
Guide to Depression and Bipolar Disorder



Depression and Bipolar Support Alliance (DBSA)

Previously National Depressive and Manic-Depressive Association

We've been there. We can help.

“Promoting mental health for all Americans

will require scientific know-how but, even more importantly, a societal resolve that we will make the needed investment. The investment does not call for massive budgets; rather, it calls for the willingness of each of us to educate ourselves and others about mental health and mental illness, and thus to confront the attitudes, fear, and misunderstanding that remain as barriers before us.”

David Satcher, M.D., Ph.D.

United States Surgeon General

from *Mental Health: A Report of the*

Surgeon General, issued December 1999

DBSA, its advisors and consultants do not endorse or recommend the use of any specific treatments or medications listed in this publication. For advice about specific treatments or medications, individuals should consult their physicians and/or mental health professionals.

You are not alone

Depression and bipolar disorder (also known as manic-depression) are both *highly treatable* medical illnesses. So why do so few people get the treatment they need? There are many reasons, but one of the main ones is the lack of accurate information patients and their families can understand. Many people think that these illnesses will go away by themselves or that getting help is a sign of weakness or moral failure. These views are incorrect. That’s why DBSA created this guide.

This booklet will discuss depression and bipolar disorder, their symptoms and their treatments. It will provide general guidance on the best resources and support. It will also inform you about DBSA, its mission and its nationwide network of patient and family support groups.

Part of DBSA’s mission is to help you help yourself – whether you have one of these illnesses or know someone who does. Reading this *Guide to Depression and Bipolar Disorder* is one of the first steps on the road to recovery.

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If you are thinking about death or suicide, go to a hospital emergency room, or contact a medical professional, clergy member, loved one or friend immediately!



Depression

It's Not Just in Your Head

Everyone, at various times in life, feels sad or “blue.”

It's normal to feel sad on occasion. Sometimes this sadness comes from things that happen in your life: you move to a different city and leave behind friends, you lose your job or a loved one dies. But what's the difference between “normal” feelings of sadness and the feelings caused by *clinical depression*?

While it's normal for people to experience ups and downs during their lives, those who have clinical depression experience specific symptoms daily for two weeks or more, making it difficult to function at work, at school and in relationships.

Clinical depression is a *treatable* medical illness marked by changes in mood, thought and behavior. That's why doctors call it a *mood disorder*. In this booklet, the term “depression” is used to refer to clinical depression.

How to Recognize Depression

Depression is not a character flaw or sign of personal weakness. You can't make yourself well by trying to “snap out of it” or “lighten up.” And you can't catch it from someone else, although it can run in families. To understand what depression is, it's important to recognize the symptoms:

- Prolonged sadness or unexplained crying spells
- Significant changes in appetite and sleep patterns
- Irritability, anger, worry, agitation, anxiety
- Pessimism, indifference
- Loss of energy, persistent lethargy
- Unexplained aches and pains
- Feelings of guilt, worthlessness and/or hopelessness
- Inability to concentrate, indecisiveness
- Inability to take pleasure in former interests, social withdrawal
- Excessive consumption of alcohol or use of chemical substances
- Recurring thoughts of death or suicide

If you or someone you know has thoughts of death or suicide, contact a medical professional, clergy member, loved one or friend *immediately*.

If you experience five or more of these symptoms for more than two weeks or if any of these symptoms interfere with work or family activities, contact your doctor for a thorough examination. This includes a complete physical exam and a review of your family's history of illness. Do not try to diagnose yourself. Only a health care professional can determine if you have depression.

Types of Depression

It is now believed that depression is the sign of an imbalance in brain chemicals called *neurotransmitters*. Although the direct causes of the illness are unclear, it is known that body chemistry can bring on a depressive disorder, due to the presence of another illness, altered health habits, substance abuse or hormonal changes.

People who have **major depressive disorder** have had at least one *major depressive episode* – five or more symptoms for at least a two-week period. For some people, this disorder is recurrent, which means they may experience episodes every so often: once a month, once a year or several times throughout their lives. Each person is different.

Dysthymia is a chronic, moderate type of depression. People with dysthymia usually suffer from poor appetite or overeating, insomnia or oversleeping, and low energy or fatigue. People with dysthymia are often largely unaware that they have an illness because their functioning is usually not greatly impaired. They go to work and manage their lives, but are frequently irritable, always complaining about stress or not getting enough sleep.

Who Gets Depression?

People of all ages, races, ethnic groups, and social classes have the illness. Although it can occur at any age, depression frequently develops between the ages of 25 and 44. More women experience depression than men.

Children and Depression

As many as one in 33 children and one in eight adolescents has depression. If your child has five or more symptoms for at least two weeks and it interferes with his or her daily activities (e.g., going to school, playing with friends), then your child may be clinically depressed. Other warning signs of childhood depression include headaches, frequent absences from school, social isolation and reckless behavior.

Childhood depression is *not* caused by poor parenting. It may have many origins – genetics, biochemistry and a variety of other factors. Fortunately, treatment for childhood depression is highly effective.

Depression and the Elderly

Depression is not a normal part of aging. However, of the 32 million Americans over the age of 65, nearly five million experience serious symptoms of depression and one million suffer from a major depressive disorder. Elderly people with untreated depression are more likely to have worse outcomes from co-existing medical illnesses. Untreated depression is the most common psychiatric disorder and the leading cause of suicide among the elderly.

