

# Manic Depression Bipolar Affective Disorder

*"Manic depression/bipolar is said to be a mood disorder in which states of mind swing like a pendulum from abject despair to sublime elation".*

Most people experience ups and downs, highs and lows. It is only when these become so extreme that they interfere with ordinary everyday activities, and cause us to behave in uncharacteristic ways, that it is called manic depression or bipolar affective disorder – two different names for the same thing. Between mood swings those of us with a diagnosis of manic depression feel and behave just like anyone else – with the ordinary ups and downs that anyone can experience. But the extreme highs and lows affect not only feelings, but thoughts and behaviour.

Everyone's manic depression/bipolar is different!

- ➔ Some people are more affected by depressions with just the occasional period of mania. For others, it is the other way round.
- ➔ Some people experience extreme mood swings only occasionally, with long periods of stability in between; others experience them more often – sometimes called 'rapid cycling' manic depression.
- ➔ For some people mood swings seem to be triggered by stressful events in their life, for others they appear to 'come out of the blue'.
- ➔ For some people, the highs and lows are

relatively short – for others they may last many months.

- ➔ Some people have just one or two mood swings, others have mood swings for many years, but these often get less severe as you get older.

The challenge facing everyone with a diagnosis of manic depression/bipolar is learning to understand our own unique pattern. Learning what might trigger our highs and lows. Learning to identify our own individual signs that depression or mania is looming. Learning how best to manage our ups and downs: what helps to minimise the extent of the swings and the disruption that they can cause in our lives.

## The highs: hypomania, mania . . .

*"The ideas and feelings are fast and frequent like shooting stars, and you follow them until you find better and brighter ones. Shyness goes, the right words and gestures are suddenly there, the power to captivate others a felt certainty. ... Sensuality is pervasive .. Feelings of ease, intensity, power, well-being, financial omnipotence and euphoria pervade one's marrow. But, somewhere, this changes. The fast ideas are too fast, and there are too many; overwhelming confusion replaces clarity. Humour and absorption on friends' faces are replaced by fear and concern ... you are irritable, angry, frightened, uncontrollable ... It goes on and on, and finally there are only others' recollections of your behaviour – your bizarre, frenetic, aimless behaviours ... for mania has at least some grace in partially obliterating memories." (Kay Redfield Jamison, 1995<sup>ii</sup>)*

We may feel full of energy and exciting new ideas; happy, excited, irritable when other people don't share our enthusiasms. We may feel we don't need

to sleep, we are active all the time, flitting from one idea to another. But this energy and enthusiasm can distort our judgement. As the milder hypomania gives way to mania we may behave in unusual and uncharacteristic ways: recklessly spend more than we have, become sexually disinhibited, believe we have special skills or powers that others do not have and that we can undertake grand schemes. This can lead us to behave in ways that we later feel embarrassed about, although at the time we do not see things this way. We may make rash decisions on the spur of the moment that can have disastrous consequences ... and when we are no longer high we may regret the things we did.

*"Who knows what? What did I do? Why? ... Then too are the bitter reminders ... credit cards revoked, bounced cheques to cover, explanations due at work, apologies to make, intermittent memories (what did I do?), friendships gone, drained, a ruined marriage. And always, when will it happen again?"<sup>iii</sup>*

## The lows: depression . . .

*"From the time I woke up in the morning to the time I went to bed at night, I was unbearably miserable and incapable of any joy or enthusiasm. Everything – every thought, word, movement – was an effort. ... I seemed to myself to be dull, boring, ... I doubted my ability to do anything ... It seemed as though my mind was slowed down and burned out to a point of being virtually useless. ... Death and its kin were my constant companions. I saw death everywhere ... thoughts would go from one tormented moment of my past to the next. Each stop along the way worse than the preceding one. And, always, everything was an effort. Washing my hair took hours to do, and it drained me for hours afterward; filling the ice tray was beyond me, and I occasionally slept in the same clothes I had worn during the day because I was too exhausted to undress." (Kay Redfield Jamison, 1995<sup>iv</sup>)*

Depression is far more than the feeling of being fed up and miserable that everyone experiences. We feel useless, desperate, guilty, hopeless, unable to think properly, do the things you usually do. We may lose interest, feel exhausted but also restless, agitated, irritable, burst into tears for no apparent reason. We may also lose our appetite, lose weight, have difficulty sleeping, wake up much earlier than usual, lose all interest in sex. We may find it difficult, if not impossible, to do the ordinary things of everyday life: work, look after ourselves, see friends. The future looks bleak and we may believe that there is little point in going on, seeing death as the only way out of the awfulness.

