



Bipolar Aberdeen news

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

Following dates for meetings are:

January 31st and February 23rd

Same time and place but there will not be a meeting taking place in December.

Saturday Social Group

The social gathering group was held on **Saturday 29th September** at the **Aberdeen Art Gallery.** Future gatherings will be communicated when confirmed.

Online

Remember you can always check out our website for information about meetings, the social group and for news and events.

www.bipolaraberdeen.org.uk

And you can follow us on facebook at:
www.facebook.com/BipolarAberdeen



Bipolar Scotland Conference 2012

Bipolar Scotland held their AGM and 20th Anniversary conference on the 15th of September in Glasgow.

The Menzie's hotel was full with those coming to sit in on the AGM meeting and take part in very interesting workshops.

The key speakers were Dr Margaret Thomas, the original founder of the Manic Depressive Society who regaled everyone with the challenges and ultimate rewards of her work, and Professor Andrew McIntosh of Edinburgh University who described very current efforts to grow brain cells from people with bipolar disorder in efforts to understand the individual effects of medication.

And alas, It was at the AGM that our very own long serving Marcus White was awarded with the Volunteer of the year award and I'm sure we can all agree that Marcus' contribution to Bipolar Aberdeen has made it what is it today and his award was very much well deserved.

We hope Marcus all the best in his new ventures and hope he knows he will be missed.

20 tips for beating bipolar disorder

The following tips by Dr Danny Smith (May, 2012) are from the Bipolar Scotland 2012 conference pack. We all thought that it was such a great list that we wanted to share it with you.



1. Keep a mood diary: monitor and record your mood, energy and anxiety levels every day
2. Eat a healthy balanced diet (oily fish, fruit and vegetables and not too much saturated fat)

3. Avoid recreational drugs
4. Avoid gambling
5. Drink alcohol only in moderation



6. Exercise regularly and try to walk rather than drive or take the bus

7. Learn some anxiety management/ relaxation techniques and practice them every day

8. Make a list of the pros and cons of taking medication
9. Make a list of the pros and cons of not taking medication



10. If you are taking medication, make a plan for how you will remember to take it every day

11. Have a regular bedtime routine – go to bed at the same time every night and wake up at the same time every morning

12. Aim for 8 hours sleep per night

13. Get to know your early signs of relapse (depression and mania)



14. Enlist the help of relatives/ carers in spotting early signs of relapse
15. Make a plan with relatives/ carers for how to get help sooner rather than later
16. Build a social network of family and friends you know will look out for you
17. When feeling low, seek out the company of other people and make an effort to do something that makes you feel better
18. When you have an impulse to start an ambitious new project, write down your plans and re-visit them in 24 hours (they might not seem like such a great idea!)
19. Recognise the potential advantages of having bipolar disorder (energy, creativity, productivity, etc)
20. Acknowledge that you have a problem with mood swings but don't let bipolar disorder define you and get on with your life



Mirror by Sylvia Plath



**I am silver and exact. I have no preconceptions.
 Whatever I see I swallow immediately
 Just as it is, unmisted by love or dislike.
 I am not cruel, only truthful--
 The eye of a little god, four-cornered.
 Most of the time I meditate on the opposite wall.
 It is pink, with speckles. I have looked at it so long
 I think it is a part of my heart. But it flickers.
 Faces and darkness separate us over and over.**

**Now I am a lake. A woman bends over me,
 Searching my reaches for what she really is.
 Then she turns to those liars, the candles or the moon.
 I see her back, and reflect it faithfully.
 She rewards me with tears and an agitation of hands.
 I am important to her. She comes and goes.
 Each morning it is her face that replaces the darkness.
 In me she has drowned a young girl, and in me an old woman
 Rises toward her day after day, like a terrible fish.**

Bipolar Disorder and Pregnancy

Having a child can raise many questions when you are also dealing with Bipolar, such as whether you can pass Bipolar on to your child and how any medications you may be taking could have an affect on the development and health of your child.

In recent studies it has been shown that 1% to 3 % of the general population have bipolar disorder in one form or another. When either parent is bipolar, however, that risk increases to 15%.

In regards to being pregnant and taking medications, there are relatively few studies done on the newer medications that are in use currently, but, the information available suggests strongly that if at all possible, medications should be avoided in the first trimester of pregnancy, that is the first three months.

