



CARDINAL CLINIC

# Bipolar Affective Disorder Service

---

Information for GPs

## Introduction



Bipolar Affective Disorder (BAD) is a term used to describe what is commonly known as Manic Depression. Like unipolar depression, it is characterized by severe and often recurrent episodes of severe depression but unlike unipolar depression, it also includes periods of mania and the less severe and harder to detect hypomania. BAD is a common, debilitating chronic illness and worldwide, is the second most common cause of disability due to mental illness after unipolar depression.

30% of patients suffer with chronic symptoms with a high relapse rate and functionally impairing depressive symptoms 50% of the time. 10-15% of people with BAD commit suicide eventually.

Early recognition is the key to treatment and often bipolar patients do not get diagnosed for up to 10 years from the onset of illness. Co-morbidity with anxiety disorders, substance misuse and personality disorders makes this all the more difficult. Often patients are treated for many years as suffering from a unipolar depression and treated with antidepressants that may aggravate the condition and worsen the course of the illness.

## Assessment and diagnostic clarification



A comprehensive chronological history is pivotal to making a correct diagnosis. A good understanding of development of symptoms over time, family history, co morbid substance misuse and personality attributes will help. Often patients present with a history of recurrent depression and it is important to ask about elated, excited or irritable mood of any duration and if there is a family history of mood disturbance. Diagnostic clarification will be particularly relevant to those patients who may not have responded to conventional treatments for unipolar depression over a long period of time.

---

The diagnosis is based on clinical assessment and made according to criteria based on either the International Classification of Mental and Behavioural Disorders - 10 (ICD - 10) or the Diagnostic and Statistical Manual - IV (DSM - IV).

## Goals of treatment

Treatment of:

- Acute manic/hypomanic, mixed affective states or rapid cycling episodes
- Acute depressive episodes
- Treatment in special situations – pregnancy, co-morbid substance misuse
- Long term treatment
- Psycho education with the emphasis on self-management and recovery
- Psychosocial and Family Interventions

## What will the Clinic provide?

The patient will be seen within one week of referral. A comprehensive clinical assessment will be made by a Consultant Psychiatrist with a special interest and experience in BAD. The assessment will be carried out using validated diagnostic scales such as the Mood Disorder Questionnaire, Hypomania/Mania Symptom Checklist (HCL-32), The Beck Depression Inventory and Young's Mania rating Scale.

An assessment of risk based on prevailing mental state, past risk history, substance misuse and social circumstances and support will be carried out.

A joint discussion with the patient and carer will follow, looking at treatment based on the phase of illness, risk and evidence based treatment options.

---

The aim is to educate the patient and family on the condition, help treat and manage the immediate presentation, enhance treatment adherence by keeping open good lines of communication on drug side effects etc.

Given the long term, relapsing nature of the condition, it is important to engage the patient on looking at stressors, the impact of sleep deprivation, early signs of relapse, the need for regular patterns of daily activity and longer term management.

## Treatment options

### **1. Second opinion service**

One off appointment to help with diagnostic clarification and advice on treatment. This will generate a comprehensive report to the patient and Referrer.

### **2. In-patient Treatment**

Intensive treatment to manage risk, stabilize mood and optimize medication regime. Physical health and other co-morbidity will be looked at and the patient will be referred for individual therapy for Psycho education and Cognitive Behavioral Therapy. The carer/family will be supported to understand the illness and engage in maintaining recovery for their loved one. Referral to a therapist will be made if appropriate.

### **3. Day-patient Treatment**

Engagement with the group therapy programme will help to monitor response to treatment, allow adjustments to be made and assess functioning in the patient's normal environment. There will be individual appointments with the therapist. This will be suitable for patients who have some insight to their illness, are at reduced risk and have support at home. They will continue to be monitored by the Psychiatrist on a regular basis.

---

#### 4. Psychological Therapy

The clinic will provide both Individual and Group Therapy relevant to the needs of this group of patients. Understanding Illness, Coping with Stress, Anxiety Management, Confidence Building, Managing Interpersonal Relationships are all areas that are relevant to recovery.

Patients will be offered individual therapy focusing on education about the illness, Cognitive Behavioral Therapy techniques to manage living with the illness amongst other relevant topics.

Family support will be offered to all patients either individually or on a group basis. Family therapy will be offered where relevant.

#### Lead Clinicians

**Dr Jane Perera MBBS MRCPsych MSc** is currently Lead Consultant Psychiatrist for an Acute Care Service in a Surrey Mental Health Trust, has worked in the NHS for 16 years to date and her private practice is based at the Cardinal Clinic. She did her Specialist Training at St George's and South West London and has a Masters Degree in Addictions from the University of London. She has extensive experience and a keen interest in the diagnosis and management of the spectrum of Bipolar Disorders. Jane sees the clinical challenge as accurate diagnosis, promoting greater understanding by the patient and family of the condition and its impact on their lives and giving more responsibility for their recovery whilst initiating appropriate treatment to get well and stay well.

**Dr John Wilkins BSc MBBS FRCPsych** is a Consultant Psychiatrist working exclusively in private practice following an NHS career spanning 29 years, first in London and more recently in Windsor. He works at the Cardinal Clinic and in London. He has a special interest in

---

Bipolar Disorder and has been involved in research. He feels that the disorder can be misunderstood by GP's and specialists alike leading to delayed diagnosis and sub-optimal treatment. He is keen to ensure that patients and relatives are given the best possible service in what can be a life-long disorder and sees the setting up of a specialist service at the Cardinal Clinic as making an important contribution to the aspiration of the Clinic to provide comprehensive specialist services across the spectrum of mental disorders.

## To arrange an assessment



Please include details on all previous medical and psychiatry history and a prescription history.

Please send referrals to Trudy Green at Cardinal Clinic or email **[trudy.green@cardinalclinic.co.uk](mailto:trudy.green@cardinalclinic.co.uk)**

### **Cardinal Clinic**

Oakley Green, Windsor  
Berkshire SL4 5UL

Tel: 01753 869755

Fax: 01753 842852

email: [info@cardinalclinic.co.uk](mailto:info@cardinalclinic.co.uk)

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

**[www.cardinalclinic.co.uk](http://www.cardinalclinic.co.uk)**