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Onward Mental Health

Non-drug Approaches for Bipolar Disorder

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Overview. Bipolar disorder is a chronic mental health diagnosis that causes dramatic shifts in a person's mood, energy and their ability to think clearly. People with bipolar have high moods (mania) and commonly low moods (depression), which are more dramatic than the typical ups and downs most people experience. People with bipolar typically transition between mania and depression and when this occurs frequently, it is called "rapid cycling". Severe bipolar may include psychotic symptoms such as hallucinations (e.g. hearing voices) or delusions. With a disciplined and holistic recovery plan, many people live well with the condition. Suicide is a potential danger for people with bipolar which can occur in periods of mania or depression. Although bipolar can begin at any time, it typically starts around age 25. Bipolar disorder affects men and women equally. This monograph outlines considerations for bipolar and potential non-drug therapies to evaluate with your practitioners.

Symptoms. Everyone's experience with bipolar is different. A bipolar diagnosis means a person must have experienced mania or hypomania, and may have experience depression.

- **Mania**. Hypomania is a milder form of mania that doesn't include psychotic episodes. Although someone with bipolar may find an elevated mood appealing, the "high" may not be comfortable or controllable. Mania can be extreme irritability or euphoria, but can also show as agitation, sleeplessness, talkativeness or extreme pleasure-seeking or risk-taking behaviors. Most of the time, people in manic states are unaware of the negative consequences of their actions.
- **Depression**. Depression produces physical and emotional symptoms that inhibit a person's ability to function nearly every day over two weeks. It can range from severe to mild low mood. The lows of bipolar depression can be so debilitating that people may be unable to get out of bed. Typically, people with depression have difficulty falling and staying asleep, but they also may sleep far more than normal. When people are depressed, even minor decisions can seem overwhelming. Feelings of loss, personal failure, guilt or helplessness may also be present.

There is good reason to be hopeful. Integrative mental health, an emerging discipline, offers tremendous hope. It embraces the best of conventional psychiatry – including drugs when needed – and a much larger menu of proven non-drug options. There are thousands of "gold standard" studies that support the effectiveness of non-drug treatments and the significant majority of these treatments reduce mental health symptoms with little or no side effects. And more importantly, thousands of people with a bipolar diagnosis live in recovery today using these techniques – leading meaningful,

productive, and joyful lives. Recovery isn't necessarily easy, but pragmatic science is on your side. For an overview on integrative mental health, see our **presentation**.

Safety first. Safety is the #1 priority. If someone is unable to perceive reality or is a danger to themselves or others, call 911. Hospital emergency rooms can help. Hospitals nearly always work to stabilize the individual, very often with drugs.

Always work with trained and licensed practitioners. We urge people not to self-diagnose or self-treat. Licensed practitioners can help select and run the most appropriate tests/evaluations and can be your guide to help you determine the specific interventions that might be best for you. When you are working with multiple doctors, make sure you coordinate your care, so each doctor is aware of what the others are doing. Also, remember that your practitioners are your trusted advisors, not your boss. Ultimately, the person with diagnosis must create their own recovery and select the treatments and approaches they will use. Although significant support and some level of paternalistic care may be needed in crisis and early recovery, increasing self-determination is seen as a necessary part of recovery.

Consider bipolar from four perspectives. It is often best to consider bipolar from four perspectives: 1) potential physical causes, 2) potential psychological causes, 3) wellness basics, and 4) symptom relief. Therapeutic responses based in each of these four perspectives are supported by hundreds, if not thousands, of gold standard scientific studies. The first three perspectives target known causes and influencers of depressive symptoms to help create sustainable wellness. The more that issues are addressed by the first three perspectives, the less is often needed from the fourth perspective. This is important since the fourth perspective often involves psychiatric drugs that come with a variety of potentially serious side effects and withdrawal difficulties. This multi-pronged approach often means getting two or three different practitioners involved, but sometimes they might be found in the same practice.

Physical perspective. It is important to find a practitioner skilled in the physical/biomedical causes and influencers of bipolar. These practitioners can identify an individual's unique **bio-individuality** through blood/urine and other testing, using detailed **biomedical test panels**. These tests can uncover nutrient imbalances, hormonal issues, amino acid irregularities, food allergies, pathogens, inflammation, toxicities, or other physical conditions that can cause or influence mental health symptoms. Customized therapies can then be prescribed targeted at the specific issues identified in the lab results.

