

# ON THE LEVEL

Issue 58

Summer 2011

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And Finally .....

## Welcome to the summer edition of On the Level.....

This year Bipolar Scotland will launch Scottish Bipolar Awareness Week, beginning with our national conference on 17th September.

Our main focus during the week will be to raise awareness of the condition and we'll be staging events in Aberdeen and Edinburgh.

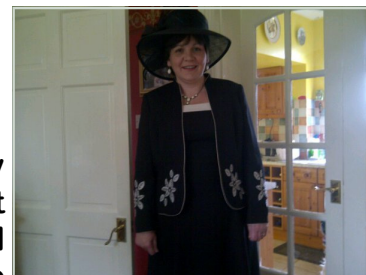
We're also launching an advertising campaign using buses on several routes in Glasgow, Edinburgh and Aberdeen so watch out for that. The advertising campaign will start around the middle of August and run till the second or third week in October. This is how the buses might look:



If you haven't booked a place at this year's conference yet, you'll find a booking form with this edition. Get your form in to the office as soon as possible as we only have 100 places and almost half of these have already been booked by phone in response to the flyer we sent out with our spring issue. Forms for choosing workshops will be sent out to everyone nearer the time. Places will be allocated on a first come, first served basis and we look forward to seeing you all there.

# Update 1

## CHIEF EXECUTIVE'S CORNER



I have just had the honour of attending the Queen's Garden Party at Holyrood Palace. While the invitation was received as a result of my involvement in Girls' Brigade I made sure I went armed with a supply of Bipolar Scotland business cards! And I was able to put these to good use, when I spoke to Alex Salmond – as our core funding is received from the Scottish Government, it can only be useful to have the First Minister aware of who we are. A nice wee variation on daily life and a great opportunity to people watch with some fabulous outfits on show. I've let Tilda use a photo of me which was taken on the day in my finery JUST THIS ONCE! *(Aye, right—watch me. No telling where that pic could end up!! T.)*

As usual we're having a busy time in the Bipolar Scotland office. It's been great to hear from lots of members, and some non-members who are planning fundraising ventures – these include cheese and wine parties, race nights, kayaking and sky diving. Thanks to everyone who is thinking of us in this way – every penny we receive in donations is put to good use and very much appreciated. If anyone would like to sponsor our intrepid kayaker and sky diver please let us know at the office or for Alexandra's skydive go to the following link:

[http://www.charititrust.org/members\\_data/event/alexandraskydives/index.html](http://www.charititrust.org/members_data/event/alexandraskydives/index.html).

We are delighted to be moving ahead with our marketing and publicity group and working with Jill Brown. Awareness was definitely raised in April when Catherine Zeta Jones made public her diagnosis of bipolar disorder and we had members interviewed and quotes in the Daily Record and the Herald. Some of our members were also featured in a very in depth article in Scotland on Sunday's Spectrum magazine. This all helps the public profile and to make people aware of what it means to have a diagnosis of bipolar disorder. We have decided to launch a Scottish Bipolar Awareness Week at our conference on 17<sup>th</sup> September, so if you would like to do something to mark the week in your area please let us know, and we can see how we can help and give you a supply of information. As well as the conference, which is in Glasgow, we are hoping to have events in Edinburgh and Aberdeen, and other organisations helping out in different parts of the country.

We have also applied to do a street collection around Hampden when Scotland play the Czech Republic on 3<sup>rd</sup> September, so if you or any family and friends are able to help with that please let us know.

And as always, please get in touch with Tilda, Alan, Aileen or myself at the office if there's anything you want to ask us, or tell us, or any way in which you feel you can get involved – I'm sure there are lots of skills and talents among the membership that we're not aware of. As a national organisation with only four staff, anything you can do for your organisation is very appreciated.

I'm off for two weeks in the north of Scotland now – in Moray, my favourite part of the country, with fingers crossed for an improvement in the weather. Have a great summer whatever you're doing.

*Alison*



## A MESSAGE FROM OUR CHAIR

The summer period is normally a quiet one – but not in Bipolar Scotland! Staff and Directors continue to work on a range of activities and to plan for some very exciting activities that will take place in the Autumn.

We have recently launched a new Facebook page. This is a great place to keep up with what's going on in the organisation, and to give us your views on any of the articles and features which are mentioned there. I know not everyone uses Facebook, but those who do should come along and “like” us at Bipolar Scotland.

A great deal of work has been put in over recent months to improving our media presence. Many members have talked to Jill Brown, our hardworking media consultant, and she continues to work to get positive stories about those of us who have bipolar disorder into a wide range of publications.

In July, The Herald published an article from Dr Laxmi Kathuria, a Glasgow psychiatrist (and former star of River City!). It was titled ‘Forever Fighting the stigma of mental illness’ and contained a strong argument for greater understanding of the impact that the condition can have on our lives.

Entries have now closed for our Poetry Competition, organised as part of the Scottish Mental Health Arts and Film Festival. There has been a tremendous response, and I'm looking forward to taking part in the judging panel along with the well known poet Tom Leonard and the equally well known author Anne Donovan. The winners will be announced in an event at the Centre For Contemporary Arts on Saturday 15 October. Contact the office if you would like to come along.

We are looking forward to our annual Conference, which will take place on Saturday 17 September in Glasgow. We will have our usual mix of good guest speakers, interesting and informative workshops and the chance to catch up with friends over lunch. So get your booking form in soon!

And the day will also see our Annual General Meeting, where we present our report and accounts for the last year. New members will also be elected to the Board of Directors. Are you considering standing for election? We are always keen to have new members involved and to make the Board as representative of the membership as we can.

As you will have seen on the front page, the week after the Conference will be Scottish Bipolar Awareness Week and we will be running a number of events in different parts of the country, as well as using an advertising campaign to publicise the week. This is the first time we have done this and I'm looking forward to seeing what impact we can have. As I said, it's a busy summer in Bipolar Scotland!

As always, my thanks to my fellow Directors and to our tremendous staff team for all the work they do for the organisation.

**Gordon Johnston**

# Regional Roundup



## NEWS FROM THE SUPPORT GROUPS

**Aberdeen:** Bipolar Aberdeen is holding self-help group meetings on the last Thursday of the month, 7pm – 9pm, Midstocket Church Community Centre, 35 Midstocket Road, Aberdeen. The group is open to people who experience bipolar disorder and carers.

**East Kilbride:** 3<sup>rd</sup> Tuesday of the month, 7pm – 9pm, Calderwood Hall, Blackbraes Road, East Kilbride. Greg Burgess from Choose Life will be the guest speaker for the July meeting and Dr Laxmi Kathuria will be the guest speaker for the August meeting.

**East Lothian:** 3<sup>rd</sup> Monday of the month, 6.30pm – 8.30pm, Tynepark Resource Centre, Poldrate, Haddington. New members welcome.

