

PROGRAMME
TROUBLES
BIPOLAIRES



BIPOLAR
DISORDERS
PROGRAM

GUIDE FOR FAMILY AND FRIENDS OF PEOPLE AFFECTED BY BIPOLAR DISORDERS

Douglas

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This guide is intended for families, friends and other people who are interested in understanding the different aspects of bipolar disorders. This document is useful for gathering general information on bipolar disorders and is a good conversation starter when discussing this disorder with an affected family member or friend.

Mental illnesses, such as bipolar disorders, have a great impact not only on the lives of patients but also on their family and friends.

The person affected with a bipolar disorder needs you. Your support will help this person objectively analyze the disease and establish useful and accessible goals. Do not hesitate to contact us if you need further information.

BIPOLAR DISORDERS PROGRAM

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6875 LaSalle Blvd., Verdun, Quebec H4H 1R3

Telephone: 514-761-6131, ext. 3301

Fax: 514-888-4466

COMMUNITY RESOURCES

AMI-QUÉBEC

Telephone: 514-486-1448
www.amiquebec.org

REVIVRE

Telephone: 514-738-4873
www.revivre.org

AQPAMM

Association québécoise des parents et amis de la personne atteinte de maladie mentale
Telephone: 514-524-7131
<http://pjinter.net/aqpamm>

WHAT IS BIPOLAR DISORDER?

Bipolar disorders, formally known collectively as manic depression, are a group of disorders that cause mood fluctuations characterized by phases of depression and phases of excitement (mania) that can manifest in response to stress or for no apparent reason. These phases can be of different intensities and interrupted by periods of stability.

Mood fluctuations are a normal part of everyday life. However, for people affected with bipolar disorder, these changes are exaggerated. Their excitement can reach a level of such intensity that they are unaware of their excessive behaviour, or they can suffer so greatly from depression that they become haunted by suicidal thoughts. This state

DEPRESSION

SYMPTOMS

- DEPRESSED MOOD LASTING ALMOST ALL DAY, EVERYDAY AND FOR AT LEAST TWO WEEKS
- TROUBLE SLEEPING (INSOMNIA OR HYPERSOMNIA)
- APPETITE PROBLEMS WITH WEIGHT GAIN OR WEIGHT LOSS
- FATIGUE AND LOSS OF ENERGY
- LOSS OF INTEREST AND PLEASURE
- PSYCHOMOTOR RETARDATION OR AGITATION
- LOSS OF CONCENTRATION OR LOSS OF ABILITY TO THINK OR MAKE DECISIONS
- FEELINGS OF GUILT
- RECURRENT THOUGHTS OF DEATH (60% OF CASES) AND RECURRING SUICIDAL THOUGHTS (15% OF CASES)

WHAT FAMILY AND FRIENDS GO THROUGH

During this phase, family and friends often feel destitute, sad, anxious, angry and powerless. They may even feel guilty for not being able to help the person. The family circle often has to take on an increased work load with overwhelming responsibilities. It is important that the people surrounding the individual take care of themselves to avoid becoming ill. Consequently, do not hesitate to ask for help from other family members and friends in order to deal with this added workload. You must accept that for a certain period of time, not everything will be exactly as it was. It is also important to obtain information regarding depression to gain a better understanding about what your friend or relative is going through.

Often, family members do not know how to speak to the depressed individual. They are afraid of asking too many questions or conversely appearing as though they are uninterested in the person's condition. Try to provide support in your own way and according to your own means. Be patient. Simply acknowledging that depression is a disease will allow your loved one to feel less guilty about his or her behaviour.