Perhaps the most comprehensive and proven biomedical protocol for mental health was developed by the **Walsh Institute**, described in the book, **Nutrient Power**, and in a **90 minute video**. The institute has amassed what is probably the world's largest database of mental health laboratory analyses: more than three million records from over 30,000 people with mental health issues. This database shows that umbrella mental health diagnoses, including bipolar, are composed of multiple subtypes, each requiring a different nutrient response. Walsh has found that the most common biomedical issues with bipolar are zinc/copper imbalance, folate disorder, pyrrole disorder, methylation disorder, fatty acid imbalance, oxidative stress, and toxic metals. Walsh indicates that 72% of people with bipolar who undergo six months of customized nutrient therapy experience a significant reduction in symptoms. With that symptom reduction, people are often able to gradually reduce psychiatric drug dosages under practitioner care. In some cases, people can be slowly tapered off of drugs altogether.

Most conventional psychiatrists do not focus on robust biomedical testing, but the good news is that practitioners in the emerging discipline of **integrative mental health** do. Practitioners who use robust biomedical testing have a variety of titles including integrative psychiatrist, integrative general practitioner, orthomolecular practitioner, naturopath, Functional Medicine practitioner and others. Ensure you find a practitioner familiar with this testing in a mental health context. To help you choose a biomedical practitioner, consider the following directories:

- Walsh trained doctors - www.walshinstitute.org/clinical-resources.html. Mensah Medical (www.MensahMedical.com), a Walsh-trained practice based in the Chicago area, also has scheduled satellite locations in the US that they travel to periodically for patient care.
- Safe Harbor's practitioner directory. http://www.alternativementalhealth.com/find-help/categories/practitioner.
- Functional medicine practitioners. www.ifm.org, look under "Find a Practitioner".
- APA Caucus on Integrative Psychiatry practitioner directory. www.intpsychiatry.com (Find a psychiatrist).
- Integrative Medicine for Mental Health Registry. http://www.integrativemedicineformentalhealth.com/registry.php.
- American College for Advancement in Medicine - www.acam.org.
- International Network of Integrative Mental Health - https://inimh.org. (FIND a Network Partner Near You)
- International College of Integrative Medicine. www.icimed.com.
- American Board of Integrative Holistic Medicine. http://www.abihm.org/search-doctors.
- Academy of Integrative Health Medicine. www.aihm.org.
- American Holistic Health Association. http://ahha.org/holistic-practitioners.
- Orthomolecular.org Worldwide Directory. www.orthomolecular.org/resources/pract.shtml.
- Canadian Society of Orthomolecular Medicine. https://ionhealth.ca/public/find-a-practitioner.
- Naturopathic Physicians (select "find a doctor"). www.naturopathic.org.
- Find a Naturopath. www.findanaturopath.com.
- Canadian Association of Naturopathic Doctors. www.cand.ca.
- Mad in America directory of doctors who aid psychiatric drug withdrawal. https://goo.gl/kvstV0.

If you cannot find a biomedical practitioner with a mental health focus that you can see face-to-face, consider tele-services through phone consults at www.mensahmedical.com (call 847-222-9546, they are Walsh trained). In addition, certain labs provide practitioner referrals and more self-directed support to patients (e.g. DHA labs - www.pyroluriatesting.com, Great Plains Labs www.GreatPlainsLaboratory.com). Your regular doctor can work with these labs and order tests directly from these labs.

Psychological perspective. An evaluation by a trained psychotherapist is important for cases of bipolar. Trauma and stress can directly cause or influence symptoms — and these may be unknown to family members and supporters. People with bipolar who receive intensive psychotherapy were 58% more likely be well in a given month and had higher rates of recovery than individuals only receiving collaborative care. There are a variety of possible psychological interventions. Cognitive Behavioral Therapy – which helps improve how our thoughts, emotions and actions interact – has proven effective in reducing symptoms. Interpersonal and Social Rhythm Therapy (**IPSRT)** is founded upon the belief that disruptions of our circadian rhythms (our body's "clock") and sleep deprivation may influence symptoms

of bipolar. IPSRT establishes daily rhythms for routines and sleep cycles, using activities and social stimulation designed to moderate moods and relieve symptoms. When IPSRT is used during acute bipolar episodes, individuals have significantly longer periods of stability, far greater regularity in daily routines, and improved functioning at work. Intensive psychological interventions and family involvement are important ingredients for the best outcomes in bipolar.

The Wellness Perspective. There are a number of common sense health practices we can adopt that often have a significant impact on mental health.

