

Getting help for bipolar disorder — from chaos to control

October 12 2012, by Celina Kareiva

Teena Adler can feel the onset of her manic episodes: that swift, dramatic toggle from normalcy to paranoia. Sights, smells and sounds are amplified by a thousand. Her thoughts race, and Adler sometimes goes days without sleeping.

As the episode escalates, her psychosis increases.

"Everything is not the way it should be," Adler says. "No matter where I'm at or where I go, it's like the whole world is coming after me.

And I feel like crawling out of my skin."

Adler, a 37-year-old Mesquite, Texas, resident, lives with bipolar disorder, a mental illness characterized by a pendulum of severe mood swings. She is one of 5.7 million American adults diagnosed with the chemical imbalance, thought to be caused by irregular [hormone production](#).

Adler cycles from manias of grandiosity and elation to deep, crippling depressions, connected by periods of high functionality: "I never know at any given moment how I'm going to feel."

Mood swings permeate every corner of her life, but Adler calls Dec. 28, 2006, the start of her recovery. In a severely psychotic state, she lit herself on fire, was hospitalized and finally received an accurate diagnosis after 31 years of being mistakenly treated for depression.

"That's when my whole life started changing for the better," she says.

Adler had always known there was something different about her - as young as 6, she began cutting and burning herself - but a history of sexual abuse, [drug addiction](#) and post-traumatic stress disorder disguised the pathology. Symptoms often develop in [early adulthood](#), though the fleeting nature of episodes can make it difficult to see the illness for what it is, explains Dr. Deanna Sims of Dallas, a licensed professional counselor who facilitates a weekly group therapy session. Diagnosis can therefore bring consolation and confusion.

"I wanted answers," remembers Anna Salazar, 50, of East Dallas, whose first true episode was triggered by a divorce in 2001. "I said, 'Where do I start? And where does the illness end? Where is me in all of this?'"

Diagnosis can also mark the start of a new life and, as in Adler's case, begin to explain years of suffering. Many living with bipolar disorder distinctly demarcate life into two periods - before and after learning of their mental illness. What follows is a lifelong journey toward management.

When Salazar divorced her second husband in 2001, her friends and family swooped in to support her. Long workdays and the fear of being alone compounded her stress, and Salazar soon spiraled into depression. Then, without warning, she shot out of that dark place.

She remembers telling her family, "This Ferris wheel is moving so fast, I don't know what I've missed or where to jump in."

Like many individuals with bipolar disorder, Salazar had long lived with this set of symptoms, though they hadn't manifested themselves to this extreme. Triggers are idiosyncratic, but stressors manageable for the average person - like a move or a divorce - can be enough to elicit

episodes, Sims says.

Salazar met her initial diagnosis with denial. It would take another devastating depression and several ups and downs for Salazar to begin working toward recovery. She spent weeks in bed and considered herself an unsuitable caretaker for her children; she arranged for them to move home with their father. When her daughter confronted her about the decision, something clicked: "My heart opened up again. I said, 'I'm ready.' Because this isn't only taking me down, it's taking everyone down."

That afternoon, scared but determined, Salazar climbed out of bed, took a shower and made a batch of pancakes, something she used to do every morning. That small act of normalcy marked her return to life.

Recovery, explains Salazar, is not always monumental but in the day to day: "It's been quite a journey, and it still is. You don't want it to be your life, but you have to always be cognizant of it."

Bipolar disorder, doctors agree, is highly treatable with the right lifestyle choices, medication and support. Salazar takes seven medications and nutrients daily - a combination of antidepressants, mood stabilizers, prescriptions for other health concerns and supplements to treat the side effects of her drug cocktail.

Sleep is of particular importance. She maintains a strict routine, getting up and going to bed at the same times every day. She can identify the signs that something might be off and knows when to back out of her commitments for the day, in the interest of wellness.

"I have to keep the reservoir filled constantly, always replenished, because if I find myself on low, any little thing - a phone call, good news, bad news - could just take me down."

Salazar knows that science suggests the illness will progress with age. Her current treatment plan may not be effective five years from now. But she's optimistic. She hopes to go back to fulltime work, and says she enjoys an incredible closeness with her children. She also talks candidly with them about the possibility that they might develop symptoms.

"We don't let it overshadow our lives. ... Life is too short to stay there and get stuck," Salazar says. "Every day is a clean slate, and I shoot for it to be better."

"Mental illness affects everyone in the family," explains Ashley Zugelter, executive director of the Dallas chapter of the National Alliance on Mental Illness, or NAMI. "A lot of times, families are left picking up the pieces or having to make difficult decisions for loved ones."

Duncanville, Texas, resident Bob King's bipolar disorder is a family affair.

As he sits in a diner booth, scooping hash browns onto a fork, his wife, Carol, passes him his morning medication - one of 38 pills he'll take throughout the day. As he recounts his experience, Carol fills his silences with recent studies and stories of her own coping.

Although she isn't bipolar, the illness is just as much a part of her life as it is her husband's.

Bob's illness was diagnosed 26 years ago, after he left his wife unannounced for his childhood home in Atlantic City, N.J. Along the way, he hemorrhaged their savings, spending \$93,000 on Rolex watches, tailored suits and motorcycles he hadn't learned to ride. Carol stuck with him.

Family members are often unsung heroes in the journey toward recovery.

Support systems can validate and normalize a mental illness that's still widely stigmatized. In Bob's case, Carol is sometimes better able to identify behavioral red flags than her husband.

"The totality of treatment and healing doesn't happen all at once in the hospital," Zugelter says. "It is a process that continues in homes, schools, in places of worship. It happens in communities."

Since learning of his illness, Bob, 68, and Carol, 66, have established 16 support groups throughout Dallas-Fort Worth.

"Those support groups helped us to understand the illness," Carol says, "because 25 years ago, people didn't talk about it."

Despite harrowing stories, those in recovery are testaments to the livability of bipolar disorder.

"I don't refer to it as an illness," Adler says. "I refer to it as a diagnosis. That's simply all it is. ... To me, it's my gift, because my bipolar allows me to do things others can't."

Adler is now a certified peer specialist for NAMI Dallas. She receives hundreds of emails a day from members and their families, has shared her story countless times and is going to school to become a social worker. It's been six years since her last hospitalization. Adler still has bad days but doesn't try to wish away her illness.

Creativity, intelligence and empathy also characterize the disorder.

Recognizing that silver lining is a part of treatment, Bob King says.

But he and his wife caution against the pull-yourself-up-by-the-bootstraps mentality that society promotes and say mental illness can't be overcome alone.

"You can't do this alone," Bob says, shaking his head emphatically.

"You really can't."

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SYMPTOMS AND WARNING SIGNS

Diagnosis is based on the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. There is no blood work or definitive test to confirm [bipolar disorder](#), but a candid conversation with doctors, a review of family history and the input of friends and loved ones can help bring about a diagnosis:

Symptoms of mania or a manic episode:

- Long periods of elation, feelings of being "high" or overly happy and outgoing
- An irritable mood, easily agitated and excessively energetic
- Racing thoughts and rapid speech
- Easily distracted and difficulty focusing
- Insomnia or little need for sleep
- Grandiose thoughts and unrealistic belief in own ability

-Impulsive and sometimes risky behavior, including questionable sexual encounters, spending sprees and reckless business decisions

Symptoms of depression or a depressive episode:

-Feelings of being empty

-Loss of interest in activities once enjoyed, including sex

-Feelings of restlessness or irritability

-Suicidal thoughts

-Difficulty concentrating or remembering details

-Feelings of fatigue or tiredness

GETTING HELP

National Alliance on Mental Illness: www.nami.org/

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