IN THE MOOD

Bipolar Aberdeen

Spring 2012 Edition 134

Self-Help Support Group Meeting

Hello everyone. It was good to see so many new faces at the last group meeting. It's great to see that the word of the group is spreading and people are keen to come along.

The next self-help group meeting will take place on **Thursday 29th of March 2012** from **7pm-9pm** at the **Midstocket Church Community Centre**, **35 Midstocket Road, Aberdeen**, **AB15 5JL**.

Following dates for meetings are:

April 26th,May 31st,June 28th

Same time and place.

Useful Websites

Bipolar UK e-Community
www.mdf.org.uk/?o=58415

The e-Community provides an opportunity to communicate with others on a wide range of topics related to living with bipolar from your computer. The community is made up of a series of message boards with various topics and also includes a 'general discussion' board for threads on topics not related to bipolar

Bipolar4all
www.bipolar4all.co.uk

A Safe Haven For Anyone Touched By Bipolar Disorder

Coming to terms with a diagnosis of bipolar affective disorder can be a frightening and overwhelming time for not only those who suffer with it, but also for their friends and family. This site, together with the Bipolar4all forum, aims to provide factual information on bipolar affective disorder, treatments available, information and support for anyone affected by bipolar disorder.

Self-Management Training (SMT)

The course is for people with a diagnosis of bipolar disorder and aims to help people identify the triggers for episodes of illness and develop coping strategies. Much of the recovery from bipolar is rooted in the ability of the person to manage the condition.

Bipolar Scotland runs the training course which is modular and teaches people how to recognize personal triggers and early warning signs, which in turn will enable participants to understand how and when to take action to prevent the mood shift from escalating to **severe depression** or **mania**.

The course is modular and the content is as follows:
Module 1 Acceptance
Module 2 Triggers and warning signs
Module 3 Coping strategies and medication management
Module 4 Focusing on the future
Module 5 Bringing it all together

The SMT course is run over two consecutive Saturday's and a follow up session held one month later (again on a Saturday).
For the first two Saturday's the course is run between 10.00 am – 4.30pm. The follow up session on the third Saturday is held between 10am – 12.30pm.

Participants need to be well enough to fully take part in all three days and must be prepared to cover topics which can be challenging.

Please note there is **no cost** for the course. Also lunch and refreshments will be provided.

Bipolar Scotland will run a Self-Management Training course in Aberdeen, on Saturday 12 May, Saturday 19 May with the follow up meeting on Saturday 16 June**, dependant on numbers and interest. If you are interested in taking part please email bipolar.abdn@gmail.com as soon as you can**.

healthyminds

Community Learning

Healthy Minds have been successful in securing funding from the health improvement fund to run a cookery and exercise course.

This would involve 8 weeks cooking with an opportunity for the group to prepare food for a lunch event - perhaps inviting friends and family.

After the cooking programme, for 4 weeks, Healthy Minds will be encouraging people to explore exercise options in their area ie zumba, gym, jazzercise etc
The course will be delivered by a professional chef and focus on nutritionally balanced meals and good food hygiene practices. All costs will be covered by the funding and they can accommodate up to 6 people.

Cookery/exercise course
Starts Monday 16th April 2012
1pm - 3pm
St Mary's Cathedral Halls, Huntly street

Referral Criteria.
In order to engage in Healthy Minds services, participants must have a mental health diagnosis and be at a stage to effectively engage in a group work environment. Additionally, a referral form must be completed for each participant if they have not already done so. I have attached the current referral form, in the email, should you require one.

Should you have any queries please do not hesitate to contact Wendy
wcoutts@aberdeencity.gov.uk

Healthy Minds Team
Mile End Community Wing
Mile End Primary School
Midstocket Road
Aberdeen
01224 498130
Dir dial 01224 498134

Interested in Drama

Bipolar Scotland are looking for anyone who has an interest in taking part in an acting workshop.

They are exploring a project with a writer/director and are looking for volunteers to take part in one or two workshops – which won't be very arduous, but should be great fun. These are likely to take place in April.

