COPING WITH MANIC SYMPTOMS
WHAT IS A BIPOLAR AFFECTIVE DISORDER?

I: An Overview

Produced by Ballarat Health Services, Psychiatric Services

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What is "A Bipolar Affective Disorder"?

Most of us experience ups and downs in our moods from day to day or week to week. These mood swings become exaggerated in persons with bipolar disorder. They experience severely elated, excited mood or depressed mood for weeks on end. These episodes may be triggered by something happy or sad happening in a person’s life but the mood disturbance is greatly out of proportion to these events.

In a manic episode, as well as feeling elated and on top of the world, a person feels full of energy, able to accomplish any tasks with ease and brimming over with exciting ideas.

In a depressive episode a person feels desperately unhappy, lacking in energy and unable to tackle the simplest tasks.

Some people suffer repeated depressive episodes, others a mixture of depression and mania, and rarely people have repeated manic episodes only. There are usually periods of quite normal mood between these episodes, although in a few cases the mood swings follow one another with no return to normality.

A PERSON WITH PERSISTENT EXTREMELY HIGH OR LOW SPIRITS MAY BE SUFFERING FROM BIPOLAR AFFECTIVE DISORDER

HAVE ANY OF US EXPERIENCED EXTREMELY HIGH OR LOW SPIRITS THAT LASTED MORE THAN A FEW HOURS?

In the remainder of this discussion we will talk mainly about the features of manic episodes. Information about depressive episodes is available elsewhere in this guidebook: "What is Depression?"

The Characteristic Features of a Bipolar Affective Disorder: Manic episode

The diagnosis of a manic episode is made on the basis of specific changes in feelings, activity and thought. Let’s look at these more closely.

Changes in Feelings

A. Elated mood:
   This is a state of extreme happiness that is quite out of keeping with our life situation. We may feel on top of the world all the time, free from all problems. We may laugh and joke about everything.
B. **Heightened sensations:**
Sounds may seem clearer than usual and colours look more vivid.

C. **Irritable feelings:**
Although a cheerful, elated mood is most prominent sometimes we are more irritable and angry. This is especially noticeable if we are frustrated, particularly when opposed, criticised or prevented from doing something. At such times we may become hostile and shout abuse, sometimes even becoming physically violent.

**Changes in Activity**

A. **Increased activity:**
It is common for a person having a manic episode to be extremely active. We are always on the go, pacing up and down, getting involved in several activities at the same time. Often this overactivity prevents us sleeping or even sitting down and relaxing or eating a meal.

B. **Lack of sleep:**
This inability to relax reduces our need to sleep even when we seem physically exhausted.

C. **Impulsive, uninhibited, embarrassing behaviour:**
Much of our increased activity involves impulsive, uninhibited, often embarrassing behaviour. We may begin over-ambitious, ill-conceived business enterprises, spend money in a reckless fashion, or become sexually promiscuous. Our grooming and personal hygiene may be ignored and we may cause considerable social embarrassment to our friends and family.

D. **Overactive speech:**
Speech is usually speeded up, loud and we tend to monopolise conversations, not allowing others a word in edgeways. It may be very hard to follow our ideas as we flit from one topic to another. There is sometimes a tendency to speak in rhymes.

**Changes in Thinking**

A. **Overactive thoughts:**
In keeping with the increased activity and speech, a person may experience their thinking as having been speeded up. Thinking moves rapidly from topic to topic. This makes planning and decision making difficult and explains why despite the increased activity few constructive tasks are completed successfully.

B. **Distractibility:**
When we have a manic episode we may notice all the trivial things that are happening and have difficulty focusing our attention on more important matters.

C. **Grand, exciting ideas:**
We may believe we are somebody famous or closely related to them. We may believe we have superhuman powers of intelligence, strength or supernatural ability.

**WHICH OF THESE EXPERIENCES HAVE WE HAD?**

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**HOW LONG DID THEY LAST?**

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A *manic episode* is considered to be present when we feel elated with at least three of the other symptoms described above for a period of at least one week.

The appearance of any of these features may be a warning of an approaching episode of mania.

**What Causes Bipolar Affective Disorders?**

Like most medical illnesses the *exact* causes of bipolar disorders are not known. Research suggests that the most likely causes may include:

**A. Hereditary:**

There is a strong tendency for manic episodes to run in families, although whether this means the disorder is inherited is not clear. Twice as many daughters of a bipolar parent are likely to experience a manic episode as their brothers. This has given rise to the idea that the disorder may be connected with the genes that produce female characteristics.

**B. Personality:**

Bipolar disorders tend to develop in people who are prone to dramatic swings in their moods. They may swing from intense excitement to intense depression over several days or sometimes within a few hours. The disorder may be merely an exaggeration of these personality characteristics. Often this type of personality runs in families and makes some of us very vulnerable to mood disorders. However, the majority of people who develop bipolar disorders have no clear problems with their moods until the disorder begins.

**C. Life Stresses:**

Major stresses in our lives, such as the death of a person we are close to, loss of a job, ongoing family or marriage problems, or continuing physical illness, may trigger off manic episodes. The risk of stress is increased where the problem causing the stress is not resolved. There is no evidence that stress can cause the disorder in a person who has no other predisposing features.
Recent research indicates that any life changes that disturb our usual everyday rhythm of sleeping and waking even when they are not particularly stressful seem to trigger episodes of depression and mania. Examples of this may be a change in work hours, long distance travel that involves changing time zones, having baby or a sick child, or difficulties sleeping in hot weather.

D. Brain and body chemistry:
A large amount of research on body chemistry changes found in people who have developed bipolar disorders have not found any consistent patterns associated with these conditions. There appear to be changes in the levels of some hormones in the body that probably means that their regulation is faulty.

Medicines that seem helpful in these disorders seem to correct this imbalance in body chemistry.

E. Hormonal Disorders and General Health Problems:
Manic symptoms may result from disorders of the hormones, such as overactivity of the adrenal and thyroid glands, or from steroid medicines that may be used in treating many illnesses, or from medicines for Parkinson's disorder. Antidepressants can become too stimulating for some people. Stimulant drugs that maybe given for weight control or taken by young people to dance all night at discotheques may also produce symptoms similar to a manic episode.

Although scientists are beginning to understand some of the factors that may cause manic symptoms, we are a long way from understanding the precise changes in the body that contribute to a bipolar disorder. At present it seems reasonable to conclude that a bipolar disorder is probably caused by a number of factors and that it is a biological disorder that is made worse by life stress.

A BIPOLAR DISORDER IS A STRESS-RELATED BIOLOGICAL CONDITION

WHAT FACTORS DO WE THINK MAY HAVE CAUSED OUR EPISODES OF MANIC SYMPTOMS?

Some people who seem to have more severe episodes that do not respond so well to medicines it seems that major stresses produce changes in their body chemistry that make them very vulnerable to mood disturbance. Their episodes may occur without any major stress to trigger it off. Of course when our lives are being disrupted by frequent major episodes this is very stressful itself.

How Common is Bipolar Affective Disorder?
While depression is very common, manic episodes are uncommon. Only 1 person in 200 will develop a bipolar affective disorder. It is twice as common in women than men. It can first occur at any time from adolescence to old age, but is most likely to occur before middle age.

**HOW MANY PEOPLE DO WE KNOW WHO HAVE HAD A BIPOLAR AFFECTIVE DISORDER?**

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**What is the Usual Course of Bipolar Disorders?**

Although all kinds of outcome are possible, bipolar disorder is characteristically an episodic disorder. In other words, we may have one or more episodes, recovering between these episodes. The length of episodes may vary from a few days to several months, usually lasting about 4-6 weeks. The periods of improvement between episodes also varies.

