



BIPOLAR DISORDER: MAKE THE FAMILY CONNECTION

Like Heart Disease or Certain Cancers, Understanding How Bipolar Disorder Runs in Families Can Lead to More Accurate Diagnoses and Proper Treatment – and Better Lives

When Carrie* was a teenager, her father began to act strangely. He was irritable all of the time and started arguments with everyone; he never seemed to sleep; and he spent money recklessly, causing the family to go into debt. He withdrew from his friends and started having trouble at work. “He went from being social and fun to be around, to quiet and withdrawn,” Carrie recalls. “The change was dramatic.” Then, without any warning, Carrie’s father abandoned her family.

Years later, Carrie, now a devoted wife and mother of three, began to experience some of the same behaviors that she saw her father struggle with. She experienced rapid mood swings, overspent when she went shopping, had racing thoughts and found herself uninterested in things she used to enjoy. “I had a strong tendency to isolate myself,” Carrie explains. When she began having suicidal thoughts, her family convinced her to see a psychiatrist, who hospitalized her and diagnosed her with bipolar disorder.

“When I saw the doctor, he asked if anyone in my family had a mental illness,” Carrie says. “I told him that my father had been diagnosed with depression before he died. But as we discussed my behaviors – and my father’s – it became clear that my dad probably had bipolar disorder. I wish that someone could have figured that out when I was young. Maybe our family wouldn’t have been torn apart.”

“Bipolar disorder, sometimes called manic depression, often runs in families, just like heart disease or certain types of cancers,” explains Julie Totten, president and founder of Families for Depression Awareness, a national non-profit organization that helps families recognize and cope with depressive disorders. “If people can provide their doctors with information about their family’s mental health history, physicians can more quickly and accurately diagnose the condition.”

Research suggests that more than two-thirds of people with bipolar disorder have at least one close relative with the condition or with major depression.¹ Additionally, studies suggest that children of parents with bipolar disorder are more likely to develop a mood disorder, including bipolar disorder, than children of parents who do not have psychiatric illness.²

* The name has been changed to protect privacy.

If diagnosed correctly, bipolar disorder can be treated, and people with the condition can live healthy and productive lives. But the consequences of not recognizing its symptoms, misdiagnosis, and improper treatment can be serious, even fatal.

“So much suffering and tragedy could be prevented if people examined their family tree for crucial clues about bipolar disorder, or another mental illness, in the family,” Totten explains. “It’s critical that everyone learn to recognize behaviors associated with bipolar disorder in themselves and in close relatives. Families need to understand that bipolar disorder is a familial medical condition, and that discussing this family connection can reduce the feelings of shame and blame that sometimes surround this illness.”

What bipolar disorder is – and is not

People with bipolar disorder fluctuate between overly “high” or irritable moods and sad and hopeless feelings, often with periods of “normality” in between.³ The condition usually begins during the teen years or in young adulthood, and can last throughout a person’s life.⁴

No one knows what causes bipolar disorder, but researchers think it may be the result of a chemical imbalance that affects certain parts of the brain. This imbalance is thought to be caused by the irregular production of certain hormones, or by a problem with certain chemicals in the brain, called neurotransmitters, that send messages to our nerve cells.⁵

Scientists don’t believe that there is a single “bipolar gene.” Several genes may play a role in how likely a person is to have bipolar disorder and pass it on to the next generation. By using advanced genetic testing and by studying families that are affected by the illness, scientists are working to pinpoint these genes and the brain proteins they influence, so that better treatments and preventive measures can be developed.⁶

Signs of Bipolar Disorder⁷	
Depressive Behaviors	Manic Behaviors
<ul style="list-style-type: none"> • Sad, depressed, or empty mood • Excessive crying • Loss of interest or pleasure in people or activities that were once enjoyed • Sleeping too much or too little • Low energy • Restlessness • Difficulty concentrating • Irritability • Loss of appetite or overeating • Feelings of worthlessness and hopelessness • Ongoing physical problems not caused by physical illness or injury (headaches, digestive problems, pain) • Thoughts of death or suicide* 	<ul style="list-style-type: none"> • Increased energy with decreased need for sleep • More talkative or rapid speech • Inappropriate sense of euphoria (excitement), or irritability or anger • Reckless behavior • Excessive energy • Racing thoughts; talking too much • Out-of-control spending • Difficulty concentrating • Abnormally increased activity, including sexual activity, spending sprees, erratic driving • Poor judgment • Aggressiveness

*If someone is suicidal, treat it as a medical emergency. Call the person's clinician, or call 911 or take him or her to your local hospital's emergency room.

