Strean, 2006). Exercise releases many brain chemicals that foster feelings of emotional and psychological well-being. Keck and McElroy (2006) analyzed many studies and summarized their findings. They found a strong link between weight gain and bipolar disorder. McDevitt and Wilbur (2006) found that exercise helps to counteract the weight gain which is a side effect of many medications for treating bipolar disorder.

For people living with bipolar disorder, exercise not only increases the length and quality of sleep but also has a positive impact on depressive symptoms and takes ‘the edge off’ mania. Another literature review conducted by Poulin et al (2005), found that patients with mood disorders have an increased risk for Type 2 diabetes. Also, some atypical anti-psychotics such as olanzapine increase risk for diabetes and weight gain. Exercise could stave off some of the symptoms related both to the disorder and to the medications. However, the ups and downs of bipolar disorder sometimes interferes with the best of intentions with regards to keeping on track with an exercise program.

Exercise and Depression

A depressed client needs the mood boosting benefits of the endorphins that are released when they exercise. Often exercise is the last thing someone who is depressed wants to do. Walking the dog, a walk date with friends, a boost from a personal trainer or friend are all ways of getting someone who is depressed out of bed. Exercise is also self-reinforcing as its benefits can be addictive. Some people
hate the word, exercise so you could use the word movement, since everyone has to move even if they don’t exercise.

Exercise and Mania

Mania or hypomania may make your client feel really energized even if they are irritable. This means that they may want activities that are going to burn off some of that energy and reduce the edginess they may feel as a result of their manic symptoms. It may be a good idea to help them avoid making any decisions about an exercise program when they are experiencing manic or hypomanic symptoms. They may make decisions about purchasing new equipment, clothing or a new membership to a gym which they may not use. Now is the time to burn some calories. Make sure that they eat if they are someone who tends to lose their appetite when they have manic symptoms.

How Much Exercise is Enough?

The Surgeon General’s Report on Physical Activity on Health (1999) recommends that all adults should accumulate (not necessarily all at once) thirty minutes of moderate intensity activity on most, if not all, days of the week. Moderate intensity means warm and slightly out of breath i.e. you can carry on a conversation. This is needed to maintain a healthy level of fitness. Losing weight may require longer, more intense exercise.

Many sources consider a daily total of 10,000 steps (or about five miles) a day an active lifestyle. Two to three thousand steps is considered a sedentary lifestyle. Moving 6,000 steps or more per day lengthens lifespan and 8,000 to 10,000 steps per day help lose weight.

Increasing Activity Level

Because of the go-go lifestyle of the USA, getting regular exercise on their daily schedule is difficult for most people. The result is a country struggling with high rates of obesity and its related illnesses such as diabetes, heart disease and hypertension. Increasing mental illnesses are also one outcome of the challenge to get the exercise. We need to keep our moods even and our bodies fit in order to keep our minds, bodies and souls functioning to the best of their capacity.
**Strategies for Increasing Activity Level**

Here are ten easy ways for your clients to increase their activity level:

1. Park your car further from the door when running errands or going shopping or visiting friends
2. Take the stairs instead of the elevator
3. Take a dance class or use an exercise video/DVD
4. Go dancing with friends
5. Do some stretches and some walking during the commercial breaks of your favorite TV show
6. At work your client can use the most out of the way bathroom, copier or fax machine
7. Take 10-15 minute walk breaks every hour at work. Their productivity will actually increase because exercise improves brain performance. This will also reduce stress and give the body a break from its routine.
8. Take walking dates with your loved ones instead of sitting over a glass of wine or a cup of tea or coffee.
9. Tour open homes and enjoy hobbies by going to trade shows
10. Visit an art gallery

**CHAPTER 7: EAT WELL**

To maintain ideal health it is helpful to eat the right combinations of minerals, amino acids, fatty acids, vitamins, fiber and protein. In the case of people living with bipolar disorder, there are specific nutrients that have been found to help our moods while other substances such as alcohol and caffeine interfere negatively with our mood. Although good nutrition is important to everyone’s health, people with certain illnesses like bipolar disorder may find it helpful to be aware of how, what, when, how much and why they eat and how this impacts their moods.
Bipolar Disorder and Weight