The course of the disorder will depend on the treatment we have. Without the benefits of treatment severe manic episodes lead to physical exhaustion that in rare instances can result in death. The risk of suicide is well-known in severe depressive episodes, which sometimes occur when the manic episode improves. Modern treatment aims to reduce the length and severity of episodes and restore our normal life functioning as soon as possible. The most effective treatment plans address both the disturbances in body chemistry through optimal drug treatment as well as any stress factors that may be present through stress management. We will talk about this integrated treatment approach at our next meeting.

**WHAT TYPE OF COURSE HAS OUR BIPOLAR DISORDER USUALLY FOLLOWED?**

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**SUMMARY**

- Bipolar affective disorders are episodes of persistent, extremely high or extremely low spirits that each last at least one week.

- A manic episode is characterised by elated feelings, over-activity, lack of sleep, impulsive behaviour, grandiose ideas and distractibility.

- The precise causes are unknown, but disturbed regulation of body chemistry and life stresses seem to play a part.

- It is twice as common in women than in men and sometimes runs in families.

- An episodic course is characteristic, with manic and depressive episodes separated by periods of full or partial recovery.

- Effective treatment involves both medication and stress management.
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II: BIOMEDICAL TREATMENT

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In the last session we discussed how most manic episodes involve changes in the body chemistry that are affected by life stress. Successful treatment combines medicine to correct any chemical imbalances with psychosocial methods to manage life stresses.

**Medical Treatment**

If we are experiencing the characteristic features of a manic episode it is important to seek immediate advice from our family doctor. At times a member of our resource group (friends or family) may need to do this for us, because we may be unaware of the changes in our behaviour, or do not feel we are in need of any medical assistance. Our doctor may recommend the following course of action:

a) **Physical Check-up and Specific Treatment of General Medical Disorders**

The symptoms of a manic episode are sometimes caused by medical conditions of the thyroid or adrenal glands, drugs taken for asthma, Parkinson's, depression or other disorders. It is often necessary to have a physical check-up, including blood tests. If our doctor can help us to find a specific reason for the manic symptoms this may lead to a speedy recovery.

b) **Control of Use of Alcohol and other Drugs**

Alcohol and street drugs make manic episodes worse and interfere with all medical treatments. We may have increased our use of these substances recently in an effort to control our symptoms, especially our problems with sleep. However, although there are sometimes short-term benefits, continued use of these substances is usually harmful. If we have a problem controlling the use of these drugs we may need to refer to the section of our Guidebook on *How to Find Better Alternatives to using Drugs and Alcohol to Solve our Problems*.

c) **Tranquillising Medicines**

To calm a very overactive, excitable state, a course of a tranquillising medicine may be advised. Tranquillising medicine is often necessary, such as chlorpromazine (Largactil), thioridazine (Melleril), haloperidol (Serenace, Haldol), risperidone (Risperdal), olanzapine (Zyprexa) or one of the benzodiazepines. These medicines tend to slow down our thinking and over-activity to more appropriate levels. They have less effect on our happy, euphoric mood so that some of our positive ideas and optimistic views may remain.

The calming effect of these drugs tends to occur gradually over a period of days or weeks and our doctor may need to see us frequently during this time to help us find the best dose.

**WHICH OF THESE TRANQUILLISING MEDICINES HAVE WE TRIED?**

**WHAT BENEFITS DID WE NOTICE?**
Unwanted Effects:

The commonest side effects of these medicines are:

- excessive drowsiness
- restlessness
- weight gain
- muscle stiffness

If we notice any of these unpleasant side effects let our doctor know immediately. There are many ways of coping with the side effects, either by reducing the dose of the drug, changing to another brand, or taking other tablets to counteract the side effects. It is always a good idea to talk with our doctor before changing our medicines in any way. The side effects are usually made worse by not taking the tablets in the regular manner they are prescribed. Our efforts may sometimes make our problems worse.

WHAT UNWANTED EFFECTS DID WE HAVE?

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WHAT DID WE DO TO COPE WITH THESE?

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Medicines to Stabilise our Moods

In most major manic episodes our doctor will also recommend that we take medicines that help to control our severe mood swings. The best known of these medicines is called Lithium Carbonate (Lithicarb, Eskalith).

Lithium is a chemical rather similar to sodium. Like sodium chloride, the salt we use in cooking, lithium carbonate is found in natural deposits in different parts of the world. It has been used as a substitute for table salt for people on low sodium diets. It has the remarkable effect of stabilising mood swings and reducing the recurrence of serious manic episodes. In addition, it can help reduce the severity of a major episode.

In order to get the maximum benefits of lithium, the amount in our body must be kept at a precise level. In order to do this, regular blood tests are necessary to measure the amount of lithium in our blood. This assists our doctor to help us find the best dose. Once the correct level in our blood has been reached it takes 7 to 10 days before the medication develops its full effects on our body chemistry. This effect may be sufficient to gradually restore our usual mood. But often we will need to continue the tranquillising medicine in addition to the lithium for at least a few weeks before gradually discontinuing it.

Before lithium can be prescribed it is important to check that we are in good health. In particular, that our circulation, kidneys and thyroid gland are all working normally. Like many other drugs, lithium is not given to people in poor health, or to pregnant women.

Unwanted Effects:
Common side effects are:

- having a sick feeling in our stomach
- slight shakiness of our hands
- mild drowsiness
- urinating more frequently than usual

Less common, but more SERIOUS SIDE EFFECTS of lithium are:

- diarrhoea
- vomiting
- extreme thirst
- slurred speech
- severe weakness
- jerkiness of arms and legs and difficulty walking
- mental confusion
- convulsions
- severe swelling of fingers and ankles

If any of these effects occur we must contact our doctor urgently. They may mean that the amount of lithium in our body is dangerously high and something may need to be done to reduce it immediately. Do not hesitate.

Occasional cases of thyroid problems have occurred that seem to be caused by lithium therapy. For this reason our doctor will do an annual check up of our thyroid functioning as well as other aspects of our health.

Many people have enjoyed the benefits of lithium, so that it is usually worth coping with the inconvenience of regular blood tests (once every 3 months once our dosage is stable).

WARNING!

It is very dangerous to take too much lithium. For this reason, it is important to take our tablets at the same times every day. If we miss a day or two for whatever reason NEVER TAKE EXTRA TABLETS to make up for the missed doses.

Not everyone benefits from Lithium alone. Other mood stabilising medicines that might be recommended to you are sodium valproate (Epilim, Valpro, Depakote), carbemazepine (Tegretol), verapamil (Calan, Isoptin), gabapentin (Neurontin) and Lamotrigine (Lamictal).

All these mood stabilising medicines only work when they are taken in the optimal doses. With our help our doctor can make sure that we get the lowest does possible to produce the best results and to minimise any unwanted effects.

Research has shown that these medicines do not always work well when we take more than one kind at a time. We need to work very closely with our doctor if he or she recommends combinations of mood stabilising medicines and antidepressants or other medicines for our bipolar symptoms. In addition, any medicines that we might be prescribed for other illnesses may cause problems. It is important for us to tell all doctors who treat us about our bipolar
disorder and the medicines we are taking for that. Confusion about our medicines is a common cause of recurrent episodes that can be easily avoided.

Once the major episode is over our doctor may recommend that we continue to take these mood stabilising medicines to prevent a recurrence. We will discuss this and other important aspects of medical treatments in our next session.

