

# Condition Insight Report (CIR)

## Bipolar Disorder (BD)

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# Overview



## Brief overview of the condition

What is bipolar disorder?

Bipolar disorder is a mental health condition that mainly affects your mood. Those with bipolar disorder are likely to experience:

- Manic or hypomanic episodes (feeling high)
- Depressive episodes (feeling low)
- Occasionally psychotic symptoms during manic or depressed episodes

You might hear these different experiences referred to as mood states.

Everyone has variations in their mood, but in bipolar disorder these changes can be very distressing and have a big impact on an individual's life. They may feel that their high and low moods are extreme, and that swings in their mood are overwhelming.

**What is this condition commonly called or known as?**

Bipolar Disorder, Manic Depression or Cyclothymia

# Presenting Symptoms

Bipolar can present differently from person to person and symptoms can be largely variable over periods of time.

**Manic Episodes** can have a severe negative impact on one's ability to do usual day-to-day activities – often disrupting or stopping these completely. Mania can be very serious and often needs to be treated in hospital. Here are some things an individual may experience during a manic episode:

- Feeling happy, **euphoric** or a sense of wellbeing
- Being irritable, rude, **agitated** and showing aggressive behaviour
- Being **easily distracted**, like your thoughts are racing, or you can't concentrate
- Feeling like you are untouchable or can't be harmed
- Saying or doing things that are inappropriate and **out of character**
- Misusing drugs or alcohol
- Spending money excessively or in a way that is unusual for you
- **Taking serious risks** with your safety

**Depressive episodes** - can feel harder to deal with than manic or hypomanic episodes. The contrast between high and low moods may make depression seem even deeper.

Here are some things an individual might experience during a depressive episode:

- Feeling down, **upset or tearful**
- Feeling **tired or sluggish**
- **Not being interested** in or finding enjoyment in things you used to
- Having **low self-esteem** and lacking in confidence
- Being **withdrawn** or avoiding people
- Feeling **suicidal or self-harming**

**Mixed episodes** (also called 'mixed states') are when an individual experiences symptoms of depression and mania at the same time or quickly one after the other. This can be particularly difficult to cope with, as:

- it can be harder to work out how one is feeling
- it can be harder to identify what help is needed
- It can be exhausting

**Psychotic symptoms** - Not everyone with a diagnosis of bipolar disorder experiences psychosis, but some people do. It's more common during manic episodes, but can happen during depressive episodes too.

These can include:

- delusions, such as paranoia
- hallucinations, such as hearing voices or seeing things which aren't actually there or real (but may feel real to the individual experiencing these).

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# Fluctuations



The presentation of the condition can vary over time and this can be within the short and long-term. The condition, and subsequent symptoms may be reactive to stress and situations like a consultation.

Think about exploring things like:

**General variability of the condition.** Does the individual experience manic or depressive episodes on the majority of days? Which do they experience most of? Are there any periods of stability – if so how long do these typically last and when was the last time they experienced this? Or do they experience mixed episodes – is this typical for them or how do they present most days?

- **Impulsivity during manic episodes:** Can they provide some examples? Has it caused them difficulties/injuries in the past? How often does it occur? How do they manage this emotion? Is there anything/ anywhere this seems worse/better?
- **Treatment:** Have they tried previous (historic) treatments to any success? Are they expecting, or have they discussed any future treatments (to include therapy/medication changes etc.)?
- **Distorted thinking or psychosis:** Do they have any specific thoughts that they've had support to talk through? Do they hear voices, if so how often, and what do they say, do they act on them? Do they worry intensely about anything and if so what, and what do they do about this?
- **Motivation:** Do they have motivation for any tasks? Does this change? How do you they manage this?
- **Panic attacks:** How long do they last? How are they managed? How often to they occur? What triggers?
- **Triggers:** Is there anything that brings specific symptoms or episodes on? If there are triggers, sensitively explore these.

# Reliability

What specific areas should be covered to ensure a complete, reflective report?

**S**AFETY



Do they have any symptoms which could cause a safety consideration?

**T**IMELY



For any activities where restriction is reported how long does it take them to complete these activities? Has how long it takes them changed over time?

**A**CCCEPTABLE  
STANDARD



How have they adapted to completing tasks over time – is this different to what might be considered 'normal'?

**R**EPEATEDLY



Are they able to repeat a task as often as required? Is this the same every day?

Where there is any impulsivity or reduced concentration during manic episodes, or distractibility due to hallucinations, or extreme paranoia explore this in detail. Consider if they have safety awareness into their actions. For any suicide and/ or self-harm risks with plans and no protective factors the claimant may require safeguarding.