- **Diet**. For those with mental health issues, maintaining a good diet is very important. Doctors and nutritionists often recommend a diet that contains plenty of fresh fruits and vegetables, sufficient fat, low-fat protein sources, probiotics for digestive health, sodium, and potassium electrolytes. The diet often recommended is one low in refined sugar, white flour, and processed foods (especially junk foods). Diligently reduce saturated fat and especially sugar in the diet is important. A "Mediterranean diet" rich in vegetables, fruit, legumes, whole grains, lean meats, fish, heart-healthy fats and oils, with minimal animal fats and sweets is considered an excellent model. Although eating fish is healthy, nearly all fish and shellfish now contain traces of mercury, so we should eat predominantly low-mercury seafood. Nutritionists urge us to incorporate changes slowly and then maintain healthy dietary changes. As a rule of thumb, dietitians recommend taking the time for excellent breakfasts because our blood sugar levels are lowest in the morning, so healthy breakfasts get us going. It's better to eat dinners early in the evening and avoid eating when we feel stressed, since too much adrenalin shuts down digestion.
- **Gut Health**. Overall gut health is important to those with bipolar, since digestive distress can cause mood changes. Probiotics (found in yogurt, Keifer, and other sources) can improve bipolar symptoms significantly. Probiotics can also be found in capsule form, usually containing lactobacillus and bifidobacteri.
- **Exercise**. Some form of consistent bodily movement daily in the form of either exercise or a Mind-Body Discipline (e.g. yoga) is often helpful. However, this should be done with caution for those who are prone to rapid cycling.
- **Sleep**. Our bodies and minds align to a natural daily rhythm, called a circadian rhythm, influenced by sunlight. Regular good sleep is an important part of this rhythm. Over 70% of people with bipolar appear to have sleep issues, and these can impact mental health. It is often important to get into a consistent pattern of sleep for those with bipolar. This can be done with good sleep hygiene (e.g. going to bed only when sleepy, avoiding caffeine and sugar prior to bed, avoiding computer/tablet/screen use within a few hours of bed), going for a walk before bed, etc. There are also insomnia therapies including melatonin, a hormone. Interestingly, the use of light and dark in some cases can significantly improve depression and mania. Bright light therapy (often using a Light Therapy box) can be used for depression. Dark Therapy, in which complete darkness is used as a mood stabilizer for bipolar, is roughly the opposite of light therapy for depression. Data is limited, but one small study shows that being in complete darkness from 6:00 p.m. to 8:00 a.m. over three days can reduce rapid cycling manic symptoms. Instead of complete darkness, wearing amber colored glasses (which block blue light often emitted by computer screens and TVs) may be similarly effective.