**East Renfrewshire:** 4<sup>th</sup> Wednesday of each month, 6.30pm-8pm, at Sandlers Cottage, Eastwood Park, Giffnock. Dr Laxmi Kathuria recently gave an informative talk on the symptoms and treatment of bipolar disorder. For the July meeting the group will have a talk from Dr Simon Kyle, University of Glasgow, on “sleep” and how it can affect people who experience bipolar disorder.

**Fife:** 2<sup>nd</sup> Tuesday of the month, 7pm-9pm, at The Express Group, 110 Rosslyn Street, Kirkcaldy. The group also has its own website on [www.cfbg.co.uk](http://www.cfbg.co.uk), which has information on forthcoming meetings.

**Glasgow:** 2<sup>nd</sup> & 4<sup>th</sup> Monday of each month, 7.30pm-9.30pm, at the Charlie Reid Centre, Elmbank Street, Glasgow.

**Inverclyde:** 3<sup>rd</sup> Thursday of the month, 6.30pm – 8.30pm, Craigend Resource Centre, McLeod Street, Greenock.

**Inverness:** 4<sup>th</sup> Wednesday of the month, 6.30pm – 8pm at Cairdeas Cottage, 5 Bank Street, Inverness.

**Irvine:** 1<sup>st</sup> Tuesday of the month, 7pm – 9pm, Woodlands Centre, Kilwinning road, Irvine. The group recently had a talk on bipolar disorder from Dr Laxmi Kathuria. For the July meeting there will be a talk on Welfare Benefits. Further talks are also being planned.

**Lothian:** 1<sup>st</sup> Thursday of each month, 7pm – 9pm, Quaker Meeting House. For the July meeting the guest speaker will be Mari Anderson. Mari works as a Community Psychiatric Nurse in Edinburgh and will be talking on using recovery focussed interventions. For the August meeting only the group will be meeting at the Central Library, George IV Bridge Road at 7pm. For the month of August the Quaker Meeting House will be used as a venue for the Edinburgh Festival.

**Stranraer:** 3<sup>rd</sup> Wednesday of the month, 7pm – 8.30pm, Fire Station, Lewis Street, Stranraer. The group has arranged a speaker on Welfare Rights for its August meeting.

# Regional Roundup

**Stirling:** 2<sup>nd</sup> Wednesday of the month at the Allan Park Hotel, Stirling, between 7pm – 9pm. Rebecca Litts who has facilitated the group for a number of years, has had to give up this role due to a change in her work responsibilities. We would like to thank Rebecca for her commitment to the group over the past few years.

**Perth:** 4<sup>th</sup> Monday of the month, 7.30pm – 9pm, at the offices of the Perth Association for Mental Health. Dr Lisa Gadon was the guest speaker for the June meeting. Lisa spoke about psychological therapies that are used in the treatment of mental illness. Leanne Stephen who has acted as the group facilitator for the past year has now moved to Australia. We would like to thank Leanne for her input to the group meetings over the past year. The new facilitator for the Perth group will be Victoria Ross. We would like to wish Victoria well in her role as group facilitator.

**Future Plans:** We have just made arrangements to start a new group in Dumfries. The first meeting will be on Tuesday 9 August 2011, 2pm - 4pm, Kaleidoscope, Bankhead Road, Dumfries.

We are also in the process of setting up an LGBT group in Glasgow. Once meeting details have been established for this group they will be advertised on the Bipolar Scotland website [www.bipolarscotland.org.uk](http://www.bipolarscotland.org.uk)

We are also looking at the possibility of restarting a group in the Borders area. Again, once meeting details have been established we will advertise the group meetings on the Bipolar Scotland website.

**Alan & Aileen**



**Stephen Fry is to become the new president of Mind.**

Stephen Fry has been appointed new president of Mind, succeeding Lord Melvyn Bragg who is to step down after fifteen years in the role.

Fry has supported the charity for a number of years and was named Mind Champion in 2007 for his award-winning documentary *The Secret Life of a Manic Depressive*.

Mind's chief executive Paul Farmer said: "I am thrilled that Stephen Fry is to become the next president of Mind. He has already done much to reduce the stigma around mental health through his television documentary and his writing, honestly describing his experiences of bipolar disorder. I am certain that he will prove to be an inspiring leader of our charity and will continue to provide hope and inspiration to anyone who experiences a mental health problem.

This is an exciting time in mental health as we start to see real changes in attitudes and I know that Stephen will be instrumental in helping us to continue the momentum that we have built up under Lord Bragg's leadership".

# Features 1



## **Alastair Campbell gives his reaction to the news that Catherine Zeta –Jones is bipolar.**

In an ideal world, it would not take a film star to get the media focused on mental illness. But we don't live in an ideal world, we live in a celebrity culture where Catherine Zeta-Jones being treated for bipolar disorder soars to the top of news websites' "most viewed", and relegate Andrew Lansley's woes or even David Cameron's pre-election views on immigration.

I am an ambassador for Time to Change, the campaign to change attitudes on mental illness, to break down the stigma and taboo which still surround it. It appears to be having some success: when England cricketer Michael Yardy left the World Cup because of depression, the "pull yourself together what has he got to be depressed about?" brigade were in the minority. There is greater understanding, but still stigma. Some people with mental illness say the discrimination can be worse than the symptoms.

What the mental health charities find deeply frustrating is that they can only get on the media via celebrities. If Zeta-Jones had been diagnosed with cancer, we would be talking about cancer. It is as though the celebs attached to an issue lead a debate, rather than the issue and how it affects millions of people. There is a danger that focus on famous people tends to get in the way of one of our central messages – it can happen to anyone – or that it reinforces one of the myths, that mental illness hits "creative, achieving people".

But if you are the charity in question, trying to raise your profile so as to raise funds and awareness for the services you provide, you have to play the game. I was inundated with media bids and the charities wanted me to take them up. Isn't it better if a doctor or a nurse goes up? Ah, but they want a name.

So here's an idea for the Guardian. Take Catherine Zeta-Jones as the "peg" – but open a few pages of G2 to fellow sufferers most of us have never heard of. The charities will help find them. Then your readers will see that not all bipolar sufferers look like Stephen Fry or Catherine Zeta-Jones ... They look like the woman next door, the guy on the bus, the colleague across the office, the kid you met on holiday last year.

One in four of us will have a mental illness at some point. That is a lot of people. Very few are film stars. Zeta-Jones will help raise the profile of the issues, whether she wanted it that way or not. That should lead to better understanding. But as I said when I spoke to the Royal College of Nursing on Wednesday about mental health, including my own issues of breakdown and depression, better understanding must be an accompaniment to good treatment, not a substitute.

I join the many others who wish her well and thank her for the support her name will lend our campaign. But there are people with the same illness who cannot get the support they need, who still feel they have to lie about their condition to get or keep a job, and who really worry about the impact of government cuts and reforms that will fundamentally change the way mental health services are run. Those issues should be getting an airing regardless of celebrity support or involvement.

