

Club News

Garden Party

Please note change of date. The Garden Party at Birdbrook Hall will take place on **Saturday 3rd June**. This date has been chosen because it fits in with the availability of the caterers who are going to provide a splendid barbeque for everyone. Please keep this date free in your diaries. We would like as many people as possible to come and enjoy this year's garden party which will, as usual, be a great opportunity to meet other patients and carers.

“If I’m Bipolar, So Is Everybody Else”

‘My mother really gets on my case about my medications, about my visits to my doctor, about the men I’m going out with, my job, my sleep – you name it. She’s always asking me if I’ve been drinking. She goes behind my back to try to find out. She’s always been critical and disapproving of me. I think *she’s* the one who’s bipolar.’

A 29 year old woman with bipolar II disorder and alcoholism

Sometimes people who deny the disorder say it’s because they’re confused about where normal mood variation ends and bipolar illness begins. Perhaps you’ve wondered at times whether your emotional reactions to events or situations are really any different from other people’s. Have you found yourself thinking or saying, ‘People around me have it, but they just don’t know it yet.’? You are most likely to think this way when your relatives or friends are getting increasingly angry or over controlling, accusing you of being sick even when you’re in remission and having fairly ordinary ups and downs.

You may be right that others around you are moody. We do know that bipolar disorder runs in families and that bipolar people tend to find mates who themselves have mood disorder, (called “assortative mating”, Gershon, 1990: Merikangas et al., 1983). So it’s not impossible that others in your family context have the disorder or a mild form of it. Of course, if you or I asked them why they’re so moody, they might say they’re only reacting to your behaviour. In turn, you may think that your behaviour occurs in reaction to their moods.

Being aware of the moodiness of your close relatives or friends is not necessarily a bad thing. You can learn to avoid doing the things that provoke them and, even better, help them find appropriate sources of help (for example, a support group). Remember that their mood fluctuations may occur because of matters that have nothing to do with you.

Simply having moods that shift doesn’t make one bipolar. But if you find yourself seeing bipolar disorder in everyone else, the issue is probably not that you’re misunderstanding the diagnostic criteria. Rather, the issue is probably not wanting to feel alone or isolated. Admitting that you’re ill and different from others is stigmatising and can be quite painful. However, acknowledging the disorder can also be empowering and doesn’t mean that life, as you know it, has to stop.

*The Bipolar Disorder Survival Guide
David J Miklowitz, PhD*

On being a manic-depressive

Many of the contrasting symptoms of mania and depression often exist in the same person, either alternating or in combination, with either manic or depressive characteristics predominating. In some manic-depressives such as Howard Hughes, manic grandiosity and depressive withdrawal from society coexist; in other there is a combination of depressive pessimism with manic impulsivity.

Mood changes may be beneficial. Mild depression may foster empathy, sensitivity and the discipline needed for work; mild hypomania can be conducive to both productivity and creativity.

Artists may undergo changes of moods depending on where they are in their projects. George Elliot and Charles Dickens began their novels in states of depression that lifted as the books progressed. Dickens became manic upon finishing his books but Elliot apparently did not. Artists, writers and composers who experience diurnal variations of mood and have a choice of working hours learn to use their best hours for their creative work. Beethoven conceived his compositions during summer highs and did the more mechanical work of orchestration during winter lows.

On the whole, however, extreme mood changes are disruptive to the life of the manic-depressive and distressing for those who try to live with him. When this is compounded with the bizarre things he does, some problems can arise and his life can rapidly deteriorate. More than most, the manic-depressive is the creator of his own disasters – and the one least able to cope with them.

Manic Depression and Creativity
D. Jablow Hershman & Julian Lieb, M.D.

Making Everyday Life Normal

As a carer your daily life will to a certain extent revolve around the patient. You have to take care that you do not cut short the time and attention you give to the rest of the family. They need support too. It is no fun having the dampening effect of a depressed person around. The mood can take over. Try and keep the atmosphere as light and cheerful as possible.

In milder forms of depression the sufferer may become irritable and intolerant, giving way to outbursts of anger over things which would not normally bother them. They become sensitive to everyday noises; the radio, children's chatter, the sound of the washing machine. These outbursts, which seem to be for no reason are upsetting to the household, causing friction and souring of relationships. Irritability has a tendency to 'rub off' on others.