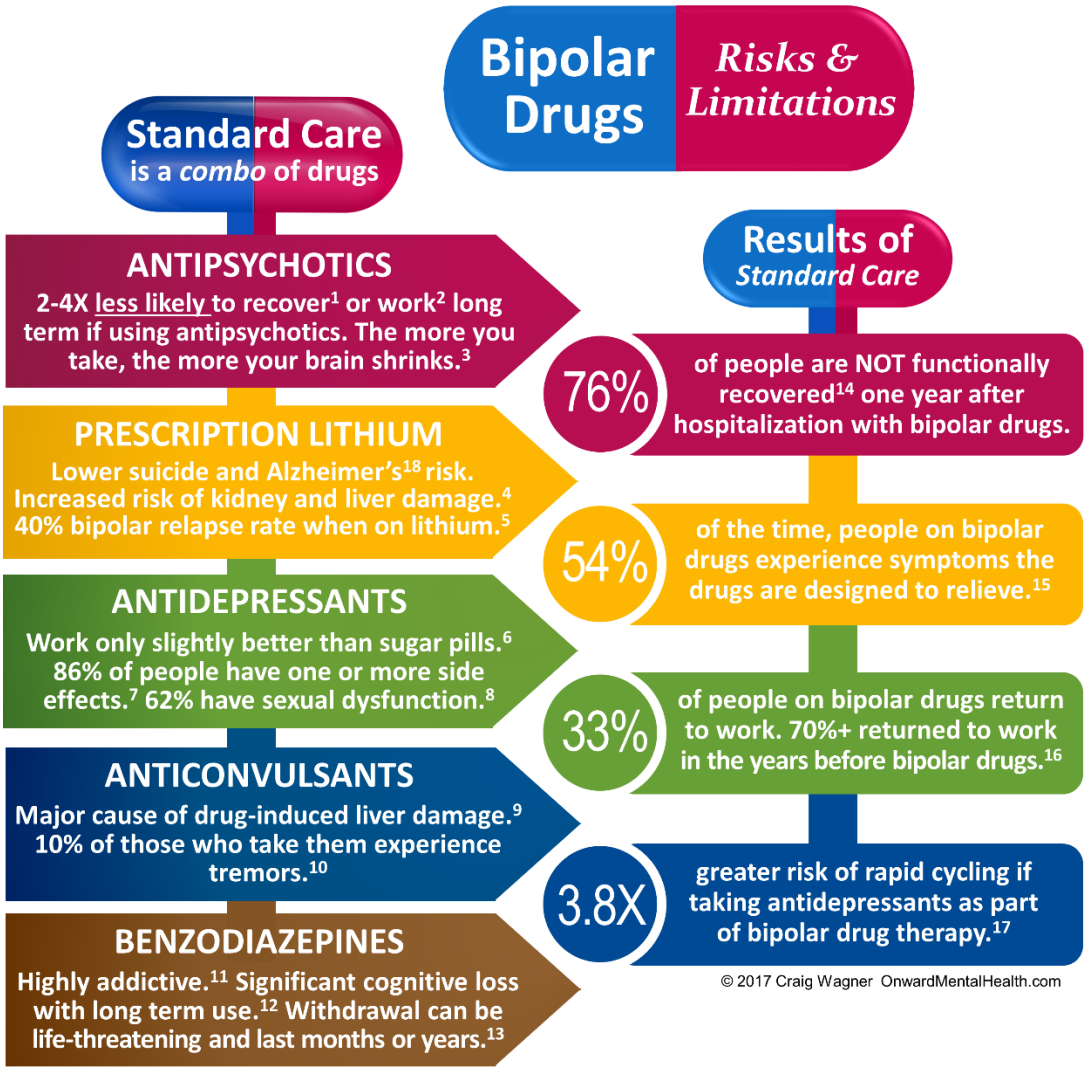
- **Substance avoidance**. Avoiding caffeine, alcohol, marijuana and other mood altering substances is often important.

Symptom relief perspective.

The most common treatment for bipolar is a combination of psychiatric drugs (called polypharmacy) that may include antipsychotics, prescription lithium (lithium carbonate), anticonvulsants, antidepressants, and benzodiazepines.

One study found that 72% of bipolar patients were taking 2 or more drugs, 55% were on 3 or more, and 36% were on 4 or more. It isn't unusual for people with bipolar to take as many as 6 different drugs.

Bipolar drugs have been well-studied in thousands of gold standard trials and have been shown to have significant risks and limitations (see figure below). Polypharmacy carries additional risk.



Lithium appears to be a neuro-protectant involved in the expression of over 50 genes. It can reduce mania symptoms and can significantly reduce the risk of suicide. However, prescription lithium is

intolerable to some people and can cause kidney damage with long-term use. Non-prescription lithium (lithium orotate) is showing promise at low dosages and appears to avoid kidney damage. (See **video** and **book.**)

Although individual drugs are tested and FDA approved, combinations of drugs are not. This leads to a difficult reality: the vast majority of bipolar drugs have not been properly tested together, so their use in combination cannot be considered evidence-based.

The good news is that the more effort that is applied in addressing the first three perspectives outlined above (physical, psychological and wellness basics), the less psychiatric drugs are often needed. And the less we depend on psychiatric drugs, the less we must contend with their side effects and withdrawal difficulties.

If psychiatric drugs are required, it is often best to seek the *minimum effective dosages* – no larger a dose than is needed to substantially reduced symptoms. This is done through experimentation in one of two ways. If the person is not yet on the drug, a low dose can be given and potentially slowly increased if needed to gain suitable symptom relief. If the person is already on the drug, a very slow tapering technique can be used to find the balance point between symptom relief and side effects. Any drug tapering should be done only under practitioner guidance and done very slowly to avoid relapse.

Other considerations.

- **EMPowerplus**. Although we recommend a complete set of biomedical tests with trained practitioners as described above, many people with bipolar have found success with EMPowerplus, a vitamin and micronutrient supplement that can be taken in pill or powder form (easily added to smoothies). See www.TrueHope.com.
- **Look at potential food allergies**. Research shows that people with bipolar have a much higher risk of having antibodies associated with a gluten allergy or gluten sensitivity than the normal population. There are blood tests than detect gluten allergies, but one common way to assess for a possible allergy is simply to start an "elimination diet". This means completely eliminating gluten from the diet for a period of time to see if symptoms improve. Although many foods have gluten in them, with a little work, diets can be created that are reasonable. Work with a practitioner to determine if a gluten allergy or potentially other allergies (milk products and soy are the next most common) are present.

