

MANIC DEPRESSION

You will find this info sheet helpful if:

- You have been diagnosed with manic depression
- You are a carer or family member of a person who has manic depression

FAST FACTS ABOUT MANIC DEPRESSION

What is manic depression?

Mood swings between lows and highs
Depressive and manic episodes
Often unaware of behaviour during manic phase

What types of manic depression are there?

Bipolar manic depression
Unipolar manic depression
Hypomania

What causes manic depression?

Genetic predisposition
Stressful life events
Family background
Life problems

What treatment is available?

Medication, e.g. Lithium, Carbamazepine, Olanzapine
Talking treatments, e.g. Psychotherapy, CBT
Crisis response, home treatment teams
Hospital admission
Electroconvulsive Therapy (ECT)

What can I do to help myself?

Local services: social services, voluntary organisations
Day centres, hostels, sheltered accommodation
Self management
Support from friends and relatives

INTRODUCTION

Manic depression is an illness which results in mood swings between low mood (depression) and over-active, excited behaviour (mania). Some people may also see or hear things that others around them don't. About 1% of the general population is diagnosed with manic depression. It affects both men and women equally.

In the manic phase, a person is often unaware of their overexcited behaviour. They may spend money extravagantly and build up debts, sleep very little and talk very quickly. During the depressive phase, they may feel despair, worthless and often suicidal.

There are three sub-groups of manic depression. *Bipolar manic depression* involves both highs and lows. *Unipolar manic depression* is diagnosed in people who have experienced the depressive phase without a manic period. *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 between them. Others have more frequent episodes and some have "rapid cycling" with 4 or more episodes a year.

CAUSES OF MANIC DEPRESSION

There are a number of different theories. Some experts believe that genetics have a part to play. Studies in identical twins show that if one twin has manic depression there is a 70% chance of the other twin being diagnosed with it.

It is understood though that there is usually a stressful "trigger event". This could be for instance a relationship breakdown or money problems. Another theory states that manic depression can result from emotional damage

caused in early life, such as a child being over-protected or over-criticised.

Some professionals would place emphasis on the effects of life problems, reasoning that manic depression is a reaction to overwhelming problems in daily living. This is why talking treatments can be very helpful for some people with manic depression.



A NIAMH RESOURCE

You will also find the following info sheets helpful:

Antipsychotics

Depot Injections

About NIAMH

Beacon Centres

Advocacy



About 1% of the general population is diagnosed with manic depression.

TREATMENT

Manic depression is a diagnosis normally made by a consultant psychiatrist.

The most common form of treatment is medication. Lithium is the most often used drug. Regular blood tests are necessary for anyone on lithium as too high a level can cause toxicity. Other drugs used include carbamazepine and sodium valproate. In addition, some antipsychotic drugs (e.g. haloperidol) may be used for short periods during the manic phase to control distressing symptoms.

Talking treatments may also be helpful. Psychotherapy aims to help people understand why they feel the way they do. Cognitive behaviour therapy has a more practical approach which focuses on changing negative thoughts.

In some areas, there may be crisis response services or home treatment services which aim to provide support in a home setting. However, hospital admission may be necessary to provide a protective environment. Hospital admission is usually voluntary, but in some cases compulsory admission under the Mental Health Order may be necessary.

Electroconvulsive therapy (ECT) may be considered in severe life threatening depression.



ECT may be considered in severe cases of depression



The support of friends and relatives is important.

SELF HELP

Local services, e.g. day centres, social services, community mental health teams and voluntary organisations often provide specific help for people with manic depression. There may be, for instance, a self help group that meets regularly in your area. Community mental health teams can also arrange for a CPN to visit you at home. Hostels and sheltered housing schemes provide a supportive environment so that you can gain confidence and live independently again.

Some people find that they are able to “self manage” their illness. This involves developing skills to recognise and control mood swings. This takes time to learn but can lead to greater self confidence and less reliance of professionals.

USEFUL CONTACTS

Aware Defeat Depression

22 Great James Street, Londonderry, BT48 7DA. Tel: 028 7126 0602—*Helpline 08451 20 29 61*
Mon-Fri 10am - 4pm
www.aware-ni.org

Self help groups

Belfast South Support group: Meets in South Belfast Beacon Centre, Finaghy, Belfast on the 1st & 3rd Tuesday of each month at 7:30pm.

Belfast North Support Group: Meets in the Seminar Room, Dept. of Psychiatry, Mater Hospital every 2nd Tuesday at 7:30pm.

Ballymena Support Group: Meets in Adair Arms Hotel, Ballymoney Road, Ballymena on the 2nd and 4th Wednesday of each month at 7:30pm

Magherafelt Support Group: Meets in The Beacon Centre, 2a Market Street, Magherafelt on 2nd and 4th Wednesdays of each month at 7:30pm

The Manic Depression Fellowship (MDF)

Castle Works, 21 St Georges Road,
London SE1 6ES.
Tel. 020 7793 2600
Fax. 020 7793 2639
www.mdf.org.uk

National Institute for Health and Clinical Excellence

Clinical guidelines CG23 Depression
<http://www.nice.org.uk>



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Insight offers an Information and Listening Ear Service and training in mental health awareness