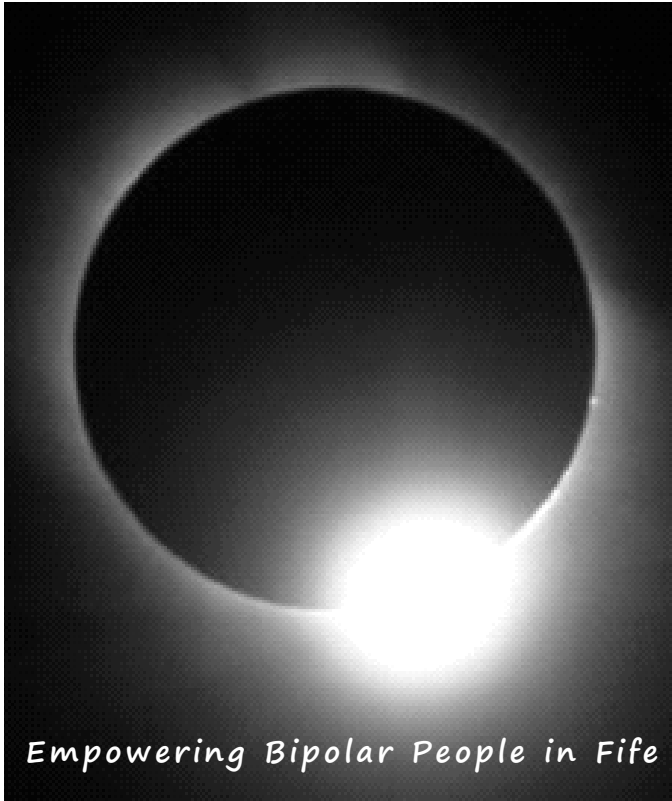


# *Fife Bipolar Group*

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*www.cfbg.co.uk*

*Issue 33 August 09*



*August's Speaker will be*

*Fife Circles Network*

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## About the Fife Bipolar Group

We meet once a month in Kirkcaldy & welcome people from all over Fife. The main purpose of the group is to offer a supportive environment to those affected by bipolar affective disorder and allow them to talk about and share their experiences with others. Membership is free & you do not need a referral.

We provide information & support through our group via the website, a monthly magazine & regular activities that raise awareness of living with bipolar. If you'd like to talk or just be around people experiencing what you're going through, please come join us!

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## People with bipolar disorder

*Friends Relatives Carers*

### **Meeting**

2nd Tuesday of every month  
7 - 9pm

### **Address**

Fife Bipolar Group  
Express Group Kirkcaldy  
110 Rosslyn Street  
KY1 3AD

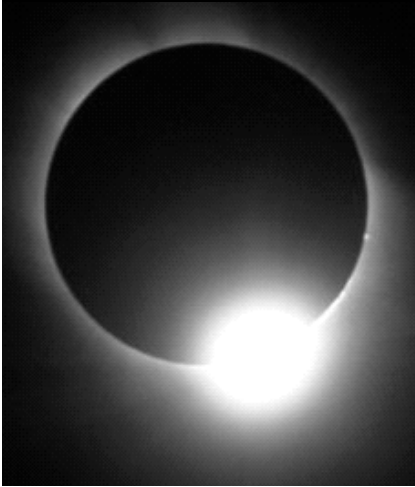
### **Contact**

fifebipolargroup@cfbg.co.uk  
www.cfbg.co.uk  
0753 863 9461

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**Disclaimer** FBG cannot be held responsible for any information supplied in this magazine. Any views expressed by articles do not necessarily represent the views of FBG. The Group's decision on material to be included is final.

making sense of darkness



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<b>Chairperson</b> Mark	
<b>Secretary</b> Pauline	
<b>Website</b> James	
<b>Magazine</b> Ross	
<b>Treasurer</b> Barbara	
<b>Fundraiser</b> Barbara	
<b>Librarian</b> Margaret	
<a href="mailto:fifebipolargroup@cfbg.co.uk">fifebipolargroup@cfbg.co.uk</a>	

Get in touch with any comments or ideas for the magazine.  
The deadline for the magazine is 16th of every month

## *Bipolar News & Round-up*

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### *New Advocacy in Fife Service*

Fife advocacy no longer exists—it's operations have been taken over by Circles Network Fife. August's speaker will be from this new service and talking to us about the services they deliver.

### *Reading List*

A new reading list will soon be produced by the group to be distributed to members. The list intends to highlight the most interesting and relevant books relating to bipolar for those who wish to read further.