## 'Genius disease' or 'a serious and disabling mental illness'?

Manic depression/bipolar has been variously characterised as a 'genius disease' and a 'serious and disabling mental illness'.

Research has shown that people with a diagnosis of manic depression/bipolar can be more creative than others – especially when we are mildly hypomanic. Indeed the history books are replete with examples of great artists, musicians, writers, scientists, politicians, philosophers who have had manic depression<sup>vi</sup>: people like Michelangelo, Van Gogh, Beethoven, Tchaikovsky, Kipling, Woolf, Cromwell, Edison. Indeed, Kay Redfield Jamison, whose descriptions of her own mania and depression are quoted above, is an extremely successful academic and scientist – a professor at the prestigious Johns Hopkins University School of Medicine in the USA. There are successful people in all walks of life – medicine, science, business, politics – who have the diagnosis.

But manic depression/bipolar can also result in lost jobs and homes, broken marriages, lost friendships. People with bipolar, like those with other mental health problems, also have to live with the prejudice and discrimination of others. Indeed it is typically not the mood swings themselves, but the way in which people with the diagnosis are treated in society that is disabling. Too many people have been taken in by inaccurate media images of 'mad axe murderers' and do not wish to associate with people with mental health difficulties, wrongly believing us

to be incompetent, unreliable, unpredictable, dangerous. Employers are often reluctant to take on people with a diagnosis of bipolar and the resulting unemployment and poverty are further disabling.

Manic depression/bipolar is relatively common – about one in every hundred adults has the diagnosis. But because of the discrimination that can result if their diagnosis is known, many people keep very quiet about it. The causes of bipolar are not clear. Research suggests that there may be some inherited tendency to bipolar, but there is not an absolute link – if one of your parents has bipolar then there may be a greater chance of you developing it, but it is more likely that you will not, and most people with bipolar do not have parents with the diagnosis. Early social disadvantages and ongoing social difficulties may also play a role, and stressful life events – loss, death of a loved one, separation, illness etc. – are often associated with the onset of problems.

Whatever the causes of manic depression/bipolar, the diagnosis does not mean that the future has to be bleak or that our lives are over. Many of us with the diagnosis can and do live successful, valuable and satisfying lives with bipolar – working, raising children, supporting our friends, contributing to our communities in so many ways.

## Living with Manic Depression/ Bipolar

Initially, bipolar can be very frightening. You don't know what is happening to you. You feel out of control, never knowing when or if it will happen again. But increasingly, people with manic depression are developing ways of managing their own mood swings: working out ways of reducing their frequency and severity and lessening the

disruptive effect they can have on jobs, relationships and lives. Each person with the diagnosis faces the task of working out the best way of managing their life and symptoms ... and there are a number of things that can help.

## Understanding Patterns

One of the most important things is to understand our own individual pattern. This involves careful monitoring of our mood fluctuations. Looking at our ups and downs and thinking about the early warning signs that something was amiss.

When we begin to become depressed, perhaps we start getting irritable with others, start finding things difficult that we usually take in our stride, go off our food, start waking early in the morning. When we begin to become high, perhaps we feel extremely enthusiastic, energetic, sleep less, start buying things we don't really need.

The aim is to identify our own pattern. In trying to do this, people who are close to us may be able to offer assistance. Partners, family, friends may be able to help in identifying signs we might look out

for. If we are able to recognise our own early warning signs then we are in a good position to either stop the mood swing, or at least minimise the disruptive effect that it has on our life.

Learning from others with the same diagnosis can also be helpful, not only in thinking about how to identify early warning signs, but also in thinking about things that might help when we notice them. Within the MDF The BiPolar Organisation there are many local self-help groups where people with the diagnosis their families and friends can learn from and support each other. MDF The BiPolar Organisation runs self-management training courses, facilitated by people who themselves live with bipolar, which many find useful. (Contact the self-management team on 08456 340 542 for more information).

