

# Bipolar affective disorder (manic depression)

## Factsheet for parents and teachers

### About this factsheet

This is one in a series of factsheets for parents, teachers and young people entitled *Mental Health and Growing Up*. The aims of these factsheets are to provide practical, up-to-date information about mental health problems (emotional, behavioural and psychiatric disorders) that can affect children and young people. This factsheet gives some background detail about the symptoms and effects of bipolar affective disorder (manic depression) and gives some practical advice on how to get help for this problem.

### Introduction

#### What is bipolar affective disorder?

Bipolar affective disorder (BPD) is a condition in which a young person will have extreme changes of mood – periods of being unusually ‘high’ or manic, and periods of being unusually ‘low’ or depressed. It is sometimes called **manic–depressive disorder**. The mood-swings are way beyond what would be considered normal for a particular individual, and are out of keeping with their personality. Sometimes a mixture of depressive and manic symptoms are present at the same time.

#### How common is bipolar affective disorder?

BPD affects fewer than one in 100 people. It is extremely rare before puberty, but becomes more common during teenage years and adult life.

Although the causes are not fully understood, BPD tends to run in families, and physical illness or stressful events might trigger an episode.

The condition can be hard to recognise in adolescence because more extreme behaviour can be part of this stage of life.

#### What are the signs?

If someone has some of these feelings or shows some of these signs, they might have BPD:

- depression, moodiness, irritability, excitement or elation
- very rapid speech and changes of subject
- loss of energy or excessive energy
- change in appetite and weight
- sleep disturbance
- neglect of personal care
- withdrawal from family and friends, or excessive sociability
- feelings of guilt, hopelessness, worthlessness, or inflated ideas about themselves or their abilities
- reckless behaviour, spending excessive amounts of money, sexual promiscuity
- unusual or bizarre ideas, beliefs or experiences
- preoccupations with death, suicide attempts.

Between the ‘highs’ and ‘lows’, there are usually normal periods that may last for weeks or months.

#### What effects can it have?

The exaggeration of thoughts, feelings and behaviour affects many areas of the young person’s life. For example, it can lead to:

- problems in relationships with friends and family
- interference with concentration at school or work
- behaviour that places the young person’s health or life at risk
- a loss of confidence and a loss of the sense of control the person feels over their life.

The longer the condition continues without treatment, the more harmful it is likely to be to the life of the young person and to their family.

#### Where can I get help?

The first step towards getting help is to recognise that there might be a problem. Seeking medical advice early on is very important. If the bipolar illness can be identified and treated quickly, this reduces its harmful effects.

You should contact your general practitioner first. If necessary, a referral can then be made to a child and adolescent psychiatrist based in the local child and adolescent mental health service. (see Factsheet 31 on child and adolescent psychiatrists).

## Sources of further information

- The Manic Depression Fellowship supports people with a diagnosis of manic depression and their families. Castle Works, 21 St George's Street, London SE1 6ES; tel. 020 7793 2600; e-mail: mdf@mdf.org.uk; www.mdf.org.uk.
- YoungMinds provides information and advice on child mental health issues. 102–108 Clerkenwell Road, London EC1M 5SA; Parents' Information Service 0800 018 2138; www.youngminds.org.uk.

### Or you may like to look at these websites:

www.rethink.org/at-ease  
www.rethink.org  
www.sane.org.uk  
www.pendulum.org (manic depression)

- The *Mental Health and Growing Up* series contains 36 factsheets on a range of common mental health problems. To order the pack, contact Book Sales at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG; tel. 020 7235 2351, ext. 146; fax 020 7245 1231; e-mail: booksales@rcpsych.ac.uk, or you can download them from www.rcpsych.ac.uk.

## Effective treatments

The goal of treatment is to improve the symptoms, prevent the illness from returning and help the young person lead a normal life.

### Medication

Medication usually plays an important role in the treatment of bipolar disorder. In the initial stages of the illness, an antidepressant and/or an antipsychotic drug will often be prescribed.

If the young person has had more than one episode of illness, a 'mood-stabilising' drug may also be needed. This reduces the risk of further episodes. Medication will be needed for at least a year, and sometimes much longer. The psychiatrist will want to review the medication regularly with the young person to make sure that the dose is right and that there are no side-effects.

Side-effects of the medication can occur. The psychiatrist will be able to advise about what they are, and about what can be done to help. The risk of side-effects needs to be balanced against the risk of the damaging effects of the illness on a person's life. It is crucial that drug treatments are combined with practical help for the young person and their family.

### Help with understanding the illness (psychoeducation)

It is very important that the young person with bipolar disorder and their family are helped to understand the condition, how best to cope and what to do to reduce the chances of it recurring.

### Help to resume education or start work

An episode of bipolar disorder can interfere with education because it is difficult to learn when you are unwell. An important part of recovery is to begin to plan starting school, college or university or to think about work.

### Help with family relationships

Stress in the family can make a relapse more likely, and families may benefit from help to recognise the triggers and how best to support the young person with bipolar disorder. As is normal for all young people, this may include helping a young person to leave home and to live independently.

## References

- Carr, A. (ed.) (2000) *What Works with Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families*. London: Brunner-Routledge.
- Rutter, M. & Taylor, E. (eds) (2002) *Child and Adolescent Psychiatry* (4th edn). London: Blackwell.
- Scott, A., Shaw, M. & Joughin, C. (eds) (2001) *Finding the Evidence: A Gateway to the Literature in Child and Adolescent Mental Health* (2nd edn). London: Gaskell.