Women and Depression

If you are a woman, you are almost twice as likely as a man to experience depression. In fact, one in four women will experience clinical depression in her lifetime. The hormonal and life changes associated with menstruation, pregnancy, miscarriage, the postpartum period and menopause may contribute to or trigger depression. The lifetime prevalence of major depression is 24 percent for women; for men, it's 15 percent.

Postpartum Depression

Many women feel especially guilty about having depressive feelings at a time when they should be or are expected to be happy. It's extremely important to talk about postpartum feelings, as untreated postpartum depression can affect the mother-child relationship and, in severe cases, may put the infant's and/or mother's life at risk.

One in ten mothers meets the criteria for depression in the postpartum period. Although most of these women have only depression, a rare few develop postpartum psychosis – symptoms of depression and mania appearing in the postpartum period. Both require immediate treatment when symptoms appear.

Depression and Other Illnesses

Depression often co-exists with other mental or physical illnesses. Substance abuse, anxiety disorders and eating disorders are particularly common mental conditions which may be worsened by depression, and vice versa. Research is currently being done into the relationship between depression and physical illnesses. Several recent studies have noted that when co-existing depression is treated, prognoses are substantially improved for conditions such as heart disease, AIDS, cancer, Parkinson's disease and diabetes. It is important to tell your doctor about all of the symptoms you are experiencing and all other illnesses for which you are receiving treatment.

The Good News

Of all psychiatric illnesses, depression is one of the most responsive to treatment. With proper care, approximately 80 percent of people with major depression demonstrate significant improvement and lead productive lives – even those with severe depression can be helped. That's why it's crucial to learn about the symptoms of depression and act promptly.



Bipolar Disorder

More Than A Mood Swing

Bipolar disorder, also known as manic-depression, is a treatable medical illness marked by extreme changes in mood, thought, energy and behavior. A person's mood can alternate between the "poles" of *mania* and *depression*. This change in mood or "mood swing" can last for hours, days, weeks or even months.

Bipolar disorder affects more than two million adult Americans. Like depression and other serious illnesses, bipolar disorder can also adversely affect spouses, family members, friends and people in the workplace. It usually begins in late adolescence (often appearing as depression during teen years) although it can start in early childhood or as late as the 40s and 50s. An equal number of men and women develop this illness and it is found among all ages, races, ethnic groups and social classes. The illness tends to run in families and is inherited in many cases.

Bipolar disorder differs significantly from clinical depression, although the symptoms for the depressive phase of bipolar disorder are similar to those listed on page 2.

Mood swings that come with bipolar disorder can be severe, ranging from extremes in energy to deep despair. The severity of the mood swings and the way they disrupt normal activities distinguish bipolar mood episodes from ordinary mood changes.

Unlike people with clinical (unipolar) depression, most people who have bipolar disorder talk about experiencing the "highs" and "lows" of the illness. The "highs" are periods of mania or intense bursts of energy or euphoria.

Symptoms of Mania

- Increased physical and mental activity and energy
- Heightened mood, exaggerated optimism and self-confidence
- Excessive irritability, aggressive behavior
- Decreased need for sleep without experiencing fatigue
- Grandiose delusions, inflated sense of self-importance
- Racing speech, racing thoughts, flight of ideas
- Impulsiveness, poor judgment, distractability
- Reckless behavior such as spending sprees, rash business decisions, erratic driving and sexual indiscretions
- In the most severe cases, delusions and hallucinations

These "highs" and "lows" are frequently seasonal. Many people who have bipolar disorder report feeling symptoms of depression during fall and winter, and symptoms of mania and/or hypomania (a less severe form of mania) during spring.

Types of Episodes

(Refer to symptoms on page 2 and above.)

Manic Episode: A distinct period of persistently elevated, expansive, or irritable mood, lasting at least one week. During this period, three or more symptoms of mania must be present.

Major Depressive Episode: A period of two weeks or more during which five or more symptoms of depression are present.

Hypomanic Episode: Similar to a manic episode, except that delusions or hallucinations are not present and it is less severe. Must be clearly different from the individual's typical nondepressed mood, with a clear change in functioning and observable behaviors that are unusual or out-of-character.

Mixed Episode

When symptoms of a manic and a major depressive episode are both present every day for at least a one-week period.

Rapid Cycling

Four or more manic, hypomanic, mixed or depressive episodes in any 12-month period.

Types of Bipolar Disorder

Different types of bipolar disorder are determined by patterns of symptoms or *episodes*. The main types of bipolar disorder are:

Bipolar I Disorder

- One or more manic episodes or mixed episodes and, often, one or more major depressive episodes.
- Depressive episode may last for several weeks or months, alternating with intense symptoms of mania that may last just as long.
- Between episodes, there may be periods of normal functioning.
- Symptoms may also be related to seasonal changes.

Bipolar II Disorder

- One or more major depressive episodes accompanied by at least one hypomanic episode.
- Hypomanic episodes have symptoms similar to manic episodes but are less severe.
- Between episodes, there may be periods of normal functioning.
- Symptoms may also be related to seasonal changes.