**WHICH OF THESE MOOD STABILISING MEDICINES HAVE WE TRIED?**

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**WHAT BENEFITS DID WE NOTICE?**

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**WHAT UNWANTED EFFECTS DID WE HAVE?**

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**WHAT DID WE DO TO COPE WITH THESE?**

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**e) Psychological Treatment**

As well as specific medical treatments there are two major ways that we and our family and friends can help us cope with a manic episode. First, we can find ways of coping with the symptoms themselves. Secondly, we can try to resolve any major stresses and try to lead a calm, well-organised life. We will discuss these strategies in another session.
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III: HOW TO GET THE BEST RESULTS FROM MEDICINES AND LEARNING TO RECOGNIZE THE EARLY SIGNS OF A MAJOR EPISODE

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In our previous meetings we have highlighted the benefits and side effects of medication for manic symptoms. Let us take a moment to remind ourselves of these.

**WHAT ARE THE BENEFITS WE HAVE NOTICED FROM TAKING MEDICATION?**

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In summary, we know that medication produces substantial improvement in 60% of patients with manic episodes.

*Continuing to take medicine helps us keep well*

As well as helping reduce the symptoms of manic episodes these medicines also help prevent major episodes occurring after we have recovered. Continuing to take medicine regularly reduces our risk of having another major episode during the year after recovery. For those of us who are prone to have symptoms of depression as well as mania continuing medicine may help prevent both types of episodes.

**WHAT ARE THE DISADVANTAGES OF TAKING MEDICINE FOR MANIC EPISODES?**

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As well as the problems of side effects, there are other disadvantages to taking medication such as, having to remember to take the medicine, being reminded of our disorder, finding that symptoms do not always go away and occasionally return even when we are taking the medicine regularly, needing to find time to make clinic appointments, or being seen going to a mental health clinic. For some of us the disadvantages of taking medicine in this way may seem greater than the risk of occasional major episodes of our disorder.

Successful use of medication is achieved only when the medicine is taken regularly in the dose that suits each of us. This sounds very simple, but requires very close cooperation among patients, doctors and carers. Surveys show that optimal medication is achieved in less than half the people who are receiving treatment from medical and psychiatric outpatient clinics. There are many reasons for this, most of which can be overcome without much difficulty.

*The Problems of Taking Medication Regularly*

Most of us will find it difficult to take medicine regularly, even medicine that they know has great benefits for us, and few side effects. Taking medicine is not a natural thing to do. It is something that needs a special effort, until we get into the habit of taking it. Even then we may need help to make sure that this habit continues throughout all the ups and downs of our lives. There is not only one way to get the best out of taking medication. Each of us must discover the way that is best.
DIFFICULTIES TAKING MEDICINES

- making clinic appointments
- forgetting
- unpleasant effects
- unhelpful attitudes
- lack of rewards
- persistent symptoms

Making clinic appointments
Many of us do not keep our appointments at mental health clinics. There are many reasons for this, from obvious practical matters, such as lack of instructions on how to get to the clinic, loss of appointment cards, concern about taking time off work; to more complex issues, such as a lack of understanding of the need to continue medication after recovering from a major episode, or anxiety about attending a mental health clinic and waiting in crowded clinic rooms.

Improvements in the organisation of clinics to make them more welcoming and minimises waiting may help. Some of us may get our prescriptions for medicine from our family doctors, which is particularly helpful when appointments can be made outside working hours. If we get anxious sitting in a crowded waiting room, we may benefit from special treatment to overcome this anxiety problem, which probably causes some difficulties in other social situations (see What is Anxiety?). Some services provide medicines for people in their own homes. This may help those who continue to have serious symptoms that make it very difficult for them to organise clinic visits.

Forgetfulness
Perhaps the most common cause of not taking medicine regularly is forgetfulness. Once again this problem is greatest when our thoughts and actions are disturbed by the manic symptoms. Teaching us to find ways to remember to take medicine in a regular way may help.

Most medicines can be taken only once a day. Simplifying the dose in this way makes the task of remembering easier. Some of us may find it helpful to link our tablet taking to a regular habit, such as eating meals, taking a bath or shower, or brushing our teeth.

Example

Joe always remembered to brush his teeth before going to bed. He decided to put his daily dose of tablets next to his toothpaste. When he brushed his teeth at night he took his tablets with a glass of water. His mother used the same bathroom and was able to notice if the tablets had been taken. On the rare occasions that he forgot to take them she was able to remind him.

Keeping a week’s supply of tablets in a plastic container with sections for each day may help us remember the tablets we need to take.

Wherever possible, it is best for people to take responsibility for our own tablet taking. Nagging by concerned carers often discourages us. Our carers may benefit from learning
more constructive ways of prompting us, as well as ways to praise us for taking our medicine regularly. Of course if we are having thoughts about taking an overdose of our medicines then we might benefit by close supervision from our carers.

Unpleasant Side Effects
We have already discussed the unpleasant side effects that most medicines for manic symptoms have. With the wide choice of different medicines that are available and modern ways to decide the best dose of medicine for each person, it is now possible to eliminate almost all the unwanted effects of medicines. However, this may take some time, and needs excellent collaboration with our doctor. Doctors often talk about serious and mild side effects. Of course, some side effects can be life-threatening and must be dealt with as an emergency. But all side effects are very serious if they interfere with our lifestyle and sense of well-being. If our unwanted effects are problems for us, most of us will stop taking our medicines so that we can feel better.

WHAT UNPLEASANT EFFECTS HAVE WE HAD FROM THE MEDICINES WE ARE TAKING NOW?

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In the last session we discussed some strategies for coping with side effects. These were:

Do Nothing: Most unpleasant effects get better after a week or two.

Reducing our Dose: If we have side effects, this usually means that the dose of our medicine is a little higher than it needs to be. So the best strategy is to lower the dose a little until those side effects go away. However, only our doctor will know exactly how much to lower the medicine, so never try to do this without his or her help.

Self-Regulation: Many side effects are made worse by changing the dose of medicines too rapidly. Sometimes we forget our medicines one day and take double the dose the next. This is not a good idea, and is likely to make our side effects much worse. A few people are able to learn to adjust their doses slightly to get optimal benefits on a day-by-day basis. This must be done only after careful planning with our doctor.

Change Medicine: Although most medicines have similar beneficial effects, some have different side effects. Our doctor is usually able to help find one that has the fewest unpleasant effects for us.

Other Strategies: There are many strategies for coping with the unwanted effects of medicines. In some cases a dry mouth can be relieved by sipping drinks regularly, dizziness by avoiding getting up quickly, restless legs and muscle tension by stretching exercises or physical exercise, increased appetite or weight gain by taking care of what kinds of food we eat.
The thoughts and feelings we have about taking medicines

When we have positive thoughts and feelings about taking medicines we are more likely to take them regularly. Unfortunately many of us have negative thoughts and feelings about these medicines. These include:

‘No medicine should be taken for a long time. This leads to addiction, or at least to psychological dependence on the drug.’

‘Medicines are only for sick people. But I’m not sick.’

‘People who need medicines to stay well are weak characters. It is better to stay healthy through diet and exercise than through medicines.’

‘My partner takes the medicine regularly, but he is still not well. He continues to have symptoms and cannot concentrate like he used to. He cannot live a normal life if he continues to take these medicines.’

‘I don’t care what you say. I took these tablets once before and had a terrifying experience. They are poisonous for me.’

It is important to recognise that all these ideas are at least partly correct. We hope that this educational program will help us understand the benefits of the medicines more clearly over the next few months. At times our anxiety about taking medicines may have resulted both from our own experiences of severe side effects as well as seeing others having severe side effects. A special program may be needed to help us overcome these very reasonable fears. Attempts to force us to take medicines may only increase our reluctance to cooperate.

