

# Bi-polar Affective Disorder (Manic Depressive Illness)



## Definition of a Disability

The Equality Act (2010) replaced the Disability Discrimination Act (2005) in providing protection and legal rights for disabled people. It uses the following definition of disability:

*“The Act defines a disability as a physical or mental impairment which has a substantial and long-term (i.e. has lasted or is likely to last for at least twelve months) adverse effect on a person’s ability to carry out normal day-to-day activities.”*

More information on the Act can be found at

[http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG\\_4001068](http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068)

## Bipolar disorder (Manic-depressive illness)

Mood is a continuum capable of extending a long way in both directions. But there are limits beyond which excessive elation or excessive sadness, however induced, must be considered abnormal. At the extremes are clinical depression at one end and mania at the other. Mania is an abnormal state of severely elevated mood. In mania there is also a qualitative difference from normal. It features hyperactivity, both of body and mind, and sometimes, delusional ideas. When this is of moderate degree the condition is called hypomania.

Most of the people who experience mania at least once in their lives will at some other time have a depressive disorder. The combination of the two episodes, which are at the opposite poles of the range of mood, is called bipolar disorder or bipolar affective disorder. Rarely, some people show features of both mania and depression at the same time. They are hyperactive while experiencing depressive mood. Such patients are said to have a mixed affective disorder. The term 'affect' means mood.

Bipolar disorder is the condition that used to be called manic-depressive illness. It is a serious disturbance of the emotions, in which the affected person will show an abnormal degree of elation at one stage in the disease and at another will show clinical depression. These episodes are commonly widely separated in time. In most cases the depressive phase comes first. About ten per cent of people thought to be suffering from pure depression are found to have a manic episode between six and ten years later, usually in their early thirties. Psychiatrists now recognise that there is no real difference between the depressive phase

of the manic-depressive illness and psychotic depression generally. States of mania are much less common than depressive disorders.

The annual incidence of the bipolar disorders in the population is estimated to be between ten and fifteen per hundred thousand among men. The figure is somewhat higher among women and may even reach thirty per hundred thousand. The condition can affect people of almost any age, from childhood to old age, and occurs most at around age thirty. It does not appear to occur more frequently in one race than another, and can affect people of every social class.

### ► Symptoms

In the depressive (low) phase symptoms may include:

Mental and physical slowing	Loss of interest and energy
Loss of concentration	Loss of motivation for everyday activities
Feeling of emptiness or worthlessness	Sadness
Pessimism	Self-doubt / Self-blame
Early morning waking	Thoughts of suicide

The manic phase usually comes after two to four depressive episodes and may include:

Speeding up of thought and speech	Poor judgement
Flights of ideas	Constant elation or euphoria
Inappropriate optimism	Grandiose plans
Gross over-estimation of personal ability	Need for little sleep

Both phases may have the characteristic psychotic features of sensory experience - seeing, hearing, feeling, smelling, things without external cause (hallucinations) and obviously irrational beliefs (delusions).

## ▶ Causes

The causes are uncertain. There is evidence of a genetic element. Although the disorder occurs in only one to two per cent of the general population, ten to fifteen per cent of the nearest relatives of people with a bipolar disorder have a mood disorder. Many perfectly normal people have a characteristic personality type featuring rapid mood swings from cheerfulness to depression and back again. These mood swings relate to changes in circumstances that may have little effect on the moods of other people. People who develop bipolar disorder will often be of this personality type.

## ▶ Diagnosis

The condition is diagnosed by a psychiatrist familiar with the patterns of behaviour, thought and mood of people suffering from bipolar disorder. Bipolar disorder in its manic phase usually lasts for several months, and then settles. When in a manic state, the patient is likely to deny that there is anything abnormal in his or her behaviour, but other members of the family will be well aware that there has been a change.

## ▶ Treatment

Depressive episodes, if untreated, last for about six months to one year. The average person suffers five or six episodes over a 20-year period. Most treated episodes clear in about three months, but if treatment is stopped before six months of full recovery, the risk of relapse is doubled. The majority of people with bipolar affective disorder can be treated with a combination of approaches.

- The most common treatment during the manic phase is lithium carbonate, a mood stabilising drug. It is also sometimes prescribed to people with severe depression. High levels of lithium in the blood are dangerous so anyone taking lithium must have regular blood tests.
- The depression may also be treated with anti-depressants (including selective serotonin reuptake inhibitors (SSRIs) and similar newer anti-depressants). Anti-depressants usually take between 2 and 8 weeks before they become effective.
- Talking treatments such as cognitive behavioural therapy or counselling can often be useful.

Learning to recognise and self-manage the signs and triggers to the mood swings is also an invaluable tool for stabilising the condition.

