

Heads Up – Bipolar Disorder

What helps? - Medication

For most people, the diagnosis and longer term management of a Bipolar Affective Disorder (BPAD) is carried out by professionals within Secondary Mental Health Services. This usually begins with a discussion and careful assessment of your symptoms by a psychiatrist, who is part of a wider Community Mental Health Team. Once you receive a diagnosis, your exact treatment will depend upon your current symptoms. The experience of a Bipolar affective disorder can vary greatly between individuals and therefore treatment must be tailored to meet each patient's needs. The National Institute for Health and Clinical Excellence (NICE) - the organisation which provides guidelines to medical professionals for the best management in health care - recommends that treatment for Bipolar Affective Disorder should include both **medication** and **talking therapies**.

Before starting any treatment, a number of factors for each patient must be taken into account. Your current symptoms, for example, as well as previous episodes must be considered, as well as whether you have had any treatments in the past. Your sex and age are also important factors to consider, as well as any physical health problems you may have. Whilst all discussions about medication would be done under the careful supervision of a psychiatrist, the following treatment options are considered for all patients:

As with a unipolar depression, if your current episode is a **depressive one**, you are likely to be offered a talking therapy in the first instance, for example **Cognitive Behavioural Therapy (CBT)**. This will likely be offered in combination with the addition or adjustment of medication. Should you not already be on an antidepressant, you will likely be offered a **Selective Serotonin Re-uptake inhibitor (SSRI)** for example, **Fluoxetine**, which is one of the medications found to be helpful with depressive symptoms. However, unlike a unipolar depression, you will likely be offered this in combination with another medication, for example, **Olanzapine** which is from a group of medications known as **Antipsychotics**. Indeed, whilst these medications are used to treat people with psychotic symptoms, for example, hearing voices; they are also used in patients with a Bipolar Affective Illness to help to stabilise their mood, particularly whilst on an antidepressant due to the risk of 'switching' to a hypomanic or manic state. These antipsychotic medications can also be used on their own to treat depressive symptoms, particularly **Quetiapine**, which is also recommended by the National Institute for Health and Clinical Excellence for the treatment of a Bipolar depression. Another medication that can be a helpful alternative, especially if your episodes are predominantly depressive, is an anticonvulsant called **Lamotrigine**.

If your current episode is a **hypomanic** or **manic episode** you will very likely be offered medication in the first instance, with the possibility of exploring talking therapies later on. As with a depressive illness, in the first instance you will likely be offered **Antipsychotic** medication, for example **Haloperidol**, **Olanzapine**, **Quetiapine** or **Risperidone**, which as discussed previously, are medications that have been found to be helpful to stabilise the mood in a Bipolar illness. Again, all

decisions regarding the use of these medications will be in discussion with your psychiatrist, taking into account previous treatments as well as any other physical health concerns. These medications are most often taken in the form of tablets but some are available as an injection if you have difficulties with oral medication.

Should antipsychotic medications not be effective in managing your symptoms, your psychiatrist may suggest trying another medication known as **Lithium**. This medication has proven to be a very effective treatment for mania, particularly if there are repeated episodes without depression in between. Whilst **Lithium** is an effective medication for many people, it requires monitoring in the form of regular blood tests due to the possible longer-term side effects, particularly on the thyroid gland and kidneys. Of course, as with this or any other medication, your doctor will give this careful consideration as well as discuss any possible side effects with you.

The medication that is used for an acute episode of the illness might be different from the medication that might be helpful in the long-term management of the disorder. It is commonly a long-term condition and it is helpful to have a discussion with your psychiatrist after each episode of illness about medication options that might reduce the risk of further episodes occurring. Medications used in the long-term management are sometimes called **Mood Stabilisers**.

Lithium is amongst the most widely used mood stabilisers and is likely to be offered by your doctor in the first instance. It is also recommended by NICE as a first-line option. It will require regular blood tests for monitoring as mentioned earlier.

Another effective treatment for the longer-term management of Bipolar Affective Disorder is a group of medications called 'Anticonvulsants' or 'Mood Stabilisers'. There are three currently licensed for this condition: **Sodium Valproate**, **Lamotrigine** and **Carbamazepine**. Sodium Valproate should not routinely be offered to women of child-bearing potential as it has an increased risk of causing congenital abnormalities. Each of these medications can be a helpful addition to treatment but similarly would need to be discussed with, and monitored by, a doctor.

It is important that you don't stop your medication suddenly as this increases the risk of having a relapse. If you wish to come off your medication, it is always best to discuss this with your doctor and gradually reduce the dose over at least 4 weeks and preferably over 3 months.

As you can see, there are a number of medication options to treat patients with a Bipolar Affective Illness however each treatment plan is expertly tailored to individual patient needs and often involves a combination of medications. All medical professionals would wish for their patients to be taking as few medications as possible for a short time as possible whilst ensuring the effective treatment of patient symptoms.

Enhancing Medication Adherence

Most people with bipolar disorder report at one time that they are reluctant to take their medication. They often have valid reasons and frustrations relating to this. It is helpful to examine the pros and cons of taking medication. For example:

<p>Pros for taking medication e.g. Treatment keeps me out of hospital My husband worries less I know it means I'm taking control of my life</p>	<p>Pros of not taking medication e.g. Don't need to think about it. Don't have to think that I have a problem Enjoy feelings associated with elevated mood</p>
<p>Cons of taking medication e.g. I hate the blood tests I've put weight on I worry about health problems caused by long term medication use.</p>	<p>Cons of not taking medication e.g. I might have further episodes of depression or mania I'll probably end up back in hospital My husband and children will worry My psychiatrist will be concerned I'll see a return of those worrying thoughts.</p>

Given the undoubted benefits for people with bipolar disorder in taking their medication it is important that we follow our doctor's advice.