People living with bipolar disorder have a higher incidence of obesity than the general population. This is linked with physical illnesses and poor mental health outcome. (Wildes, Marcus and Fagiolini, 2006). A study of veterans with bipolar disorder reported that patients with bipolar disorder were more likely to have poor exercise and eating habits than those without the disorder (Kilbourne et al, 2007) Slight changes in both have been recently found to reduce the impact of Zyprexa (olanzapine: an antipsychotic and antimanic drug that frequently causes weight gain) on weight gain (Milano et al, 2007). Skipping meals or eliminating certain foods from their diet may negatively impact your client’s mood or may interact with their medications.

The Importance of Staying Hydrated

Water is particularly important to people living with bipolar disorder because many of the medications they take cause side effects such as dry mouth or dehydration which results from frequent trips to the bathroom. Because of this, it is necessary to drink enough water to stay hydrated and to minimize side effects such as dry mouth. One way to know if you are getting enough fluids is that one drinks enough to avoid feeling thirsty during the day.

Mood-Altering Foods

Sugar, caffeine (found in, chocolate, coffee, and some teas such as green and black teas), alcohol and chocolate have been shown to influence mood (Childs & de Wit, 2006; Gonzalez-Bono et al, 2002; Goldstein, Velyvis & Parikh, 2006; Parker, Parker & Brotchie, 2006). These substances influence brain chemistry in ways that may trigger an episode. They may also interact negatively with some medications. It does not mean that they never have to have these things again but they should have them in moderation and monitor their intake so that they can see what effect, if any, they have on symptoms. Everyone is different and alcohol or coffee may have more of an impact on one person’s mood but not others. However, substances like alcohol are to be avoided when taking certain medications and this will be marked on the medication container. Some foods such as oil-rich fish, fruit, vegetables and whole grains may help keep mood stable. There is also some evidence that deficiencies in Vitamin D (Lansdowne, 1998), folate and the b-vitamins (Coppen & Bolander-Goaille, 2005), zinc, iron, and selenium (Bodnar & Wisner, 2005) may negatively influence mood.
A Healthy Diet

A diet filled with lots of fresh fruits and vegetables in a variety of colors (more colors represent a wider range of nutrients), with adequate protein and carbohydrates, goes a long way in keeping you healthy. This gives you the energy. Protein, minerals and fiber are needed in the body and brain to work effectively and efficiently. Eating regularly by having several small meals per day at the same time each day keeps your blood sugar stable. It is important not to skip meals even if you have no appetite. This may interfere with the effects of medications and may negatively impact mood.

Fat and Health

To maintain a healthy diet, your intake of fat, cholesterol, sugars and salt should be monitored. Not all fats are bad some are necessary for your health—protecting organ function and keeping hair and skin healthy. Some such as omega 3 fatty acids actually improve mood. Omega 3s fatty acids also decrease the risk of coronary artery disease, protect against irregular heartbeat and help lower blood pressure levels. However, too much fat can be harmful, particularly trans fats or saturated fats, which can increase your bad cholesterol (low-density lipoprotein-LDL) levels and your risk of heart disease. Healthy fats are unsaturated fats which can lower your risk of heart disease and lower your levels of LDLs. (Omega 3s are an unsaturated fat). Some good sources of unsaturated fats are olive, peanut, canola, corn, safflower, soy, cottonseed and vegetable oils. Excellent sources of omega 3s are flaxseed and fatty cold water fish such as salmon, mackerel and herring.

Omega-3 Fats and Mood

Omega-3 polyunsaturated fatty acids have been found by Parker et al (2006) and numerous other researchers to have a positive effect on mood in people living with bipolar disorder which may mean that a deficit in these bio-chemicals are related to the onset of depressive episodes. Furthermore, Chiu and colleagues (2006) found that omega-3 supplements are more effective with depressive symptoms than with mania as they elevate mood. Although the studies in this area are in the early stages of knowledge development, the research suggests that omega-3 fatty acids might be an effective part of a comprehensive treatment plan for bipolar disorder. Some of the best sources of Omega-3 fatty acids include fish such as mackerel, sardines, herring,
salmon, flaxseed, walnuts, canola, soybeans, and their oils, and fish-oil supplements. Generally a dose of 2 grams per day is recommended.