### *The Mood Journal*

The HealthyPlace Mood Tracker is a unique, easy to use, daily tracking system that enables you to keep track of your moods and the feelings and actions behind them. [www.healthyplace.com/mood-journal/](http://www.healthyplace.com/mood-journal/)

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## *Crisis Phone lines*

### **Breathing Space**

0800 83 85 87

### **Samaritans**

08457 90 90 90

### **Saneline**

0845 767 8000

### **Social Work out-of-hours**

01592 415000

### **NHS Direct**

0845 24 24 24

### **Mind**

0845 766 0163



# *Come & Meet The Equality & Human Rights Commission Legal Team*

**Dunfermline - Vine Venue - 20th August 2009**

The Equality and Human Rights Commission champions equality and human rights for all, working to eliminate discrimination, reduce inequality, protect human rights and to build good relations, ensuring that everyone has a fair chance to participate in society.

The Commission's Scotland Legal Team is visiting the above location, hosting a lunch and afternoon Information Session. You will have the opportunity to find out more about the Commission, discuss how we can work together and let us know what issues are most significant to you and your service users.

**Who should come:** The event is for advice giving organisations, as well as frontline representatives of voluntary, community and educational organisations who give advice or assistance directly to the public.

**Agenda:** A confirmed agenda will be sent out closer to the time.

**Booking a place:** This event is FREE. available on a first come, first served basis. Please email: [roadshow@equalityhumanrights.com](mailto:roadshow@equalityhumanrights.com) if you wish to attend and we will send a booking form.

# The History of Bipolar...

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There's no time like the present to be diagnosed with bipolar disorder. Comparisons between what we know now versus what we knew then reveal that, indeed, our understanding of the disorder has come a long way. Though it's impossible to trace the first case of bipolar depression or mania, much is known about the evolution of its identification and subsequent classification and naming as manic depression—now known generally as bipolar—and about those specialists whose breakthroughs have contributed so much to our present-day treatment expertise.

## **In the beginning**

As might be expected, the early history of bipolar and other mental disorders is not pretty, but rather a testimony to ignorance, misunderstanding, and fear. Consider that in 300 to 500 AD, some people with bipolar disorder were euthanized, according to Cara Gardenswartz, PhD, who is in private practice in Beverly Hills, California, with specific expertise in bipolar disorder and in its history.

“In the earliest days of documentation, these people were viewed as ‘crazy,’ possessed by the devil or demons,” Dr. Gardenswartz says. Their treatment or punishment, she explains, included restraint or chaining; their blood was let out; they were given different potions, or electric eels were applied to the skull—“much in the way witches have been treated in various cultures. In fact, witchcraft was often used to try and ‘cure’ them,”

Gardenswartz says.

“Less is known about bipolar disorder from 1000 to 1700 AD, but in the 18th and 19th centuries, we adopted a healthier overall approach to mental disorders.”

Consider these developments in the evolution of bipolar disorder, which was observed and studied in the second century by physician Aretaeus of Cappadocia—a city in ancient Turkey. In his scholarly work, *On Etiology and Symptomatology of Chronic Illnesses*, Aretaeus identified mania and depression; he felt they shared a common link and were two forms of the same disease. The ancient Greeks and Romans coined the terms “mania” and “melancholia” and used waters of northern Italian spas to treat agitated or euphoric patients—and in a forecast of things to come—believed that lithium salts were absorbed into the body as a naturally occurring mineral. In 300–400 BC, the ancient Greek philosopher Aristotle had thanked “melancholia” for the gifts of artists, poets, and writers, the creative minds of his time. Conversely, in the Middle Ages, those afflicted with mental illness were thought to be guilty of wrongdoing: their illness was surely a manifestation of bad deeds, it was thought.

In 1621, Robert Burton—English scholar, writer, and Anglican clergyman—wrote what many deem a classic of its time, a review of 2,000 years of medical and philosophical “wisdom”: *The Anatomy of Melancholia*, a treatise on depression that defined it as a mental illness in its own right. In 1686, Swiss physician Théophile Bonet named



“manico-melancolicus” and linked mania and melancholia.

Measurable progress was made in the early 1850s when Jean-Pierre Falret, a French psychiatrist, identified folie circulaire or circular insanity—manic and melancholic episodes that were separated by symptom-free intervals. He broke substantial new academic ground when he chronicled distinct differences between simple depression and heightened moods. In 1875, because of his work, the term “manic-depressive psychosis,” a psychiatric disorder, was coined. Scientists also credit Falret with recognizing a genetic link associated with this disease.