Cyclothymic Disorder

- Chronic, fluctuating mood disturbance involving periods of hypomanic symptoms and periods of depressive symptoms.
- Milder form of bipolar disorder; the periods of both depressive and hypomanic symptoms are shorter, less severe, and do not occur with regularity.
- Many but not all people with cyclothymia may ultimately develop a more severe form of bipolar illness.

Bipolar Disorder NOS (Not Otherwise Specified)

Includes disorders with bipolar features that do not meet criteria for any of the above specified disorders. For example:

- Having recurrent hypomanic episodes without depressive symptoms.
- Having very rapid alternation between symptoms of mania and depression that do not meet the criteria for a manic episode or major depressive episode.

What Causes Bipolar Disorder?

Research has shown the presence of bipolar disorder indicates an imbalance in brain chemicals called *neurotransmitters*. Although the direct cause of the illness is unclear, it is known that genetic, biochemical and environmental factors each play a role. Body chemistry can bring on a depressive or manic episode, due to the presence of another illness, altered health habits, stress, substance abuse, or hormonal changes. In addition, studies have shown that the illness often runs in families, and that stressful life experiences can trigger some symptoms.

The Importance of Recognizing Mania

When symptoms of mania are untreated, they can lead to life-threatening situations. For example, a woman with mania was injured after crashing her car. She was traveling at a high speed because she thought she was a race car driver. A man with mania impulsively invested his life savings in the stock market – and lost it all. These behaviors vary from person to person, but are typical of untreated bipolar disorder. Other behaviors include excessive spending, sexual indiscretions and excessive gambling.

Erratic behavior alone does not mean that someone has bipolar disorder, but when a combination of symptoms appears for longer than one week, one should see a mental health professional for immediate evaluation. Unfortunately, many people with symptoms delay seeking professional help. The average length of time between the onset of bipolar symptoms and a correct diagnosis is ten years. There is real danger involved in leaving bipolar disorder undiagnosed, untreated or undertreated – people with bipolar disorder who do not receive proper help have a suicide rate as high as 20 percent.

When It Runs in the Family

Although the exact cause of bipolar disorder is unknown, numerous medical studies indicate that it runs in families. More than two-thirds of people with bipolar disorder have at least one close relative with the illness or with unipolar major depression, indicating that the illness is hereditary.

Even though bipolar disorder may be considered a family illness, there is no way to predict how it will affect other

family members. Concerned families should consult their physicians if they have questions about symptoms and should also request a screening for mood disorders at their annual medical check-up. DBSA recommends this kind of screening as part of every individual's health regimen or annual physical check-up, whether there is a history of mood disorders in the family or not.

The Child with Bipolar Disorder

There is a startling lack of research about the early onset of bipolar disorder in children. Children as young as three have been diagnosed with it, and more children than ever are exhibiting symptoms. Symptoms of bipolar disorder can emerge as early as infancy. Mothers often report that children later diagnosed with the disorder were extremely difficult and slept erratically. They seemed extraordinarily clingy, and from a very young age often had uncontrollable, seizure-like tantrums or rages out of proportion to any event. The word "no" often triggered these rages.

As with depression, the priority for parents who think their child may have bipolar disorder is to get a correct diagnosis. Early, accurate diagnosis and treatment are crucial to a child's development if he or she has a mood disorder.

TRUE OR FALSE?

ONLY WEAK PEOPLE GET MOOD DISORDERS

False! In fact, mood disorders tend to strike the most intelligent, insightful and creative people. Here are individuals who have been diagnosed clinically, or are believed to have experienced a mood disorder:

Actors/Entertainers

Marlon Brando
Drew Carey
Jim Carrey
Dick Clark
Rodney Dangerfield
Richard Dreyfuss
Patty Duke
Audrey Hepburn
Margot Kidder
Ashley Judd
Joan Rivers
Roseanne
Winona Ryder
Rod Steiger
Damon Wayans

Artists

Michelangelo
Vincent van Gogh
Jackson Pollock
Georgia O'Keeffe

Athletes

Oksana Baiul
Dwight Gooden
Peter Harnisch
Greg Louganis
Elizabeth Manley
Monica Seles
Bert Yancey

Authors/ Journalists

Hans Christian Andersen
James Barrie
Michael Crichton
Charles Dickens
Emily Dickinson
William Faulkner
F. Scott Fitzgerald
Larry King
Neil Simon
Mary Shelley
William Styron
Mike Wallace
Walt Whitman
Tennessee Williams

Business Leaders

Howard Hughes
J.P. Morgan
Ralph Nader

Scientists

Sigmund Freud
Sir Isaac Newton

Composers/ Musicians/Singers

Irving Berlin
Ray Charles
Frederic Chopin
Leonard Cohen
Natalie Cole
John Denver
Stephen Foster
Peter Gabriel
Janet Jackson
Billy Joel
Elton John
Sarah McLachlan
Alanis Morissette
Marie Osmond
Charles Parker
Cole Porter
Bonnie Raitt
Paul Simon
James Taylor

Political Leaders/ World Figures

Alexander the Great
Napoleon Bonaparte
Barbara Bush
Winston Churchill
Diana, Princess of Wales
Tipper Gore
Florence Nightingale
George Patton
George Stephanopoulos



Treatment

Sometimes, it's hard to ask for help. If you or someone you know has a mood disorder, you may be feeling especially vulnerable, and talking to someone about it

may be the last thing you want to do. But finding the right treatment is the first step in becoming an active manager of an illness like depression or bipolar disorder. Finding the right treatment starts with finding the right mental health professional.