*This article first appeared in The Guardian on 14 April 2011.*

# Features 2

**Another take on the Catherine Zeta Jones revelations from a “blogger” on Twitter who goes by the name of Grumpy Hat Lady. She’s given her permission for us to reproduce it.**

Isn't it strange the number of 'slebs who suddenly have bipolar disorder? A disorder that affects around 1% of the population seems so prevalent amongst tabloid fodder.

It's becoming quite a fashionable label to acquire and it seems that for many 'slebs, it's far more credible to have an incurable condition like bipolar than to admit to having periods of unipolar depression or plain old stress.

I spoke many years ago to a 'sleb who claimed quite publically in the media to have bipolar disorder. We worked together and I was curious to know of her experiences with swings between extreme low moods and hypomania. She will \*always\* remain nameless but I will share what she told me, “Oh I don't get hyper, I just get depressed.”

With that in mind, I had to ask how then she came about her diagnosis and she said, “when you have enough money and you have a career to protect a good doctor will say anything you want. I didn't want to be labelled a sad depressive in the media and bipolar sounded so much better.”

What she implied at the time was that essentially a diagnosis of bipolar, with its genetic and chemical basis, removed responsibility of recovery from her in the way a diagnosis of unipolar depression wouldn't. She claimed depression was considered a weakness by the media and it would damage her career whereas bipolar in its incurable state would get public sympathy and more mileage.

Of all the relatively recent celebrities who claim to have bipolar disorder in one of its varying guises, the only ones who have managed to convince me of this are Adam Ant and Frank Bruno whose struggles with the condition were evident as was their medication with lithium. Neither wore it like a badge and were honest about their struggles with both depression and mania.

Spike Milligan's struggles with the condition are well documented and you could never have questioned his having lived with such a horrific and disabling illness. It made him the man he was just as it broke him time and time again. It's a cyclical illness. Doesn't just happen the once for a day or so.

You see, what I don't think these fashion-label 'slebs understand is that having your mood swing between depressed and “happy” is absolutely nothing like severe depression and mania. Mania isn't just being happy with life, it's a horrific experience where control is lost, reality is warped and everything speeds up 1000 times faster than normal. It may start off an enjoyable experience but within a couple of days it turns into a nightmare that doesn't just go away with a bit of ego massage and a couple of days of therapy at the Priory.

And another thing that annoys me about this “media-manic depression” is the number of 'slebs who get diagnosed during or after severe drug habits or use. I am well aware that using certain illegal drugs can bring on experiences similar to mental illness and that many habitual users end up permanently changing their brain chemistry to such an extent they display symptoms of mental illness, long-term or for life. I am also aware of the argument that many people with mental illness may turn to “self medication” with class As to counteract or mask the symptoms they experience.

# Features 3

Of those 'slebs who also claim to have it, including Russell Brand (diagnosed after kicking drugs), Robbie Williams (class A habit prompted diagnosis), Axl Rose (Drug fiend), Ozzy Osbourne (known drug affectionado), Kerry Katona (drugged up mother) and many more, excessive drug use seems to be a theme.

I have also met quite a few non 'slebs who claim to have manic depression without fully understanding what that means. You cannot have bipolar disorder without some kind of swing between high and low. These swings between high and low are disabling, not pleasant and certainly not a reason to push for a front page story with a red top.

So now Catherine Zeta Jones is claiming her husbands cancer treatment brought on Bipolar II. She needed hospital treatment for all of 5 days. It's not quite the same experience most who have bipolar disorder have. 5 days is nothing. Treatment for most non-celebs lasts into weeks and often months in over used and under-funded ageing psychiatric units.

There could be something in my ex-colleagues comment above about money getting you what you want. Is it a statement on current mental health care when someone who can afford to pay \$1000 a day for specialist care only needs 5 days impatient treatment compared with those on the NHS who need months?

And then its important to consider also, that anyone who suffers extreme stress for any reason can have lapses in good mental health which can be similar in appearance to depression, bipolar or even schizophrenia, but any good mental health professional would be able to distinguish someone experiencing stress from someone who has full on mental illness.

It's good to highlight the prevalence of mental illness in the media and it can do much for stigma problems in society. However, the average person's experience of being bipolar isn't all flowers at the Priory from adoring fans and a book deal at the end of it all.

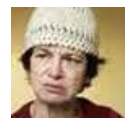
It's a long, drawn out, draining and demoralising process.

Chances of employment are greatly reduced with such a label, there are no book deals and chat show rounds for Joe Average, just years of multiple medications and soul-searching. It's not all Hollywood for people who suffer at the hands of severe and enduring mental illness and while highlighting more high-profile people as being sufferers can benefit public perception, it can also damage it.

Mental health organisations leap on the stories of mentally ill 'slebs as a fantastic revelation and suggest society must sit up and listen now... but when so many of these part-time bipolar 'slebs recover within days of an "episode" the uninformed public may expect the same of Joe Average, and this is just not real life.

The difference between Hollywood and Holyrood is immense. Just as real life weight loss doesn't happen overnight, neither does recovery from severe and enduring mental illness.

But why let reality get in the way of a good publicity stunt?



## **£10.7 billion bill for mental health problems in Scotland**

The social and economic cost of mental health problems in Scotland has reached £10.7 billion a year, research by the Scottish Association for Mental Health (SAMH) has revealed.

The organisation claims the figures show an increase of nearly a quarter in the past six years.

Its report, “What’s it Worth Now?”, considers the full cost of mental health problems across three areas of Scottish society—employment, human costs and health and social care. It also looks at potential savings employers could make if they paid greater attention to the mental health needs of employees.

The report was carried out by the Centre for Mental Health as part of SAMH’s current Dismissed? campaign, which aims for a fairness in mental health and employability.

SAMH’s chief executive Billy Watson said: “We have always been clear on the moral and legal arguments for promoting mental health and supporting employees with mental health problems. This new research shows that there is a strong economic argument as well.

“Particularly in the current economic climate, the social and economic costs of mental health problems in Scotland are so high that we cannot afford to ignore them. This is why we are urging Scotland’s employers to support our Dismissed? campaign on mental health and employability.”

The findings were supported by BT Scotland, which has seen a 30% reduction in mental health-related sickness absence since introducing its own wellbeing strategy.

Brendan Dick, director of BT Scotland said: “We have a comprehensive mental health framework in place at BT, including Scotland, where we have around 7,500 employees. We believe that their mental health and wellbeing is fundamental to the success of our business.

We aim to promote good mental health and prevent ill health, recognise the early signs of mental health problems developing and support our people to recover when mental health problems occur.”

*This and the article below first appeared in the June issue of Mental Health Today.*

Lithium treatment can slow memory loss, a new report published in the British Journal of Psychiatry has claimed.

Researchers from the University of Sao Paulo, Brazil carried out a small scale study on 41 people over the age of 60 who had been diagnosed with mild cognitive impairment. Twenty one of the patients took low doses of lithium every day for a year, while the others were given a placebo. All participants underwent tests of their memory and attention.

The scientists found that, although all of the participants displayed a decline in memory and cognitive ability, the decline was much less significant in those who had taken lithium.