## Identifying Triggers

In understanding our own patterns, it is also helpful to look at what might trigger our highs and lows. Do they tend to happen in a particular season, or around the time of a distressing anniversary, or when we have been under a lot of stress? Remember that stress does not always have to involve bad things – positive changes in our lives can also be stressful: things like getting a new job, moving house, getting married, having a child. Perhaps alcohol or drugs have a role?

If we can identify things that might trigger our highs and lows then we can work out ways of dealing with these. Sometimes this might involve avoiding things that might act as triggers, but this is not the only solution. If we know that something will be stressful then we can work out ways of preparing ourselves, cutting down on other things that might aggravate the situation, making arrangements with others to get extra support. Again MDF The BiPolar Organisation's self-management programme helps people to identify key triggers.

## Identifying What Helps to Reduce Mood Swings

Having identified our patterns and triggers, we are then in a position to work out how best to manage our lives. There are a number of things that people have found helpful in reducing the frequency and/or severity of mood swings. It is not necessary for us to choose between the different approaches. Many people find a combination of different treatments and coping strategies helpful.

### Drugs

There are three types of drugs which people may find helpful in reducing their mood swings.

➔ First, there are 'mood stabilisers'. The aim of these is to prevent, or reduce the frequency of, mood swings – they therefore have to be taken when your mood is normal to prevent the highs and lows occurring. Probably the most common among these is lithium, but others, like carbamazepine, sodium valproate and lamotrigine may also be prescribed.

➔ Second, there are 'anti-depressants' which can be used to treat and control depressive mood swings. There are many different types of anti-depressants which may be prescribed.

Including 'tricyclics' (like Amitriptyline, Imipramine, Dothiepine and Lofepramine), SSRIs ('selective serotonin re-uptake inhibitors' like Fluoxetine – Prozac, Paroxetine and Sertraline), MAOIs ('monoamine-oxidase inhibitors' like Phenelzine – Nardil) and SNRIs ('serotonin and noradrenalin re-uptake inhibitors' like Venlafaxine – Efexor).<sup>vii</sup>

➔ Third, there are drugs called 'major tranquillisers', 'neuroleptics' or 'anti-psychotics' which can be used to treat and control manic mood swings. There are a wide range of anti-psychotic drugs, including older preparations such as Chlorpromazine and Haloperidol, and newer ones, which seem to have less unpleasant side effects, such as Olanzapine and Risperidone.

Different drugs and different dosages suit different people, so it is important to negotiate what is best for you with your doctor. All drugs have some potential side effects and often it is a question of balancing these against the positive effects they may have. To find out more about the range of drugs available, their effects and side-effects, it may be helpful to consult the publication that many doctors use – the British National Formulary – a jointly produced by the British Medical Association and the Royal Pharmaceutical Society of Great Britain and updated regularly and can be ordered from bookshops. MDF The BiPolar Organisation produces an information leaflet on drug treatments, and stocks other useful booklets like "Lithium Treatment of Manic Depressive Illness". See our publications list for further details.

## Talking Treatments

Various forms of psychological therapy and counselling can help in a number of ways. They may be able to reduce emotional and relationship problems that can trigger mood swings. They may be able to help us to work out better ways of dealing with the stressful events that can lead to highs and lows. They may be able to help us to identify habitual ways of thinking that make us more likely to become depressed or manic and help us to organise our lives more effectively. Some talking treatments – psychotherapies – focus more on talking about feelings. Others – cognitive therapies – focus more on the ways in which we think about ourselves, our experiences and other people, which may underlie our emotions and responses. Both of these, together with more general counselling, offer an opportunity to talk frankly about our thoughts, feelings and life in a way that might be difficult with friends and family who are close to us, and can help develop a different perspective on our problems. As with medication, different treatments suit different people and it is advisable to find out as much as possible about any particular talking therapy.

## Complementary Therapies

Increasingly, people are turning to complementary therapies<sup>viii</sup>. There are many different types available: art/creative therapies (like art, dance, music therapy), physical (touch) therapies (like massage, aromatherapy and reflexology), exercise/postural therapies (like relaxation, meditation, yoga and Tai Chi) and dietary/herbal therapies. Most people use these therapies as well as, not instead of, more conventional approaches. They have been described as helpful in promoting relaxation, alleviating distress, focusing the mind, taking control, self expression and feeling peaceful.