WHAT THOUGHTS AND FEELINGS DO WE HAVE WHEN WE TAKE OUR MEDICINE?

First, the positive ideas and feelings:
Then, the negative ones:

**How to Keep the Habit of Taking Medicine Regularly**

Once we have got into the habit of taking medicine regularly, it is important that this habit continues. If we have not had any symptoms for several months we may feel that there is little benefit from continuing to take the medication. We may be tempted to cut down, and to miss doses. A recurrence does not usually occur immediately, so we may feel that our actions make sense, and that our doctor was wrong when he or she told us that we would have another major episode if we did not continue to take our medicines regularly.

**Rewards for regular drug taking.**

Rewarding us for taking medicine regularly may help us keep up our good habits, even when we cannot see many benefits. When our doctors and carers praise and compliment us for our efforts in taking the medicines regularly we may find that encouragement helps us keep up our good habits. Additional rewards, such as a special meal, recreational outing, or small gift to express appreciation at less frequent intervals may help. One clinic organised a party every three months for all those people who had taken their medicine at least 75% of the time. Another family gave their son extra money that he could spend on a treat of his own choice.

**WHAT REWARDS WOULD ENCOURAGE US TO CONTINUE TO TAKE OUR MEDICINE REGULARLY?**

**PLAN TO GET THE BEST RESULTS FROM MY MEDICINE**

Now that we have discussed many aspects of how to get the best results from our medicine we can write down a plan on the form over the page.
Summary

GETTING INTO THE HABIT OF TAKING MEDICINE REGULARLY THEN CONTINUING THIS AS LONG AS RECOMMENDED

• expect that it will be difficult
• ask another person to help with this program
• be clear about the benefits
• be clear about the unwanted effects
• keep our own records of the benefits and unwanted effects
• train ourselves to develop the habit of taking medicine
• get our doctor to help find the best dose for us
• plan strategies to cope with unwanted effects
• get rewards for our good habit of taking medicine regularly
• notice early warning signs of a major episode
• as soon as we start to miss doses find the problem and sort it out
BUCKINGHAM SIDE EFFECTS CHECKLIST

Name______________________

Date ___/___/____

Medication taken in the past week
A_________________________ dose_______ B_________________________ dose_______
C_________________________ dose_______ D_________________________ dose_______

If any of the following experiences have happened in the past week put an “X” in the box that corresponds with the severity. Then note which medications seem to have caused these symptoms (A, B, C or D.)

<table>
<thead>
<tr>
<th>SEVERITY</th>
<th>slight</th>
<th>moderate</th>
<th>severe</th>
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<tr>
<td>Medication(s) that seem to have caused these symptoms</td>
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1. headache
2. dizziness or feeling faint
3. disturbed vision (blurring)
4. tinnitus - ringing in your ears
5. dry mouth
6. dribbling or excessive saliva
7. nasal stuffiness, blocked nose
8. breathing difficulties
9. rapid or irregular heart beat
10. feeling sick or vomiting
11. diarhhea
12. constipation
13. increased appetite
14. reduced appetite
15. weight gain
16. increased thirst
17. disturbed taste
18. difficulty urinating
19. menstrual period problems
20. sexual problems
   (impotence, lack of orgasm, reduced sex drive)
21. muscle pains
22. muscle stiffness
23. slowed movements
24. muscle spasms (include eye muscle spasms)
25. unusual movements (any uncoordinated or unusual movements of mouth, tongue, limbs or trunk)
26. tremors (regular repeated movements)
27. skin rashes or irritation
28. tiredness or sleepiness
29. overactivity or elation
30. disturbances of sleep (including nightmares)
31. memory or concentration problems
32. confusion, disorientation
33. irritability
34. depressed mood
35. anxious mood
36. inner restlessness (akathisia)

PHYSICAL EXAMINATION (every 6-12 months)

Weight_____kg  Pulse_____  Blood Pressure_____  ECG_  XRs_  Haematology_  Biochem_
Liver Function_  Kidney Function_  Thyroid_  Other________________________________

Plasma levels of medications A: ____________ B:____________ C:____________ D:__________
MEDICATION RECORD

Name: ___________________________

My Doctor’s Name, Address, Tel: ________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Medicine</th>
<th>Dose prescribed</th>
<th>Amount that I take?</th>
<th>What effects does it have? Helpful and Unhelpful.</th>
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Remember! If I am not happy with my treatment it is important that I talk with my doctor before I change the dose.
PLAN TO GET THE BEST RESULTS FROM MY MEDICINE

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Date and Time for Review of Plan ____________________________

PLAN TO HELP ME CONTINUE TO TAKE MY MEDICINE REGULARLY

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Date and Time for Review of Plan ____________________________
COPING WITH MANIC SYMPTOMS

IV: LEARNING TO RECOGNIZE THE EARLY SIGNS OF A MAJOR EPISODE

Produced by Ballarat Health Services, Psychiatric Services

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The Early Signs of Manic Episodes

Early Warning Signs and Regular Medication

It used to be thought that almost all recurrences occurred because the people were not taking their medicine regularly, or in the correct dose. Although this is one of the common causes of a major recurrence, it is not the only one. Even when we are taking medicine in the optimal way, we may still have recurrences. Some of these may happen as a result of high stress, or from hormone problems. But still others will occur for reasons that are not at all clear. Most of these recurrences begin after early warning signs have been present for at least a few days. One early warning sign for many people is to have difficulty taking medicine regularly. This might be a sign of loss of concentration, becoming overactive or having our thoughts speeding up. This is a very important sign, because it occurs at the time when it is most important to be getting the maximum benefits from the medicine. Any reduction in a person's medicine taking should always be considered an emergency, and immediate efforts made to solve this problem.

Almost all health problems are best treated in the earliest stages. At this stage a little intensive treatment may prevent major difficulties. If we are able to recognise the earliest signals that something is not quite right we may be able to get help at that stage and not have to wait until the unpleasant symptoms of our disorder disturb our lives in a major way.

The early signs of many peoples' disorders are similar. The first signs may be our response to excessive stress, such as changes in our sleep pattern or appetite, feeling tense and irritable, having headaches and backaches or feeling exhausted. Each of us have our own particular signals that indicate that we are under too much stress and may need to take things a little easier for a day or two.

WHAT SIGNALS DO EACH OF US HAVE THAT TELL US THAT WE ARE UNDER TOO MUCH STRESS?

My usual signs of stress are:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

These signs may happen quite often, depending on how stressful our lives are. They are very helpful reminders for us to do something to solve our problems. If we are experiencing these signs of stress we may find it helpful to discuss this at our next Resource Group Meeting and find ways of dealing with the problems that we think may have triggered our stress reaction. It is important to realise that these signs are warnings that our body is under strain, and that even if we have no serious health worries at present continued strain on our body may lead to major health problems eventually. Psychotic disorders are only one of many mental and physical health problems that are made worse by continued high stress. Heart disease, asthma, stomach ulcers, diabetes, epilepsy and even cancer can also be made worse by stress.

For a person who is prone to having manic episodes it is particularly important to deal with any problems that may have led to high stress within a day or two. Otherwise the high stress
is likely to lead to the beginnings of another major episode. In the next sessions we will be learning ways to become more expert at managing all types of stress.