“We owe the categorization of bipolar disorder as an illness to Falret,” write Jules Angst, MD, and Robert Sellaro, BSc, of Zurich University Hospital in Switzerland, in their September 2000 paper, “Historical Perspectives and the Natural History of Bipolar Disorder,” published in *Biological Psychiatry*.

“It is remarkable how Falret’s description of symptoms and hereditary factors are so similar to descriptions found in present-day books and journals,” writes Erika Bukkfalvi Hillard, MSW, RSW, of Royal Columbian Hospital in New Westminster, British Columbia, in her 1992 book *Bipolar Disorder, Manic-Depressive Illness*. “Falret even encouraged physicians to diversify medications used in the treatment of manic-depressive illness in the hopes that one of them might one day discover an effective drug therapy.”

Dr. Angst and Sellaro note that concurrently in 1854 French neurologist and psychiatrist Jules-Gabriel-

François Baillarger used the term folie à double forme to describe cyclic (manic–melancholic) episodes. Baillarger apparently also recognized a distinct difference between what we now know as bipolar and schizophrenia.

In their treatise, the Swiss specialists detail more specifics about the face of an emerging illness, particularly as it relates to “mixed states.” They write, “The history of the concept of mixed states [symptoms of mania and depression occurring simultaneously]...were probably already known at the beginning of the 19th century and named ‘mixtures’...and ‘middle forms.’” A 1995 paper by French psychiatrist T. Haugsten, “Historical Aspects of Bipolar Disorders in French Psychiatry,” also traces the term “mixed states’ to J. P. Falret’s son, Jules Falret.

“At the end of the 19th century, in spite of the contributions of Falret, Baillarger, and [German psychiatrist Karl Ludwig] Kahlbaum (among others), most clinicians continued to consider mania and melancholia as distinct and chronic entities with a deteriorating course,” José Alberto Del Porto, Paulista School of Medicine of the Federal University of São Paulo, states in an October 2004 research paper published in Revista Brasileira de Psiquiatria. However, the acceptance of this theory would not prevail forever.



### **Bipolar on its own**

German psychiatrist Emil Kraepelin (1856–1926) is one of the most recognizable names in the history of bipolar. He is sometimes referred to as the founder of modern scientific

psychiatry and psychopharmacology. He believed mental illness had a biological origin and he grouped diseases based on classification of common patterns of symptoms, rather than by simple similarity of major symptoms, as those who preceded him had done. This forward-thinking specialist postulated that a specific brain or other biological pathology was at the root of each of the major psychiatric disorders. Kraepelin felt that the classification system needed revising, and so he did just that.

In the early 1900s, after extremely detailed research, he formulated the separate terms “manic-depression” and “dementia praecox,” the latter later named “schizophrenia” by Eugène Bleuler (1857–1940). Widespread use of the term “manic depression” prevailed until the early 1930s—it was even used until the 1980s and 1990s. Also during the early 1900s, Sigmund Freud broke new ground when he used psychoanalysis with his manic-depressive patients: biology then took a back seat. He implicated childhood trauma and unresolved developmental conflicts in bipolar disorder.

In the early 1950s, German psychiatrist Karl Leonhard and colleagues initiated the classification system that led to the term “bipolar,” differentiating between unipolar and bipolar depression. Dr. Gardenswartz notes that “once there was a difference between bipolar and other disorders, individuals suffering from mental illnesses were better understood, and in turn—along with the progress in psychopharmacology—were able to receive better treatment.”

The term “bipolar” logically emphasizes “the two poles,” according to Robert L. Spitzer, MD, professor of psychia-

try at Columbia University. Specifically, it is known that people with unipolar depression experience drops in mood, and people with bipolar depression usually experience both depressed and elevated moods in a cyclical manner. In 1980, Dr. Spitzer and his team wrote the third version—an undeniably major revision—of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM) for classifying mental illnesses. The DSM is now in its fourth revision, published in 2000.

“DSM-II contained 150 disorders; DSM-III had 300, although some are ‘subtypes,’” explains Dr. Spitzer. DSM-III is considered a “bible” by specialists and others in the professions, having done away with a one-size-fits-all classification system. Among the monumental changes that occurred when the version DSM-III was published—demanding six years of painstaking work—was the changing of the term “manic-depression” to “bipolar,” which did away with descriptions of patients as “maniacs.” Until the book’s major overhaul, many professionals would say the book did not command much attention. The *New Yorker* wrote in a profile of him that Dr. Spitzer “established it [DSM-III] as a scientific instrument of enormous power,” a fact that few would challenge.