## Looking After Yourself

Apart from drugs and therapy, there are a number of ways in which many people have learned to reduce the likelihood of mood swings. A sensible balanced diet, regular meals and exercise and ensuring regular sleep by going to bed and getting up at a regular time each day, may be important. It is known, for example, that lack of sleep can trigger mood swings. Similarly, balancing work, leisure and relationships in your life can be important: making sure you have regular activities and ensure regular time to rest and unwind.

Once we have noticed the early warning signs of a mood swing, it is also possible to find ways of stopping the mania or depression developing. Some of us, when we notice ourselves becoming high, find it helpful to do things like plan our days so that we are not doing too much, remembering to eat properly, cutting out stimulants like tea and coffee and avoiding stressful situations. Alternatively, when we notice we are becoming depressed, we may find it helpful to plan one day at a time, have a routine for meals/rest/doing things, get some exercise everyday, elicit the help of others in doing things, make sure we have something to look forward to by planning small treats and avoid putting ourselves under more pressure. Drugs – anti-depressants or major tranquillisers – can also be helpful at this stage.

## Avoid Alcohol and Non-prescribed Drugs

When we begin to become high or depressed alcohol and non-prescribed drugs can seem very tempting. When we are getting high it is easy to drink too much because we feel great and want to enjoy ourselves. When we are getting depressed it is easy to drink to 'drown our sorrows' and help us relax. However, whether we are becoming high or low, alcohol is a short lived solution that is likely to make things worse, not better.

## Mania or depression bipolar

It may not be possible to prevent all mood swings occurring. However, many of the problems of manic depression arise not from the mania or depression themselves but from the long-lasting, sometimes permanent, destructive effect that these have on our lives, relationships and activities. Mania and depression at work can result in us losing our jobs. Our behaviour when we are high and low can drive away partners and friends. If we behave in embarrassing ways it can be very difficult to face people afterwards. Therefore an equally important aspect of living with bipolar is learning to reduce the impact that periods of mania and depression have on the rest of our lives – protecting our jobs, relationships and leisure/social activities.

### Plan Ahead

One critical aspect of accommodating our mood swings into our lives is making proper plans. Then, when we spot the early warning signs, we can put these plans into effect.

We can make plans for what we will do if we notice our early warning signs to stop an impending high or low wrecking our job. For example, we might plan to:

- ➔ Take it easy – avoid taking on new projects if at all possible.
- ➔ Try not to feel guilty if we are not able to do everything that we usually do – everyone has times when they are less productive.
- ➔ Make sure that the things are in order so that someone else can pick them up if we have to take some time off.
- ➔ Make sure that our colleagues know where we have got to just in case they have to take over.
- ➔ Make sure someone has the password to our computer so they can access our work.
- ➔ If we have a good relationship with our manager or colleagues it may be possible to explain our difficulties and make plans to

minimise the disruptive effect of mood swings on our work. It may be possible to warn them that things are not going so well to prepare them for a period of absence.

Plans to cope with our manic depression/bipolar at work have been made easier by the Disability Discrimination Act (1995) which requires that employers do not discriminate against disabled people and that they make 'reasonable adjustments' to accommodate their problems at work – and this explicitly includes people with mental health problems like bipolar. 'Reasonable adjustments' may include time off to see therapists, changes in hours/duties or extra support during periods when you are having difficulties. For further information contact the Disability Rights Commission on 08457 – 622633 or textphone 08457 – 622644.

Similarly, we can make plans for what we will do with any commitments we have outside work when we start to become manic or depressed. We might hand over commitments to others when we are not able to manage them and cancel or postpone social engagements.

Mood swings can place a great strain on friendships and relationships. Those around us often feel helpless, unsure what to do. Inadvertently they may do things which make the situation worse, or give up and keep out of our way. It is helpful to negotiate with those close to us what they can, and should not do when you become manic or depressed. Similarly, it is sensible to alert our partner, family, close friends when we spot the early warning signs that something is amiss. It may also be possible to ask those who are close to us to alert us if they notice that we seem to be becoming high or low.