Things to avoid. Some practitioners recommend avoiding supplements for calcium, chromium picolinate , glutamine , SAM-e, vanadium, St. John's Wort, and ginseng for people with bipolar. When therapies are used to reduce the depressive symptoms of bipolar, caution should be exercised to avoid the onset of mania.

Seek to avoid Electroconvulsive Therapy (ECT) and consider it only as a last resort. ECT is the most controversial therapy in all of psychiatry. It subjects the brain to intense electrical shock that induces a grand mal seizure. It is generally ineffective in the mid- to long-term, although ECT can significantly reduce depressive symptoms during treatment and for a short period after. As a result it is commonly given in multiple dosages over a number of months. However, most trials show that real ECT is only marginally better than sham ECT, and this advantage can fade quickly. ECT relapse is common with symptoms often return to pretreatment levels. ECT comes with troubling cognitive side effects: some

memory loss occurs in nearly all cases; larger and persistent memory loss in about one-quarter to one-half of the cases; and very severe cognitive dysfunction more rarely. The cognitive impact of ECT seems cumulative: future shocks must be larger than previous ones, and the more powerful and frequent the shocks, the greater the side effects. Many patients maintain they have been greatly harmed by ECT, while others have found it lifesaving. There are a variety of more recently developed therapies that apply electrical impulses to the brain that use significantly lower electrical charges, show benefit, and appear to have no adverse cognitive side effects.

Additional non-drug approaches proven effective for bipolar

In addition to the above major considerations, there are 26 other non-drug techniques that have been found shown effective for bipolar. The approaches fall into three major categories:

- Biomedical Restorative Therapies (focusing on physical causes/influences)
- Psychosocial Restorative Therapies (focusing on stress, trauma, thought, and emotions)
- Symptom Relief Approaches (focusing on how to reduce symptoms)

It is important to recognize that the individual response to these techniques vary by individual. The best way to evaluate these options is in a prioritized and prudent plan of experimentation guided by your trusted practitioners since they can advise you of specifics considerations of these therapies.

Information on these additional therapies can be found in the book, **Choice in Recovery**. Here, each non-drug technique is classified into one of three tiers based on the degree of scientific evidence supporting its effectiveness. Tier 1 approaches have good meta-analyses (an analysis consolidating the results of many similar studies), Tier 2 approaches have multiple well designed studies, and Tier 3 approaches have more suggestive evidence. In general, the best results are achieved by focusing on Tier 1 options first, then Tier2 and then Tier3.

Summary

Integrative mental health offers significant hope for mental health recovery by offering you a remarkably diverse set of options that include, but go well beyond, medication. Although there are no silver bullets in mental health, working with integrative mental health practitioners can help open the door to sustainable wellness. These practitioners can help you determine which of the above approaches are most likely to help you, based on thorough testing and evaluation, and a review of your personal history. They can then work with you to experiment with your chosen approaches in a priority order, since the only way to know your individual response to an approach is to try it.

The non-drug approaches of integrative mental health offer potentially life-changing symptom improvement with little or no side effects. They have helped many people reduce, and in some cases eliminate, the need for psychiatric drugs, and reduce or avoid drug side effects.

There is good reason for you to be hopeful. Many people with bipolar live in recovery today through a unique combination of approaches that fit their body chemistry, life experience and needs. In fact, these individuals commonly say that non-drug approaches are vital to their wellness.

I hope you find this information of value. To understand the full breadth of the 27 non-drug options in more detail, consider our book, **Choice in Recovery**.

If we can be of assistance, please don't hesitate to contact us.

Take care and good luck,

Craig Wagner

President, **Onward Mental Health**

Disclaimer. Onward Mental Health (www.OnwardMentalHealth.com) and its representatives provide insight on non-drug mental health alternatives. This information is for educational purposes only. We don't give medical advice or make specific therapy recommendations for individuals. This paper and other referenced material are not intended to replace practitioner guidance. Always work with appropriate practitioners to determine the best care for you which may include psychiatric drugs. Although we take care and seek transparent accuracy, this paper is not exhaustive and some errors may be included. Providing links to directories and other information does not constitute endorsement or full agreement. See www.OnwardMentalHealth.com for further disclaimer information and terms of use for this information.

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