# Features 5



You'll all be familiar with Dr Andrew McIntosh who answers your questions on all aspects of bipolar disorder. Dr. McIntosh heads a team at the University of Edinburgh currently conducting research into the Genetics and Causes of Bipolar Disorder. Here he gives us more information on the research project

## **Families and Bipolar Disorder**

Whilst we still don't know all we would like to know about Bipolar Disorder, there is one fact we know for sure: Bipolar Disorder shows a tendency to run in families. This fact has been known for generations and there are many examples of families where there are 5 or more people with the condition. Even in families where only one person has had the diagnosis, some people may actually be affected but have gone undiagnosed. In other families there may be one person with Bipolar Disorder, whilst other people in the family have depression or schizophrenia. In each of these cases, we know that genes (or changes in our genetic make up, passed down from our relatives through our parents) play a role.

## **What do we know about genes?**

Recently, several major discoveries have been made that help to shed light on *why* Bipolar Disorder runs in families. The first of these discoveries came from studies of families where several members had Bipolar Disorder. Taking DNA samples from these families eventually led to the discovery of genetic risk factors that were passed down through several generations and which might be sufficient to cause illness in most of the people who carry these 'genes'. These families may be relatively rare, but because of the excellent records and low migration from Scotland, we have led the world in discovering these families.

A second approach to discovering risk genes is to take DNA from as many people with the disorder as possible and compare the genes to people without mental illness. Because we carry thousands of genes, the numbers needed for this sort of research are huge and the research is usually done internationally with other parts of the UK and the USA.

## **What do genes tell us?**

The effort that has been put into finding new people and new families affected by Bipolar Disorder has one major purpose: to find the changes in our genes that cause illness. It may not seem obvious why this is so important, but this is probably one of the most important areas of medical research for a number of reasons. Firstly, genes do important things in your body; such as make cells, and help to carry electrical impulses from one nerve cell to another. Discovering the genes for Bipolar Disorder tells us more about what happens in the body to cause the illness. The second reason is that the proteins made by genes are drug targets against which we can develop new treatments. This is particularly important in Bipolar Disorder because much of the disability and memory problems that happen in people with Bipolar Disorder cannot be treated adequately in some people. In order to get better treatments we need a better understanding of the disorders itself.

## **Bipolar Disorder and the brain**

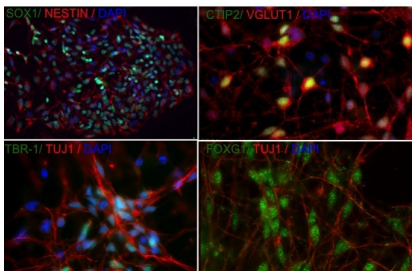
The final reason we need to know what genes cause Bipolar Disorder is because we can then start to examine brain tissue in a lab. Up until now, this research has been conducted using brain tissue from deceased people who had Bipolar Disorder during their life. Unfortunately, the brain changes a lot after you die and the cells that cause the disease also die to. People have also been understandably reluctant to leave their brain to medical

science for a number of reasons. For these and other reasons, most research on actual brain cells takes place in animals, where a particular gene is knocked out (or deleted). Many people have very mixed feelings about animal research, although it has led to many advances in our understanding of how brains work and how genes for Bipolar Disorder cause abnormalities of nerve cells. One of the major limitations to animal work in Bipolar Disorder is this: no non-human animal has ever developed Bipolar Disorder. Therefore, animals probably have a limited amount to tell us about an illness they can themselves never develop. Fortunately, there is a way forward.

## The future of brain research

A few years ago, a scientist discovered that if skin cells were grown in a laboratory with chemicals that were present usually in the developing brain, these skin cells would become stem cells. These stem cells can form almost any tissue in the human body, and can also be made to form brain cells. These nerve cells then join up with other nerve cells and form connections and electrical impulses in the test tube similar to how they function in the human brain. These cells then enable us to study human brain tissue in the laboratory, without the need for human post-mortem brains, animals, human embryos or other tissue. All that is needed is a skin biopsy.

This new technology could have a major impact in psychiatry and in the study of Bipolar Disorder specifically. It means that genetic discoveries made today can be translated into the study of nerve cells in the laboratory tomorrow. Psychiatry has suffered from an inability to know what's happening in the brain – because the brain is inaccessible in your lifetime. However, with this new technology – things can finally begin to change.



*Figure: Picture of nerve cells grown from a skin biopsy.*

## CALL FOR VOLUNTEERS

In order to better understand the causes of Bipolar Disorder, we are looking for individuals with Bipolar Disorder across Scotland to help with our research. The research involves a brief interview and a blood or saliva sample is also taken. A few people may also be asked to have a brain scan. The study does not affect your treatment in any way and you are free to withdraw from the study at any time.

People interested in meeting someone from our team should contact **Tiffany Stewart** on **0131 537 6258**. We have several researchers on this project, and often they can travel to your local town so the research causes minimum inconvenience to you.

The research is approved by the Multi-centre Ethics Committee for Scotland

# Features 7



## LESLEY'S DIARY

I have been getting about quite a bit lately and recently embarked on a motorway journey with my mum. Neither of us had done this for a while and forgot the horrific prices they charge in service stations. We ordered 2 coffees but as with most coffee shops they try to trick you into buying huge cups by sizing them in peculiar ways that you can't quite understand. What is wrong with small, medium and large? They use words like tall and grande so you don't always know what it will be like till you get it.

I think I must have ordered super mega humongous. The coffee cup was so big it looked like a china punch bowl. It required two hands to lift it. As I did so my whole world was eclipsed and all I could see was a massive surge of coffee coloured froth rushing towards me. Fearing I was going to be consumed by this gargantuan skinny cappuccino I did the only thing I could think off and that was to gulp as much as I could and try to create a space for oxygen to get in. It seemed to do the trick and I survived with only psychological scars and a frothy moustache.

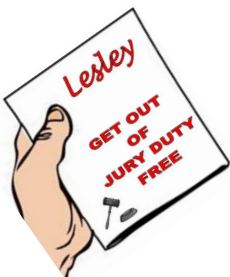


That was until I was psychologically scarred for the second time in about 15 minutes. We were in the shop buying the obligatory chocolate, which we almost had to take out a loan for, when I got chatting to a sweet little old lady and her husband whilst in the queue. My mum was just having a wee wander around when she appeared with chocolate that was cheaper than what I had so we swapped and this sweet little lady asked me if this was my daughter. My daughter! Was my mum my daughter! I know I have a wee touch of grey hair but do I really look around 90? Things were looking good on the other side of the coin though because it meant that maybe my mum was passing for her 20's these days. At least one of us was happy. The old lady wasn't so sweet after all.



I think in future I would avoid service stations or maybe we could smuggle our own food in like we did on my birthday. We smuggled delicious, big, juicy strawberry tarts into a cafe and even had the cheek to use their plates and spoons to eat them. I was terrified of getting caught but what a rush it was great. I felt dangerous and exciting and now that I have tasted danger I want more. I now plan to eat some pick and mix in the shop *before* I go to the till. Either that or eat a few grapes in Asda.