HOW TO COMMUNICATE WITH A DEPRESSED PERSON

SPEAK IN A CALM VOICE

CONCENTRATE ON ONE TOPIC AT A TIME

BE PATIENT

SPEAK ABOUT ROUTINE TOPICS AS A WAY TO OPEN DOORS TO COMMUNICATION

DO NOT BLAME THE PERSON

MANIA/HYPOMANIA

SYMPTOMS

- HIGH SELF-ESTEEM AND THOUGHTS OF GRANDEUR
- REDUCED NEED FOR SLEEP
- INCREASED SPEED OF TALKING OR NON-STOP TALKING
- RACING THOUGHTS OR A FEELING OF IDEA OVERFLOW
- INABILITY TO CONCENTRATE, VERY DISTRACTED
- INCREASED SOCIAL, PROFESSIONAL OR SCHOLARLY ACTIVITIES
- PSYCHOMOTOR AGITATION, INCREASED ENERGY LEVEL
- PLEASURE INCREASED TO AN EXCESSIVE DEGREE WITH A HIGH RISK OF NEGATIVE CONSEQUENCES: SHOPPING, SEX OR FINANCIAL INVESTMENTS

DIFFERENCE BETWEEN MANIA AND HYPOMANIA

Mania is defined by the appearance of a significant functional impairment that lasts for a minimum of one week and that can lead to hospitalization or the onset of psychotic symptoms (hallucinations, deliria or paranoia). In hypomania, symptoms last a shorter amount of time, or approximately four days. These symptoms do not cause a significant functional decrease; on the contrary, people in the hypomania phase are often more functional than usual (increased energy, better concentration, more socializing). This phase could seem positive for those with the disorder, but it can also discourage them from seeking or continuing treatment.

WHAT FAMILY AND FRIENDS GO THROUGH

During hypomania and mania phases, family and friends often have trouble following the person's thoughts and understanding what he or she means. They may also find themselves having to rein the person in. Loved ones can become frustrated, angry, and annoyed, which can cause major conflict. Often during the hypomania phase, people around the individual do not recognize that the person is affected by the disorder. The actions of people with a bipolar disorder during a period of mania often leave a lasting effect on relationships, as these periods can lead the individual down high-risk avenues (financially, sexually or professionally). As a family member or friend, you can encourage the individual to avoid overly stimulating situations during these phases. Avoid arguing with the person going through the mania phase because their judgment is often impaired. You can try to make them aware of the inherent dangers of the risky situation, but keep in mind that discussion will be difficult at this phase of the disorder. As a result, you should only talk when the individual is stable in order to establish a plan of action (for example, agree that the person will give you his or her credit card once hypomanic/manic symptoms appear).

HOW TO COMMUNICATE WITH A PERSON IN A MANIC OR HYPOMANIC STATE

DECREASE STIMULATION

KEEP CONVERSATIONS BRIEF

RESOLVE URGENT PROBLEMS IMMEDIATELY

DO NOT TRY TO REASON OR ARGUE

DO NOT BE AUTHORITATIVE BUT REMAIN FIRM,
PRACTICAL AND REALISTIC

CONCENTRATE ON ONE TOPIC AT A TIME

BE PATIENT

WHAT CAN FAMILY AND FRIENDS DO IN THE CASE OF A CRISIS?

- CHECK THE INDIVIDUAL'S MEDICATION
- HELP THE INDIVIDUAL PLAN STRATEGIES TO REDUCE SYMPTOMS
- ENCOURAGE THE PATIENT TO CONSULT HIS OR HER TREATING TEAM
- INFORM THE TREATING TEAM OF THE INDIVIDUAL'S STATE
- IN CASE OF EMERGENCY, CONTACT EMERGENCY SERVICES OR THE POLICE IF THEIR INTERVENTION IS DEEMED NECESSARY

YOUR RIGHTS

If you do not obtain complete satisfaction, do not hesitate to contact:

- The Beneficiaries' Committee at **extension 2286**
- The Ombudsman (Local Service Quality and Complaints Commissioner) at **extension 3287**.

This service is free of charge and completely confidential.

MENTAL HEALTH INFO

For more information on services at the Douglas or on mental illness, visit us at:

www.douglas.qc.ca/mental-health-info