Ultimately they would like to see this develop and have a drama that could be performed at this year's conference which will mark our 20th Anniversary as a Scottish charity. They would also be keen to look at the drama being performed at the Scottish Mental Health Arts & Film festival which takes place in October.

They haven't decided on a location for the workshops yet, so don't let that put you off. The project will only be feasible if they get 10-12 people to take part, so don't be shy, come along and see what you can do. If you come to the workshops and don't want to do any more there's no pressure!

If you are interested in taking part please contact the Bipolar Scotland office on 0141 560 2050, or e-mail info@bipolarscotland.org.uk

Keeping On Track

Although bipolar disorder tends to be a lifelong, recurrent illness, there are many things you can do to help yourself. Beyond the treatment you get from your doctor or therapist, there are many things you can do to reduce your symptoms and stay on track.

You're not powerless when it comes to bipolar disorder.

With good coping skills and a solid support system, you can live fully and productively and keep the symptoms of bipolar disorder in check.

ACCEPT YOURSELF

Don't be afraid to accept yourself for what you are. Nobody's perfect, we all have our good points and bad points. Many different things including personality, background, race, gender, religion and sexuality make us who we are. Everyone has something to offer and everyone is entitled to respect, including you. Try not to be too hard on yourself.

GET INVOLVED

Try to meet more people, build a network of friends and get involved in activities. It makes all the difference and will make you feel better. Join a club, socialise more often, do a course - there are many options if you look around.

KEEP ACTIVE

Try to incorporate regular exercise into your daily or weekly routine – even a 30 minute walk makes a surprising difference. It's most effective on the very days when you don't feel your best so try to make the effort even when you don't feel like it. Group activities are great because everyone helps to motivate each other. Regular exercise can help you feel more positive.

EAT HEALTHILY

A healthy diet will not only help the way you feel, but also the way you think. Try to eat regularly and aim to eat a balanced diet every day. Good food is essential for your mind and body to work properly.

KEEP IN CONTACT

As we are busy getting on with our lives we may forget to stay in touch with our friends. Good friends will always be there for each other and we should make the effort to maintain contact. We don't have to cope on our own all the time.

RELAX

Try to make time to relax. Fit things into your day that help you unwind like listening to music, reading, watching TV or treating yourself to a luxurious bubble-bath. Find something that you enjoy that works for you. In a busy workday even 10 minutes of downtime away from your desk can help you manage stress better.

DO SOMETHING CREATIVE

All kinds of creative things can help when you are feeling anxious or low. Activities or hobbies like writing, painting, cooking and gardening can absorb your attention so much that you forget all other negative thoughts. Experiment until you find something that suits you.

TALK ABOUT IT

Anyone can feel isolated and overwhelmed by problems. Talking about it always helps. Even we though sometimes may feel so bad we don't want to bother friends or family, just remember that they care and would want to help. If you feel unable to talk to those close to you, then you can call a helpline such as the Samaritans 08457 90 90 90

ASK FOR HELP

If you were feeling physically sick you would see a doctor – and the same applies to mental health. Don't think that just because a mental health issue can't be seen it doesn't count, or that you are wasting the Doctor's time. It's OK to accept you may not always be able to cope. We all need help from time to time.

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International Impact of Bipolar Disorder Highlights Need for Recognition and Better Treatment Availability

Background

Although several studies report prevalence rates of mental disorders on an international level, the numbers have varied because each study tends to use different methodology and definitions. To remedy this, the World Health Organization's World Mental Health (WMH) survey initiative used consistent data collection methods in 11 countries in the Americas, Europe, Asia, the Middle East and New Zealand. The survey also applied common diagnostic definitions for mental disorders found in the *Diagnostic and Statistical Manual for Mental Disorders (DSM-IV)*.

