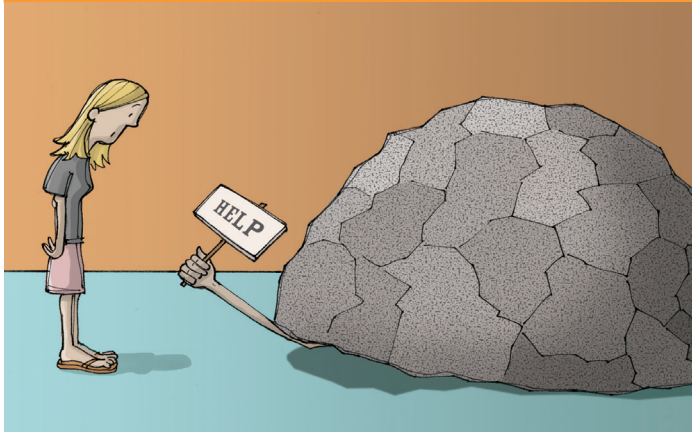


Staying on course with bipolar disorder treatments



What this fact sheet covers:

- Reasons why people may stop taking medication
- Dealing with lack of insight
- Recurring mania
- Key points to remember

Reasons why people may stop taking medication

The management of bipolar disorder is not always a straightforward task. Often people do not take their medication as prescribed – they may either take a lower dose than prescribed or cease one or all medications entirely. People with bipolar disorder routinely self-medicate and may change their medications without their doctor's knowledge. There are a number of possible reasons for this:

- side-effects which impair functioning – common ones are feeling 'fuzzy headed', feeling a loss of creativity and feeling 'flat'
- concerns about possible longer-term effects (e.g. fears of getting 'addicted' or plans to get pregnant)
- advice from friends or relatives such as, 'You don't need to take medication', or 'It's dangerous'
- having a poor understanding about what the medication is supposed to do
- poor insight – 'I'm not/never have been sick, I don't need to be on medication. It's the medication that's making me feel ill!'

These issues need to be discussed with a treating clinician as many relapses are directly related to the cessation of prescribed medication. Understanding and acknowledging the cost benefits of medication in the long-term may help to improve medication compliance.

Dealing with lack of insight

Many people with bipolar disorder retain good insight into their illness, at least while they are in periods of wellness. However, mania and hypomania can lead to loss of insight, and this can cause many problems, not only in relation to a person's compliance with medication, but also the possibility of that individual being at risk of causing harm to themselves or others.

Having a personalised relapse plan that was developed together with a clinician, and which others (i.e. family, partners, community mental health staff) are aware of, can assist in the management of difficult times.



Plans that detail (in the person's own words) their warning signs and symptoms, things they will accept others to tell them and what they will do if told they need extra treatment, can all help to ensure that the individual gets the support and professional help that they may need.

Ongoing treatment

The decision whether or not to treat mild mania and hypomania is an individual decision which is often dependent on perceived consequences (both positive and negative) of their 'highs'. Charting a person's moods by using a Daily Mood Graph can help this decision.

See: www.blackdoginstitute.org.au (Fact Sheets).

It is important to recognise that without ongoing treatment, mood swings are unlikely to be controlled and relapse is more likely. Most people who have had one manic episode will go on to have further episodes of the illness. The benefits of ongoing treatment include a reduction in the severity and frequency of episodes. For most people the benefits of long-term stability outweigh the drawbacks of being on medication.

Recurring mania

Non-adherence with mood stabilisers is a common cause of relapse. For example, approximately 50% of people who suddenly cease lithium will relapse into a manic episode within five months and many within a few weeks. A blood test can confirm whether levels of lithium medication are in the effective range.

If mania recurs, the treating practitioner would normally ask two questions:

- Why has the person stopped taking the medication?
- Why is the medication no longer working?

If the person with bipolar disorder has ceased their medication because of unpleasant side-effects, it is possible for their treating practitioner to reduce the dosage or prescribe another mood stabiliser. If mania recurs despite good compliance and acceptable tolerance of the medication, changing or combining medications might be the solution. For example, valproate (known as 'Epilim' in Australia) or carbamazepine could be added to lithium in cases where mania recurs, despite maintenance of adequate blood levels and satisfactory compliance with lithium.

Key points to remember

- Bipolar disorder is an illness which requires long-term treatment and management.
- People with bipolar disorder often self-medicate and change their medications without their doctor's knowledge.
- A relapse plan can help a person to get the support and professional help they may need.
- Recurring mania is usually due to poor compliance with medication, or medications not working properly and needing readjusting or changing

Where to get more information

A **Daily Mood Graph** and other relevant fact sheets can be downloaded from our website at: www.blackdoginstitute.org.au/factsheets.

This document may be freely downloaded and distributed on condition no change is made to the content. The information in this document is not intended as a substitute for professional medical advice, diagnosis or treatment. Not to be used for commercial purposes and not to be hosted electronically outside of the Black Dog Institute website.

For information: www.blackdoginstitute.org.au



[blackdoginst](https://www.facebook.com/blackdoginst)



[@blackdoginst](https://twitter.com/blackdoginst)



[/BlackDogInst](https://www.youtube.com/BlackDogInst)

Contact Us

Email: blackdog@blackdog.

Keeping health in mind



**Black Dog
Institute**