

DBSA West Hill and Valley Newsletter: May, 2011

Attendance in all of our support groups is growing! Our groups are now more diverse, and are able to help more and more people. We are especially pleased that our teen / young adult group is starting to see some consistent attendance. Thanks to facilitator Alex Steinmetz for his dedication and commitment to the group.

MONTHLY BOARD OF DIRECTORS REPORT

Bank Account Balances

Checking Account Balance	\$1,110
Emergency Medical Fund:	\$5,139

Newsletter Distribution

Email Recipients	272
Hardcopy Recipients	67
Total Recipients	339
Last Email Date	4/3/11
Last USPS Mailing Date	4/5/11
Last Board of Directors Mtg	3/20/11

Dues Paying Members

Individual	20
Family	18
Total Dues Paying Members	38

This month's article: Living with someone with bipolar disorder. The following article, written in 2004, is taken from the website, Patient Health International. It is a good overview of the challenges faced by friends and family members of people with bipolar disorder. Much of the content in this article mirrors discussions we have in the friends / family support group.

Living with Someone with Bipolar Disorder

Like any serious illness, bipolar disorder creates problems for family members and friends. Living with someone who experiences extreme, uncontrollable mood swings can be highly stressful and can cause misunderstandings and confrontations. Family members must not only cope with their loved one acting in uncharacteristic ways, but also deal with the lasting consequences of these behaviors.

Substance abuse complicates things

Alcohol and drug abuse is common in people with bipolar disorder and can make symptoms more severe. Substance abuse may reflect a lack of judgment brought on by the illness or be a deliberate act of "self-medication" by the patient. Experts stress the important of recognizing such problems in bipolar patients and ensuring they are treated by specialists.

Effective management of substance misuse has dual benefits: It minimizes the negative impact of drug and alcohol on the sufferer and their family, and also increases the likelihood that treatment for bipolar disorder will be successful.

Understand that bipolar sufferers cannot control their extreme feelings.

It is important to remember that their feelings of euphoria, excitement, hopelessness or depression are neither rational nor under the sufferers' control: they cannot simply "snap out of it". Try to be patient and understanding and remember that your support is crucial, even if it does not appear to be appreciated at the time.

During manic and depressive episodes, patients with bipolar disorder may become suicidal. Research suggests that at least one-quarter of bipolar individuals will attempt suicide. Fortunately, drug treatment for bipolar disorder has been proven to substantially reduce the risk of suicide, so family members should remain vigilant

and ensure compliance with any prescribed medication. Suicidal thoughts, remarks, or behaviors should always be taken seriously and reported to a qualified professional.

Sometimes, severe bipolar episodes include symptoms of psychosis, such as hallucinations, delusions, and paranoia. Seeing a loved one exhibiting such symptoms can be frightening and confusing but again it is important to bear in mind that these behaviors are caused by the illness and require urgent medical attention. Drugs can be effective in reducing acute psychotic symptoms, while long-term compliance with medication will help prevent them recurring in the future.

Symptom awareness

A particularly frustrating aspect of bipolar disorder occurs when individuals who are in the midst of an episode do not realize there is anything wrong. In fact, most report feeling extremely well at the beginning of a manic episode and don't want it to stop. Sometimes the episode progresses to dangerous levels. When someone with bipolar disorder is engaging in activities that are a threat to themselves or others, hospitalization (voluntary or involuntary) may be necessary.

Although forced hospitalization can cause considerable distress at the time, the individual will usually acknowledge that it was necessary once treatment has been started and their symptoms are under control.

Social problems.

With all these potential sources of conflict between bipolar individuals and their families, it is no surprise that bipolar disorder is associated with severe psychosocial problems. Even between episodes, it is estimated that 60% of bipolar individuals experience enduring difficulties in their home and working lives. Divorce rates are two to three times higher for bipolar individuals than in the general population; furthermore, their occupational status is twice as likely to deteriorate as those without the illness.

What steps can you take if someone in your family is struggling with bipolar disorder?

