

Club News

The Lithium Club Summer Garden Party will take place on Saturday 2nd June, starting at 12 noon. Your invitation is enclosed.

Build Structure and Routine into your Daily Life

Structure and routine can protect you against a relapse of addiction or bipolar disorder. They can prevent boredom and help you regain a sense of direction and purpose. Routines involve anything from the ordinary steps you take on waking up in the morning – bathing, dressing and eating – to habits that you develop at work. Other routines include pleasant activities, such as therapy sessions or self-help meetings.

Many people find it helpful to use a daily or weekly schedule to plot out how they are going to spend their time. You do not have to plan every single hour. However, it is important that you have a sense of direction in your life and that you schedule a variety of activities to keep you focussed and busy. Following a schedule and building routine into your life require discipline and commitment.

*Understanding Bipolar Disorder and Addiction
Dennis C Daley Ph.D & Roger F Haskett M.D.*

Avoiding Risky Sexual Situations When in a Manic State

'I was getting real manic and got tired of being around Carol and the kids, so I went out to a bar. I ran into this old girlfriend and got drunk with her. We wound up in bed that night. I can't believe I did that – I'm not that kind of person! It seemed like such a great thing at the time. Of course, I felt terrible about it later and it really hurt my relationship with Carol. Even though she knows about mania and its biology and all that, she still blames me for getting myself in that situation in the first place. She thought it was what I really wanted to do, and the mania just gave me the excuse to do it.'

A 46 year old man with bipolar 1 disorder

Like many rewarding endeavours, sex has a particular pull when you're getting manic. This can be true even if you're a person who is sexually conservative in your stable times. People get themselves into very risky sexual situations when they are escalating, and sometimes the emotional results – which can include feelings of shame, humiliation and anger – worsen their cycling mood state. And, as you know, impulsive encounters carry a high risk of contracting sexually transmitted diseases.

Mania is a more goal-driven state than a happy one. When you feel strongly pulled towards rewards, it's hard to step back and ask whether you're making healthy decisions for yourself. Some people benefit from knowing that they're prone to sexual 'acting out' when they're in the prodromal and active phases of mania. Knowing this about yourself is the first step towards controlling it.

The best way to avoid dangerous sexual situations is to spend as much time as possible with people you know and trust, who can talk you out of impulsive sexual encounters. That is, when you go out at night, go with a friend who knows about your illness and who can 'run interference' when you start to show poor judgement. Make special efforts to stay away from alcohol and street drugs: there nothing worse than

'self-medicating' an escalating mood with caffeine, drugs or alcohol, which will almost certainly contribute to your mood escalation and lower your threshold for acting on sexual impulse. Encourage your friends to take you home if they think you're making foolish decisions. Ultimately the decision to have, or not have, sex with someone is yours alone, but limiting-setting from others (even if quite irritating to you at the time) can help keep you from getting into encounters that you'll regret later.

Some people report that their primary romantic relationships improve when they get manic or hypomanic because they become more sexually engaged with their partners. Others report that an increase in their sexual encounters with their partner contributes to their upward escalation into mania. But, for most people, being manic doesn't mean having to avoid sex with their regular partner. In fact, sex can be a good outlet for your energy if it is with the right person at the right time. The key is not to allow your mania to drive you toward irresponsible or risky sex.

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

Do I have a chance of inheriting bipolar disorder if other members of my family suffer a different psychiatric problem?

Generally, families of those with bipolar disorder have members afflicted by other psychiatric problems. These can include substance abuse and major depressive disorder, which many experts feel are all related to bipolar disorder in a family of mental illnesses. Unfortunately, it appears that if children of patients with bipolar disorder develop the disease they tend to have a more severe version than their parents. One recent study found that if a mother has bipolar disorder her daughter may be at an especially high risk of inheriting a more severe form of the illness. The same study indicated that if your parents or another family member has major depressive disorder (especially if they developed it at an early age), then you are at a higher risk for bipolar disorder as well.

*Why am I up, why am I down?
Roger Granet, M.D. & Elizabeth Ferber.*

Can the time of year play a role in someone's developing bipolar disorder?

Probably. Researchers have not found one single cause for bipolar disorder, but many factors can trigger episodes, including the time of year. One study found that men appear to have more episodes during spring, while women are at greater risk during the spring and fall. Interestingly, aggressive behaviour for both sexes peaks in spring. A great deal of research points to increased depressive episodes during the winter. The common term for seasonally induced depressive episodes is seasonal affective disorder (SAD). Someone suffering from SAD however, does not necessarily have bipolar disorder.

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How to avoid an Episode

- 1 Be aware that such events have the potential for triggering depression.
- 2 With the assistance of a supporter, or by yourself if necessary, try to get a handle on what is happening. Ask yourself:
 - What action do I need to take to protect myself?
 - What is the worst thing that can happen?
 - Is there anything I can do to improve the situation?
 - What will make me feel better?

Letting out all your emotions and frustrations in a safe, supported place helps. Is there a place you can go with a trusted supporter and scream, cry, swear, yell – whatever you feel like doing for as long as you need to?

One man who has experienced many episodes of severe depression told me what he did to avert an episode. Attending a conference meeting at which a controversial subject was being discussed, he found that he was getting more and more angry as he listened to a number of heated arguments. He knew that an uncontrolled outburst would escalate the situation and might lead to a manic episode. He left the room and went to his car, where he could safely vent all his emotion. He then determined that nothing would be solved at such a meeting and it was not in his best interest to go back. Instead, he spent some time in the hot tub at the hotel.

When I was stranded in Alaska, I reviewed the situation with my daughter who was travelling with me. From that talk I came to see that there was really nothing I could do about the situation. It was out of my hands. I was safe and had good lodging. The worst thing that could happen was that I wouldn't get out for a long time and would miss engagements. I improved the situation by getting in touch with a friend at home who postponed some appointments and let others know of my situation so they could be prepared if I could not meet my commitments. Then I knew I would feel better if I had something to do. I went to the school so I could do some of my work and had some leisurely visits with people in the community. It was a hard time, but of course all that helped. I did my relaxation exercises regularly and had several emotional peer counselling sessions with my daughter.

Many people find that charting, relaxation, exercises, journaling, focusing and peer counselling help to make them aware of triggers and to respond to them in ways that prevent episodes.

Living Without Depression and Manic Depression
Mary Ellen Copeland, M.S.

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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