Choosing a Doctor

Your primary care doctor may be able to treat your mood disorder, or he or she may refer you to a mental health professional. If you don't have a primary care or family physician who can refer you to a mental health professional, ask trusted friends, relatives or DBSA support group members if they know of one. Also, contact your insurance company or community mental health center to find providers available to you.

It's important that you feel confident in your doctor's knowledge, skill, and interest in helping you. You should never feel intimidated by your doctor or feel as if you're wasting his or her time. If you have a problem communicating with your doctor or you feel uncomfortable in any way, consider getting a second opinion from another doctor or changing doctors. We use the term "doctor," even though your mental health care provider may be a therapist, social worker or registered nurse. If you and your provider decide medication is the best course of treatment, remember that only a medical doctor can prescribe medication.

A skilled and interested doctor should address most of your concerns, but there may be questions left unanswered. Don't leave the doctor's office until all of your questions and concerns have been addressed. If you need to, write down all of your questions before the office visit. Don't be embarrassed to bring up any subject. Bring along a friend if it makes you feel more comfortable or ask your questions in the doctor's office rather than the examining room.

Be Sure Your Questions are Answered

Here are some questions you will want to ask your doctor. You may want to write down some of your own, or take this booklet with you to your appointment.

- What dosage of medication should you take, at what time of day, and how can you increase your dosage if this is to be done before your next visit? (Take notes if this is complicated.)
- What are the possible side effects of your medication(s) and what should you do if you experience a side effect? (Ask for printed materials.)
- How can you reach your doctor if you experience any severe side effects or worsening of your condition? (Be sure you leave the doctor's office with an emergency phone number to reach your doctor.)
- How can you identify early symptoms of an episode and how should you respond to them? (For example, sleeplessness can trigger mania. Treat it as a new symptom and discuss it with your doctor.)
- How long should it take to feel improvement and what type of improvement should you expect?
- What are the risks associated with this treatment and, how can you recognize them? If you have any concerns, share them with your doctor.
- How long will it be necessary to take your medication?
- If the medication needs to be stopped for any reason, how should this be done?
- How often will you need to see your doctor? How long will your appointments take?
- Is psychotherapy recommended as part of your treatment? If so, what type?
- Are there things you can do to improve your response to treatment? Are there activities you should avoid in order to increase your likelihood of improvement?
- If this medication isn't helpful, are there alternative treatments? What might they be?
- If someone questions why your doctor prescribed medication, or raises doubts about possible dangers of taking medication, how should you respond?

Taking Medication

“I refuse to rely on a pill to solve my problems.” Many of us have had the same reaction when told we have a mood disorder. How can a pill improve our attitude toward life? Why can’t we just “learn to be happy”?

Remember, depression and bipolar illness are disorders in the function of the brain. You are not experiencing the symptoms of these illnesses because you are a bad person or are lacking in any way. Would you consider people with diabetes to be “lacking” because their body’s inability to produce insulin leaves them tired and nervous?

The choice to take medication is entirely yours, but know that many people with mood disorders have significantly improved their lives and have saved themselves from years of pain and self-destruction because they’ve adhered to a treatment plan that includes medication. Though medication does not guarantee all your problems will be solved, the right one can improve your ability to cope with life’s problems and restore your sense of judgment.

The Food and Drug Administration (FDA) has approved dozens of medications to treat mood disorders. These medications belong to various classes; each one has a distinct chemical structure that acts on different receptors in the brain, offering different benefits. Because everyone is different, DBSA does not advise or endorse any particular medication or treatment. However, you should know that all FDA-approved medications for mood disorders work – *they just don’t work the same for everyone*. Careful consultation with your doctor is extremely important when deciding what medication to take. Know what you’re taking, why you’re taking it, how long you may have to take it, what side effects are possible, and if the medication interacts with other prescription drugs, over-the-counter drugs or dietary supplements. You are entitled to, and should, ask as many questions as you need to feel comfortable.

What to Expect When Taking Medication

Medication is prescribed to relieve a person’s symptoms. You don’t have to experience all the symptoms listed in this brochure to have depression or bipolar disorder. Work with your doctor to determine a treatment strategy that is most likely to ease your particular symptoms.

Antidepressants are usually prescribed for depression. Several different medication trials or a combination of medications may be necessary to achieve sufficient improvement and avoid troublesome side effects. Keeping your own treatment records, including the medication, dosages used, length of time taken, and positive or negative experiences, can be very important in helping your doctor decide what medications to prescribe.

Symptoms of depression may lessen, and ideally disappear, with the right medication. You should expect to feel relief within two to eight weeks, although a full response sometimes takes 12-16 weeks. And remember: sometimes it’s necessary to take more than one medication to achieve the desired result.

With bipolar disorder, symptoms of mania and depression are usually stabilized by mood stabilizers, which can take up to two weeks to achieve full effect. Dosage may be lessened or increased to fine tune treatment, depending on your doctor’s evaluation. In addition, your doctor may add another medication to your course of treatment, depending on your symptoms. A mood stabilizer is sometimes prescribed with an antidepressant or antipsychotic.