Family and friends tend to be at the front-line of managing the illness, and there is increasing evidence to suggest that family involvement is directly beneficial to the bipolar individual. Indeed, studies show that family "psycho-education" is effective in reducing the risk of relapse, improving compliance with treatment, facilitating general social skills, and promoting family harmony. Some practical ways that family and friends can help are outlined below:

- Learn everything you can about bipolar disorder (psycho-education).
- Encourage the bipolar individual to seek treatment if he/she has not already done so.
- Offer to accompany them to doctor's appointments.
- Let your loved one know you care; remind him that his feelings are caused by an illness that can be treated.
- Provide ongoing emotional support and encouragement once treatment has started.
- Learn to recognize the warning signs of an imminent relapse, e.g., irritability, fast speech, restlessness, and unusual sleeping patterns.
- Identify triggers, e.g. seasons, anniversaries, stressful life events.
- While the person is stable, formulate a mutually agreed-upon preferred course of action in the event of a future manic or depressive relapse.
- Monitor medication compliance and remind the individual that treatment must be continued even when she is feeling well.
- Never ignore remarks about suicide - don't leave him/her alone and contact a professional urgently. Alert their physician if they are not eating or drinking.

Please help DBSA West by becoming a dues-paying member.

DBSA is an all-volunteer organization dedicated to improving the lives of people living with mood disorders and their loved ones. Our primary focus is on providing support groups for persons dealing with depression and bipolar disorder and their friends and families.

We are constantly looking for ways to make people aware of our group, which means we spend money on postage, printing and distribution of our information. When you become a member of DBSA, your \$20 individual and \$30 family annual dues payments help us pay for the production and mailing costs of our newsletters and brochures. Please see the sign up form at the end of this newsletter.

Our Officers:

President: Bernadette Knudsen, beesnees1@sbcglobal.net
Vice President: Norma Wimunc, nwimunc25@earthlink.net
Treasurer: Mary Paganoni, marypaganoni@aol.com
Secretary: Bob Steinmetz, bob@steinmetzmail.com

Our Support Group Facilitators:

Sunday: Bernadette Knudsen, beesnees1@sbcglobal.net and Linda Dougherty
Sunday (young adult): Alex Steinmetz, alexsteinm@gmail.com
Wednesday: Norma Wimunc, nwimunc25@earthlink.net
Thursday: Bob Steinmetz, bob@steinmetzmail.com

Support groups meet at Good Samaritan Hospital, 3815 Highland Ave in Downers Grove.
Here is our schedule for the next few weeks. Since schedules are subject to change, always refer to www.dbsawest.org for the most current information regarding room assignments.

Day	Date	Time (pm)	Location	Group
Wed	5/11	7:00-9:00	White Oak	Patient
Thu	5/12	7:00-8:30	Cancer Cntr	Caregiver
Sun	5/15	1:00-3:00	Red Oak	Patient
Sun	5/15	1:00-3:00	Black Oak	16-25
Wed	5/18	7:00-9:00	White Oak	Patient
Thu	5/19	7:00-8:30	White Oak	Caregiver
Sun	5/22	1:00-3:00	Red Oak	Patient
Sun	5/22	1:00-3:00	Black Oak	16-25
Wed	5/25	7:00-9:00	White Oak	Patient
Thu	5/26	7:00-8:30	White Oak	Caregiver
Sun	5/29	1:00-3:00	Red Oak	Patient
Sun	5/29	1:00-3:00	Black Oak	16-25
Wed	6/1	7:00-9:00	White Oak	Patient
Thu	6/2	7:00-8:30	White Oak	Caregiver
Sun	6/5	1:00-3:00	Red Oak	Patient
Sun	6/5	1:00-3:00	Black Oak	16-25
Wed	6/8	7:00-9:00	Birch	Patient
Thu	6/9	7:00-8:30	White Oak	Caregiver
Sun	6/12	1:00-3:00	Red Oak	Patient
Sun	6/12	1:00-3:00	Black Oak	16-25
Wed	6/15	7:00-9:00	White Oak	Patient
Thu	6/16	7:00-8:30	White Oak	Caregiver