**Early Warning Signals of a Major Episode**

We have discussed the importance of solving any problems that may seem to have caused a stress reaction. If we become expert at this we may be able to avoid many manic episodes, at least those that have been triggered by stress in our lives. Not all major episodes are caused by stress alone. Many may be caused by changes in our brain and body chemistry that we cannot always clearly understand. In our last meeting we discussed some other possible reasons for major episodes. Let us take a minute to review those:

**WHAT ARE SOME OF THE THINGS THAT MAKE BIPOLAR DISORDERS WORSE?**

- Taking street drugs
- Taking medicines that cause stimulation, e.g. steroids, drugs for asthma, some antidepressants
- NOT taking mood stabilising medicines
- Hormone changes
- Physical health problems

Of course physical health problems may effect brain and body functioning in many ways. But they can also add considerably to overall life stress. So it is important to do our best to keep healthy and too go to our general health doctors whenever we need their advice about health problems.

We may begin to develop the signs of a manic episode when our brain chemistry is disturbed, either by continuous high levels of stress, or changes due to taking street drugs, or by reducing our mood stabilising medicine, or for any other reason. The early signs of a manic episode may be very similar to the signs of stress, but they may have some features that we can recognise as rather different, and can help us decide whether this is an every day stress reaction or the beginning of a manic episode. Some early signs that we may notice are:

**EARLY SIGNS OF MANIC EPISODES**

- more enthusiasm for our work, hobbies or friends
- being less concerned about personal safety
- colours or sounds becoming more vivid
- having more exciting ideas
- spending more money than is reasonable
- feeling energetic with less need for sleep
- not being able to relax
- becoming more talkative
- a greater interest in sex than usual
We have found that most of us have two or three special signs that we notice just before we have a manic episode. Sometimes our friends, family members, teachers, workmates, or even our family doctors may notice that something is not quite right even earlier.

**WHAT SPECIAL SIGNS HAVE WE NOTICED BEFORE A MANIC EPISODE?**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If we can all learn to recognise these special early warning signs, we can then take urgent action to prevent them becoming worse and leading to a major episode of mania. If we choose two or three signs that can be recognised very clearly and almost always happen before a manic episode, then we can use them as signals to begin our crisis management without any delay.

For example, before manic episodes Joy had problems with her sleep, and want to dance every night at the discotheque. She was able to notice that she had a funny tense feeling in her stomach. We were able to agree clearly that the signs were:

1. reduction in my sleep of 2 hours for 3 nights in a row
2. going to discotheque three days in a row
3. a funny tense feeling in my stomach

**LET US TRY TO DECIDE WHICH OF OUR SIGNS MIGHT BE THE CLEAREST AND WRITE DOWN EXACTLY WHAT THEY ARE?**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Once these signs are clear we can write them down on the *Early Warning Signs* sheet at the end of this section.
What Can We Do When Our Warning Signs Occur?

It is important to have a plan of action worked out before warning signs appear. The exact details may depend on our life situation at that time. For example, if a very stressful event has just occurred, such as a death in our family, the treatment is likely to focus on helping us to cope with that. Alternatively, if the warning signals appear shortly after our doctor has recommended a lower dosage of our medicine, the response may be to increase the dosage to the earlier level. High levels of everyday stress are often present when we are out of work, have little money, or where there are continued problems in the household. In such cases a small increase in stress may overwhelm our ability to cope and lead to a high risk of a manic episode.

Often the solution will be a combination of changes in the dose of medicine as well as problem solving ways to manage any major stresses. But the first thing to do is to contact the mental health team without delay. The team will consider any early warning sign as an emergency and will arrange a meeting without delay.

Let’s make an action plan on our Early Warning Signs sheet.

<table>
<thead>
<tr>
<th>WHENEVER WE NOTICE ONE OF OUR EARLY WARNING SIGNS WE WILL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• contact our key worker/instructor or doctor immediately</td>
</tr>
<tr>
<td>• make sure we are taking our medicine as recommended</td>
</tr>
<tr>
<td>• check on any stressful things that have happened</td>
</tr>
<tr>
<td>• check on any continuous high stresses in our life</td>
</tr>
</tbody>
</table>

Where do we put the Early Warning Signs Sheets?

We may be able to remember the early signs and plans that we have made today, and even tomorrow. But we may need to remember all these things many months from now. So it is important that we think about ways that we can be sure to remember our plans in the future. One suggestion is for us to make several copies of the Early Warning Signs sheet and to put these in many places that will help us and those other people who we have decided to involve in the plan to remember exactly what we would like them to do.

WHO ARE ALL THE PEOPLE IN OUR RESOURCE GROUP WHO MIGHT NEED TO REMEMBER THIS PLAN?
HOW CAN WE BE SURE THAT THEY WILL REMEMBER THE PLAN?
Some people who might need to know about the *Early Warning Signs* plan are the people we live with, close friends and family, neighbours, workmates or fellow students, teachers, our family doctor, in addition to our mental health instructor and doctor, and most important of all, ourselves!

Plans to help them remember may include, making copies of the *Early Warnings Signs* sheets and putting them in places where they cannot be missed. Maybe on a notice board at home, behind the toilet door or on the refrigerator. Doctors and the mental health team will put the sheet on the front of our medical file. We may want other people to put the sheet somewhere special as well. Write down what we will do to make sure each person will remember the plan next to their name on the list above.

Our instructor and our mental health doctor will check on our *Early Warning Signs* each time they meet with us.

When we are sure that the arrangements to help each person on our list to remember the plan have been put in place we can put a tick in the box. We will discuss this at the beginning of our next meeting.

MAKE SURE THAT EVERYBODY WHO MIGHT NEED TO HELP RECOGNISE OUR EARLY WARNING SIGNS KNOWS ABOUT THE PLAN AND WILL BE ABLE TO REMEMBER IT IN THE FUTURE

**EARLY WARNING SIGNS PRACTICE: FIRE DRILL**

Let’s now practice how we will put our plan into action. We will imagine that we have noticed one of our early warning signs. Let’s see how well the plan works. We may find some weak points or hitches that need clearer planning. Then we can change our plan to ensure that it will work without difficulty even when we are all under a lot of stress.
EARLY WARNING SIGNS

Name ___________________________       Date _________________

My early warning signs are:
1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________

When I notice any of these signs I must:

a) ________________________________________________________________
b) _______________________________________________________________
c)                                                                                             
d) ________________________________________________________________

My key worker/instructor is: _______________________________________
Tel:____________________

My doctor is: _____________________________________________________
Tel:____________________

My home contact person is: _________________________________________
Tel:____________________

If I have any concerns about my disorder or its treatment I will contact IMMEDIATELY: ________________________________
Tel:____________________
COPING WITH MANIC SYMPTOMS

V: PSYCHOLOGICAL STRATEGIES

Produced by Ballarat Health Services, Psychiatric Services

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Psychological Treatment Strategies for Manic Episodes

Psychological treatment strategies are a crucial part of the treatment of all manic episodes. They are also an important part of plans to prevent recurrences once we have recovered from a major episode. In this part of the program we will look first at things that we can do to cope with the main features of manic states, and then at ways we can reduce our risks for future episodes.

There are so many different types of problems that we have when we have manic symptoms. This makes it very difficult to know which ones are most important or key problems that we may need to tackle first. Here is a list of some of the more common problems we may have:

<table>
<thead>
<tr>
<th>COMMON PROBLEMS OF MANIC STATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGES IN ACTIVITY and INTERESTS</td>
</tr>
<tr>
<td>• racing thoughts</td>
</tr>
<tr>
<td>• easily side-tracked in discussions</td>
</tr>
<tr>
<td>• tackling too many problems at once</td>
</tr>
<tr>
<td>• making decisions without realistic planning</td>
</tr>
<tr>
<td>• spending money recklessly</td>
</tr>
<tr>
<td>• excessive sex drive</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHANGES IN THOUGHTS AND FEELINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• excessive happy feelings</td>
</tr>
<tr>
<td>• overly optimistic</td>
</tr>
<tr>
<td>• feeling grandiose</td>
</tr>
<tr>
<td>• dis-inhibited</td>
</tr>
<tr>
<td>• thinking we are always right</td>
</tr>
<tr>
<td>• becoming irritable when people disagree with us</td>
</tr>
<tr>
<td>• hearing pleasant voices</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHANGES IN BODY FUNCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• excessive energy</td>
</tr>
<tr>
<td>• less need for sleep</td>
</tr>
</tbody>
</table>

WHAT ARE THE MAIN PROBLEMS WE HAVE WHEN WE HAVE MANIC SYMPTOMS?