When I came home I was called for jury duty. My first reaction was one of sheer panic and 'Oh my God! I can't do this. I need a get out of court free card.' My mental health is very good right now but I thought about contacting my doctor to try and get out of it but sometimes it's easy and convenient to play the bipolar card so I decided that I would probably feel better about myself if I did something scary for the right reasons than to take the easy option for the wrong reasons.



With the decision made I informed my work that I may be needing some time off and there was no going back. Several scenarios went through my head, some even Linda La Plante would have been proud of. I have a tendency

to let my imagination run a little out of control and at one point was worrying about relocating my cat when I was put on the witness protection programme after a contract was put out on the heads of the jurors after finding a notorious gang leader guilty of a hideous gangland crime. I would never have given up writing my diary though but it may have been called something different like 'Ching Lan's Diary' with a picture of someone with grey hair and a face full of seriously dodgy pixels.



For three days I had to phone the jurors update line to see if I was going to be needed in court and finally my big day came. I wasn't due in till late on a Friday afternoon so I rather stupidly thought they must just be doing their selection for Monday so I wasn't wearing my specially selected and quite fabulous 'jurors outfit' as seen on Law and Order. You know that feeling you get when you arrive at a night out to discover you are seriously under dressed and just want to go home. That was me. I looked down at my denim sandshoes with the pink cherries on and thought 'What have you done?'



Everyone was in shades of black, grey and navy blue and unfortunately for me I was wearing a blouse that I must have bought the same day I picked my shoes from the fruit bowl range in the 'stand out from the crowd' shop.

All the potential jurors were taken into a very large witness room where we sat in silence, and sat and sat for what seemed like an eternity. Nobody spoke a word. I have only ever seen tension like this once before and I was half expecting someone to walk and say 'Sir Alan will see you now'. At one point a man got up and left the witness room and every one of us watched him and our eyes remained fixed on the door till he returned. When he came back everyone stared at him a bit more as if waiting for an explanation. He revealed nothing but it was the most exciting thing to happen in an hour.



Eventually the Clerk of Court swanned in all dashing and handsome in his robes. I felt my heart begin to race with the excitement of the impending courtroom drama I may be about to embark on. He told us the trial for that afternoon was adjourned and our citation was over and we were all free to go. That was it. My jury duty experience was over. It lasted one hour and I never even saw inside a courtroom! All that worry for nothing. My advice to anyone who has to do jury duty is don't worry about all that big stuff like witness protection and scary gangsters as all of that no longer matters if you get there and find you've got the wrong shoes on.



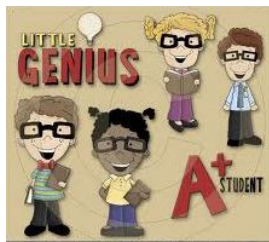
Maybe I'll get called again one day and I'll be ready for it this time with the correct attire and maybe even a court case to go with it. If I do then no doubt you'll hear about it here. Enjoy the rest of the summer and I'll see you here next time.



Take care

*Lesley*

# Features 9



## **Bipolar Disorder.....more evidence that this is the genius disease?**

Clever children are almost four times more likely to suffer from bipolar disorder than less intelligent pupils, a research study undertaken in Sweden has shown.

This finding, originally published in the British Journal of Psychiatry, supports a commonly held belief that exceptional intellectual ability is associated with the condition.

Researchers analysed the exam results of more than 700,000 Swedish teenagers and discovered those with the most excellent performance were nearly four times as likely to develop bipolar disorder as adults, compared to those with average grades.

This increased risk even remained after they made allowances for other factors such as parental education and socioeconomic status. Students with the poorest grades were also at a moderately increased risk of bipolar disorder. They were almost twice as likely to develop bipolar compared to those with average grades.

Psychiatrist Dr James MacCabe, of King's College London, was quoted at the time as saying: "We found achieving an A grade is associated with increased risk for bipolar disorder, particularly in humanities and to a lesser extent in science subjects. A-grades in Swedish and Music had particularly strong associations, supporting the literature which consistently finds associations between linguistic and musical creativity and bipolar disorder."

The researchers, who teamed up with colleagues at the Karolinska Institute in Sweden, put forward several possible explanations for the link. First, people in a state of hypomania, a mild period of mania or elevated mood, can often be witty and inventive, and able to link ideas in innovative ways. Second, people with bipolar disorder often experience unusually strong emotional responses, which may help their talent in art, music and literature. Third, people with hypomania often have extraordinary stamina and can keep concentrating for long periods of time.

These types of cognitive style may help students perform better in creative school subjects - but also predispose them to bipolar disorder in later life. The opposite of this mechanism may explain the link between poor school performance and bipolar disorder.

Some people who go on to develop bipolar disorder, particularly those with depressive symptoms, may have cognitive styles that impair their academic performance. It is also possible that disturbed behaviour, substance misuse or undiagnosed depression may affect their studies.

Historical studies and anecdotal reports of famous and creative individuals suggest a link between high IQ and bipolar disorder - but until now, the scientific evidence for such a connection has been fairly weak. All children in Sweden take compulsory exams between 15 and 16, and the results are standardised nationally. The researchers used the Swedish national school register to obtain the grades of all students graduating from compulsory education between 1988 and 1997.

They then used the Swedish hospital discharge register to test associations between the students' academic achievement and admission to hospital with a diagnosis of bipolar disorder between the ages of 17 and 31. A total of 713,876 individuals were included in the study.

The study also showed the association between high grades and risk of later bipolar disorder appears to be stronger in males than females. But the finding was not statistically significant and more research is needed to determine if the link is truly stronger in males.

Dr MacCabe added: "Although having A grades increases your chance of bipolar disorder in later life, we should remember that the majority of people with A grades enjoy good mental health."



## IT MAY BE POSSIBLE TO PREDICT BIPOLAR MOOD SWINGS

A new study suggests that it's possible to predict future mood swings in people with bipolar by monitoring their thoughts and behaviour.

Bipolar people suffer from extreme mood swings that veer between moments of emotional highs and euphoria to deep depression. In the new study, researchers from the Universities of Manchester and Lancaster in the United Kingdom followed 50 bipolar patients for a month, studying how they think and act.

"Individuals who believed extreme things about their moods -- for example, that their moods were completely out of their own control or that they had to keep active all the time to prevent becoming a failure -- developed more mood problems in a month's time," study lead author Warren Mansell, of the University of Manchester's School of Psychological Sciences, said in a university news release.

"In contrast, people with bipolar disorder who could let their moods pass as a normal reaction to stress or knew they could manage their mood fared well a month later," he added.

"These findings are encouraging for talking therapies -- such as CBT [cognitive behavioural therapy] -- that aim to help patients to talk about their moods and change their thinking about them," Mansell said.

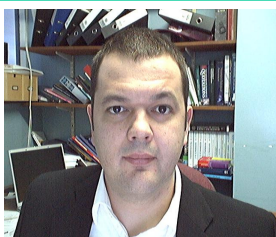
The study findings are published in the current issue of the American Psychological Association journal *Psychological Assessment*.