National Institute of Mental Health (NIMH) researcher Kathleen Merikangas, Ph.D., and colleagues used WMH data to track prevalence rates of three subtypes of bipolar spectrum disorder—bipolar I, bipolar II and bipolar disorder not otherwise specified (BD-NOS). Bipolar I disorder is considered the classic form of the illness, in which a person experiences recurrent episodes of mania and depression. People with bipolar II disorder experience a milder form of mania called hypomania that alternates with depressive episodes. People with BD-NOS, sometimes called subthreshold bipolar disorder, have manic and depressive symptoms as well, but they do not meet strict criteria for any specific type of bipolar disorder noted in the DSM-IV. Yet, BD-NOS can significantly impair those who have it.

The severity and impact of bipolar disorder and bipolar-like symptoms are similar across international boundaries, according to a study partially funded by NIMH. The results were published in the March 2011 issue of the *Archives of General Psychiatry*.

Results of the Study

The prevalence rates of bipolar I, bipolar II and BD-NOS were 0.6 percent, 0.4 percent, and 1.4 percent, respectively, with an overall bipolar spectrum rate of 2.4 percent. The United States had the highest prevalence rate of bipolar spectrum (4.4 percent), while India had the lowest rate (0.1 percent). More than half of those with bipolar disorder in adulthood note that their illness began in their adolescent years.

Across all countries studied, 75 percent of those who had bipolar symptoms met criteria for having at least one other disorder. Anxiety disorders, especially panic disorder, were the most common coexisting disorders, followed by behavior disorders and substance use disorders. Patterns of coexisting conditions were similar across countries.

Less than half of those with bipolar symptoms received mental health treatment. In low income countries, only 25 percent reported having contact with a mental health professional.

Significance

This study provides the first international prevalence data on bipolar disorder using reliable, standardized methodology. It highlights the international impact of bipolar disorder and the need for better recognition and treatment availability. The findings also support the notion that, given its multi-dimensional nature, bipolar disorder may be better characterized as a spectrum disorder.

In addition, because so many people note that their illness began in adolescence — a critical time of life for educational, occupational and social development — early detection, intervention, and possibly prevention of subsequent coexisting disorders and complications should be emphasized.

What's Next

More research is needed to better define the thresholds and boundaries of bipolar symptoms. In addition, further research is needed to better understand why and how the disorder tends to originate in adolescence and persist into adulthood, and how it intersects with coexisting mental disorders.

How ECT helps severely depressed

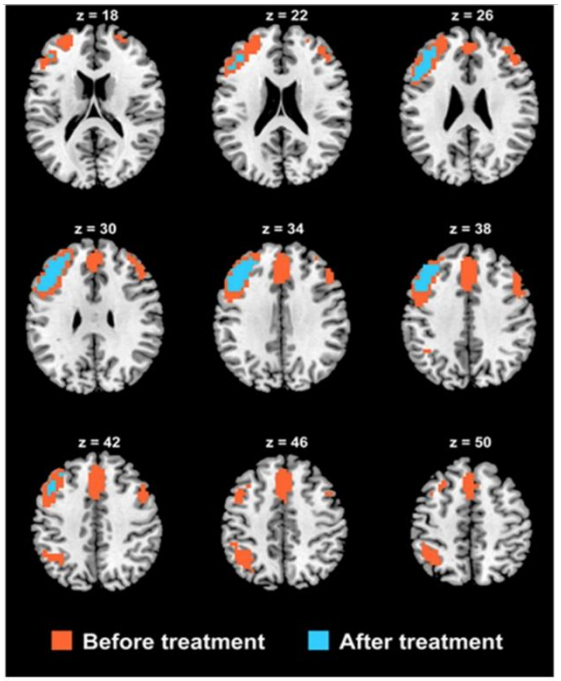
Aberdeen researchers have discovered how a controversial but effective treatment in psychiatry acts on the brain in people who are severely depressed.

Electroconvulsive therapy or ECT - which involves anaesthetising a patient and electrically inducing a seizure - is the most potent treatment option for patients with serious mood disorder.

Despite being used successfully in clinical practice around the world for more than 70 years, the underlying mechanisms of ECT have so far remained unclear.

Now a multidisciplinary team of clinicians and scientists at the University of Aberdeen, Scotland, has shown for the first time that ECT affects the way different parts of the brain involved in depression 'communicate' with each other.