Caffeine and Alcohol

Alcohol is a mood altering substance that may be used by some people with bipolar disorder to “self-medicate” which means that some people use it to either drown their emotions or calm mania. When it comes to alcohol consumption a good rule to follow is to have none at all because of its possible interaction with many medications. However, if your client chooses to drink a ‘safe’ guideline is to have one drink per day which is equal to one glass of wine, one ounce of spirits or one 12 oz can/bottle of beer and to have that drink more than an hour before or after taking medications.

The recommended daily intake of caffeine is 250 mg (1 cup of coffee) or lower so as not to interfere with sleep (Sin, Ho & Chung, 2009). As you know from reading Chapter 5, a healthy sleep pattern is a very important way to manage bipolar episodes. Therefore, caffeine intake is very important to overall mental health. If you find that your caffeine intake is above 250 mg then you will want to cut back.

RESOURCES
Food and Nutrition Information Center
National Agricultural Library
10301 Baltimore Ave. Room 105
Beltsville, MD 20705
You can get access to dietary assessment tools, and dietary guideline publications, and resources for monitoring your food intake, which are all co-published by the US Department of Health and Human Services and the US Department of Agriculture.
You can also access a nutritional specialist at the address above or by email: fnic@nal.usda.gov, phone (301) 504-5414 or fax: (301) 504-6409
A support system is a network of friends, family and professionals who are willing to provide help you need when you need it. This support could vary from going along to medical visits, supporting a client in their health maintenance plan, or accompanying your client in their exercise program. Friends or family may also be called upon to care for children, notify employers in case of hospitalization or implementing emergency plans. Having support may save lives. A review of the literature found that along with medication adherence and psychotherapy, social support is a significant factor in extending survival times of people living with bipolar disorder (Altman et al., 2006).

Types of Support

As articulated in the first paragraph there are many types of support to help maintain a healthy lifestyle, reduce triggers and minimize symptoms. Some of these types of support are in the list below. Talk with your client and help them develop a support system in all these areas to reduce stress and to provide help and support when they need it. Using a sheet of paper they can write down the names, phone numbers and addresses of at least one person in each of these areas. They should carry this list with them in their wallets and leave a copy with you.

- Emotional support is best described as a shoulder to lean on. Someone who is a good listener and is unlikely to judge is the best person from whom to seek emotional support. Having someone to call in the middle of the night when you are feeling afraid or anxious or simply cannot sleep is what good emotional support looks like. Your client may seek emotional support from a family member, friend, the on-call nurse of your HMO or a hotline.

- Getting support in healthy living and supporting your maintenance plan is a general kind of support they can get from friends, family and professionals. Many people in their lives can play significant roles in supporting a healthy lifestyle. They may have a group of people with whom they exercise. Someone with whom they live may support them in taking their medications. An on-line support network or support group can also provide support in living a healthy lifestyle.

- Support in helping with responsibilities such as taking care of the home and their children and pets. Perhaps there is a babysitter, housekeeper or pet sitter who can be ready to take over when they are not able to carry out their daily responsibilities.
• Treatment support is encouragement to follow their treatment plan. Support groups of any kind are a great place to find this kind of support. You may also be this kind of support for your client.

• Financial support may be needed if your client is not working or they may be recovering from shopping too much during a manic episode. It is often difficult to find someone who will provide someone with emergency funds but family and friends may be willing to be there in times of financial crisis.

• Getting support from an employer is useful in maintaining employment but because of the risk of stigma or the potential consequences of telling people at work, many people try to find support for work-related issues through other support networks. However, if an employer is supportive the work situation can be adapted to help your client in maintaining wellness and reduce their work-related stress.

• Crisis support is the kind of support your client needs when things are not going well. In a crisis situation, they may require many different forms of support on very short notice at any time of day or night.

Support groups, whether online or in-person are a great place to find people who know what your client is going through and can give the kind of support no one else can.


Depression and Bipolar Support Alliance. www.DBSAlliance.org