### ► **Strategies**

- As each student is different, individually centred solutions need to be considered. A student with bi-polar affective disorder may request the following, although there may be other individually specific arrangements requested.
- Things that may trigger a manic episode will vary depending on the individual concerned, but in general, stress around practical arrangements should be avoided. Students may need to pace themselves carefully, and teaching arrangements should respect this need, for example last minute timetable changes should be avoided wherever possible.
- Medication may make it hard to get started in the morning, and the student may ask to record early morning lectures, and to avoid tutorials before a certain time of day.
- The use of a recorder in lectures or tutorials for later reference/ transcription (particularly where lectures may be missed during a depressive episode).
- Reading lists and lecture notes in advance.
- Extra time and / or rest periods in examinations (Requests via college to the Proctors with appropriate evidence required).
- Additional time for the completion of course work, interviews or tutorials.
- A mentor.

### ► **Requesting special examination arrangements**

Information about applying for special exam arrangements can be found at: <http://www.ox.ac.uk/students/shw/das/exams/>

Requests for examination concessions must be applied for via the college office.

## ▶ Funding

Information about applying for **funding** can be found at:

<http://www.ox.ac.uk/students/shw/das/funding/>

## ▶ Contacts

### **Student Counselling Service**

Website: <http://www.ox.ac.uk/students/shw/counselling/>

The Student Counselling Service is open on weekdays from 9.15am to 5.15pm. Appointments can be made by visiting the office at 11 Wellington Square, or by phone: (01865) 270300, or e-mail: [reception@counserv.ox.ac.uk](mailto:reception@counserv.ox.ac.uk)

### **OUSU Student Advice Service**

Thomas Hull House, New Inn Hall Street, Oxford, OX1 2HU.

Vice-President – Welfare:

Tel: 01864 (2) 88461. Email: [welfare@ousu.org](mailto:welfare@ousu.org)

Web: [www.ousu.org/welfare](http://www.ousu.org/welfare)

OUSU has an active Disabilities Action Group, which works to raise awareness of disability issues in the University.

### **Student Nightline**

Website: <http://users.ox.ac.uk/~nightln/>

Tel: (01865) (2)70270.

Confidential listening/information service for students by students.  
8pm-8am (during term-time).

## ▶ General sources of support

### **Mental Health Matters Resource Centre**

19 Paradise St, Oxford. Tel: (01865) 728981.

Drop-in centre for information and advice on mental health.

## **MIND (The National Association for Mental Health)**

Head office, Oxford: 2 King's Meadow, Osney Mead, Oxford. Tel: (01865) 263 730.

Day centres, Oxford: The Mill, 46 Cowley Road, open 10-3 Mon – Thurs, Sun 11.15-3. Closed Sat & Sun. (Women only day centre) 331 Cowley Road.

15-19 Broadway, London, E15 4BQ. Tel: 020 8519 2122.

Information Line: 0845 766 0163

MIND is the leading mental health charity in England and Wales. It provides a wide range of information and support to people with mental health difficulties.

## **NHS Direct**

Website: <http://www.nhsdirect.org.uk>

To find out more about the NHS, treatment options, extra contractual referrals and out of area treatment services, telephone 0845 4647.

## **Oxford Depression Support Group**

Tel: (01865) 552640.

The Oxford Depression Support Group offers support to people with depression. Groups meet once a month.

## **Rethink**

89 Albert Embankment, London, SE1 7TP

Website: [www.rethink.org](http://www.rethink.org)

Tel: 0845 456 0455 for information or speak to the national advice service about any aspect of mental health. Telephone: 0207 840 3188 (open 10am to 3pm Monday, Wednesday & Friday; 10am to 1pm Tuesday & Thursday) or e-mail: [advice@rethink.org](mailto:advice@rethink.org)

Provides a wealth of information about mental health issues to people with mental health difficulties, carers and health professionals.

## **The Samaritans**

60 Magdalen Road, Oxford. Tel: 08457 90 90 90 / (01865) 722122.

A confidential listening service, open to receive callers from 8am - 10pm.

### **▶ Internet Resources**

#### **Oxford Student Mental Health Network**

<http://www.osmhn.org.uk/>

#### **BBC Mental Health Website**

[http://www.bbc.co.uk/health/emotional\\_health/mental\\_health/index.shtml](http://www.bbc.co.uk/health/emotional_health/mental_health/index.shtml)

Mental health resource for young people under stress or worried about their thoughts and feelings.

#### **Depression Alliance**

<http://www.depressionalliance.org/>

#### **The Mental Health Foundation**

<http://www.mentalhealth.org.uk/>

Provides information on mental health issues and undertakes research into mental health.

#### **Disability Advisory Service**

E-mail: [disabililty@admin.ox.ac.uk](mailto:disabililty@admin.ox.ac.uk)

Website: [www.ox.ac.uk/students/shw/das](http://www.ox.ac.uk/students/shw/das)

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