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Bipolar Disorder

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Candida Fink, MD

Psychiatrist specializing in bipolar disorder

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***Bipolar
Disorder***
FOR
DUMMIES®
2ND EDITION

by Candida Fink, MD, and Joe Kraynak



WILEY

John Wiley & Sons, Inc.

Bipolar Disorder For Dummies® 2nd Edition

Published by
John Wiley & Sons, Inc.
111 River St.
Hoboken, NJ 07030-5774
www.wiley.com

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Published simultaneously in Canada

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Library of Congress Control Number: 2012949142

ISBN 978-1-118-33882-7 (pbk); ISBN 978-1-118-43201-3 (ebk); ISBN 978-1-118-43203-7 (ebk); ISBN 978-1-118-43205-1 (ebk)

Manufactured in the United States of America

10 9 8 7 6 5 4 3 2 1



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Dedication

To my daughters, Julia and Jessica, who never cease to amaze me with their boundless love, generosity of spirit, and insights. They lift me to new places every day. — Candida

To my wife, Cecie, whose zest for life and genuine interest in the lives of others engage and inspire everyone she touches. — Joe

Authors' Acknowledgments

Although we wrote this book, dozens of other talented individuals contributed to its conception, development, and shine. Special thanks goes to Michael Lewis, who chose us to author this book. Jenny Lerner Brown, project editor, deserves a round of applause for acting as the choreographer — developing chapters, shepherding the text and illustrations through production, making sure any technical issues were properly addressed, and serving as unofficial quality control manager. Thanks also to Amanda Langferman, our copy editor, who read through everything — forward and backward — to identify and obliterate our many grammatical goofs and typos. We also tip our hats to the folks in Composition Services at Wiley for doing such an outstanding job of transforming a loose collection of text and figures into such an attractive volume.

We owe special thanks to our technical editors for ferreting out technical errors in the manuscript and helping guide its content:

Gregory Simon MD MPH, Senior Scientific Investigator at the Group Health Research Institute; Research Professor for Psychiatry and Behavioral Sciences at the University of Washington; staff psychiatrist at Group Health Cooperative Behavioral Health Services; and chair of the Scientific Advisory Board of the Depression and Bipolar Support Alliance

Nick Stafford, Vice Chair of Bipolar UK and clinical psychiatrist with a special interest in bipolar disorder

And we thank our agent, Faith Hamlin, of Sanford J. Greenburger Associates, Inc., for managing the contract negotiations so we could focus on writing this book instead of all the legal stuff.

We would also like to thank all the people with bipolar disorder and their family members and friends whom we've met along the way, especially those who contributed their Bipolar Bios:

Andy Behrman (www.electroboy.com), author of *Electroboy: A Memoir of Mania*

Natalie Jeanne Champagne (www.thethirdsunrise.com), author of *The Third Sunrise: A Memoir of Madness*

Matthew Durand, a young man living with bipolar since childhood who wanted to share his experience to bring hope to others

Janine Crowley Haynes, author of *My Kind of Crazy: Living in a Bipolar World*

Cinda Johnson (www.lineacinda.com), coauthor of *Perfect Chaos: A Daughter's Journey to Survive Bipolar, a Mother's Struggle to Save Her*

Linea Johnson (www.lineacinda.com), coauthor of *Perfect Chaos: A Daughter's Journey to Survive Bipolar, a Mother's Struggle to Save Her*

Cecie Kraynak (www.ceciekraynak.com), teacher and author of *Spanish Grammar For Dummies*

Stacy Pershall (www.stacypershall.com), author of *Loud in the House of Myself: Memoir of a Strange Girl*

Helena Smole (www.helenasmole.com), author of *Balancing the Beast: A Bright View of Schizoaffective Disorder — Bipolar or Manic-Depressive Type*

Chato Stewart, husband, father, and mental health advocate and cartoonist for MentalHealthHumor.com

Wendy K. Williamson (www.wendykwilliamson.com), author of *I'm Not Crazy Just Bipolar*

Without these brave souls, along with their stories, their struggles, and their achievements, this book wouldn't be possible. Finally, we acknowledge nonprofit organizations, including the Depression and Bipolar Support Alliance (DBSA) and the National Alliance on Mental Illness (NAMI), for their valuable contributions and continued dedication to educating, supporting, and advocating for all those in the bipolar community.