In a paper published in the journal *Proceedings of the National Academy of Sciences* they show that the treatment appears to 'turn down' an overactive connection between areas of the brain that control mood and the parts responsible for thinking and concentrating.



Functional connectivity in severely depressed patients before (displayed in orange) and after ECT treatment (displayed in cyan), showing a substantial reduction in the brain's functional connectivity after treatment

This stops the overwhelming impact that depression has on sufferers' ability to enjoy life and carry out day to day activities.

This decrease in connectivity observed after ECT treatment was accompanied by a significant improvement in the patient's depressive symptoms.

Professor Ian Reid, Professor of Psychiatry at the University of Aberdeen and Consultant Psychiatrist at the city's Royal Cornhill Hospital, led the study which involved using functional MRI to scan the brains of nine severely depressed patients before and after ECT and then applying entirely new and complex mathematical analysis to investigate brain connectivity.

The research involved University colleagues Dr Jennifer Perrin, research fellow in mental health, and Professor Christian Schwarzbauer, Chair in Neuroimaging, who devised the new mathematical method for analysing the connectivity data which enabled the findings to be made.

Professor Schwarzbauer said: "With this new method we were able to find out to what extent more than 25,000 different brain areas 'communicated' with each other and how the brain's internal communication patterns differed before and after ECT treatment in severely depressed patients."

Professor Reid said: "ECT is a controversial treatment, and one prominent criticism has been that it is not understood how it works and what it does to the brain.

"However we believe we've solved a 70 year old therapeutic riddle because our study reveals that ECT affects the way different parts of the brain involved in depression connect with one another.

"For all the debate surrounding ECT, it is one of the most effective treatments not just in psychiatry but in the whole of medicine, because 75% to 85% of patients recover from the symptoms.

"Over the last couple of years there has been an emerging new perspective on how depression affects the brain.

"This theory has suggested a 'hyperconnection' between the areas of the brain involved in emotional processing and mood change and the parts of the brain involved in thinking and concentrating.

"Our key finding is that if you compare the connections in the brain before and after ECT, ECT reduces the connection strength between these same areas - it reduces this hyperconnectivity.

"For the first time we can point to something that ECT does in the brain that makes sense in the context of what we think is wrong in people who are depressed.

(front row) Dr Jennifer Perrin, Professor Ian Reid, Susanne Merz
(back row) Dr Daniel Bennett and Professor Christian Schwarzbauer

"As far as we know no-one has extended that 'connectivity' idea about depression into an arena where you can show a treatment clearly treating depression, changing brain connectivity.

"And the change that we see in the brain connections after ECT reflects the change that we see in the symptom profile of patients who generally see a big improvement."

Researchers now hope to continue monitoring the patients to see if the depression and hyperconnectivity returns. They also want to compare their ECT findings with the effects of other therapies used to treat depression such as psychotherapy and anti-depressants.

Professor Reid added: "Although ECT is extremely effective, it is only used on people who need treatment quickly: either people who are very severely depressed, who are at risk from taking their own life and who perhaps can't look after themselves - or patients who have not responded to other treatments.

"The treatment can also affect memory, though for most patients this is short-lived. We monitor the memory function of all our patients receiving ECT in Grampian, and we find that function returns to normal within a few months.

"Given the impact of depression itself on memory, it is perhaps unsurprising that such a rapidly acting treatment has this effect: certainly, the patterns of brain changes we have observed are consistent with this.

"However if we understand more about how ECT works, we will be in a better position to replace it with something less invasive and more acceptable. At the moment only about 40% of people with depression get better with treatment from their GP.

"Our findings may lead to new drug targets which match the effectiveness of ECT without an impact on memory."

Professor Schwarzbauer added: "The new method we devised for analysing the brain's functional connectivity in depression could be applied to a wide range of other brain disorders such as schizophrenia, autism, or dementia, and may lead to a better understanding of the underlying disease mechanisms and the development of new diagnostic tools."

- The study was funded by the Chief Scientist Office.

Issued by the Communications Team, Office of External Affairs, University of Aberdeen, King's College, Aberdeen. Tel: (01224) 272014.