The researchers plan to test a form of cognitive behavioral therapy for bipolar patients called TEAMS -- Think Effectively About Mood Swings -- in a future study.

For more information go to the link

<http://www.healthline.com/healthday/it-may-be-possible-to-predict-bipolar-mood-swings-study#ixzz1MhM4ie1e>

# Features 11



## ANY QUESTIONS? with Dr Andrew McIntosh

**Dr. Andrew McIntosh, Reader in Psychiatry at Edinburgh University answers your questions on bipolar disorder and related issues.**

**Q:** How important is it for someone with Bipolar Disorder to avoid stress? I was on a final warning at my place of work for quite a while and nearly everyday I used to worry if I was doing something wrong which might lead to my dismissal. In addition, I had to endure an unsettling atmosphere in the office. Towards the end of the warning period, my short-term memory became affected, I felt very low in self-esteem and I could not think straight. I was better when I got home every night. The stress over a period of time just went on increasing until my thinking and memory became somewhat dysfunctional. I am better now, but no one believed my "excuses" for my behaviour. Jim, Edinburgh

**A:** Stress, however caused, can make people's symptoms feel much worse and lead to episodes of illness being harder to manage. Stress can also reduce your ability to think clearly, making it more difficult to work or concentrate. However, a certain amount of stress or pressure may be unavoidable and can be a 'good thing' up to a point. Avoiding unnecessary stress at times of illness is often a necessary coping strategy when we are ill – no matter what the cause.

Finding ways of coping better with stress can be very helpful and many techniques, for example "problem-based therapy" or CBT may be helpful – but are difficult to get quickly or on-demand. Joining a patient or users group may be helpful, and these supports tend to be more readily available than therapies delivered by a clinical psychologist. Exercise is also reported to be very good at aiding stress and there is evidence that it may have antidepressant properties and beneficial effects on the brain.

Good occupational health departments are occasionally willing to provide extra support at work by allowing more flexible working or different shift patterns. They don't tend to provide therapy or counselling or talking treatments. Employers do have an obligation to try and support you in the workplace – just as they have a duty to accommodate people with a physical disability. Knowing what to do if your employer fails to live up to this standard is difficult – but Citizens' Advice Bureaux should be able to help you understand your rights and where to go for help if employers fail to respect them. There may also be local company guidelines on sickness absence, and reading these may help you to understand your employer's policies.

I hope your situation ended well, and you either managed to keep your job or you found a better one elsewhere. I am sorry people didn't always accept your explanation for your difficulties. I think that greater public education would help you and many people in a similar situation, but is unfortunately often lacking from the workplace as it is in many walks of life generally.

**If you have a question you would like to ask Dr. McIntosh, please send it in to the office at the usual address marking the envelope "Any Questions". Alternatively, you can e-mail your question to [info@bipolarscotland.org.uk](mailto:info@bipolarscotland.org.uk) marking the subject of your e-mail "Any Questions" or simply telephone with your query. All contact details are as always on the back page of this issue. Dr. McIntosh is unable to enter into any personal correspondence.**



## Attitudes improving towards mental illness, survey shows

According to a recent article in the Guardian, mental health problems are still viewed in a negative light by the public, says the Attitudes to Mental Illness 2011 survey.

Negative public attitudes towards people who have poor mental health could take a generation to shift, an expert in the field warned on Wednesday, as an official survey showed some opinions had barely changed since the mid-1990s.

Findings from Attitudes to Mental Illness, a survey carried out for the first time in England 17 years ago, suggested more people now viewed mental health as an illness like any other, but less favourable views on some issues still existed. For example, one in six people believe a main cause of mental illness is lack of self-discipline and willpower, about the same level as first reported in 1994.

Paul Farmer, chief executive of charity Mind, which is a partner in the Time to Change campaign aimed at changing public perceptions, said that though "some significant progress has been made around tackling stigma and discrimination ... shifting people's perceptions of mental health is the task of a generation".

The survey report, published by the NHS Information Centre, revealed that of 1,741 adults interviewed in February and March 2011, 77% agreed that "mental illness is an illness like any other", compared with 71% in 1994.

Some 70% would be comfortable talking to their family and friends about their mental health, compared with 66% in 2009 (the first year this question was asked); while 43% would be uncomfortable talking to their employer about their mental health, compared with 50% in 2010 (the first year this question was asked).

Despite this reported increase in positive views, some people surveyed hold a less favourable view of people with mental health issues. Only one in four would trust a woman who had ever been in a mental hospital to babysit a child, and 17% thought having a mental health facility in a residential area downgraded the neighbourhood.

Marjorie Wallace, chief executive of charity Sane, said "fear and prejudice" remained despite some improvements. "Thousands of people have contacted us over the years and described in often agonising detail how the stigma they face daily is as bad, if not worse, than the mental health problems they suffer from.

"If we aspire to end the stigma surrounding mental illness, we must not rely simply on educational campaigns, but must also provide the care and treatment people need at times of crisis, in order to prevent the tragedies that so often colour the public's view."

Tim Straughan, chief executive of the NHS Information Centre, said: "This report paints a mixed picture of attitudes towards people with mental health issues, which may be of particular interest given the number of high-profile awareness campaigns and celebrity stories."

# Features 13

## PSYCHOSIS AND THE NEAR-DEATH EXPERIENCE

by Neil Crabtree

Many organisations are involved in peace work, and I was recently in touch with an acquaintance who asked me to suggest a subject her group could discuss. With this in mind, I wrote a letter describing how research into the near death experience (NDE) might soon offer opportunities for those interested in peace work. Her response, kindly questioning whether the NDE had a role to play in this field, did not surprise me. However, as a bipolar sufferer and after monitoring the subject in the fields of medicine and mental health, I am of the opinion that this phenomenon is worthy of serious consideration among people who are concerned about violence and cruelty.

How I have arrived at this opinion requires a glimpse back to a time when alcohol and emotional problems caused me to behave with unkindness towards people who cared for and trusted me. I do not wish to go into detail other than to say that these people all turned up to terrorise me as I lay in a state of extreme paranoid psychosis following a suicide attempt. I couldn't keep my eyes open, and when I closed them I was in a torture chamber designed specifically around my worst fears. The people present, who were obviously inner hallucinations, were as clear and real as in everyday life. All but one was still alive and they created for me worlds of pitiless terror which were designed by a quiet telepathic voice.

A couple of years later, in 1995, my father collapsed at home with a cardiac arrest. Due to the distance the ambulance had to come, and the initial ineffectiveness of the fibrillator, he was without a heartbeat for about 10 minutes. Luckily he was revived and when he was able to speak the first thing he said was that he had been with his mother and brother-in-law, both of whom had been dead for some time. He also described a loving light. Despite the fact that I had experienced something with similar characteristics i.e. the hallucinations of people, our experiences were otherwise so at odds with each other that I didn't make the connection. Also, I had not heard of the NDE so I did not make the wider link.