As well as making plans about what we will do when we begin to become high or low, it is also worth thinking about what we will do when we are back on an even keel again. Many of us find that it is not a good idea to rush back into everything as soon as we begin to feel better as this can simply

set us back again. Instead it is usually wise to build up our activities gradually. Sometimes it may be possible, for example, to start doing a bit of work at home, or return to work on a part time basis, at least initially. Or, if someone else has been looking after the children, or doing things for us at home, it may be possible to gradually take over responsibility from them – share things for a while. However, this is not always possible. For instance, some of us will have to get back to work as soon as possible if we are to remain in employment. If this is the case, then we can take it easy in other parts of our lives: avoid going out in the evenings too much, take things gently at home, accept help from those around us until we are well back in our stride.

It can be difficult to remember everything when we become depressed or high, especially if our mood swings are not very frequent. Some of us find it useful to write down our plans as a reminder to ourselves and others involved.

## Take Some Time Out

It may be that one of the best ways of preventing mood swings having a destructive effect on jobs, activities and relationships is to take some time out before our depression or mania starts to become disruptive. It is often far better to take some time off sick from work, or cancel activities and social engagements, in an orderly fashion rather than being sent home, sacked or embarrassing ourselves.

This may include periods away from home – in hospital or one of the increasing number of non-hospital 'crisis' or 'respite' facilities. Sometimes this can be a good way of preserving our relationships by reducing the strain of regular commitments and expectations on ourselves, and reducing the strain that our depression or mania places on our nearest and dearest.

It may also be sensible to stop driving or engaging in leisure pursuits that may be dangerous while our depression or mania may impair our judgements.

## Avoid Making Important Decisions

Even though things may seem very clear cut and obvious to our depressed or manic mind, depression and mania can lead us to make judgements that we might later regret.

For example, when we are depressed we may, inaccurately, know that we are so useless and hopeless that we have no option but to hand in our

notice at work or end relationships that are important to us. We may even become so hopeless that we decide that life is not worth living and see no solution but suicide. On the other hand, mania may lead us to extravagant schemes and disinhibited behaviour that we may later regret. It is therefore vital not to take any important decisions when we are depressed or manic, and check out the wisdom of what we are planning to do with someone we trust before we do it. It may also be possible to negotiate in advance for those around us to be more proactive in stopping us from doing things that we might later regret.

## Avoid Spending too Much

It is quite common for people who are manic to spend much more money than they have and get into terrible debts that can result in lost homes and possessions. It is therefore wise for us to take simple precautions like locking up our credit cards and cheque books or giving them to someone we trust for safe keeping; only leaving ourselves with enough money for food and essentials; or taking someone else with us if we go out shopping.

## The Support of Partners, Friends and Family

Everyone needs someone to confide in, someone to help us cope when we are not able to look after ourselves. Those who share our lives are of central importance in helping us to keep going through our highs and lows. The more we are able to take them into our confidence, share our thoughts and feelings with them, the more able they will be to understand and help us when we need them to ... and to stop when we are again able to look after ourselves. This is not a one way street. Our highs and lows do not last forever, and there will be large tracts of time when we can give as much as we receive. It is easy for those who have seen us when we are manic or depressed to lose confidence in our abilities, feel that we are continually in need of help or that they are continually walking on egg-shells, even when our equilibrium is restored. If those around us see only our problems, lose sight of our abilities and strengths, then this can destroy our confidence and distort our relationships. It is important that we help those around us to understand our mood swings so that they are able to offer assistance when we need it and then let us regain our independence, use our skills, help them, when we are again able to do so.

*Living with manic depression/bipolar is not always easy, but it is possible. We may not be able to eliminate our mood swings completely, but we can accommodate them in our lives. We can work out ways of doing the things we want to do with our highs and lows. Some doors may close, but then others may open. Indeed, people are increasingly describing the positive, as well as the negative, impact of bipolar on their lives.*

*"I have often asked myself whether, given the choice, I would choose to have manic depressive illness ... Strangely enough I think I would choose to have it. It's complicated. Depression is awful beyond words or sounds or images ... So why would I want anything to do with this illness? Because I honestly believe that as a result of it I have felt more things, more deeply; had more experiences, more intensely; loved more, and been loved; laughed more often for having cried more often; appreciated more the springs, for all the winters; worn death 'as close as dungarees', appreciated it – and life – more; seen the finest and the most terrible in people, and slowly learned the values of caring, loyalty and seeing things through." ix*

