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Bipolar Disorder

We have helped many clients with Bipolar Disorder by working with them to create personalised nutritional programmes based upon their health history, symptoms and test results. If you would like to learn more about how we can help you, please [click here](#).

Read on for more information on how Bipolar Disorder can be influenced by nutrition.

The name "bipolar disorder" has come to replace the name "manic depression", but the idea is the same: symptoms vary between two "poles", mania being one and depression being the other. Usually, when symptoms are severe enough to cause problems in the person's life, work or relationships, the person is said to be in an "episode" of depression or an "episode" of mania. Some psychiatrists call these episodes "states", as in manic state or depressive state. Symptoms of depression include: feelings of sadness; loss of interest in things that used to give pleasure; difficulty sleeping or sleeping too much; eating too little or too much; losing or gaining weight quickly and extreme feelings of guilt. Symptoms of mania include feeling very good and powerful and special and important; inability to sleep or needing very little sleep; planning or starting many new projects; racing ideas and thoughts where one thought flows into another quickly and this then leads to another and another; speaking very quickly and continuously; being involved in activities which may lead to problems, such as spending a lot of money or making financial decisions about large amounts of money or gambling or engaging in more sexual activities. The set of symptoms and their severity varies considerably from person to person, and in many cases, the person may not have any symptoms for long periods of time.

For a diagnosis of bipolar disorder, psychiatrists look for certain symptoms occurring over certain periods of time. Many people with bipolar disorder go to the doctor when they have symptoms of depression rather than when they have symptoms of mania. This is one reason that so many people with bipolar disorder report being diagnosed first with clinical depression instead of bipolar disorder: the symptoms of clinical depression and bipolar depression can be very similar. Often, some time goes by until the doctor, the patient or others notice that the person is showing symptoms of mania in addition to the depressive symptoms. For some people, use of antidepressant drugs and/or stimulants can be linked to the onset of some manic symptoms.

Although symptoms of mania get the most attention and the most research, the newest studies about the long-term life course of people with bipolar disorder suggest that people with bipolar disorder actually spend much more time in a depressive episode than in a manic episode (time spent depressed is 2 or 3 times more common than that spent in a manic state)^{1 2 3}. A person may have a current diagnosis

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DO YOU NEED HELP?

Come to the **Brain Bio Centre**, our outpatient clinic, specialising in the 'optimum nutrition' approach to mental health problems.

Find out about nutrition for:

- ▶ ADHD/hyperactivity
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- ▶ Dementia/Alzheimer's
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of bipolar disorder, depressive state or bipolar disorder, in remission. There are several other descriptive terms commonly used in speaking of bipolar disorder, such as rapid cycling, hypomania, with psychotic features and not otherwise specified⁴.

Conventional treatment of bipolar disorder typically involves the long-term use of mood-stabilisers such as lithium or anti-depressants.

What causes bipolar disorder?

No one knows the cause (or causes) of bipolar disorder. The research is contradictory on several points and it is far from being clear. Also, research tends to look mainly at the brain so that other important possible causes and factors related to bipolar disorder have not been studied nearly as much. Some of the potential problems that have been proposed to influence symptoms in psychiatric illness are: transmission of signals between brain cells, viral infections during pregnancy, genes and gene mutations, poor production of energy within the brain cell, excess signaling among brain cells or brain regions, stress inside cells related to energy production, too much inflammation in the body and brain, lack of enough amino acids (raw materials) to produce enough brain cell transmitters, lack of nutrients (vitamins, minerals, essential fats) to ensure production of all important brain products for proper brain functioning, errors in functioning or copying of different parts of the DNA and production or functioning of brain hormones.

Some studies show that some people with bipolar disorder may have some differences in their brains or other body systems compared to healthy people or people with other illnesses. At this point, it is not possible to say if these differences are a cause of bipolar disorder, a result of bipolar disorder or whether something else caused both the bipolar disorder AND these physical differences. It may also be the case that these differences are not related to bipolar disorder at all, since they are found only in some but not all people with bipolar disorder. It is also not clear whether these differences are found only during episodes of mania or depression or whether they are always present in people with a diagnosis of bipolar disorder, whether they are in an episode or not.

In general, it is true to say that researchers believe that bipolar disorder, like almost all illnesses, results from interactions of "genes" and the "environment"^{5 6 7}. The latest information from researchers about genes suggests that there is NOT one gene that causes all the symptoms of bipolar disorder. Rather it is the interaction of many genes, all contributing small effects and all interacting with "the environment". The "environment" includes the physical environment as well as psychological, social and cultural influences.

Triggers for symptoms and episodes

While the causes of bipolar disorder are not known, the triggers for symptoms and episodes have been studied more thoroughly. There are many possible triggers for episodes in different people. Some of the research shows the common triggers are: using cannabis or other illegal drugs, tobacco, alcohol, taking drugs not prescribed for you, staying up all night, lack of regular and adequate sleep, poor diet and higher levels of stress. The problem of sleep is an important and common one in bipolar disorder. Sleep problems may vary: problems going to sleep, staying

asleep, waking up very early before light or in the middle of the night, waking up many times during the night, sleeping during the day for long periods. People who have unusual job schedules (like shift work or work starting at different times of the day on various days) may also have problems adjusting to these stressors.

There are a number of nutritional imbalances that may contribute to bipolar. These are:

- Essential fats –do you need more Omega 3?
- Blood sugar balance – is yours within the healthy range?
- Magnesium – the mood balancer

You can find out which of these factors is likely to affect you by completing the **FREE Mental Health Check**.