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Problem Analysis

In order to get a better idea about the most important of these problems and the things that make the problem better or worse, our Instructor will ask X__________ some
questions using the *Problem Analysis Worksheet*. This will take about 25-30 minutes. We can stay and listen, but we may have other things that we would rather be doing at this time.

**Feedback to all group members**
We have had a good discussion about the problem. Some of the points that we felt were particularly helpful in thinking of ways to cope with this problem were:

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Are there any other points that anybody would like to add to these?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

*Coping With the Problems of Manic Symptoms*

Before we make plans to solve this problem let’s look at some of the strategies that have helped other people cope with common features of manic symptoms.

When we are experiencing manic symptoms we tend to be extra sensitive to things that are going on around us. We are easily stimulated and distracted. Although most of us tend to be more fun and jovial there can be times when we are frustrated and we may become irritable and aggressive. Strategies that help us calm down by reducing the things that stimulate and excite us can be very helpful. Our excessive energy and exciting ideas can be channelled into more constructive activities, rather than into impulsive actions that we may later wish we had not done.

**Reducing Stimulation**

♦ we can find a quiet restful place to spend our time. This may be a room in the house, the terrace or garden, or a nearby park.

♦ we can avoid crowds, busy streets, shops, parties and celebrations

♦ we can avoid playing light-hearted games or group gatherings.

♦ avoid making important decisions about your life at this time, especially about changing jobs, relationships, new projects, buying cars, houses.

♦ find a companion who is calm and relaxing to spend time with.

♦ listen to relaxing music.
♦ our companions should endeavour to stay calm themselves, try to ignore our jokes, distracting comments or inappropriate behaviour. Keep activities low key and relaxing. They can help us slow down by example rather than by demand (e.g. if they speak slowly, walk slowly, and participate together with us in calming activities).

♦ avoid debates or arguments wherever possible.

♦ our Resource Group of family and close friends can set clear limits for our behaviour and show firm, calm disapproval for inappropriate behaviour (e.g. spending money, sexual harassment or comments, aggressive or irritable behaviour, flamboyant showing off). They can try not to show amusement, laugh or join in with our infectious gaiety. It often helps to write down a list of unacceptable behaviour as a reminder for everyone in the resource group, especially for the person who is experiencing a manic episode.

♦ spend nights in our bedroom even if we are not sleeping. Lie down and relax as best we can. Do not play music or radio at this time, unless it is a relaxation tape or relaxing music. We can use headphones to avoid disturbing others. A simple repetitive task may prove useful, if it can be carried out quietly in the bedroom, e.g. polishing objects, knitting, playing relaxing games.

♦ avoid drinking ANY tea, coffee or drinks containing caffeine or other stimulants (e.g. cola-flavoured drinks).

♦ avoid ANY alcohol or medicines other than those prescribed by our doctor.

Further details about relaxation strategies and sleep strategies can be found in other sections of this Guidebook in Developing Strategies to Cope With Anxiety I: Reducing the Sensitivity of Our Nervous System and Getting a Good Night’s Sleep.

WHAT STRATEGIES HAVE WE FOUND MOST HELPFUL TO CALM DOWN WHEN WE ARE IN AN EXCITABLE AND OVERACTIVE STATE?

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

WHAT OTHER STRATEGIES COULD WE USE FROM THOSE WE HAVE DISCUSSED?

_____________________________________________________________________
_____________________________________________________________________

(ii) Developing a Daily Schedule of Regular Constructive Activity

There is a danger that our Resource Group members will attempt to restrain us so that all our activity is reduced, even that which might be beneficial. This is likely to lead to frustration and irritation, even violent outbursts. When we are experiencing a manic episode we will benefit from assistance to channel our energies into appropriate constructive
activities. Such activities need to be clearly defined and carefully planned on a daily basis. Some helpful hints are listed here.

♦ Plan a schedule of daily activities each day. Choose straightforward activities that can be accomplished without excessive concentration. Avoid tedious, lengthy, or potentially frustrating activities. Complete a **Weekly Activity Schedule**.

♦ We can continue to work on our personal goals wherever this is possible. It is crucial to tackle one small issue at a time, to plan the solution in detail and to achieve one goal before moving on to the next.

♦ Regular planned exercise is beneficial. If we decide we would like to go for a walk we can plan to walk in peaceful surroundings. Walk slowly with a relaxing companion. Do not take the dog or the walk-man. They will be additional distractions for us.

♦ If we are not able to continue our work we may substitute relaxing hobbies or simple jobs around the house or in our neighbourhood e.g. cleaning, gardening. Once again we can seek the help of the help of a calming companion. Plan exactly what we wish to achieve and the most appropriate time to do this. Avoid late night work.

♦ Often we may be able to continue our work. However, our tasks need to be carefully structured so that we can work with minimal distractions, avoid frustrations and have contacts with only those people we find supportive and relaxing. Routine work is better than developing new projects. Working at home may help if the home environment is more relaxing.

♦ Plan regular breaks that fit with our ability to concentrate. These may need to be every few minutes. During these breaks do something relaxing. Drink water or non-caffeinated sodas, instead of coffee or tea.

♦ Keep to the same schedule every day. Our activities may vary but the structure of when we go to bed, when we eat meals, when we start and finish activities can be kept as regular as possible. This may be very difficult at first, but as we practise it will gradually become easier.

♦ Make sure that all members of our Resource Group assist by providing encouragement and rewards for **all our efforts** even when the results seem very small.

♦ Further helpful details may be found in our Guidebook in **Increasing Rewarding Activities**.

<table>
<thead>
<tr>
<th>Coping with a manic episode involves</th>
</tr>
</thead>
<tbody>
<tr>
<td>• reducing all forms of stimulation</td>
</tr>
<tr>
<td>• increasing everyday constructive activity</td>
</tr>
</tbody>
</table>
Problem Solving in the Session

Now let's go back to the key problems we discussed earlier. We may have more than one key problem. We can now use a Problem Solving Worksheet to discuss each of these problems and to make a clear plan to help us to cope with them. It may be best to begin with the problem that we consider is causing us the most difficulty in our lives at present, and one that seems possible to solve if we work on it together.

WHICH PROBLEM SHALL WE WORK ON NOW?

As usual, we will do our problem solving together as a Resource Group. Our Instructor will sit away from our group watch how we are getting on. Our Instructor will only join in our discussion if he/she knows about strategies to solve the problem we have chosen that have been proven to work in good research studies.

Keeping a Record of Key Problems

It is a good plan to keep a daily record of our key problems. We have special charts for sleeping, and scheduling regular constructive activity that are at the end of this part of the program. But we also have a Daily Progress Record that we can use for any other problems we may be having. It may be helpful for us to keep a record of progress with our key problems so that we can review this at the start of our next session. Let’s look at the records that will be most helpful in recording our efforts and progress with our key problems.
Preventing Recurrent Manic Episodes

The usual course of major mood disorders is one of remissions followed by recurrences. Some people will have similar episodes of depressive or manic symptoms, while others will have a mixture of both types of symptoms. The Integrated Mental Health Care strategies that we have been taught tend to speed up the process of recovery from major episodes of both kinds so that we suffer less and are able to get back to doing all the things we were doing before we developed the disorder. From this point on our discussion about treatment strategies will focus on ways to stay well and not to have any more episodes. A similar combination of biomedical and psychological strategies is used to prevent recurrences.