This is the time that the foetus develops their internal organs like the brain, spinal cord, lungs, heart, liver, kidneys, intestines and stomach. For this reason, the following tips have been suggested:



Before becoming pregnant, discuss the possibilities thoroughly with your psychiatrist and your gynaecologist. They must both have a good understanding of your disorder and the effects of medication at different times of the foetal development, labour and delivery, postpartum and breast feeding issues.

If possible your medication can be titrated or slowly decreased until you are off the medication altogether. It is best to wait a one month period as a safety zone between taking your last medication and trying to conceive.

Most medications are passed through the breast milk. Because of this, breast feeding issues must also be discussed with both the psychiatrist and neonatal doctor to weigh the benefits of both the mother and child if the mother is to continue medications or resume them after delivery.

Psychosis is the greatest risk of all to both the mother and the foetus. If the risk of returning episodes of extreme mania or depression increases, it is in the best interest of both the mother and the foetus to resume medications. Psychotic illness episodes in unmedicated pregnant women are four times more common. Poor nutrition, hypersexual activity (increased risk of contracting a sexually transmitted disease such as HIV), refusal of prenatal care, impulsive decisions, and inability to cope with complications of pregnancy are the most common episode induced behaviours.

Bipolar Disorder and Pregnancy

In general, the risks of foetal complications have been shown to be lower than once thought.

However, if it has been deemed that the mother must continue medications for her safety and the safety of the foetus, then it far outweighs the risks of being unmedicated.



Many of the newer medications have not had complete studies done on human pregnancies. Be sure to consult with a trusted Healthcare Professional regarding pregnancy and your medication. This information should be used as a guide; always seek informed opinions regarding your health and life choices that may impact on your well-being.

According to Dr. Laura Miller, Assistant Professor of Psychiatry at the University of Illinois, many of the older studies done on pregnancy and psychiatric medications are flawed because they did not take into consideration the following factors: nutritional status of the mother, physical and emotional stresses during the pregnancy, maternal age and environmental factors such as exposure to toxic chemicals and smoking by the mother.

Common side effects of psychiatric medications on pregnancy include, increase risk of miscarriage, increased risk of premature birth and increase risk of physical and behavioural malformations due to the effect many of the medications can have on the developing neurotransmitters (nerve endings).

Lithium is best avoided in the first trimester, if possible, but is much safer in the second and third trimesters. It must be reduced to 50% during labour to prevent fluid retention. If the mother develops any respiratory or breathing problems, the medication must be discontinued.

Depakote (valproic acid) and Carbamazepine (tegretol) have both been shown to cause an increase in neural tube defects by 4-6%, mainly spina-bifida, (malformation of the spinal column), and should be avoided in the first trimester, they are safer in the second and third trimester.

If Carbamazepine is used then the mother should be given vitamin K in the last month of pregnancy and the newborn given a one time shot of vitamin K at birth. Both Carbamazepine and Depakote may cause convulsions in the newborn, as a result of withdrawal, on the other hand, if the mother breast feeds, this risk is greatly reduced. Both have been shown to be safer overall for the newborn during breast feeding, nonetheless, blood levels on the newborn are necessary.

Current Bipolar Disorder Research

Improvements in Unipolar and Bipolar Depression Following Deep Brain Stimulation

A new study shows that deep brain stimulation (DBS) is a safe and effective intervention for treatment-resistant depression in patients with either unipolar major depressive disorder (MDD) or bipolar disorder (BP).



"Depression is a serious and debilitating medical illness," says Mayberg. "When we found that the potential for effective and sustained antidepressant response with DBS for patients with otherwise treatment resistant major depressive disorder was high, the next step was to determine if patients with intractable bipolar depression could also be successfully treated."

An earlier study by Mayberg done in Toronto in collaboration with scientists at Toronto Western Hospital, University Health Network and Emory, was the first to show such results for patients with treatment-resistant major depressive disorder. Mayberg conducted this new expanded trial to include patients with bipolar disorder.

Bipolar disorder is characterized by bouts of mania or hypomania alternating between episodes of depression. Although not all people with bipolar disorder do not have full manic episodes, depressive episodes are frequent and intense, and there is a high risk of suicide. A major challenge in treating bipolar depression is that many antidepressant medications may cause patients to "switch" into a hypomanic or manic episode.

DBS uses high-frequency electrical stimulation targeted to a predefined area of the brain specific to the particular neuropsychiatric disorder. Here, each study participant was implanted with two thin wire electrodes, one on each side of the brain. The other end of each wire was connected under the skin of the patient's neck to a pulse generator implanted in the chest - similar to a pacemaker - that directs the electrical current.