Publisher's Acknowledgments

We're proud of this book; please send us your comments at <http://dummies.custhelp.com>. For other comments, please contact our Customer Care Department within the U.S. at 877-762-2974, outside the U.S. at 317-572-3993, or fax 317-572-4002.

Some of the people who helped bring this book to market include the following:

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Introduction

I imagine yourself cruising down the highway at a comfortable speed of 65 miles per hour when your cruise control goes berserk. The speedometer climbs to 75 and then 85 . . . you hit the button to cancel . . . tap the brakes . . . 90 . . . nothing slows you down . . . 95 . . . your car is shaking and weaving . . . 100 . . . people are honking . . . 105 . . . police cars are chasing you . . . 110 . . . your spouse is yelling at you to SLOW DOWN . . . 115 . . . 120 . . .

Or imagine the opposite: You're driving through town in a 30-mile-per-hour speed limit zone. Nobody's in front of you — you're practically pushing the accelerator through the floor — but your car can only creep along at 3 miles per hour. Your neighbors are honking, passing you on the right — on bicycles — and giving you dirty looks and other gestures of discontent.

When you have bipolar disorder, your brain's accelerator is stuck. At full speed, it launches you into a manic episode. In low gear, it grinds you down into a deep depression. If this were a situation with your heart, somebody would call an ambulance; doctors and nurses would flock to your bedside; loved ones would fly in from other states; and you'd get flowers and fruit baskets. But when your brain is stuck in park or overdrive, people tend to think you're lazy, you've snapped, or you're too weak to deal with life. Instead of flowers and fruit baskets, you get a pink slip and divorce papers.

The good news is that the mind mechanics — psychiatrists, psychologists, and therapists — have toolboxes packed with medications and therapies that can repair your brain's accelerator. In this book, we reveal those tools along with strategies and techniques you can use to achieve and maintain mood stability and to help yourself feel a whole lot better.

About This Book

This book is more than a repair manual for the bipolar brain. Sure, we discuss diagnoses and treatments, available medications and therapies, and the lifestyle changes that can help you cope. But we also go beyond that to reveal some of the causes and consequences of bipolar disorder, let you in on some crisis-survival strategies, and describe ways that friends and family members can support loved ones who have this disorder. Our goal is to help

you develop a deeper understanding of bipolar disorder and its symptoms and empower you to take more control of your treatment, eliminate your symptoms, and regain your ability to function.

In the quest to make you or your loved one feel better and maintain stable moods, we focus on the three Cs of bipolar disorder:

- ✔ **Continuity of care:** In this era of specialization and managed healthcare, people are often shuttled from one doctor or therapist to another, and each professional may have a unique approach. Any drastic change to medication or therapy can upset the balance, so this book encourages you to develop a treatment plan that all your caregivers follow and that remains with you when you change doctors or therapists.
- ✔ **Comprehensive treatment:** The most effective treatment plan calls for a three-pronged attack with medication, therapy, and lifestyle change. In this book, we explain why your treatment plan should address all three factors, and we reveal the most effective medications, therapies, peer support options, and lifestyle changes currently available for bipolar.
- ✔ **Coordinated treatment:** Communication is the key component to coordinated treatment, and communication breakdowns are at the root of most failed plans. To improve the likelihood of success, communicate openly and honestly with your doctor, therapist, and loved ones and encourage them to communicate with one another. Throughout the book, especially in Chapter 13, we reveal techniques to improve the flow of information among all members of your treatment team.

Of course, this book is no replacement for professional psychiatric care. (We kicked around the idea of bundling the book with a blank prescription pad, but our publisher nixed the idea.) Even so, *Bipolar Disorder For Dummies*, 2nd Edition, can help you better understand your treatment choices and build a more cooperative relationship with your healthcare providers.

Conventions Used in This Book

We don't like to think of *our* book as *conventional*, but we do have some standard ways of presenting material. For example:

- ✔ Whenever we introduce a new, somewhat technical term, such as *expressed emotion*, we display it in *italics*.

Use the index to look up any bipolar term you're unfamiliar with and find out where we cover it in the book. For a glossary of terms used throughout the book, check out our Bipolar Glossary online at www.finkshrink.com/bipolar-blog/glossary.