Despite reports to the contrary, medications for mood disorders are not addictive or personality-changing, although you may experience feelings of withdrawal when going off a medication. Never stop taking your medication without talking to your doctor first.

Alternative Treatments

DBSA recognizes that dietary supplements and other alternative treatments that are advertised to have a positive effect on depression or bipolar disorder regularly enter the marketplace. These alternative treatments include Omega-3, St. John’s wort, SAM-e and others. Because of the lack of scientific data, DBSA does not *endorse* or *discourage* the use of these treatments. However, people should be aware that natural is not always synonymous with safe. Different brands of supplements may contain different concentrations of the active substance, and these alternative treatments may have side effects or interact with your prescribed medications, so read labels carefully and discuss them with your doctor or pharmacist.

DBSA supports clinical research into alternative treatments and advises that anyone with a mood disorder consult their physician and/or mental health professional before undergoing or modifying any treatment.

Electroconvulsive Therapy (ECT)

This treatment is intended for people with severe symptoms of depression or sometimes mania. When medications and psychotherapy fail to adequately lessen symptoms, ECT can be a safe and effective alternative treatment. ECT is never forced upon people or used as a means of submission.

Mild electrical stimulation to the brain causes brief seizures which, in turn, relieve the depression. Muscle relaxants are administered to the anesthetized person to eliminate shaking. An average of six to 12 treatments over a three- to four-week period are usually required. After successful treatment, subsequent depressive episodes may be managed by antidepressants or less frequent maintenance doses of ECT. Like all treatments, ECT has potential side effects. Although there have been reports of memory disturbances, most ECT patients feel that the benefits far outweigh the prospect of suffering from long-term severe, unremitting depression. This is especially true for suicidal patients who may otherwise have carried out their impulses if they had waited for medication therapy to take effect.

Light Therapy

The absence of full-spectrum light – light that contains all the wavelengths of natural sunlight – can cause **Seasonal Affective Disorder (SAD)**, a form of depression which typically develops during fall and winter then goes away during late spring and summer. In about half of mild or moderate cases of SAD, symptoms can be effectively treated by *light therapy*, a treatment that exposes patients to a type of full-spectrum light which compensates for daylight loss. Check with your mental health professional about the type of light source to use for this treatment.

Psychotherapy

Psychotherapy or “talk therapy” is an important part of treatment for many people. It can sometimes work alone in cases of mild to moderate depression. People who are severely depressed may not be able to benefit from psychotherapy until their symptoms have been lifted through another means of treatment. People with bipolar disorder and/or chronic depression usually benefit from a combination of medication and talk therapy. A good therapist can help you modify behavioral or emotional patterns that contribute to your illness. There are several types of psychotherapy: interpersonal, cognitive-behavioral, group, marriage and family, to name a few. Research the different types to find the one you feel is most appropriate for you. Psychotherapists, although highly-educated professionals, are not medical doctors and therefore cannot prescribe medication.

When Hospitalization is Required

In some cases of severe depression or bipolar disorder, physicians may recommend hospitalization for a number of reasons: medication side effects may render one temporarily incapable of safe self-care; a drug wash (discontinuing medication) may require a period of controlled observation; or attempted suicide or severe manic episodes may require treatment in a safe, controlled environment. If hospitalization is recommended, be sure to ask questions about the course of treatment and the estimated length of the stay. Also, be sure to check with your health care provider or insurance company about the type of coverage provided.

People are not always willing to be hospitalized. Those who are unable to take care of themselves, or who appear to be a threat to themselves or others, must be admitted involuntarily. For information on your state’s legal procedures, contact a psychiatrist, your state’s attorney’s office, the police or the hospital emergency room. Involuntary commitment is rare, but could prove to be life-saving.

Clinical Trials

Clinical trials are research studies involving patients, which are created and designed to answer specific scientific questions. By participating in a clinical trial, you could help advance scientific knowledge about mood disorders and their treatments. **However, taking part in a trial does not guarantee you individual benefits in the form of newer or safer treatments. It is very important that you understand the potential risks of participation before agreeing to take part in a trial. Consult your physician when deciding whether or not the trade-offs involved with a clinical trial are reasonable for you.**

When participating in a clinical trial, you may also want to find out whether there is a possibility of being assigned an inactive pill, or placebo, and whether the experimental treatments will be available to you when the trial is over.

Treatment Challenges

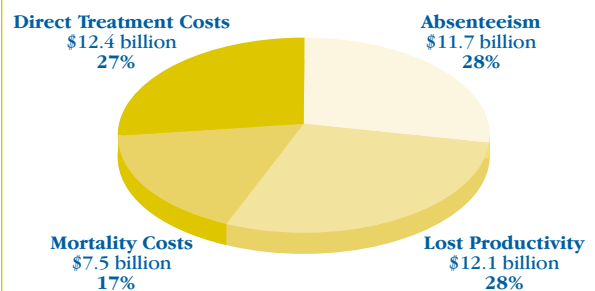
During the last 30 years, advances in treatment have helped many people suffering from depression and bipolar disorder. However, at least 15 percent of those with a mood disorder do not respond to any treatment.