### **Beyond fear, to fact**

While names of mental disorders evolved and changed—as they have in medical disciplines in general—so did the range of treatments for those with bipolar disorder, says Dr. Gardenswartz. She

points to the use of sedatives and barbiturates prior to the 1950s; patients were also institutionalized to separate them from others. Hot baths continued to be used through the ages, presumed to calm the person down. Electroconvulsive shock therapy and prefrontal lobotomies emerged as two more radical treatment options until new methods evolved and were accepted.

“Starting in the mid-1900s, with the advent of psychiatric and antipsychotic mood-stabilizing medications, patients were able to be viewed more as human beings suffering from illness that could be treated,” Dr. Gardswartz affirms. Additionally, doctors and the public began to view various illnesses “as the separate entities that they were: schizophrenia, ongoing without breaks or relief from symptoms when untreated; or bipolar, in which people could typically function normally during periods between this cyclical illness.”

A discussion of medications to treat bipolar cannot be complete without acknowledging the work of John Cade, an Australian physician who introduced lithium to the practice of psychiatry in 1949 quite by accident when he observed that lithium urate appeared to calm guinea pigs. Lithium has since remained one of the most effective medications for those with mood disorders, providing a springboard for further research and discovery of biomedical treatments. It is not surprising that natural lithium is found in hot springs, which, as noted previously, were used historically as a treatment for bipolar disorder.

Inspired by Dr. Cade, Mogens Schou, MD (1918–2005), Prof. Med. Sci., continued groundbreaking research into lithium. Dr. Schou was emeritus professor of the Psychiat-

ric Hospital in Risskov, Denmark, and was named honorary president of the International Society for Bipolar Disorders. Dr. Schou labeled manic-depression “the national illness” of his country and in the 1960s, Dr. Schou used lithium on an experimental basis with a group of his patients who suffered from mania. Schou’s work proved that when used properly with monitoring, it could be very effective in treating bipolar depression. Understandably, pharmaceutical companies and academicians were not elated about a naturally occurring mineral salt that was “old news.” In no small part because of Dr. Schou’s efforts, the U. S. Food and Drug Administration (FDA) finally approved lithium as a treatment for mania in 1970, and in 1974, as a preventive treatment for manic-depressive illness.

Since the advent of lithium, the choices in medications (including antipsychotics, mood stabilizers, and antidepressants) combined with supportive, cognitive-behavioral and insight-oriented counseling and care, have provided new tools to confront bipolar disorder. “We have a lot to be grateful for,” says Dr. Gardschvartz, “and there’s much more to come. In the next several decades, we’ll see increased differentiation of symptoms and of treatment, and possibly, the ability to prevent and detect the onset of the disorder.”

***Taken from the [www.bphope.com](http://www.bphope.com) website.***

# Having Parents With Bipolar Disorder Associated With Psychiatric Disorders

.....  
Children and teens of parents with bipolar disorder appear to have an increased risk of early-onset bipolar disorder, mood disorders and anxiety disorders, according to a report in the March issue of Archives of General Psychiatry, one of the JAMA/Archives journals.

As many as 60 percent of patients with bipolar disorder experience symptoms before age 21, according to background information in the article. Identifying the condition early may improve long-term outcomes, potentially preventing high psychosocial and medical costs. Having family members with bipolar disorder is the best predictor of whether an individual will go on to develop the condition, the authors note. "Therefore, carefully evaluating and prospectively following the psychopathology of offspring of parents with bipolar disorder and comparing them with offspring of parents with and without non-bipolar disorder psychopathology, are critical for identifying the early clinical presentation of bipolar disorder," they write.

Boris Birmaher, M.D., of Western Psychiatric Institute and Clinic, University of Pittsburgh Medical Centre, and colleagues compared 388 offspring (ages 6 to 18) of 233 parents with bipolar disorder to 251 offspring of 143 demographically matched control parents. Parents were



assessed for psychiatric disorders, family psychiatric history, family environment and other variables, and were also interviewed about their children. Children were assessed directly for bipolar disorder and other psychiatric disorders by researchers who did not know their parents' diagnoses.

Compared with the offspring of control parents, children of parents with bipolar disorder had an increased risk of having a bipolar spectrum disorder (41 or 10.6 percent vs. two or 0.8 percent) and having any mood or anxiety disorder. Children in families where both parents had bipolar disorders also were more likely than those in families containing one parent with bipolar disorder to develop the condition (four of 14 or 28.6 percent vs. 37 of 374 or 9.9 percent); however, their risk for other psychiatric disorders was the same as offspring of one parent with bipolar disorder.