- ✔ Web and e-mail addresses appear in monospace to help them stand out on the page for easy access.
- ✔ Throughout the book, we include stories about people who have bipolar disorder and their loved ones. Some of these stories are first-person accounts, written by real people. Others represent composites of real people we've met and worked with over the years.
- ✔ When we refer to medications or drugs, we use this format on first reference: generic name (Brand name), as in fluoxetine (Prozac).
- ✔ In an attempt to be fair to both sexes, we alternate the use of *he* and *she* as we change from one section to the next instead of using the bulky *he or she* approach or the really weird *s/he* solution.

What You're Not to Read

Sidebars are just what the name implies; they give you somewhere to hang out when you don't have somewhere else to go or something better to do. Most of our sidebars tell real stories of living with bipolar disorder, which you're likely to find engaging and insightful, so be selective in what you skip.

Foolish Assumptions

When you (or your loved ones) are diagnosed with bipolar, you automatically become a rank beginner. You never needed information about this illness before and probably had little interest in the topic. Now you have to get up to speed in a hurry. With that in mind, we assume that you know very little about bipolar disorder. If you've been to a doctor or therapist and received a diagnosis, however, you know at least a little. And if you got burned by a misdiagnosis or the wrong approach, you know you don't want that to happen again. But no matter how experienced you are, this book can help.

We also assume that you or someone you know has bipolar or that you're at least somewhat curious about the condition. The more the disorder affects you, your family, or someone else you know, the more this book can help.

Finally, we assume that you have a sense of humor. According to Jean de la Bruyère, "Life is a tragedy for those who feel and a comedy for those who think." We're thinking people. We laugh through our tears rather than wallow in our misery, although we, too, have shed our share of tears. We have loved ones with bipolar disorder, and we know it's painful for everyone involved, but we've found that most people with bipolar and their loved ones have a

healthy sense of humor. Maybe it's because they're smarter than the average Joe, or perhaps they've just had to deal with so much bad stuff in their lives; whatever the case may be, they know the value of a good laugh.

In this book, we try to strip away all the politically correct niceties and namby-pamby psychospeak. We don't sweeten the bitter facts with buttercream frosting, and we don't hesitate to laugh at the absurdities of living with bipolar disorder. We certainly hope that you won't find any of this more than mildly offensive and that you'll indulge in a few laughs yourself.

How This Book Is Organized

We've written this book for you to approach in one of two ways. You can pick it up and flip to any chapter for a quick, stand-alone mini-course on a specific bipolar topic, or you can read the book from cover to cover. To help you navigate, we've divided the chapters into seven parts. Here's a summary of what we cover in each part.

Part I: Getting to Know Bipolar Disorder

The three chapters in this part provide a quick overview of bipolar disorder. You begin to discover the characteristics of bipolar and the effects it has on the people who have it and their families. We lift the curtain on the diagnosis to reveal the various ways this illness presents itself and the leading theories on what causes it. We introduce some of the most effective treatments, explain why preventive treatment plays such a critical role in keeping symptoms at bay, and point out the positive prognosis that you can expect with the right combination of medication, therapy, and lifestyle adjustments.

Part II: Taming the Bipolar Beast

A half-hour discussion with a doctor or therapist may be enough to raise suspicions of bipolar disorder, but it's certainly insufficient for obtaining an accurate diagnosis. First, you need to see your family physician to rule out other possible causes. Any of several physical ailments can cause symptoms similar to those of bipolar, and you need a physical exam and appropriate lab tests to rule them out. In this part, we lay out the process you must go through to obtain an accurate diagnosis. We also show you how to assemble your very own mood-management team, complete with a doctor, therapist, and dedicated friends and family members, to help tame the bipolar beast.

Part III: Managing Bipolar Disorder with Meds and Other Biological Treatments

Although bipolar disorder is often referred to as a *mental illness*, it's really a physical illness with genetic roots, and the most effective treatment regimens usually include medication or other biological treatments that target the brain. This part begins with a tour of the bipolar pharmacy and an overview of medications for treating both “poles” of bipolar disorder — mania and depression. Our medication reference guide describes the most effective medications currently available and their potential side effects so you can intelligently discuss your medication options with your doctor. We also include a chapter on coming to terms with medication, which isn't as easy as it sounds, especially when you're experiencing nasty side effects. We offer suggestions on how to minimize these side effects and deal with philosophical and emotional reactions to taking medications to help manage moods.