As with any life-long illness, persistence and self-education are essential if you are living with a mood disorder. Don't give up hope. There are many new medications and treatments under development. If treatment is not successful, continue to work with your doctor on a plan for living. Don't try to self-medicate by adjusting your own dose, combining medications without your doctor's permission or abusing alcohol or illegal drugs.

Treatment challenges can be frustrating, and many of us have been there. Remember that this difficult point is just one step on the road to recovery, not a factual statement about your life or a prediction of the future. Keep moving forward to find the help you need – support is out there!

Economic Cost of Depression

Fact: Depression and mood disorders cost \$43 billion each year.



Source: Adapted from Greenberg, et al., "The Economic Burden of Depression in 1990," Journal of Clinical Psychiatry, Nov. 1993.

Did You Know?

- According to the National Institute of Mental Health, more than 23 million adults in the United States are diagnosed with depression or bipolar disorder – that's one out of every ten people.
- Depression commonly co-occurs with other illnesses: 50 percent of people with heart disease, 25 percent of people with cancer, and 10 to 27 percent of people who have had a stroke also have depression.
- 41 percent of people with bipolar disorder abuse alcohol or drugs when their illness is not being successfully managed compared to 13 percent when the illness is being successfully managed.



Support

Reaching Out for Help

When someone is diagnosed with a mental illness, the first reaction he or she some-

times has is fear – What should I do? Why did this happen to me? What’s wrong with me? Sometimes, the fear goes deeper. The person may feel he or she is “broken” or not good enough. This fear usually comes from stigma.

What is stigma? Webster’s Dictionary defines *stigma* as a mark of shame or discredit: a stain. The fear a newly-diagnosed person sometimes feels comes from the stigma society places on mental illness. People with mood disorders not only have to manage their symptoms, but have to adjust to a new awareness that others may think or say they are “crazy.” Devaluing mental illness is not acceptable. Don’t let this prevent you from getting help. Your illness does not define who you are.

Taking Control of Your Illness

As with other chronic illnesses such as diabetes, heart disease or asthma, people with mood disorders should see themselves as managers of their illness. Depression and bipolar disorder are *treatable* medical illnesses, but they are not curable. It may very well happen that the initial treatment you receive will be the only time in your life you need medication for your disorder. For many, though, severe depressive and/or manic episodes reappear at some point in life. If this happens, don’t panic. Your experience with previous episodes puts you one giant step ahead in the process of recognizing symptoms and getting help. Some people are treated briefly, and finish treatment with their physician and/or mental health professional in less than one year. For others, daily medication and periodic visits to the psychiatrist become a part of life. By continuing your treatment plan, you can greatly reduce your chances of having symptoms recur.

Telling Others About Your Illness

You may be concerned about people “finding out” about your illness or what people might think of you once they know you have a mood disorder. It is your personal choice whether or not to disclose your diagnosis to anyone other than your mental health professional.

Most people will appreciate your honesty, and you will help them understand how to respond to your fluctuations in mood and behavior. Because your illness or medication side effects may impair your functioning, employers may need to be alerted – especially if your job involves the safety of others.

Disclosure may be especially difficult for people with psychiatric disabilities. An employee is not required to disclose all the details of his or her illness – only those necessary to demonstrate eligibility for an accommodation under the Americans with Disabilities Act (ADA), and only if an accommodation is needed. Moreover, the employee may request confidentiality, a right protected by the ADA. It is in a company’s best interest to safeguard your mental health and to offer reasonable accommodations. Untreated mood disorders lead to absenteeism, work-related injuries and lost productivity. Share this booklet with your employer or contact DBSA for other resources.

Self-Care

Maintaining good health is not a cure, but it can tremendously affect your overall sense of wellness. A good diet, exercise and regular sleep habits can help you feel better. On the other hand, factors that contribute to mood disorders include poor sleep habits, vitamin deficiencies, stress, other illnesses and their treatments, drug interactions, food sensitivities, improper metabolism, social isolation and substance abuse.

Alcohol and illegal drugs may be tempting ways to cope with stress. However, they are especially harmful when coping with a mood disorder. Abusing them may make your symptoms worse, and can alter the effectiveness of medication you are taking. If you are having trouble stopping your use of alcohol or illegal drugs, talk to your health care provider or a trusted friend or family member. You can also contact Alcoholics Anonymous or other 12-step groups, whose phone numbers can be found in your local telephone book.

You may find it helpful to keep a journal to chart your activities, nutrition, health and for women, your menstrual cycle to determine possible contributing factors to your mood disturbances and share your journal with your health care provider.

Suicide Prevention

If you are having suicidal thoughts, it is important to recognize these thoughts for what they are: expressions of a treatable medical illness. Don't let embarrassment stand in the way of vital communication with your doctor, family and friends; *take immediate action*. You can take important first steps to manage these symptoms.

- Tell your mental health professional immediately.
- Tell a trusted family member, friend, or other support person.
- Regularly schedule health care appointments.
- Instruct a close supporter to take your credit cards, checkbook, and car keys when suicidal feelings become persistent.
- Make sure guns, other weapons, and old medications are not available.
- Keep pictures of your favorite people visible at all times.

Develop a Wellness Lifestyle

Keep the following in mind as you discover your own ways to reduce symptoms and maintain wellness:

- Regularly talk to your counselor, doctor or other health care professional.
- Share talking and listening time with a friend.
- Do exercises that help you relax, focus and reduce stress.
- Participate in fun, affirming and creative activities.
- Record your thoughts and feelings in a journal.
- Create a daily planning calendar.
- Avoid drugs and alcohol.
- Allow yourself to be exposed to light.

