

Don't beat yourself up

Taking steps to help yourself cope with and overcome your depression is an excellent move; empowering and very worthwhile. But it is the nature of the depression itself that your progress will inevitably be both slow and erratic.

- Be gentle with yourself. Remember that you are not striving for perfection.
- You are not fighting against yourself; you are trying to work with yourself and for yourself.
- Every positive thing you do, however small, is, in fact, a huge step in the right direction.
- Be encouraged, not discouraged!

With time you will get over this

Advice for patients with Bi Polar illness.

Excessive pressure (work stress) or Pleasures can increase the risk of relapse

Relapse can be in the form of a high increase in drinking or general Elation of Mood-Partying or Spending and often not sleeping very much.

When depressed it is often easy to sleep too much, to be lethargic and heavy and to avoid friends.

One lady said she aims to do 4 things a day

1. Open the Curtains
2. Wash and dress
3. Eat one hot meal a Day
4. One thing for pleasure like stroke the cat or go for a short walk.

Everyone with Bipolar Illness is different. They will have different Triggers and a need to know themselves, or have someone who can advise them.

In a Study, 59% of Psychotherapists Missed Bipolar Diagnosis.

It's well known that the first time many people seek help for bipolar disorder symptoms, they only report symptoms of depression, not realizing that hypomanic behaviours have any significance, often leading to a wrong initial diagnosis.

But now a study published in the *Journal of Affective Disorders* has found that only 41% of psychotherapists correctly identified bipolar disorder even when symptoms of hypomania were included in the presentation.

204 psychotherapists were given hypothetical situations that fulfilled the criteria for bipolar disorder and asked to decide on a diagnosis. All the situations included symptoms of depression plus at least 3 possible hypomanic symptoms. Some included one more symptom, either

reduced sleep or distractability, and half of them gave a possible reason for hypomania - meeting a new partner.

The overall numbers were 41% correct, 59% incorrect (mostly diagnosis of depression), but the most telling figure to me is that the doctors whose criteria included just three hypomanic symptoms only got it right 20% of the time. And the 59% who made the wrong diagnosis were less likely to recommend appropriate medication.

These are disturbing figures. If so many of these psychotherapists failed to diagnose bipolar disorder even when there were three or four hypomanic symptoms present along with depression, think how much worse it must be when a patient fails to report anything but depression.

Larissa Wolkenstein (University of Tübingen, Germany) and colleagues commented that this study shows the need for standardized diagnostic testing.

"To me it also suggests that mental healthcare professionals need to question new patients reporting depression carefully regarding possible symptoms of bipolar disorder as well".