To find out more about these factors read on, or click on our **Action Plan to Overcome Bipolar**

DIET & NUTRITION – WHAT WORKS INCREASE YOUR OMEGA 3 FATS

The richest dietary source is from fish, specifically carnivorous cold water fish, such as salmon, mackerel and herring. Surveys have shown that the more fish the population of a country eats the lower is their incidence of depression. In one study estimating the various illnesses linked with low levels of omega 3 fatty acids, bipolar disorder came out on top as the number 1 illness most associated with lack of omega 3 essential fatty acids⁸.

There have been six double-blind placebo controlled trials of omega-3's and depression to date, five of which show significant improvement. The first trial by Dr Andrew Stol from Harvard Medical School, published in the Archives of General Psychiatry, gave 40 depressed patients either omega 3 supplements versus placebo and found a highly significant improvement. The next, published in the American Journal of Psychiatry, tested the effects of giving twenty people suffering from severe depression, who were already on anti-depressants but still depressed, a highly concentrated form of omega 3 fat, called ethyl-EPA versus a placebo. By the third week the depressed patients were showing major improvement in their mood, while those on placebo were not. The latest trial by Dr Sophia Frangou from the Institute of Psychiatry in London gave a concentrated form of EPA, versus placebo, to 26 depressed people with bipolar disorder and again found a significant improvement. This may be because omega 3s help to build your brain's neuronal connections as well as the receptor sites for neurotransmitters; therefore, the more omega-3s in your blood, the more serotonin you are likely to make and the more responsive you become to its effects.

Where's the evidence? [Click here](#) for a list of scientific studies on **omega 3, bipolar** and **depression**.

Side effects? In some earlier studies which gave 14 fish oil capsules a day mild gastrointestinal discomfort, mainly loose bowels. However, nowadays you can buy more concentrated EPA rich fish oils so the amount of actual fish oil required is less. Supplementing fish oils also reduces risk for heart disease, reduces arthritic pain and may improve memory and concentration.

See action plan for our recommendations.

BALANCE YOUR BLOOD SUGAR

There is a direct link between mood and blood sugar balance. All carbohydrate foods are broken down into glucose and your brain runs on glucose. The more uneven your blood sugar supply the more uneven your mood.

Eating lots of sugar is going to give you sudden peaks and troughs in the amount of glucose in your blood; symptoms that this is going on include fatigue, irritability, dizziness, insomnia, excessive sweating (especially at night), poor concentration and forgetfulness, excessive thirst, depression and crying spells, digestive disturbances and blurred vision. Since the brain depends on an even supply of glucose it is no surprise to find that sugar has been implicated in aggressive behaviour, anxiety, and depression, and fatigue.

Lots of refined sugar and refined carbohydrates (meaning white bread, pasta, rice and most processed foods,) is also linked with depression because these foods not only supply very little in the way of nutrients but they also use up the mood enhancing B vitamins; turning each teaspoon of sugar into energy needs B vitamins. Sugar also uses up other important nutrients.

The best way to keep your blood sugar level even is to eat what is called a low Glycemic Load (GL) diet and avoid, as much as you can, refined sugar and refined foods, eating instead whole foods, fruits, vegetables, and regular meals. There are a number of books that explain the low-GL diet in detail including the Holford Low GL Diet. Caffeine also has a direct effect on your blood sugar and your mood and is best kept to a minimum, as is alcohol.

Where's the evidence? [Click here](#) for a list of scientific studies on **sugar, caffeine** and **bipolar**.

Side effects? If you are diabetic and taking medication to help your blood glucose control, you should keep a close eye on your blood glucose levels as your need for medication may reduce. [See action plan for our recommendations.](#)

UP YOUR MAGNESIUM

Magnesium is a mineral that helps maintain normal muscle and nerve function, keep heart rhythm steady, support a healthy immune system and keep bones strong. Some indications of deficiency of magnesium are: muscle tremors or spasm, muscle weakness, insomnia or nervousness, high blood pressure, irregular heartbeat, constipation, fits or convulsions, hyperactivity, depression, confusion and lack of appetite. Magnesium is interesting in bipolar disorder because of its chemical similarity to lithium (lithium being the drug most commonly used as a mood stabiliser). In fact, there is some evidence that the drug lithium may attach to the places inside the cell where magnesium is supposed to attach ^{9 10}. In studies (Chouinard, Giannini) some people with bipolar disorder or other psychiatric illnesses had differences in the amounts of magnesium in their blood. There have been some studies where magnesium was added to other treatments to stop symptoms of mania or rapid cycling ^{11 12 13}. Magnesium can block the entry of too much calcium into cells (it is a natural calcium channel blocker) which may explain why it is helpful with some symptoms of illnesses.

Where's the evidence? [Click here](#) for a list of scientific studies on **magnesium** and **bipolar**.

Side effects? Magnesium may lower blood pressure in people with high blood pressure. If you already take medication for your blood pressure, keep a close eye on your blood pressure as your doctor may need to lower your dose. [See action plan for our recommendations.](#)

Finding help

If you would like help overcoming bipolar disorder with a

nutritional approach, there are a number of clinics and nutritional therapists who can help you. [Click here to find out more.](#)

Dig deeper by reading these books and special reports:
NEW Optimum Nutrition for the Mind - Patrick Holford

We are grateful to Eileen McGinn, MPH, for her valuable contribution to this piece.

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