Study participants received single-blind stimulation for four weeks (patients did not know if the DBS system was on or off), followed by active stimulation for 24 weeks. Patients were evaluated for up to two years following onset of active stimulation.

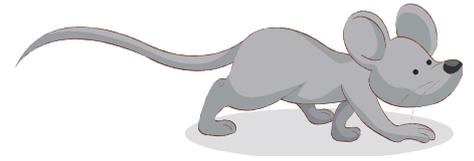
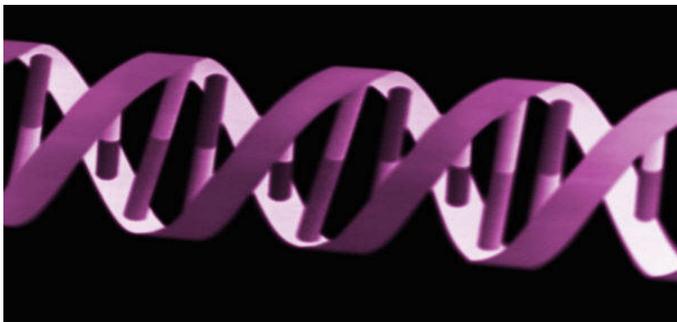
A significant decrease in depression and increase in function were associated with continuing stimulation. Patients who achieved remission did not experience a spontaneous relapse. Efficacy was similar for Major Depressive Disorder and Bi-Polar patients, and no participant experienced a manic or hypomanic episode.

Current Bipolar Disorder Research

Discovery of the Molecular Root Cause of The Euphoric Phases That Occur In Bipolar Disorder

Individuals with bipolar disorder are on an emotional rollercoaster. During depressive phases, they suffer from depression, diminished drive and often, also from suicidal thoughts. The manic episodes, however, are characterized by restlessness, euphoria, and delusions of grandeur. The genesis of this disease probably has both hereditary components as well as psychosocial environmental factors.

"It has been known that the NCAN gene plays an essential part in bipolar disorder," reports Prof. Dr. Markus M. Nöthen, Director of the Institute of Human Genetics at the University of Bonn. "But until now, the functional connection has not been clear." In a large-scale study, researchers led by the University of Bonn and the Central Institute of Mental Health in Mannheim have now shown how the NCAN gene contributes to the genesis of mania. To do so, they evaluated the genetic data and the related descriptions of symptoms from 1218 patients with differing ratios between the manic and depressive components of bipolar disorder.



A team working with Prof. Dr. Andreas Zimmer, Director of the Institute of Molecular Psychiatry at the University of Bonn, examined the molecular causes effected by the NCAN gene. The researchers studied mice in which the gene had been "knocked out." "It was shown that these animals had no depressive component in their behaviours, only manic ones," says Prof. Zimmer. These knockout mice were, e.g., considerably more active than the control group and showed a higher level of risk-taking behaviour. In addition, they tended to exhibit increased reward-seeking behaviour, which manifested itself by their unrestrained drinking from a sugar solution offered by the researchers.

Finally, the researchers gave the manic knockout mice lithium - a standard therapy for humans. "The lithium dosage completely stopped the animals' hyperactive behaviour," reports Prof. Zimmer. So the results also matched for lithium; the responses of humans and mice regarding the NCAN gene were practically identical. It has been known from prior studies that knocking out the NCAN gene results in a developmental disorder in the brain due to the fact that the production of the neurocan protein is stopped. "As a consequence of this molecular defect, the individuals affected apparently develop manic symptoms later," says Prof. Zimmer

10th Anniversary of World Suicide Prevention Day

Monday 10 September 2012 marked the 10th anniversary of World Suicide Prevention Day and the efforts of ten years of research, prevention, education and dissemination of information. The efforts of this decade are founded on research evidence that we can prevent suicide. Indeed, the most important aim of this initiative, organized by the International Association for Suicide Prevention (IASP) in collaboration with the World Health Organisation (WHO), is raising awareness among the scientific community and the general population that suicide is preventable. Hence we must reduce the stigma and silence that still surrounds it.