It was 12 years later, following my father's death that I started coming across books and articles on the NDE written by surgeons, psychiatrists and psychologists. A constant theme was how many people who are close to death meet up with dead loved ones or, in the case of children in particular, gentle strangers or friends who are alive. This is followed by a sense of leaving the body and travelling along a tunnel towards a loving light which is usually referred to as God. All describe a gentle non-threatening inner voice which sometimes encourages a brief life review where people consider how they have hurt others and could have done things differently.

What are of particular interest to me, with my own background, are the rarer reports of unpleasant "inverted" experiences. These are varied but include descriptions similar to my own. It is difficult to pin-point this phenomenon as it is under researched, possible because it was ignored by some early writers who, with all good intention, were trying to sell "feel good" books. Also, if this is connected to poor behaviour in life, it is possibly likely that sufferers will admit to experiencing this hellish dimension. However I do think it is connected to psychosis, which is not my own theory. In the 1950's Alduous Huxley made this link in his book Heaven and Hell. Also, according to modern research into the subject, it appears that the NDE generally can be stimulated by treating the part of the brain which

causes psychotic illness. Obviously this is not to say that people who suffer a psychosis are experiencing a NDE or suffering for their behaviour.

It is possible that our ancestors were aware of the NDE but without modern technology believed it was proof of eternal life after death, whether in Heaven or in Hell. This would help explain why so many historic religions, who had no contact with each other, believed in similar scenarios following death, and which were dependant on behaviour in life. This is not to say that all peoples believed in this. Buddhism for instance is a very cerebral movement which recognises that these events occur in the mind, in the dying stages of life. This is the theory which I believe in.

Whatever the reality is, I am of the opinion that this field of research, with its mention of a loving inner light, a gentle telepathic voice and God, might be worthy of serious attention by peace workers. And with regard to the inverted experience, if there is a feeling that this would be of no deterrent as it only occurs in the head, there are many people around who experience psychoses who can testify that the mind is capable of creating places where it is best not to be.

**Neil Crabtree**

## POSTURAL PROBLEMS MAY POINT TO BIPOLAR

Problems with postural control may be a core feature of bipolar disorder and not just a random symptom, new research published recently suggests.

In a small comparison study of 32 patients, those with bipolar showed a "greater sway magnitude" compared to healthy controls, especially when asked to close their eyes.

"The findings suggest that individuals with bipolar have deficits in sensorimotor integration and a reduced range of timescales available, which are needed to help them to make greater postural corrections," says lead author Amanda Bolbecker, PhD, research scientist in the Department of Psychological and Brain Sciences at Indiana University in Bloomington

"In addition, changes in their visual system really had some profound effects on their ability to maintain their balance," she added.

The investigators note it is possible that motor abnormalities may appear before other symptoms, signalling an increased risk for bipolar. The findings also raise the question of whether therapies for improving motor symptoms could also help with mood disorders.

"For a number of psychological disorders, many different psychiatric treatments and therapies have been tried, with marginal effects over the long term. Our study suggests that brain areas traditionally believed to be responsible for motor behavior might represent therapeutic targets for bipolar," added Dr. Bolbecker.

For more information go to the link <http://www.medscape.com/viewarticle/744192>

# Features 15



Sue Downie and William Lauder of NHS Ayrshire and Arran have experience of helping clients within the mental health service to quit smoking. However this has also led them to wonder whether stopping smoking may signify a step towards mental health recovery. In an article that first appeared on the Scottish Recovery Network's website, they explore the issue .

Smoking for people with mental health conditions has a long and troubled history. Some people with mental illness feel that smoking helps alleviate their anxiety, or use it to 'self medicate' unwanted symptoms arising from their condition or the prescribed medication. Others have felt that smoking may be the only activity that they can control in an otherwise threatening or restrictive environment. Smoking was also entrenched in the culture of many mental health staff who used cigarettes as way to placate or to engage with patients—the so called 'jag or a fag' approach to mental health treatment.

There is however now significant evidence of the burden of ill health and early mortality for people with mental health conditions. As smoking rates are on average twice as high as those for the general public, this leads to much poorer physical health outcomes for people with mental illness (*ASH Scotland, Tobacco use and people with mental health problems, April 2011*). As such the death toll from illnesses associated with smoking (heart disease, cancers, diabetes and hypertension) far outweighs the 10% lifetime risk of suicide. In addition to this, the interaction of smoking with certain anti-psychotic medications causes smokers to be prescribed higher doses of these medications than would otherwise be 'necessary' or desirable for these individuals leading to increased likelihood of undesirable side-effects and potential disengagement with treatment.

It is now recognised that smoking can also be harmful to mental health. There is evidence from large population studies that smoking increases the risk of developing a mental health problem, as well as data that indicate a clear relationship between the amount of tobacco smoked and the number of depressive and anxiety symptoms experienced by all smokers. The good news however is that giving up smoking is associated with significant mental health gains, particularly in relation to these symptoms of anxiety and depression (*McNally, Does smoking cessation affect mental health?, 2009*).

In 2008 all mental health units in England went smoke-free by law, and the Scottish Government has recently produced guidance to support the implementation of smoke free wards within mental health hospitals in Scotland. In recognition of these smoking related health inequalities experienced by people with mental health conditions, and in anticipation of this policy change within mental health hospitals, Fresh Airshire (the smoking cessation services for NHS Ayrshire and Arran) has been working with colleagues in the mental health services to support clients who seek to quit.

Our experience of helping clients within the mental health service to quit has however also led us to wonder whether quitting smoking may signify a step towards mental health recovery? For example, two of our clients ('Stuart' and Ailsa) have both described the enormous sense of achievement they experienced in having quit smoking. In Stuart's case, having been supported to quit whilst in hospital he has described feeling much happier since stopping, and how it has 'changed the way you feel about yourself'.

Another outcome for Stuart has been the financial resources that he now has since giving up smoking, and the way in which he uses this to treat his nephews when he is out on a

pass from hospital. Being able to give to others has been a very positive result for Stuart—as he says 'It's something I can do that I wouldn't have been able to do if I was smoking because I wouldn't have been able to afford it.'

Ailsa, on the other hand was initially refused NRT (nicotine replacement therapy) by her GP who felt that it wasn't a 'good time' for her to quit. Having now succeeded under her own volition (and with the support of a smoking cessation group), Ailsa rightly recognises her great achievement in being able to quit, and to manage emotional and other difficulties in her life without resorting to smoking. As she describes this, 'before I would worry about everything...go into a panic and reach for a cigarette. Now I can now work things out, and figure out things that have worked in the past.'

We recognise that these two examples are not conclusive evidence that giving up smoking 'caused' recovery for these individuals. However the sense of achievement, pride, empowerment, ability to give to others, and reduction in anxiety described by Ailsa and 'Stuart' suggest that smoking cessation may be a factor in supporting recovery. And perhaps even more importantly, help us to ditch the "fag or jag" approach once and for all.