Biomedical Strategies
If our disorder is triggered by a hormone imbalance or some other specific medical problem we will need to continue this treatment to correct the problem.

If our episodes are triggered by use of drugs or alcohol it may be important for us to control our urges to take these substances (see How to Find Better Alternatives to Using Drugs or Alcohol to Solve Our Problems).

If our episodes are triggered by severe mood swings, then we may find it helpful to continue the medicine that helps keep our moods more even. Lithium and the other mood stabilising medicines help 75% of people have less frequent episodes.

For most people these medicines do not totally eliminate recurrences, but reduce their frequency and their severity. So if we have taken these medicines in the past and we have had another episode this does not mean that they have not helped us. A careful record of the times when we have been disturbed by our symptoms may help us to see more clearly the benefits of taking these medicines.

HAVE WE NOTICED THAT OUR EPISODES HAVE BEEN LESS FREQUENT WHEN WE HAVE BEEN TAKING MOOD STABILISING MEDICINES REGULARLY?

HAVE WE NOTICED THAT THE EPISODES THAT WE HAVE HAD HAVE BEEN LESS SEVERE OR OUR RECOVERY MORE RAPID WHEN WE WERE TAKING OUR MEDICINES REGULARLY?

Life Chart
Over the next few years we may like to continue to keep a record of our episodes of Bipolar Disorder on the Life Chart at the end of this section. At the end of each month place a "X" in the box that corresponds to the highest level of severity that our symptoms have reached during that month. If we are prone to depressive as well as manic episodes we can use a different colour pen or a different make (e.g. "D" = depressive; "M" = manic) to note the severity of each type of symptoms. The chart is arranged as a calendar to help us see any seasonal patterns. Some people have mood disorders that seem worse at certain times of the year and better at others.

Managing Stress
Major episodes are more common when we have to make major changes in our lives. These adjustments may have resulted from the death of somebody, birth of a baby, changing jobs,
moving house, or beginning a new relationship. It seems that anything that happens that causes us to have continued high stress may make episodes of mania and depression more likely. So to prevent recurrent episodes of bipolar disorders it is important for us to learn to cope with stresses and to sort out any continuing major problems in our lives.

We may have been told that stress plays a less important role when we have had these disorders for a longer time. Some, but not all, studies show that major life events are less often the triggers for manic episodes in people who have had the disorder longer. But for many of us who have had many episodes our everyday life stress is already very high as a result of problems of work, relationships and other difficulties that may have arisen as a result of frequent major episodes. High levels of stress in our Resource Group also increases the risk of recurrence.

It is important to realise that any continued high level of stress in our lives may make us prone to recurrent episodes. Learning to improve our abilities to manage all forms of stress in our lives is likely to reduce the frequency of our episodes. Several studies that use the integrated mental health care approach have now shown that applying stress management strategies with the collaboration of our Resource Group can halve the rate of recurrence of major episodes when compared to taking regular medicines alone.

Structured Problem Solving is the key strategy that we can use to make plans to resolve any major stresses. In order to use this effectively it may be helpful to improve our ability to talk about our feelings and our problems with the key support people in our Resource Group.

Of course many of the stresses we experience after recovering from a major episode may have resulted from difficulties we had when our mood was disturbed. We may not have been able to continue our work, our friends may have found us difficult to cope with, or we may have made a mess of some aspect of our lives.

WHAT MAJOR STRESSES DO WE HAVE IN OUR LIVES AT PRESENT?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

WHAT PLANS HAVE WE MADE TO RESOLVE THOSE STRESSES?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

If we have major stresses that are not being managed it is important that we spend time in our Resource Group Meetings to make plans to deal with these issues. We may need to contact old friends again, get back to work, or take steps to rebuild our relationships.

Developing a Regular Daily Life Schedule

The strategies that we have used to structure our daily activities when we were manic may help us to manage our stress more efficiently once we have recovered. Regular sleep and work habits with planned periods of recreation and relaxation may help regulate our moods. Continued use of
the Weekly Activity Schedule may help us to keep focused on our personal goals and prevent us attempting to work on unrewarding projects or tackling too many tasks at one time.

**Early Warning Signs to Detect Major Episodes**

**What Can We Do When Warning Signs Occur?**

It is important to have a plan of action clearly worked out before warning signs appear. The exact details may depend on our life situation at that time. For example, if a very stressful event has just occurred, such as a death in our family, the treatment is likely to focus on helping us to cope with that. Alternatively, if our warning signals appear shortly after our doctor has recommended a lower dosage of our medicine, the response may be to increase the dosage to the earlier level. High levels of everyday stress are often present when we are out of work, have little money, or where there are continued problems in our Resource Group. In such cases a small increase in stress may overwhelm our ability to cope and lead to a high risk of a major episode.

Often the solution will be a combination of changes in the dose of medicine as well as problem solving ways to manage any major stresses. But the first thing to do is to contact the mental health team without delay. The team will consider any early warning sign as an emergency and will arrange a meeting without delay.

**REMEMBER.......**

MAKE SURE THAT EVERYBODY
WHO MIGHT NEED TO HELP US RECOGNISE
OUR EARLY WARNING SIGNS
KNOWS ABOUT THE PLAN
AND WILL BE ABLE TO REMEMBER IT IN THE FUTURE

**Booster Sessions**

Sometimes we can predict the times when a recurrence might occur even before any Warning Signs occur. We may be planning to move house, to change jobs, or be expecting a baby. Other people may know that their episodes always begin at a certain time of the year. In these cases we may be able to reduce our risk of episodes by making sure that we are taking our medicines in the optimal way, and by increasing the frequency of our problem solving discussions to make sure that our stress levels are kept under control.

Another strategy for people who seem to have a clear pattern in the onset of their episodes is to plan a few booster sessions to practice the strategies that help most. It is best to do this before warning signs appear.

It is important to plan for the possibility of recurrent episodes and be prepared to deal with them without feeling that we have failed, or that we must find another treatment approach.
Mood disorders usually recur and even with the best treatments we cannot prevent them in every instance. But each time we have an episode we can learn a little more about how to make it less intense and less likely to recur.

**Developing a Plan to Prevent Major Episodes**

Before we finish this session we can make a summary of the strategies that we have planned to help us have fewer and less intense recurrences of major episodes. If any aspects are not yet clear we must continue our problem solving until everyone is satisfied that an effective plan has been developed.
PLAN TO REDUCE THE RISK OF HAVING MAJOR MANIC EPISODES

PROBLEM/

GOAL__________________________________________

BIOMEDICAL STRATEGIES
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

STRATEGIES FOR MANAGING STRESSES
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

STRATEGIES FOR SPECIAL PROBLEMS (e.g. Negative Thoughts)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

SUPPORT FROM RESOURCE GROUP
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

EARLY WARNING SIGNS
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

WHAT TO DO WHEN EARLY WARNING SIGNS APPEAR
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
PROBLEM ANALYSIS

PROBLEM: What is the problem? How often does it happen? How long does it last? How distressing? (Use chart)

_______________________________________________________________________________________________
_______________________________________________________________________________________________

BRIEF BACKGROUND: _________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

ANTECEDENTS: What happens in the moments just before the problem occurs? Do you find yourself in certain places, situations, or with certain types of people? Do you have any special thoughts or feelings? What exactly are you doing at that moment?
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

CONSEQUENCES: What happens immediately after the problem starts? What thoughts and feelings do you have? What things do you do? What do other people do? How do other people react?
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

MODIFYING FACTORS: 

a) What seems to make the problem better? What makes it less likely to occur? (List all without discussion)

1_____________________________ 2_____________________________ 3_____________________________
4_____________________________ 5_____________________________ 6_____________________________

b) What seems to make the problem worse? What makes it more likely to occur?