Understanding behaviors – past and present – is the key

Recognizing the signs of bipolar disorder is not always easy. In its early stages, the illness can masquerade as a different problem, such as depression, alcohol or drug abuse, poor performance at school or work, or relationship difficulties.⁸

Alice*, a single mom, became increasingly worried about the behavior of her 12-year-old daughter, June*. June would come home from school crying every day and beg not to go to school the next. She seemed to have more energy than usual, had terrible nightmares, and became preoccupied with knives. For a full year, officials at June's school told Alice she was fine, and the girl never saw a doctor. And then June attempted suicide.

Finally, June was diagnosed with bipolar disorder. She is now being treated successfully with medication and therapy. Unfortunately, many people with bipolar disorder can face up to ten years or more coping with symptoms before they get an accurate diagnosis.⁹ In fact, nearly two-thirds of people with bipolar disorder are misdiagnosed, often with depression, just as Carrie's father was.¹⁰

"People with bipolar disorder often don't see a doctor until they are deep in a depressive episode," explains Eric Youngstrom, Ph.D., associate professor, Department of Psychology,

*The name has been changed to protect privacy.

University of North Carolina at Chapel Hill. “Others may not realize that they’ve had manic episodes in the past, or they don’t see manic behaviors as problems they should mention to their doctor. This can lead a doctor to misdiagnose major depression instead of bipolar disorder.” Many doctors agree that if family members shared the manic behaviors they see in their loved ones, it could help them make quicker, more accurate diagnoses and decide on the best course of treatment.

“A person’s family mental health history is an important piece of the diagnosis puzzle,” notes Dr. Youngstrom. “If a depressed patient tells me that his mother has racing thoughts and money troubles, and that his sister consistently engages in risky behaviors, it sheds more light on his condition and may help me figure out whether he’s suffering from depression or from bipolar disorder.”

The Mental Health Family Tree

To uncover family behavior patterns that could indicate bipolar disorder, Families for Depression Awareness has created a simple, interactive tool called the Mental Health Family Tree builder. The builder is a brief questionnaire that helps people identify personal and family behaviors associated with bipolar disorder. The completed builder results in a “family tree” that can be printed out and used to spark conversations with doctors or relatives.

The builder can be found on www.FamilyAware.org, along with other helpful resources, including tips for patients and families on dealing with bipolar disorder.

The more you know about bipolar disorder, the easier it will be for you to discover if it appears in your family’s health history. By building a Mental Health Family Tree, you can pinpoint the behaviors of family members who may have – or are suspected to have – bipolar disorder.

Just as Carrie came to realize that her father may have had untreated bipolar disorder, Alice now believes that her ex-husband’s aunt, who was an alcoholic, had untreated bipolar disorder. In both cases, knowing their family’s mental health history has made it easier for them to understand, accept and deal with the illness – and to realize what can happen if it goes untreated.

Kate*, a woman in her 40s who has been hospitalized for her bipolar disorder, received many wrong diagnoses before getting the accurate one of bipolar disorder type II. Both her mother and her uncle had received diagnoses of bipolar disorder, and her mother committed suicide. After being led through the questionnaire about the specific behaviors of family members

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that she had witnessed or heard about, Kate now suspects that her grandfather probably suffered from untreated bipolar disorder.

“If I had built a Mental Health Family Tree earlier, it would have given my doctor and me a clearer picture of what I was dealing with,” Kate says. “It might have pointed us in the right direction a little quicker.” Realizing now that there is an obvious “family line” of bipolar disorder, Kate has already used the Mental Health Family Tree builder to help her daughter understand the behaviors and warning signs associated with the illness.

“You need to ask yourself, ‘What have I got to lose by looking into my family’s past or asking relatives about their mental health?’” Totten notes. “The first job is to get yourself or your loved one into treatment. You need to take action – for everyone’s sake.”