*"It is true that I detest my depressions. I cannot make my thoughts work – it is like thinking through treacle. When my*

*depression is at its worst I cannot make even the simplest choices about things like what to wear. I cannot follow conversations, I cannot drive, I cannot work, I am totally unrewarding to be with. ... At these times I don't feel miserable or unhappy in the colloquial use of the term 'depressed'. I know I am useless and worthless, but I don't feel anything very much at all. ... However, I would also contend that my bipolar is responsible for a great deal of the positive energy and creativity in my life. For a great deal of the time I am blessed with buckets of energy – more than most people. I love to work hard. My thoughts work like liquid crystal. I can see what things mean quickly and clearly. Ideas – generally good ideas – come to me with little or no effort. I know my surfeit of energy can be irritating to others, but my brain does all the things I want it to very efficiently and I am proud of it. I feel extremely engaged with, and part of, life." x*

- i Nolan Peter Lawrence Impressive Depressives. 75 Historical Cases of Manic Depression from Seven Centuries, MDF The BiPolar Organisation, London
- ii Kay Redfield Jamison (1995) An Unquiet Mind. Memoir of Moods and Madness, Alfred A. Knopf, New York
- iii Kay Redfield Jamison (1995) ibid
- iv Kay Redfield Jamison (1995) ibid
- v Kay Redfield Jamison (1993) Touched with Fire: Manic-depressive illness and the Artistic Temperament, The Free Press, New York.
- vi Nolan Peter Lawrence ibid
- vii If you are very severely depressed and drugs are not helping, then ECT (electro-convulsive therapy) might be suggested. Views on ECT are mixed. Some people find it distressing with many negative side

- effects, others find it helpful and a relatively rapid way of overcoming depression. The book Speaking Our Minds, (edited by J. Read and J. Reynolds, 1996 and published by Open University Press, Milton Keynes) has personal accounts of ECT from both perspectives. Leaflets are also produced by ECT Anonymous (Flat 5, Quaker House, St Marks Street, Leeds, LS2 9EQ) and Mind (Granta House, 15-19 Broadway, London E15 4BQ).
- viii Alison Faulkener and Sarah Layzell (2000) Strategies for Living, Mental Health Foundation, London
- ix Kay Redfield Jamison (1995) ibid
- x Rachel Perkins (1999) My three psychiatric careers In Phil Barker, Ben Davidson & Peter Campbell (Eds) From the Ashes of Experience, Whurr Publications, London

MDF The BiPolar Organisation provides services that reflect the needs of its members.

- ➔ A national network of self help groups run by and for people with bipolar disorder, their relatives, friends and carers.
- ➔ Information in publications, an information line, and details of other helpful organisations.
- ➔ Pendulum, our quarterly membership journal for its members.
- ➔ The Self Management Training Programme, that enables members to develop their own techniques to help manage extreme mood swings.
- ➔ The Legal Advice Line, which provides 24 hour advice for members on legal, employment, state benefits and debt issues.
- ➔ The Travel Insurance Scheme. Holiday insurance for members with bipolar disorder and their relatives or carers.
- ➔ Life Assurance for our members
- ➔ Website including bulletin boards.

We also work to provide new services which reflect the needs of our members. We seek to combat the stigma and prejudice experienced by people with bipolar.



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### Recommended reading\*

- \* "Inside out – A Guide to Self-Management of Manic Depression" Published by MDF £3.00.
  - \* "An Unquiet Mind – A memoir of moods and madness" by Kay Redfield Jamison. Picador 1996 £7.99
  - \* "The Depression Workbook" A guide for living with depression and manic depression by Mary Ellen Copeland. Published by New Harbinger Publications £16.99
  - \* "Drugs used in the Treatment of Mental Health Disorders Third Edition £8.95
  - \* "Drug Treatment of Manic Depression" MDF £3.50
  - "Knowing Our Own Minds" A survey of how people in emotional distress take control of their lives. The Mental Health Foundation 1997. £15.00 (£7.00 to service users).
- \*Available from MDF The BiPolar Organisation

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