Part III includes two more valuable chapters. One explains how to expand your treatment options to consider electroconvulsive therapy (ECT), deep brain stimulation (DBS), and alternative and complementary treatments, including dietary supplements, herbs, vitamins, and minerals. In it, we separate fact from fiction so you and your doctor can make well-informed decisions. The final chapter in this part covers the unique diagnosis and treatment needs of women, older adults, and other specific populations.

Part IV: Developing Essential Survival Skills

Bipolar disorder responds best to treatment when those who have it and their loved ones play an active role in mood management. This means getting professional therapy if that option is available, as well as making lifestyle adjustments, improving communication skills, mastering the fine art of problem solving, and having a plan in place for early intervention if an unavoidable mood episode erupts. The chapters in this part are for those who've been diagnosed with bipolar and their loved ones.

If you have bipolar disorder, you can use this part to find out how to identify common warning signs of an impending mood episode and respond quickly and appropriately. We also provide suggestions to help you identify stressors and triggers that affect your moods, restructure your life, care for yourself, incorporate peer support into your recovery, and adhere to the recommended regimen of medication and therapy.

If your loved one has bipolar disorder, you can use this part to discover communication and problem-solving skills that can make you a better support person and help you respond effectively to a mood episode.

Part V: Dealing with the Fallout

Like any natural disaster, bipolar disorder leaves a path of destruction in its wake. A major mood episode often results in hospitalization, missed work or job loss, and financial setbacks. In the chapters in this part, we provide guidance on how to navigate the worst of times and recover your footing.

Part VI: Assisting a Friend or Relative with Bipolar Disorder

If you're reading this book because you have a friend, significant other, or relative with bipolar, this part is for you. We too have family members with bipolar disorder, and we know firsthand how difficult it is to walk the fine line between over- and underinvolvement. The chapters in this part explain what you can and can't do to help, how you can establish an environment of open communication and cooperation with your loved one, and how to prepare for and respond to a crisis. If you have a child diagnosed with bipolar or another psychiatric disorder or if your child is experiencing unexplained behavioral problems at home, at school, or with friends, you don't want to miss Chapter 21, where we explain the challenges of diagnosing, treating, and parenting children with this illness and point out other conditions that must be ruled out before arriving at a diagnosis of bipolar disorder.

Part VII: The Part of Tens

Before you head out to see your psychiatrist or therapist, turn to this section for a quick list of ten questions you should ask during your first appointment with a psychiatrist or therapist and ten tips that can help you manage bipolar.

Icons Used in This Book

Throughout this book, we sprinkle the following icons in the margins to cue you in to different types of information that you may or may not care to see:



If you happen to forget the rest of the stuff in this book, at least remember what we mark with one of these icons.



Tips provide insider insight from behind the scenes. When you're looking for a better, faster way to do something, check out information flagged with this icon.



“Danger, Will Robinson, danger!” This icon appears when you need to be extra vigilant or seek professional help.



Throughout the book, we feature cameos of people living with bipolar disorder. This icon shows you where to meet them.

Where to Go from Here

Think of this book as an all-you-can-eat buffet. You can grab a plate, start at the beginning, and read one chapter right after another, or you can dip into any chapter and pile your plate high with the information it contains.

If you want a quick overview of bipolar disorder, check out the chapters in Part I. Before you visit a psychiatrist for a diagnosis, see Chapters 4, 5, and 22. If you have a friend or family member with bipolar, skip to Part VI. Wherever you choose to go, you'll find plenty of useful information.

Part I

Getting to Know Bipolar Disorder

The 5th Wave

By Rich Tennant



"Watching game shows all day masked the highs, but when I started weeping through the dog food commercials, I knew I had a problem."

In this part . . .

In Part I, we provide a crash course in bipolar disorder. Here, you discover the similarities and differences among the different types of bipolar, including bipolar I, bipolar II, and cyclothymic disorder. You get to know the official signs and symptoms of depression, hypomania, and mania, and you discover how to distinguish between a bad day at work and a bona fide mood episode. You also find out where bipolar disorder comes from, what triggers it, and how likely or unlikely it is that you have it.

To round out the part, we unveil the positive prognosis that accompanies the bipolar diagnosis and the various components that comprise an effective treatment plan — both medication and non-medication treatments that have proven to be effective to varying degrees.