- Improve your diet. Avoid caffeine, sugar and heavily salted foods.
- Change the stimulation in your environment.
- Attend a local DBSA support group regularly.

For Family and Friends

Living with a person who has depression or bipolar disorder can be a great challenge. As a family member, friend or trusted supporter, it's important to stay informed about the illness and your loved one's progress so that you will know when to help and when to leave matters alone. For instance, forcing a person with severe depression to see visitors could add seriously to his or her anxiety level instead of lifting spirits. On the other hand, letting a person stay isolated too long during a serious depression could be dangerous if he or she has exhibited signs of suicidal thoughts.

With someone prone to manic episodes, try to set rules during periods of stable mood and discuss safeguards such as when to withhold credit cards, banking privileges or car keys. Like suicidal depression, uncontrollable mania may endanger a person's life. Hospitalization may be helpful in both cases.

If possible, take turns "checking in" so that one family member or supporter isn't overburdened. Alleviate stress by focusing on other family events and activities. If there are young children or teens in the home, explain that the person has a medical illness that requires continuous attention and love – and that it's not the result of something the young person has done.

When recovery from severe symptoms begins, let the person approach life at his or her own pace. Try to do things with your loved one, rather than force him or her, so that self-confidence can be regained. Remember that having a serious mental illness may damage a person's self-esteem, and it will take time for the person to become comfortable again at home, at school, among friends and at work.

Treat the person the same way you always have as he or she recovers, but watch for a possible recurrence of symptoms; you may notice recurrences before he or she does. With a caring manner, you can help by suggesting a visit to a mental health professional.

The Value of DBSA Support Groups

With a grassroots network of DBSA chapters and support groups, no one with depression or bipolar disorder needs to feel alone or ashamed. DBSA may offer one or more support groups in your area. Each group has a professional advisor and appointed facilitators. Members are people and loved ones of people living with depression or bipolar disorder. As a complement to formal therapy, DBSA support groups:

- Can help increase treatment compliance and may help patients avoid hospitalization.
- Provide a forum for mutual acceptance, understanding and self-discovery.
- Help consumers understand that mood disorders do not define who they are.
- Give people the opportunity to benefit from the experiences of those who have “been there.”

Take the next step toward wellness for you or someone you love. Contact DBSA to locate the support group nearest you. If there is no group in your community, DBSA can help you start one.

For more information

There are many reputable sources of information about mood disorders. For additional information about medications, ask a pharmacist for written inserts or pamphlets that accompany medications you have questions about or consult the *Physicians' Desk Reference (PDR) Guide to Prescription Drugs*. For more information about the symptoms of mood disorders, consult the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*, available at your local library.

Helpful free publications from DBSA

Call, write or e-mail DBSA (information on the back cover) for a free copy of any of these helpful and informative materials, or download them at www.DBSAlliance.org.

Bipolar Disorder: Rapid Cycling and its Treatment

Clinical Trials: Information and Options for People with Mood Disorders

Coping With Unexpected Events: Depression and Trauma

Dealing Effectively with Depression and Manic Depression

Finding Peace of Mind: Medication and Treatment Strategies for Bipolar Disorder

Finding Peace of Mind: Medication and Treatment Strategies for Depression

Healthy Lifestyles: Improving and Maintaining the Quality of Your Life

Helping a Loved One with a Mood Disorder

Is It Just a Mood...or Something Else? Information on Mood Disorders for Young People

Personal Calendar (A way to track moods, medications, and life events)

Suicide Prevention Card

Suicide Prevention and Mood Disorders

Support Groups: An Important Step on the Road to Wellness.

Taking Care of Both of You: Understanding Mood Changes After the Birth of Your Baby

Taking On (And Talking On) Bipolar Disorder Kit

Understanding Treatment Challenges: Finding Your Way to Wellness

You've Just Been Diagnosed... What Now?

Resources

Other Organizations That Offer Help

The following organizations also offer information and/or assistance with mood disorders and related topics. DBSA assumes no responsibility for the content or accuracy of the material they provide.

American Foundation for Suicide Prevention
(888) 333-2377 • www.afsp.org

American Psychiatric Association (APA)
(888) 357-7924 • www.psych.org

American Psychological Association
(800) 374-2721 • TDD: (202) 336-6123
www.helping.apa.org

Anxiety Disorders Association of America (ADAA)
(240) 485-1001 • www.adaa.org

Bazon Center for Mental Health Law
(202) 467-5730 • www.bazon.org

Child & Adolescent Bipolar Foundation
(847) 256-8525 • www.bpkids.org

Depression After Delivery
(800) 944-4773 • www.depressionafterdelivery.com

Equal Employment Opportunity Commission
(800) 669-4000 • www.eeoc.gov

National Alliance for the Mentally Ill (NAMI)
(800) 950-6264 • www.nami.org

National Hopeline Network
(800) 442-HOPE (800-442-4673) or
(800) SUICIDE (800-784-2433)

National Institute of Mental Health (NIMH)
(800) 421-4211 • www.nimh.nih.gov

National Mental Health Association (NMHA)
(800) 969-6642 • www.nmha.org

DBSA Services

DBSA provides a variety of services, including:

