

Understanding manic depression

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'When I'm in a manic phase, I feel as though I am capable of anything and everything. This can be an amazing feeling, but I sometimes get frustrated and angry with people. Ideas flow constantly and quickly, as if my brain is on fast-forward. Everything happening in the world has significance in my life. But when I'm depressed, it's as if I'm completely crushed and living in slow motion. I feel capable of nothing and just want to end it all.'

This booklet is aimed at anyone who has been given a diagnosis of manic depression, and for their family and friends. It describes what is known about the causes and discusses the consequences of the diagnosis, what options are available to people, and where they can get help. It also looks into what people can do to help themselves.

What is manic depression?

Someone diagnosed with manic depression may swing from moods of deep depression to periods of overactive, excited behaviour known as mania. Between these severe highs and lows there may be relatively stable times, although this isn't always the case. Some people also see or hear things that others around them don't (known as having visual or auditory hallucinations or delusions).

Everybody has their ups and downs in daily life, but in manic depression these changes are extreme. During the manic phase, people may feel euphoric, full of a sense of their own importance and brimming with ambitious schemes and ideas. They may spend money extravagantly, and build up debts. They may eat and sleep very little, and talk so quickly that it's difficult to understand them. They may be easily irritable and angry.

A person may be quite unaware of these changes in their attitude or behaviour. After a manic phase is over, they may be quite shocked at what they've done and the effect that it has had. On the positive side, people can be very creative during mania, and may feel that it's a very valuable experience.

Mania may flare up periodically, but depression is the most consistent symptom. People may feel overwhelming despair, guilt and worthlessness. Problems

concentrating and remembering things can make life very difficult and undermine the simplest tasks. The experience of manic depression may provoke suicidal feelings.

Bipolar manic depression

Bipolar manic depression (also called affective mood disorder) involves both highs and lows and is the most common form of manic depression.

Unipolar manic depression

Sometimes people are diagnosed with unipolar affective disorder because they experience the depressive phase without a manic period.

Hypomania

Hypomania is a less severe form of mania, which is not usually followed by a major depressive episode.

Some people have very few manic -depressive episodes, with years of stability in between them. They may experience no more than a couple of cycles (episodes) in their whole lifetime. Others have many more frequent cycles, and in the case of 'rapid cycling' it may mean four or more episodes a year.

About one per cent of the general population is diagnosed with manic depression (a roughly equal number of men and women) usually in their 20s or 30s, although some teenagers are affected. They are often intelligent and creative people.

What causes manic depression?

There are several different, even contradictory theories:

Genetic inheritance

There's statistical evidence that some people may be genetically more prone to developing manic depression. In studies of identical twins, if one twin has manic depression there's a 70 per cent chance that the other will also be diagnosed with it. The parents, brothers, sisters and children of people with manic depression seem to have a 5 to 15 per cent chance of having it too. But no-one has identified a particular gene responsible for manic depression, and not all experts believe that genes play a part in the condition. It's generally agreed that genetic make-up alone can't cause the condition. It seems that the condition has to be triggered by something else, such as a stressful event.

Stressful life events

Some people can link the start of their manic depression to a period of great stress, such as a relationship breakdown, money problems or a career change. Some psychiatrists believe that these events trigger off a biochemical imbalance in the brain.

Family background

Some psychiatrists and psychotherapists believe manic depression can result from severe emotional damage caused in early life. Children who have been either over-

protected or over-criticised may be more vulnerable to developing manic depression because, as adults, they may have a very fragile sense of self, and difficulty containing strong feelings and emotions. Talking treatments, such as counselling, psychotherapy and cognitive behaviour therapy, could be beneficial in such circumstances.

Life problems

It's possible that manic depression could be a reaction to overwhelming problems in everyday life. Mania could be a way of escaping unbearable depression. Constantly blaming other people and being highly irritable puts barriers up and could be the means of avoiding emotional dependence on friends and relatives. Again, talking treatments are thought to be helpful once the condition has stabilised.

Seasonal effects

Some people believe that their mood swings are affected by the seasons.

What sort of treatment can I get?

If you go to your GP, he or she may refer you to a psychiatrist, who will be able to discuss the various medical treatments available. If a treatment does not suit you, say so and ask for other options.

Medication

The usual treatment for manic depression is the drug lithium carbonate, which controls the condition but isn't a cure. It should be seen as the foundation for a much wider treatment that takes account of individual need. You should take certain precautions when taking lithium regularly. You will need frequent blood tests to ensure that the lithium in your blood does not reach a toxic level.

It's also important that you maintain proper salt and water levels. There are a number of side effects associated with lithium. They may wear off once the body gets used to it. Vomiting or severe nausea, confusion or persistent diarrhoea can happen if blood levels of lithium are dangerously high, and you should see your doctor.

Carbamazepine is prescribed to curb agitation and has a sedative effect. Valproate is an anti-epileptic drug increasingly used for manic depression, although not licensed specifically for this purpose.

Antipsychotic drugs, such as Largactil or haloperidol, are sometimes given to people for brief periods when mania is at its height, to control distressing symptoms. These drugs may cause some people considerable discomfort and distress. Their prolonged use may cause permanent damage to the central nervous system.