Suicide Self help Tips

Learn 'distress tolerance' skills – these can help you survive when in crisis and support your ongoing mental health. Dialectical Behavioural Therapy gives lots of suggestions for accepting distress, soothing yourself and beginning to think more clearly. See Mind's online booklet 'Making sense of Dialectical Behavioural Therapy', and www.dbtselfhelp.com

Give yourself a break – and take a break from yourself. If your attention is focused mainly on your distress, try instead to notice the world around you. Like any new habit, it may take effort at first, especially if you feel cut off and disconnected. Set yourself goals for engaging with other people and beginning new activities.

Get healthier – regular exercise like walking, running and swimming will lift your spirits and make it easier for you to sleep better. Yoga and meditation can energise you and help to reduce tension. Food also influences your mood directly. When you are less anxious, your appetite may return and you could begin to eat healthier foods. If you have been misusing alcohol and drugs, cutting down on these will make your mind clearer and better able to focus on how to help yourself.

Express yourself – you might like to write down your thoughts, feelings and achievements (however small) in a daily diary. Over time, this can give you fresh insight and increase your ability to respond to your difficulties differently. Alternatively, creating artworks based on your feelings can also

be a powerful tool. Learn from others – reading about how other people have managed difficult times is usually inspiring. Self-help books can suggest ways to improve your self-esteem and take you through practical problem-solving exercises. You may be able to get self-help books on prescription from your GP.

Can things improve?

Just as your suicidal feelings took time to emerge, so it will take a while for them to recede. Live from day to day and don't expect too much of yourself. Even if you can't see a way forward now, you can be certain that the way you are thinking and feeling about things will change.

If you experience feelings or thoughts about suicide you could consider talking to a family member or friend you can trust. Being open and honest with someone can give you the space to think and take some of the weight of your shoulders. You can even talk to a GP or your CPN if you have one.

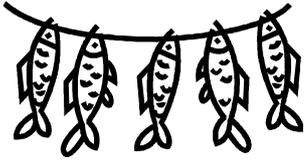
Alternatively you can call:

**The Samaritans: 08457 90 90 90
(24 Hours)**

Or

**Breathing Space: 0800 83 85 87
(Mon – Thurs 6pm till 2am & from 6pm Friday to 6am Monday)**





A healthy body = A healthy mind

Can the food we eat make a difference on our mental health?

Fatty Fish

Fatty fish, such as salmon, lake trout, albacore tuna, halibut, mackerel and sardines, provide rich amounts of omega-3 fatty acids -- healthy fats that promote positive heart health and brain function. According to research published in "European Neuropsychopharmacology" in May 2007, omega-3 fats may also improve symptoms of bipolar disorder. In the study, children with bipolar disorder were given omega-3 fatty acids daily for eight weeks. At the end of the study, researchers observed modest improvements in manic symptoms. Fatty fish also provide nutritious alternatives to saturated fat-rich protein sources, such as red meat.

Whole Grains

Whole grains are grains that contain all nutritious components of the original grain plant. As a result, whole grain foods provide more nutrients, fibre and protein than refined grain foods, and have a more positive effect on your blood sugar and energy levels. Since "junk" foods may disrupt mood balance, according to Julie A. Fast and John Preston, authors of "Taking Charge of Bipolar Disorder," go for whole grain foods more often. Increasing your whole grain intake may also help prevent or reduce cravings for sweets and processed snack foods. Examples of nutrient-rich whole grain foods include long-grain brown rice, wild rice, 100 % whole grain breads and cereals, oatmeal, barley soup, quinoa, and air-popped popcorn

Fruits and Vegetables

Fruits and vegetables supply rich amounts of antioxidants -- nutrients that help protect your body from infections and diseases that may trigger or worsen bipolar disorder symptoms.



Research findings recommend leafy greens in particular, as nutrient-rich foods for bipolar disorder patients, and fresh fruit as fibre-rich sweet alternatives to desserts. Consume a variety of whole, colourful fruits and vegetables, which tend to provide greater nutritional and blood sugar balancing benefits than juices and canned fruit stored in syrup.

Lean and Protein-Rich Foods

Protein-rich foods enhance brain function and, since they digest slower than carbohydrate-containing foods, have a mellowing impact on your blood sugar levels. Protein-rich foods, such as lean meats, poultry and low-fat dairy products, are valuable sources of vitamin B12 -- a nutrient that may be deficient in people with bipolar disorder, according to the University of Maryland Medical Centre. Plant-based protein sources, such as beans, lentils and tofu, provide additional heart-healthy alternatives to fatty red meats and processed meats. Incorporate lean protein-rich foods into nutritious, balanced meals routinely for best potential results.