What You Can Do Now

Build a Mental Health Family Tree. If you have questions about your or your family's mental health, visit www.FamilyAware.org to build your Mental Health Family Tree. The Mental Health Family Tree will help you map family behavior patterns that may be associated with bipolar disorder, such as depression, extreme irritability, trouble at work or school, alcohol and drug abuse, out-of-control spending, racing thoughts, or suicidal thoughts.

Talk about it. Use the Mental Health Family Tree printout to start conversations with your doctor or with family members about the behavior patterns it identifies. Try to help family members understand that bipolar disorder is a treatable medical condition that runs in families, rather than a shameful family secret.

Take the first step. If you or someone in your family shows symptoms of bipolar disorder, don't wait for a doctor to ask about them. Make an appointment now to talk with a physician about your concerns. Remember that many people with bipolar disorder cannot see the symptoms of the illness in themselves, so family members must tell the doctor instead.

Learn more.

- Families for Depression Awareness, www.familyaware.org
- National Institute of Mental Health, www.nimh.nih.gov
- Books:
 - "An Unquiet Mind" by Kay Redfield Jamison
 - "A Brilliant Madness" by Patty Duke
 - "I Am Not Sick I Don't Need Help" by Xavier Amador
 - "A Mood Apart" by Peter Whybrow
 - "Bipolar Disorder Survival Guide" by David Miklowitz
 - "Bipolar Disorder: A Guide for Patients and Families" by Francis Mark Mondimore
 - "When Someone You Love is Depressed" by Laura Rosen

Find support. Since bipolar disorder may cause serious disruptions or create an intensely stressful family situation, family members also may benefit from professional resources, particularly mental health advocacy groups. From these sources, families not only learn strategies to help them cope with their ill family member, but also learn to be an active part of the treatment.

Don't ignore warning signs. If at any time someone talks about death or suicide or may be harmful to you or others, seek immediate help. Contact your doctor; go to your local emergency room, or call 1-800-SUICIDE or 911.

¹ *Guide to Depression and Bipolar Disorder.* Depression and Bipolar Support Alliance, 730 N. Franklin Street, Suite 501, Chicago, Illinois 60610-7224. Available at: <http://www.dbsalliance.org/PDF/guide1.pdf>
Accessed May 22, 2006.

² Kiki D. Chang, Kim A. Gallelli. *Bipolar Disorders and Genetics: Clinical Implications of High Heritability Basic Genetics and Heritability of Bipolar Disorder.* Medscape Psychiatry & Mental Health. 9(2), 2004.

³ *Going to Extremes: Bipolar Disorder*. National Institute of Mental Health, <http://www.nimh.nih.gov/publicat/manic.cfm>. Accessed May 11, 2006.

⁴ <http://www.nmha.org/infoctr/factsheets/76.cfm>. Accessed May 11, 2006.

⁵ <http://www.nmha.org/infoctr/factsheets/76.cfm>. Accessed May 11, 2006.

⁶ *Going to Extremes: Bipolar Disorder*. National Institute of Mental Health, <http://www.nimh.nih.gov/publicat/manic.cfm>. Accessed May 11, 2006.

⁷ *Diagnostic Criteria from DSM-IV*. American Psychiatric Association. 161-183.

⁸ *Understanding Bipolar Disorder*. National Alliance on Mental Illness, 2107 Wilson Blvd., Suite 300, Arlington, VA 22201-3042. PDF available at:

http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=19754. Accessed April 18, 2006.

⁹ *Facts About Bipolar Disorder*. Depression and Bipolar Support Alliance, 730 N. Franklin Street, Suite 501, Chicago, Illinois 60610-7224. Available at: <http://www.dbsalliance.org/Media/BipolarFacts.html>. Accessed April 18, 2006.

¹⁰ *Understanding Bipolar Disorder*. National Alliance on Mental Illness, 2107 Wilson Blvd., Suite 300, Arlington, VA 22201-3042. PDF available at:

http://www.nami.org/Template.cfm?Section=By_Illness&template=/ContentManagement/ContentDisplay.cfm&ContentID=19754. Accessed April 18, 2006.