However, remember that it is a symptom and therefore temporary. Friends and relatives are quite likely to become frustrated and angry when their offers of help are turned down by the depressed person. Nothing they do or say seems to make any difference. It can be very disheartening and eventually they will give up.

It is particularly distressing for children to see a parent or step-parent in such a debilitated state. They will need convincing that it is only temporary, like a broken limb. The fact that they cannot see the part that hurts doesn't mean it is not there.

If the children keep up their own hobbies, interests and friendships these will cushion them against the difficulty of living with a depressed parent.

You also have a responsibility (if that is not too strong a word) to stay healthy and on top of the situation. It is not easy to keep things going. You will often get tired, physically, mentally and emotionally.

Sleep can become a problem for you if your partner's sleep pattern has changed. You need your rest. The solution might be as simple as asking your partner to go quietly into another room when he cannot sleep, make himself a cup of tea, or put on some music without disturbing the rest of the household. Or you could ask your GP for something to help you sleep, although tranquilisers should only be used as a last resort. There are herbal remedies on the market that are no-habit-forming and these can be bought over the counter.

*Living with a Stranger
Valerie Stillwell*

What are the other dos and don'ts?

Your salt and water intake affects the way that lithium is removed from your body, so you need to maintain a sufficient and steady supply of both. Reducing either may allow lithium to build up to dangerous levels, but you also need to keep levels high enough to be effective.

The important thing is not to drink too much or too little fluid. You should drink about the same amount of water every day (the usual range is 4-6 pints) and avoid any dramatic changes in your fluid intake. If you usually drink less than 4-6 pints of fluid per day, and blood tests show that your lithium level is stable, there's no need to drink more water. But don't ignore any feelings of thirst. Have a drink when you feel you need to. Avoid too much coffee, tea, colas, or other drinks containing caffeine. Caffeine causes water loss and can interfere with lithium treatment. Although it's safe to drink alcohol, in moderation, in most cases, it's best to check this with your doctor.

In the same way, keep to your normal, daily amount of salt. Inform your doctor before you begin any new diets, especially low-salt diets, and don't fast while taking lithium. People sometimes gain weight on lithium. This may be due to your body retaining water. You may have to adjust your diet to compensate, for example by reducing the amount of sugary fluids you drink.

Try not to get into situations where you are likely to sweat heavily. Take care not to overdo things in hot weather, and avoid sauna baths, for example. If you are running a temperature, sweating heavily, vomiting, or having diarrhoea, tell your doctor. It may be necessary, temporarily, to stop taking lithium until you're better. Avoid sudden bursts of heavy exercise. It's safe and beneficial to exercise regularly, provided that you ensure you take in sufficient fluids and salt.

It's also advisable to time your lithium dose to that you are not taking it immediately before vigorous exercise.

Lithium can impair coordination, so you need to take particular care when driving or operating dangerous machinery. Be prepared to stop if it's clear that you can't do it safely any more.

Don't keep lithium in direct sunlight or near other sources of heat, and never leave drugs within reach of children.

Making Sense of Lithium
MIND

This is one of our favourite recipes which we thought readers may like to try. Very simple and reasonably quick to cook – just right for a cold winter's day. If you would like to share a favourite recipe with other readers please send it along and we will publish as many as we can.

Pork Fillets Ardennaise

Ingredients

3 pork fillets (cut into ½" slices)
4 lean slices of bacon (cut into small strips)
¼ pint of white wine
1 large onion (chopped)
10 fluid ounces double cream
2 teaspoons mustard
Ground black pepper

Method

- Soak the bacon and the onion in the wine for 30 minutes, drain and reserve the liquid.
- In a large frying pan quickly seal the meat, then add the drained onion and bacon.
- Once the onion has softened but not browned add the reserved liquid and the mushrooms.
- Cover tightly and simmer gently for 20 minutes.
- Just before serving reduce the liquid a little, add the cream, mustard and black pepper.
- Serve with new potatoes and green beans.

We love to hear from patients, carers or other supporters of our charity on any topic relating to either the newsletter or matters concerning the work we do. So please do take part in our competition as well as writing to us on any topic that particularly interests you. We are always happy to publish articles sent into us when requested to do so by the author.

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