For more advice on dietary effects of foods and drinks check out:

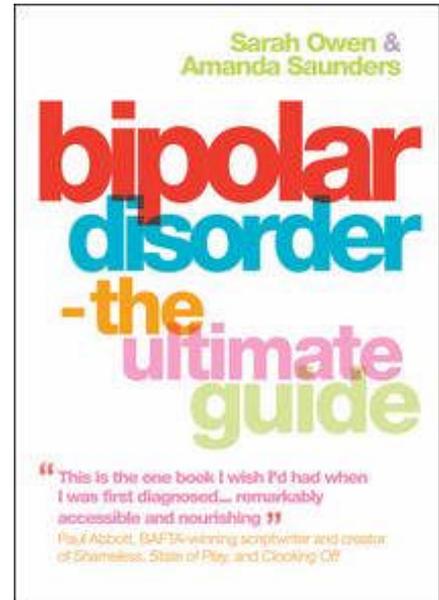
<http://www.bipolar-lives.com/diet-and-manic-depression.html>

Recommended Books

Bipolar disorder: The Ultimate Guide by Sarah Owens & Amanda Saunders

The Ultimate Guide is exactly that. This book provides in depth information and personal stories of those who have experienced bipolar in an easy to read question and answer format.

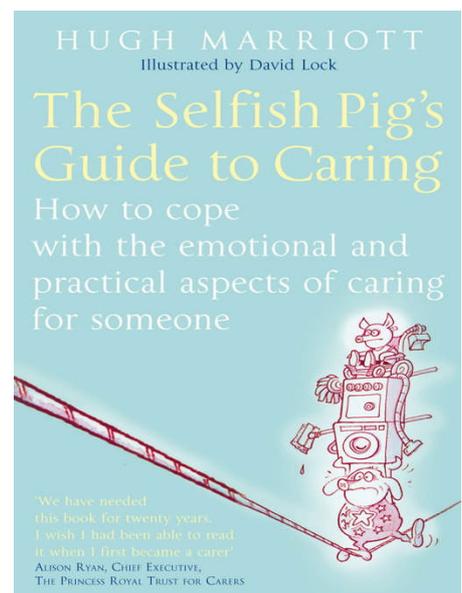
Contents range from diagnosis, support and living with bipolar disorder to give an extensive overview to provide you with information whether you've been newly diagnosed, lived with bipolar for some time or just want to know more.



The Selfish Pigs Guide to Caring by Hugh Marriott

The Selfish Pig's Guide to Caring is highly recommended for those who have a relative, or someone they live with who has bipolar disorder. The author speaks from his personal journey of caring for his wife and allows a sense of humour into the world of caring.

This guide aims to empower those who provide care through understanding themselves and the role they play in easy to read terms.



Autumn Recipe

For a healthy autumnal supper that is easy and quick to make try this recipe.
The recipe includes healthy salmon, broccoli and pasta.

Creamy Salmon Pasta

This recipe serves 4 people and takes approximately 20 minutes to prepare.

Ingredients required:

300g of Penne or Rigatoni Pasta (whole wheat varieties available)
350g of Broccoli, cut into small florets
300g of boneless, skinless salmon fillets (about 2 fillets)
150g pack of soft cheese with garlic and herbs (Philadelphia Light option to reduce calories)
142ml carton of single cream
2 tablespoons of sun-dried tomato paste/puree



Method

- Cook the pasta according to the packet instructions.
- Add the Broccoli to the water for the last 3 minutes of cooking.
- Put the salmon fillets in a frying pan, season and just cover with water.
- Bring to the boil, then simmer for 6 minutes until the flesh flakes easily with a fork. Using a slotted spoon transfer to a warm plate.
- Mix the soft cheese with the cream and the tomato paste to make a smooth sauce, season to taste.
- Drain the pasta and broccoli, then tip back into the pan.
- Pour in the sauce and stir well.
- Flake the salmon into large chunks and gently mix into the pasta.
- Transfer to a warm serving bowl and season with black pepper before serving.

Nutritional Information:

Per serving 586 calories, protein 33g, carbohydrate 61g, fat 25g, saturated fat 6g, fibre 5g, added sugar none, salt 0.53g

For a simple dessert how about stewing a Bramley apple, adding some seasonal blackberries and topping with custard for a weekend treat. Enjoy.