Talking treatments

Counselling or psychotherapy can help people understand why they feel as they do, and change both the way they think and feel. It may help people to overcome the

relationship difficulties often associated with the condition. It also offers an opportunity to talk about the very stressful experience of manic depression and so to cope better with it. Unfortunately, psychotherapy for people diagnosed with manic depression is very rare under the NHS outside a hospital setting, but it may be

Everyone referred to psychiatric services in England should have their needs assessed and care planned within the Care Programme Approach (CPA). This should provide you with a thorough assessment of your social and health care needs, a care plan, a care coordinator who is in charge of your care, and ongoing reviews. You are entitled to say what your needs are, and have the right to have an advocate present. (An advocate is someone that can speak for you, if necessary.) The assessment might also include carers and relatives. In effect, the same system applies in Wales.

As part of the CPA, or separately, you can request social services to make an assessment of your needs for community care services. This covers everything from daycare services to your housing needs, with the aim of providing services in your own home or appropriate accommodation. You might need careworkers, and the cost may need to be included in the needs assessment.

It's important to find out as much as you can about local services you can make use of, whether they are run by the NHS, social services departments or voluntary organisations. Try asking your GP, the social services department, community health council, Citizens Advice and voluntary organisations, such as local Mind.

Community mental health teams

Often community care assessments are made by the Community Mental Health Teams. Their aim is to enable you to live independently. They can help with practical issues, such as sorting out welfare benefits and housing, and other services, such as day centres or drop-in centres. They can also arrange for a community psychiatric nurse (CPN) to visit you at home.

Accommodation

There are hostels where people in need of support can live for a limited length of time and be helped by staff to gain the confidence to live independently again. Sheltered housing schemes offer less intensive support to a group of residents who can live there as long as they want.

Day centres

Day centres, day hospitals and drop-in centres can vary widely in terms of what they offer. Services may include therapy groups, counselling, information or advice. Some offer a chance to learn new skills, such as cooking or crafts; some organise day trips, or simply provide the opportunity for a cup of tea and a chat. You may need to be referred by a social worker or psychiatrist before you can use the available services.

What can I do to help myself?

Getting support and understanding

During a manic phase you may be quite unaware that your actions are distressing or damaging to other people. Later, you may feel guilty and ashamed. It can be especially difficult if those around you seem afraid or hostile. It helps if you provide people with information about manic depression, so as to increase their understanding.

After going through a manic depressive episode you may find it difficult to trust others, and may want to cut yourself off. These feelings are to be expected after experiencing such difficulties, but it may be far more helpful to talk through your emotions and experiences with friends, family or a counsellor.

There are now many support groups, where people who have gone through similar problems can come together to support each other.

Managing your own condition

Self-management involves finding out about manic depression and developing the skills to recognise and control mood swings.

It can be very difficult at first to tell whether a 'high' is really the beginning of a manic episode or whether you are just feeling more confident, creative and socially at ease. It can be a strain watching out for symptoms all the time, particularly when you are first learning about the effect manic depression might have on your life.

There are various guides to self-managing manic depression. They may feature checklists and exercises to help you recognise and control mood swings, and include practical tips for dealing with depression and mania. Self-management is by no means instant, and can take some time to use effectively. However, if you choose this method, you may find you need to rely less on professionals, and have more control over mood swings. This, in turn, can lead to greater self-confidence.

Working life

It's important to take things slowly and avoid stressful situations. If you already have a job, you might want to find out if you can return on a part-time basis to start with.

What can friends and relatives do?

Seeing someone you care for going through the symptoms of manic depression can be very distressing for friends and family.

It's painful enough to be with someone who is in a deep depression, but during a manic phase they may not accept that there is anything unusual about their behaviour, and they may become hostile towards you. This can leave friends and family feeling frightened and helpless. However, you can be vital in providing support and helping them to get practical assistance.

How to cope

Try to make sure you have support in coping with your own feelings. Give yourself time away from the person you are caring for, and ask friends and relatives for help. You may find counselling is helpful. Learning as much as possible about manic depression can help you to cope better with your caring role. It's also worth remembering that, under the Carers (Recognition and Services) Act 1995, you may be entitled to ask for an assessment of your own needs from your local social services.

Sometimes, people with manic depression experience suicidal feelings. If the person you are caring for feels like this, you might find Mind's booklet *How to help someone who is suicidal* useful.

Addressing difficult behaviour

If someone is hearing or seeing things that you don't, there's no point trying to argue them out of it. Nor is it helpful to pretend you see or hear them too. It's much better to say something like, 'I accept that this is how you see things, but I don't share that way of looking at it.' Try to focus on how the person is feeling at the time, to empathise with their emotions and encourage them to talk about them.

Giving practical support

Being organised can be a problem for people with this diagnosis. They may need help with practical matters (like ensuring they get enough to eat and sleep) and with their finances, particularly if they have built up debts during a manic phase.

Try to work together with your friend or relative, rather than taking over completely. Ask them what support they want and then help them establish what is available. Encourage them to manage their own condition safely. Respect their wishes regarding care as far as possible. If they are in agreement, you can go ahead and approach agencies for help.

Compulsory hospital admission

If all else fails, particularly if the person is a risk to themselves or to other people, it may be necessary to seek admission to hospital. The 'nearest relative', as defined under the Mental Health Act 1983, has the legal right to request a mental health assessment from an approved social worker (ASW) to look at possible options and to decide whether the person should be detained.