## Jill Brown Media

You may remember receiving a letter from Jill Brown, who handles our publicity and PR, asking for people willing to share their experiences of living with bipolar to contact her. Jill has asked us to say to everyone who got in touch that she has been inundated with responses and will get back to everyone in due course.



In response to Jill's letter, two of our members recently featured in an excellent article that appeared in Scotland on Sunday's magazine Spectrum. You can read these articles in full via the link on our website . Alternatively, you can go directly to the following link:

<http://living.scotsman.com/features/Bipolar-disorder-is-a-rollercoaster.6773148.jp>

If you have already contacted Jill but are still waiting for her to get back to you, can you please get in touch with her again by e-mail on [jill@jillbrownmedia.co.uk](mailto:jill@jillbrownmedia.co.uk) or by telephone on 07786 927203 or 01360 311501.



Action on Depression is the new name for Depression Alliance Scotland. The change in name coincided with an awareness week in June to highlight why everyone in Scotland can and should take action on depression. Ten per cent of the population of Scotland—around half a million people—are taking anti-depressant medication which the charity believes is unacceptable.

During the campaigning week Action on Depression invited the public to consider what action they could take to support people with depression, and make sure their own well-being and those around them is as good as it can be.

For more information go to [www.actionondepression.org/](http://www.actionondepression.org/)

# Features 17



**Often misunderstood and negatively portrayed in the media, lithium is nature's wonder drug, argues Dr Nick Stafford in this month's edition of Mental Health Today. Dr. Stafford is vice-chair of MDF the Bipolar Organisation.**

The May edition of the British Journal of Psychiatry published research of lithium's efficacy as an anti-suicide agent and its future as a possible treatment in preventing Alzheimer's disease.

Yet lithium has had mixed press over the years, the most enduring of which seems to be negative in the public eye. A search of a movie script database showed a very negative portrayal of lithium in films and dramas such as American Psycho, The Sopranos, Heroes and Dawson's Creek. The only positive reference I could find was in Star Trek where it is used to power the warp drive engines of the Starship Enterprise.

And patients are still reluctant to take it because of its association with psychiatric practice of old. Some say that it is not natural—even though it is. Some report that side effects are common and unpleasant, especially weight gain. Some of its adverse effects are permanent and potentially disabling, such as renal problems and hypothyroidism. It can damage an unborn child. And yet, despite this, since its discovery as an antimanic agent some 63 years ago it has remained one of the most, if not the most, important drug used in the mood disorders. Furthermore, some of its most remarkable properties are unsung to the general public.

How lithium works is not fully understood but we do know that it has a number of important actions at various levels in the brain. It has an effect on neurochemical levels such as serotonin. It helps brain cells during the manic phase as it restores a chemical balance within them by displacing sodium. It increases the amount of the brain fertilizer hormone BDNF making it protective to nerve cells. It affects proteins and enzymes that read DNA in a way that makes brain cells more resilient to chemical stress. The brains of people treated with lithium for years do not appear as reduced in size in certain areas as those that have not.

All this is remarkable given that it is a natural substance that is a simple metallic element with no known function in any living process. It does seem odd that lithium does not have a role in life forms given that it was one of the first three elements to be created within 10 seconds of the Big Bang 14 billion years ago. It is remarkable that evolution seems to have missed it out like this.

So why is it that a drug that can reduce suicide to almost the same as the general population (if taken for more than a year) does not receive the press of a wonder drug? All the more so since bipolar has the highest suicide rate of all mental illnesses — some 10-20 times that of the general population. And now it appears, as reported in the British Journal of Psychiatry, that suicide rates are lower among whole populations in areas that have a higher concentration of lithium in the drinking water. It also inhibits an enzyme known as GSK-3 which is responsible for producing tau-proteins whose accumulation can cause Alzheimer's disease. It has well known proven efficacy in treating mania, bipolar depression (albeit less so), mood stabilisation and treatment resistant recurrent depressive disorder as well as anger and behaviour problems in other conditions.

Although other drugs have come along to challenge its position in treating bipolar disorder they have not stood the test of time in the way lithium has. Antidepressants have been extensively used to treat bipolar depression and yet they are at best ineffective and in the long term often harmful. Antipsychotics are used to treat mania and although they are faster acting they are not more effective overall. Many antipsychotics cause metabolic side effects such as weight gain, which are less severe with lithium. Interestingly, clinical studies have consistently demonstrated a disproportionate improvement in the clinical effect of the other agents when lithium is added.

While it is still true that lithium can cause damage to the unborn child it is now known to be much less likely when managed appropriately. As a result women who suffer moderate to severe bipolar disorder, which is best treated with lithium, can remain on it.

It is often the case that my patients turn down the offer of starting lithium when I believe it would benefit them. Though their concerns are always valid it always seems a shame given the benefits it can bring. More recently in our trust we have been running psychoeducation courses with a section on medication. Of interest is that a few patients taking lithium have sung its praises to the group. In a handful of cases other patients have been convinced by these views and have now asked to be started on it after learning about it directly by recommendation from their fellow patients.

*courtesy of Mental Health Today, July 2011*



## NEW ONLINE RESOURCES FOR BIPOLAR DISORDER

The Department of Psychological Medicine and Neurology at Cardiff University produced two new online information modules which in our opinion are excellent for anyone who cares for someone with bipolar disorder or women with bipolar disorder who are or wish to become pregnant.

These modules are very well presented in a straightforward and non-jargonistic manner and are very easy to follow—even if you just have a basic knowledge of computers.

The links for these are:

Bipolar Disorder for Partners, Families and Carers  
[www.beatingbipolar.org/families and carers/](http://www.beatingbipolar.org/families_and_carers/)

Pregnancy and Childbirth in women with bipolar disorder  
[www.beatingbipolar.org/women \\_and\\_bipolar/](http://www.beatingbipolar.org/women_and_bipolar/)

Bipolar Scotland is currently working on a leaflet about pregnancy and bipolar.

# Blank Slate

Blank slate is intended as a space where staff and members alike contribute pictures, small anecdotes etc. that don't fit in anywhere else in the magazine. If you have something you'd like to contribute to On the Level (maximum 1500 words), call or write to the office, or email to: [tildab@bipolarscotland.org.uk](mailto:tildab@bipolarscotland.org.uk). The deadline for submissions for the next edition is **15th September**.



## AND FINALLY.....

This gorgeous pair are Robbie (the Westie) and Honey (the Cavalier) and they live in Edinburgh with their 'mum' Michelle who facilitates the Lothian Support Group. Michelle tells us that Robbie also goes by the name of The Robster because he's a wee showman and if he's been naughty he gets his Sunday name of Robert. Michelle's dad refers to honey as The Binraker because she's got a bottomless pit for a stomach (a bit like me).

I had hoped I'd be inundated with pictures of pets, but not so!! If there's anyone out there who would still like to see their pet on the back page, send a picture to me and I will put it in. Remember to include your pet's name. If you'd rather see something else on the back page, let me know and I'll do my best to accommodate. Holiday pictures, snapshots you've taken yourself—anything!

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