- **A global network** of chapters and support groups that bring DBSA's mission and services to local communities and provide a forum for patients and family members to share coping skills and build self-esteem. Many physicians recommend these groups for people who otherwise may feel alone or victimized by their illness.
- **A voice in Washington, D.C.** DBSA advocates to improve availability and quality of health care, to eliminate discrimination and stigma, and to increase research toward the elimination of mood disorders.
- **Free information** is mailed to anyone who calls our toll-free number, (800) 826-3632 or visits our website, www.DBSAAlliance.org. Often, calling DBSA is the first step a person takes toward finding help for himself/ herself or someone else.
- **Outreach**, DBSA's official newsletter. This quarterly newsletter covers research and treatment, chapter activities, consumer awareness and advocacy.
- **Education programs** like our annual national conference bring together hundreds of patients, families, mental health professionals and advocates to learn about the latest developments in mood disorders. Our programs help eliminate stigma and emphasize the importance of symptom recognition, early diagnosis and access to treatment.
- **Helpful staff**, many of whom have experienced a mood disorder, are available to offer guidance. Although DBSA does not operate as a crisis hotline or offer medical advice, callers can find someone to direct them toward the help they need.
- **A bookstore** with more than 75 of the latest books, videos and audio tapes on mood disorders. Topics range from finding treatment to healthy living to personal accounts of recovery. All items have been reviewed for their scientific value and relevance to DBSA's mission. Special discounts are available.

Become a Friend of DBSA

Yes, I want to make a difference. Enclosed is my gift of:

\$100 \$50 \$20 Other \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ COUNTRY _____ ZIP _____

DAYTIME PHONE _____

E-MAIL _____

Check (*payable to DBSA*)

Money order

VISA

MasterCard

Discover

ACCOUNT NUMBER _____

EXPIRATION DATE _____

SIGNATURE _____

I wish my gift to remain anonymous.

Please send me _____ donation envelopes to share.

Please send me information on including DBSA in my will.

I have enclosed my company's matching gift form.

I'd like to receive more information about mood disorders.

Please send all correspondence in a confidential envelope.

If you would like to make your gift a Memorial or Honorary tribute, please complete the following:

In memory of/in honor of (circle one) _____

_____ PRINT NAME

Please notify the following recipient of my gift:

RECIPIENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ COUNTRY _____ ZIP _____

Please send this form with payment to: DBSA
730 N. Franklin Street, Suite 501, Chicago, IL 60610-7224 USA

Questions? Call (800) 826-3632 or (312) 642-0049.

Credit card payments (Visa, MasterCard or Discover) may be faxed to (312) 642-7243. A fee will be applied on all returned checks and resubmitted credit card charges.

Secure online donations may be made at www.DBSAAlliance.org.

DBSA is a not-for-profit 501(c)(3) Illinois corporation. All donations are tax deductible based on federal and state IRS regulations. Please consult your tax advisor for details. All information is held in strict confidence and will never be shared with other organizations.

Thank you for your gift!

Symptoms of Depression

- Prolonged sadness or unexplained crying spells
- Significant changes in appetite and sleep patterns
- Irritability, anger, worry, agitation, anxiety
- Pessimism, indifference
- Loss of energy, persistent lethargy
- Unexplained aches and pains
- Feelings of guilt, worthlessness and/or hopelessness
- Inability to concentrate, indecisiveness
- Inability to take pleasure in former interests, social withdrawal
- Excessive consumption of alcohol or use of chemical substances
- Recurring thoughts of death or suicide

Symptoms of Mania

- Increased physical and mental activity and energy
- Heightened mood, exaggerated optimism and self-confidence
- Excessive irritability, aggressive behavior
- Decreased need for sleep without experiencing fatigue
- Grandiose delusions, inflated sense of self-importance
- Racing speech, racing thoughts, flight of ideas
- Impulsiveness, poor judgment, distractability
- Reckless behavior such as spending sprees, rash business decisions, erratic driving and sexual indiscretions
- In the most severe cases, delusions and hallucinations

Depression and Bipolar Support Alliance (DBSA)

Previously National Depressive and Manic-Depressive Association

We've been there. We can help.

THE MISSION of the Depression and Bipolar Support Alliance (DBSA) is to improve the lives of people living with mood disorders.

DBSA: Your Resource for Education and Support

The Depression and Bipolar Support Alliance is the nation's largest patient-run, illness-specific organization. Incorporated in 1986 and headquartered in Chicago, Illinois, DBSA has a grassroots network of more than 1,000 support groups. It is guided by a 65-member Scientific Advisory Board comprised of the leading researchers and clinicians in the field of mood disorders.

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(Previously National Depressive and Manic-Depressive Association)

730 N. Franklin Street, Suite 501

Chicago, Illinois 60610-7224 USA

Phone: (800) 826-3632 or (312) 642-0049

Fax: (312) 642-7243

Website: www.DBSAAlliance.org

Visit our updated, interactive website for important information, breaking news, chapter connections, advocacy help and much more.

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This brochure was reviewed by Alan J. Gelenberg, M.D. Dr. Gelenberg is Head of the Department of Psychiatry at the University of Arizona and a member of DBSA's Scientific Advisory Board.