What happens if someone you care for gets Manic?

If someone close to you is entering a manic phase, you must try to remember to look after your own health, both physical and mental!

Do not enter into argument with someone in mania, they are always right, conserve your stamina and do not "play into" any fantasy. You will need your strength to help the person you care about first to seek medical attention and then to recover from what is an extremely exhausting and frightening episode in both of your lives.

You should not attempt to cope entirely on your own, there are people who can help but you must inform them of the situation first. Contact your G.P., if the person has had previous episodes, work with the medical services, such as a Community Psychiatric Nurse, on a care plan to lessen possible future recurrence.

During the early stages of an episode, try to convince the person that they need help, make an appointment as soon as you can to see their G.P. and encourage them to let you attend with them. If the person has a Community Psychiatric Nurse, contact them as soon as possible. In all likelihood, the person will not believe there is anything wrong with them and may refuse point-blank to speak to anyone about what is happening to them. If this is the case, make contact, write down your concerns – this way you will know what you want to say and not forget anything. If attending the G.P. take someone with you who can support your concerns.

Unfortunately, many episodes end with the person having to go into hospital. Try not to feel guilty if this happens – mania does, at times, have a certain element of "burn out" – after several months the person may simply run out of steam, however, they can leave a trail of devastation behind them and the less time spent "high" the better for everyone.

Some symptoms of Mania to look out for:

- Extreme well-being, inflated sense of self-importance and "full of the joys".
- Rapid, loud and incessant conversation making no sense but delivered with complete conviction.
- Disturbed sleeping pattern and eating habits – no need and no time.
- Excessive use of the telephone, long rambling conversations.
- Spending sprees, grandiose plans and a refusal to acknowledge any attempts at reason, becoming agitated and argumentative.

Referenced from Bipolar Scotland's leaflet on CARERS DEALING WITH Mania

Orange & Chipotle Chicken (Serves 3/4)

It's spring time again, and there's no better time of year to start eating outdoors and making the best of fresh fruit and veg. Here's a Mexican dish that's sure to start your Spring off with a kick and goes well with grilled or roasted vegetables like tomatoes, peppers, onions, sweet corn or eggplant. You can add a fresh salad to bulk it up for cooking for a group and it doesn't take long to prepare so you can have it any time.

Ingredients:

The rub:
1 ¼ tsp. ground chipotle chilli seasoning
1 ¼ tsp. ground chilli powder (as hot as you like)
¾ tsp. ground cumin
½ tsp. salt
Pepper (to taste)

The Sauce:
1 diced clove garlic
1 cup of fresh orange juice
2 tsp. orange zest
4 Tbsp maple syrup
1 tsp Worcestershire sauce

The chicken:
2 tsp. of vegetable (or coconut) oil
4 boneless, skinless chicken breast, rinsed and patted dry, pounded to ½ -inch thick

The Rice
2 cups cooked brown rice
fresh coriander, chopped (to taste)
¼ tsp salt

Directions:
Rinse and pat dry the chicken breast.
Cover with cling film and pound the chicken until it's about ½ inch thick for even cooking.

Cook your brown rice to the specification of your brand. Fill the water so it's at least one inch above the rice to avoid starchy rice. Add the salt before the water comes to a boil and add the coriander once drained.

In a small bowl mix together the rub.
Lay the chicken breast out on a plate in a single layer. Sprinkle the rub over both sides of chicken and massage in.

Preheat a pan over medium high heat. Add the oil and tilt the pan to coat the entire pan. Add the chicken and cook approximately 3 to 4 minutes per side or until the chicken is no longer pink inside. Remove the chicken from the pan and set aside.

Turn the heat on the pan to low.
Add just a drop of oil to the pan and add the garlic. Saute for just one minute.
Add the orange juice and maple syrup and stir constantly for a minute. Add the orange zest and stir.
Add the chicken back to the pan. Turn the heat back up to medium and stir for an additional minute to make sure the chicken is hot.

Serve the chicken over the rice and spoon the juices from the pan over the dish.
Enjoy!