During manic episodes ascertaining if it takes the individual longer to complete as task due to reduced concentration and feeling more distracted. Other distractions such as hallucinations can also affect time frames. Additionally, if low mood impacts the motivation of the individual to complete the activity timely during depressive episodes.

Consider how they describe completion of tasks and the management of their condition/symptoms to determine whether this might be deemed appropriate. If this is appropriate – is it only because of extensive support networks in place, or do they self manage these symptoms.

Individuals may not experience the same emotions or symptoms each day. They may have triggers or have better days than others which mean that the way they describe a task may not be typical for them. It should be explored what the impact any task has on their mental health and how they manage this to determine if it is repeatable as often as required.

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## Stability

An individual can experience stability, stable or neutral periods in between episodes. This doesn't mean that they have no emotions during this time – just that they're not currently experiencing mania, hypomania or depression.

Stability may be present for years in between episodes, although for some people periods of stability can be much shorter and infrequent.

**Be sensitive** when exploring variability, frequency of episodes and stability. Stability to an individual with Bipolar may be different to how an individual without the condition would describe it.

Watch this mind video which shows three individuals talk about their experience of living with Bipolar Disorder

[HERE](#)

## Customer Care

How is it best to ask about any sensitive topics and what are the common courtesies?



### In general

- Be direct, empathetic and professional
- Make it clear you acknowledge they may find certain things difficult to discuss but you are not there to judge but instead need to understand the extent of any paranoia, compulsions or other thoughts they display or experience. **Ask questions in an open and frank manner**
- Be sensitive and give them time to respond to questions. Whilst there may be no expected impairment to communication, they may struggle to engage due to anxiety, low mood, be distracted or struggle to verbalise what they experience due to their own insight
- Look/listen for cues of any distress or discomfort with the discussion, reassure them and offer breaks as needed. Be non-judgmental, they may find it uncomfortable to discuss how they present during a manic phase particularly if they have misused drugs or alcohol or have engaged in risky behaviour.
- Ask them if they have any initial concerns about the consultation and see if you can address these
- Ask if there are any adjustments that would make them more comfortable e.g. if they would like a companion present for support
- **If they do not have a physical condition please do not ask them about their physical ability to complete tasks but instead focus on the psychological ability**

## Sensitivities



What areas might they find difficult to mention or perhaps understate the impact of?

- The nature of their mood swings, delusions/ thought disorder can be upsetting for some people to talk about and describe to others
- Any demonstration of misconceptions about their condition may cause frustration. Showing knowledge of their condition and willingness to listen to their lived experience can support information provision

# Functional Impact

*A brief summary of the functional impact those living with this condition may experience*

## Activity 1: Preparing food

May be difficult due to getting 'distracted' by paranoia, hallucinations or racing thoughts. Some may have little to no motivation for this task and disregard it, or be impulsive and make unsafe decisions due to feeling manic.

### Remember in PIP...

Specifics around whether they complete this task, how often and under what circumstances is required. Any restrictions need to be explored such as compulsions, triggers for any impulsivity and how they manage this. Explore the extent of any support provided.

## Activity 2: Taking nutrition

May be difficult due to getting 'distracted' by hallucinations, racing thoughts or refusing to eat due to delusions. Additionally, those who are severely low in mood may need significant prompting to initiate eating or to finish a meal in order to remain nourished.

### Remember in PIP...

You need to have established the individual's ability to be nourished. You need to explore extent of any weight loss, motivation levels, how diet is managed and what any support does.

## Activity 3: Managing therapy and monitoring a health condition

Many could lack insight into their condition. So may stop taking medication/attending other therapy. Others may be distracted and forget taking their medications and some may lack motivation to take these.

### Remember in PIP...

Therapy input in a domestic setting, which covers majorities of weeks and where they require supervision, assistance or prompting to complete should be explored and considered.

Ensure to explore how any medication is managed including compensation strategies like alarms to combat restrictions to combat where there is severe anxiety around medication management.

# Functional Impact

*A brief summary of the functional impact those living with this condition may experience*

## Activity 4: Washing and Bathing

Some may be distracted from personal care all together, others may lack motivation to wash, or even refuse to wash and bathe appropriately. This could be due to paranoia, mania, low mood, anxiety or other related symptoms.

### Remember in PIP...

Consider the specifics of what, if anything impairs their ability to get washed. you must explore management strategies and what might happen without any reported support in place i.e. how long might they leave this task, or how often might they complete it. Where there are compulsions be clear about what these are and whether it is a factor here.