1_____________________________ 2_____________________________ 3_____________________________
4_____________________________ 5_____________________________ 6_____________________________

BENEFITS AND DIFFICULTIES WHEN THIS PROBLEM IS SOLVED:

a) What benefits will you get when this problem is solved?
_______________________________________________________________________________________________

b) What possible disadvantages might there be for you when the problem is solved? e.g. loss of attention, pressure to work or to become more active, and to be expected to immediately do all those things you used to do?
_______________________________________________________________________________________________

CURRENT PROBLEM SOLVING STRATEGIES:
List all efforts to solve the problem, both effective and ineffective, including self, friends, professional treatment, etc
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SUPPORTIVE PEOPLE: Who could help you to work on this problem? ___________________________________
SOLVING PROBLEMS AND ACHIEVING GOALS

Step 1. What exactly is the problem or goal?
Talk about the problem or goal until we can write down exactly what it is. Ask questions to make the issue clearer. Break a big problem or goal into smaller parts.

____________________________________________________________________________________________
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Step 2. List all possible solutions -- brain storming
Make a list of all ideas, even “bad” or “silly” suggestions. Get everyone to suggest something. Do NOT talk about whether ideas are good or bad at this stage.

1. ______________________________________________________________________________________
2. ______________________________________________________________________________________
3. ______________________________________________________________________________________
4. ______________________________________________________________________________________
5. ______________________________________________________________________________________
6. ______________________________________________________________________________________

Step 3. Briefly highlight the main advantages & disadvantages
Get our group to say quickly what we think are the main advantages and disadvantages of each suggestion. Do NOT write anything. Do NOT compare the possible solutions at this point.

Step 4. Choose the most practical suggestion
Choose the solution that can be carried out most easily with the resources (time, skills, materials, money) that we have at present.

Step 5. Plan exactly how to carry out the solution
Organise the resources we need. Consider how to cope with likely hitches. Practise all difficult steps -- rehearse or role play.

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Date and time to review progress with plan __________________________

Step 6. Review progress in carrying out plan
Praise all the efforts we have made. Review progress on each step. Change the plan. Try another solution. Continue problem solving until our problem is resolved or our goal is achieved.

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# DAILY WORKSHEET

Name: __________________           Date ___/___/___

Problem/Goal:______________

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MEDICATION RECORD

Name: ____________________________

My Doctor’s Name, Address, Tel: ______________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Medicine</th>
<th>Dose prescribed</th>
<th>Amount that I take?</th>
<th>What effects does it have? Helpful and Unhelpful.</th>
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Remember! If I am not happy with my treatment it is important that I talk with my doctor before I change the dose.
PLAN TO GET THE BEST RESULTS FROM MY MEDICINE

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PLAN TO HELP ME CONTINUE TO TAKE MY MEDICINE REGULARLY

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Date and Time for Review of Plan______________________________

Date and Time for Review of Plan______________________________
EARLY WARNING SIGNS

Name _________________________           Date _______________

My early warning signs are:
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

When I notice any of these signs I must:
a) __________________________________________________________
b)   __________________________________________________________
c)     __________________________________________________________
d)   __________________________________________________________

My key worker/instructor is: ___________________________
Tel:__________________

My doctor is: ________________________________________
Tel:__________________

My home contact person is: ___________________________
Tel:__________________

If I have any concerns about my disorder or its treatment I will contact
IMMEDIATELY: ____________________________________________
Tel:__________________
BUCKINGHAM SIDE EFFECTS CHECKLIST

Name______________________      Date  ____/____/____

Medication taken in the past week
A__________________________dose_______ B_________________________dose_______
C__________________________dose_______ D_________________________dose_______

If any of the following experiences have happened in the past week put an “X” in the box that corresponds with the severity. Then note which medications seem to have caused these symptoms (A, B, C or D.)

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<thead>
<tr>
<th>SEVERITY</th>
<th>slight</th>
<th>moderate</th>
<th>severe</th>
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<tbody>
<tr>
<td>1. headache</td>
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<td>2. dizziness or feeling faint</td>
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<td>3. disturbed vision (blurring)</td>
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<td>4. tinnitus - ringing in your ears</td>
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<td>5. dry mouth</td>
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<td>6. dribbling or excessive saliva</td>
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<td>7. nasal stuffiness, blocked nose</td>
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<td>8. breathing difficulties</td>
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<td>9. rapid or irregular heart beat</td>
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<td>10. feeling sick or vomiting</td>
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<td>11. diarrhoea</td>
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<td>12. constipation</td>
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<td>13. increased appetite</td>
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<td>14. reduced appetite</td>
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<td>15. weight gain</td>
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<td>16. increased thirst</td>
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<td>17. disturbed taste</td>
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<td>18. difficulty urinating</td>
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<td>19. menstrual period problems</td>
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<td>20. sexual problems (impotence, lack of orgasm, reduced sex drive)</td>
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<td>21. muscle pains</td>
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<td>22. muscle stiffness</td>
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<td>23. slowed movements</td>
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<td>24. muscle spasms (include eye muscle spasms)</td>
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<td>25. unusual movements (any uncoordinated or unusual movements of mouth, tongue, limbs or trunk)</td>
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<td>26. tremors (regular repeated movements)</td>
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<td>27. skin rashes or irritation</td>
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<td>28. tiredness or sleepiness</td>
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<td>29. overactivity or elation</td>
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<td>30. disturbances of sleep (including nightmares)</td>
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<td>31. memory or concentration problems</td>
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<td>32. confusion, disorientation</td>
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<td>33. irritability</td>
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<td>34. depressed mood</td>
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<td>35. anxious mood</td>
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<td>36. inner restlessness (akathisia)</td>
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PHYSICAL EXAMINATION (every 6-12 months)

Weight_____kg  Pulse_____ Blood Pressure_____ ECG_ □ XRays_ □ Haematology_ □ Biochem_ □
Liver Function_ □ Kidney Function_ □ Thyroid_ □ Other__________________________

Plasma levels of medications A: ____________ B: ____________ C: ____________ D: ____________
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<th>evening</th>
<th>midnight</th>
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|       | 12pm | 1pm  | 2pm  | 3pm  | 4pm  | 5pm  | 6pm  | 7pm  | 8pm  | 9pm  | 10pm | 11pm | 12am | 1am  | 2am  | 3am  | 4am  | 5am  | 6am  | 7am  | 8am  | 9am  | 10am | 11am |
|-------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| **monday** | hours | place | quality |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| **tuesday** | hours | place | quality |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| **wednesday** | hours | place | quality |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| **thursday** | hours | place | quality |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| **friday** | hours | place | quality |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| **saturday** | hours | place | quality |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
| **sunday** | hours | place | quality |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

**PLACE:**
- B = BED
- C = CHAIR
- O = OTHER

**QUALITY:**
- R = RESTFUL
- D = DOZING
- F = FITFUL, RESTLESS
- IN = INDUCED BY MEDICATION OR ALCOHOL
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<th>Time</th>
<th>Monday</th>
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