“Consistent with the literature, most parents with bipolar disorder recollected that their illness started before age 20 years and about 20 percent had illness that started before age 13 years,” the authors write. “In contrast, most of their children developed their first bipolar disorder episode before age 12 years, suggesting the possibility that parents were more perceptive of their children’s symptoms early in life or perhaps that bipolar disorder has more penetrance and manifests earlier in new generations.”

Source: American Medical Association



# What's on in Fife?

## *Auchtermuchty Festival*

Weekend traditional music festival featuring ceilidhs, concerts, dances, workshops, sessions and open air events. Various venues.

14th to 16th of August 2009

Auchtermuchty Festival  
Auchtermuchty

01337 860482

[www.auchtermuchty-festival.org.uk](http://www.auchtermuchty-festival.org.uk)

## *Fife Outdoor Access Festival*

Come and discover Scotland's only Kingdom during this 9 day programme of events. From carefully planned and supervised walks, cycles, horse rides, water-sports, disabled rambles and family fun days, there is something to suit all ages and abilities.

With most events **free of charge**, and limited places, early booking is essential. So what are you waiting for?

1st to the 9th of August

[www.fifeoutdooraccessfestival.co.uk](http://www.fifeoutdooraccessfestival.co.uk)

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*Come & Join ...*

## **Bipolar Fellowship Scotland**

Membership is open to anyone who has an interest in Bipolar Disorder and/or the need to increase understanding of the illness. Every new member strengthens the voice of those affected - if you have the illness, are a carer, friend, relative, a caring professional or an interested individual.

### **What membership offers:**

- The Bipolar Fellowship Scotland regular newsletter On the Level Quarterly issues of the MDF The Bipolar Organisation's UK Journal—Pendulum
- Access to a wide range of information covering all aspects of bipolar disorder/manic depression at our lending library (no need to come to the office, we can post things out to you)
- Free entry to self help groups network events
- Access to the self management training courses
- Access to facilitators' training events if you are/plan to be an organiser of a self help group
- Free entry to our annual national conference
- Legal Advice Line
- Insurance Services

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Please complete this page and send it to Bipolar Fellowship  
Scotland at the address below:

*I enclose my membership fee (tick as appropriate):*

Individual	0	£20.00
Unwaged Individual	0	£ 5.00
Family	0	£25.00
Corporate	0	£35.00

TOTAL ENCLOSED \_\_\_\_\_

NAME:

ADDRESS:

POSTCODE:

TEL:

E-MAIL:

SIGNATURE:

DATE:

Please make all cheques/postal orders payable to Bipolar  
Fellowship Scotland.

Studio 1015, Mile End Mill  
Abbey Mill Business Centre  
Seedhill Road  
Paisley PA1 1TJ

**Telephone 0141 560 2050**  
**e-mail [tildab@bipolarscotland.org.uk](mailto:tildab@bipolarscotland.org.uk)**

affiliated with Bipolar Fellowship Scotland

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**Bipolar Fellowship Scotland**

0141 560 2050  
www.bipolarscotland.org.uk

**The Bipolar Foundation**

www.bipolar-foundation.org

**Breathing Space Scotland**

0141 435 3901  
Helpline 0800 83 85 87  
breathingspacescotland.co.uk

**Fife Carers Centre**

01592 642999  
www.fifecarerscentre.org.uk

**Depression Alliance Scotland**

0131 467 3050  
www.dascot.org

**Scottish Assoc for Mental Health**

0141 568 7000  
www.samh.org.uk

**Circles Network Fife**

07909 002 575  
fife@circlesnetwork.org.uk

**Fife Families Support Project**

01592 641401  
www.fifefamilies.org.uk

Drop-in Centres around Fife

**ENERGI**

01333 730477  
www.energi.verycool.co.uk

**Barony Housing Contact Point**

0871 700 7777  
rowangroup.org.uk/barony.htm

**Express Group Kirkcaldy**

01592 652975  
gavin@expressgroup.fsnet.co.uk

**Express Group Dunfermline**

01592 652975  
www.expressgroupfife.org.uk

**The Cottage NSF Scotland**

01334 657421  
thefifecottage@hotmail.com

**Link Living**

01592 644048  
www.linkliving.org.uk

*Would you like to see your organisation here? Simply get in touch with your details! We'll add you to our list.*

We meet 2nd Tuesday every month

No referral needed, simply come along! All welcome

**7pm The Express Group Kirkcaldy**

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