## Activity 5: Managing toileting needs and incontinence

Consider any other conditions.

### Remember in PIP...

Whilst there might not be a restriction here consider that some may have extreme anxiety and compulsive behaviour about toileting and cleaning themselves or whether it is hand hygiene and general which is addressed in A4. You need specific detail to determine if it can be considered here.

## Activity 6: Dressing and undressing

Some may report reduction in their concern for appearance and getting dressed regularly, whilst for others they are fixated on it. Is the clothing acceptable for the situation, inappropriate clothing may be worn during periods of mania.

### Remember in PIP...

Consider the specifics of what, if anything impairs their ability to get dressed and how this is managed with specifics. Consider what might occur without any support in place. Do they have understanding of what is appropriate. Does any impulsivity play any part here? Are there any examples of intervention from others? How long does it take them? Do they do this every day?

# Functional Impact

*A brief summary of the functional impact those living with this condition may experience*

## Activity 7: Communicating Verbally

Hallucinations, racing thoughts, delusions may cause someone to use a communication style that cannot be understood by others. May not be able to properly interpret others due to delusions.

### Remember in PIP...

That there are specific boundaries for what is considered basic and complex. How they emotions impact on their ability to manage relationships and respond to individual is likely to be managed in A9. Ensure to explore for specifics where a restriction is reported to determine if simple and/or complex criteria is met.

## Activity 8: Reading and understanding signs and symbols

Consider if there is any impaired cognitive function.

### Remember in PIP...

That there are specific boundaries for what is considered basic and complex. Ensure to explore for specifics where a restriction is reported to determine if simple and/or complex criteria is met.

## Activity 9: Engaging with others face to face

Likely to be very difficult for some. They may find another's behaviours unacceptable and be easily triggered into aggression or even violence. For some delusions and paranoia can and result in a fear of others and social situations, whilst others actively seek it out and are inappropriately familiar/dependent. This can affect an individuals ability to form relationships with others and effectively engage in social situations.

### Remember in PIP...

Cover where specific restrictions are reported how they manage this. Detail of any support provided and whether this support can be provided by anyone or only specific individuals, and why – what is it they do for the individual?

# Functional Impact

*A brief summary of the functional impact those living with this condition may experience*

## Activity 10: Budgeting

May be made more difficult due to cognitive impairment or reduced insight depending on episode they are experiencing. Mania can cause the person to make unwise decisions they wouldn't otherwise make. Some may find themselves worrying all the time about things that are part of their everyday life and low mood & motivation can impair their ability to plan and budget for the future.

### Remember in PIP...

That there are specific boundaries for what is considered basic and complex. Ensure to explore for specifics where a restriction is reported to determine if simple and/or complex criteria is met.

## Activity 11: Planning and following a journey

There are lots of symptoms which could impact the ability to plan and follow a journey. There could be difficulty due to distraction in form of hallucinations, extreme paranoia or mania. Paranoid delusions may mean making journeys will cause distress, which can vary in level and how this manifests. Individuals with impulsive behaviour may put themselves in unnecessary risk and have no care or consideration for consequence. Some may have anxiety which can cause panic attacks in crowds, or where journeys do not go as expected. Explore their ability to use public transport and make familiar & unfamiliar journeys.

### Remember in PIP...

Where there are associated conditions you must explore the 4 stages to a journey 1. Frequency and type of outings 2. before a journey 3. during a journey and 4 post a journey. Any social anxiety and/or anxiety related to change? If so to what extent, how and when does this manifest, how it is managed, is it present on all journeys or just unfamiliar ones? Is there any impulsive behaviour or safety concerns which could affect their ability to plan and follow a route? How do they get to appointments for specific times, do they attend them?

## Activity 12: Moving Around

Consider any comorbidities.

### Remember in PIP...

Individuals may struggle to provide specific information. Try to use examples to help or things in their area they might be able to refer to. You must explore whether any journey discussed is repeatable, where possible how long it takes them, how they feel whilst doing it, and any incidents of note such as falls in the past 12 months?

# Additional reading or other resources

## EXTERNAL

[About bipolar disorder | Mind, the mental health charity - help for mental health problems](#)

[Overview - Bipolar disorder - NHS \(www.nhs.uk\)](#)

[Bipolar disorder | Mental Health Foundation](#)

## INTERNAL

- Desktop Aid – MSE, Mental Health, Activity 9, Activity 11

# Version control