



BLACK DOG INSTITUTE

Adjusting to the Diagnosis of Bipolar Disorder

**The Role of an Online
Psycho-education Program**



Investigators

- **Dr Judy Proudfoot** – Black Dog Institute & University of New South Wales
- **Prof. Gordon Parker** – Black Dog Institute & University of New South Wales
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The Question.....

- Internet interventions involving some professional support are associated with better adherence and outcomes.
- Are we over-supporting our interventions?
- Can the support function be effectively performed by non-professionals to address problems of cost and large-scale dissemination?

The Problem.....

- When diagnosed with bipolar disorder, many people go through a period of shock, disbelief and/or denial.
- Poor treatment adherence, inadequate self management, increased levels of disability are common.
- Once diagnosis is accepted, pts start to develop helpful illness perceptions and strategies to control BD.
- How to assist patients to adjust to and accept their diagnosis, and self-manage their condition?

Bipolar Disorder Education Program



Bipolar Disorder Information Australia - Black Dog Institute - Microsoft Internet Explorer

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Bipolar Disorder

Bipolar disorder explained
Causes
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Treatments
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Bipolar Disorder educational program

Welcome to our Bipolar Disorder educational program - a program designed to help you better understand Bipolar Disorder. Each module addresses important aspects of the diagnosis and management of Bipolar Disorder. Speakers include Black Dog Institute experts, other Australian experts and people who have expertise in living with the illness. We hope you find this program interesting and helpful.

Click on icon below to show details...

| | | |
|--|--|---|
|  |  The causes of Bipolar Disorder |  Bipolar Disorder medications |
|  Psychological treatments for Bipolar Disorder |  Staying well with a stay well plan |  Issues for carers |
|  Omega-3 as a treatment for Bipolar Disorder |  Person first, illness last |  Conclusion |

 **Diagnosing Bipolar Disorder**

Presented by:
Professor Gordon Parker

Professor Gordon Parker is Scientia Professor at the School of Psychiatry, University of New South Wales, and Executive Director of the Black Dog Institute. He has a keen commitment to advancing research into the mood disorders and, in particular, to improving their classification, detection and management. He has written a number of books, including *Dealing with Depression: A Common Sense Guide to Mood Disorders*.

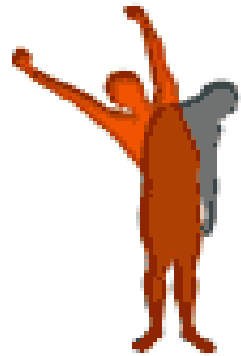
- [Main presentation \(6min 57sec\)](#)
- [Questions and answers \(6min 55sec\)](#)
- [A personal perspective - Fay Jackson \(6min 35sec\)](#)
- [Feedback](#)

 [Print version - Diagnosing Bipolar Disorder \[PDF, 156KB\]](#)

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Bipolar Education Program Modules



The causes of
Bipolar
Disorder

Bipolar
Disorder
medications

Psychological
treatments
for Bipolar
Disorder

Staying well
with a stay
well plan

Issues for
carers

Omega-3 as
a treatment
for Bipolar
Disorder

Person first,
illness last

Conclusion



Online Bipolar Education Program

1. **Diagnosing Bipolar Disorder** (BP1 & BPII symptoms, signs and illness trajectories)
2. **Causes of Bipolar disorder** (genetic and environmental)
3. **Medications**
4. **Psychological Treatments**
5. **Stay-Well Plans** (identifying triggers and early warning signs, and designing preemptive actions involving pt and family)
6. **Carers and Support Networks**
7. **Omega-3 as a treatment for depression**
8. **Person First Illness Last**



Online Bipolar Education Program

Components:

- Presentation of information
- Interviews with experts
- Personal testimonies from well-known Australians with bipolar disorder

Multi-media channels:

- Graphics
- Audio
- Text

Public Access Data

- 8000 visitors in 6 months
- 70% from Aust, 30% from USA
- Average completion rate of modules = 76%
- Mini study of new visitors to site:
 - 76% female
 - 11->80 years
 - 44% with bipolar disorder (of whom 49% diagnosed within previous 12 mths)

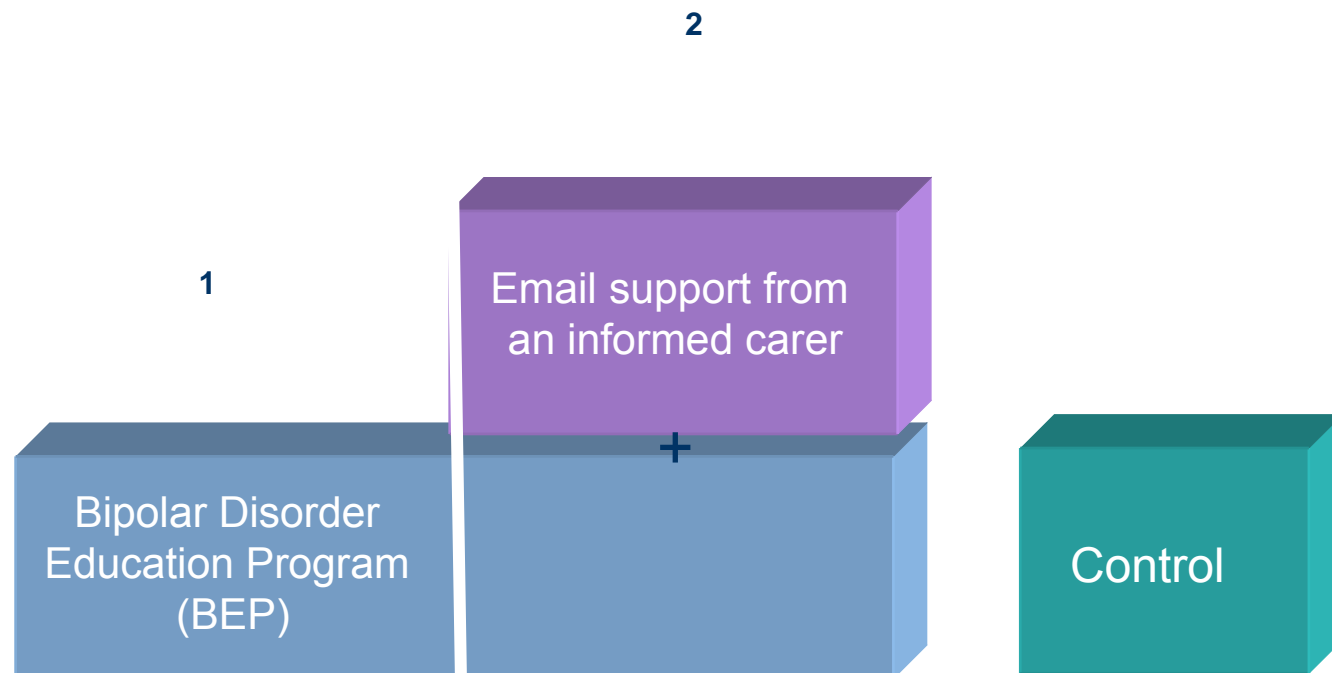
Research Question

Does a 8-module online education program + TAU for Bipolar Disorder improve psychosocial adjustment in adults with newly-diagnosed (≤ 12 mths) Bipolar Disorder

With and without email support from an informed carer.

In comparison with an attention control condition.

Interventions





Online Bipolar Education Research

- One online module per week over 8 weeks
- Workbook activities to assist participants to apply the information and strategies to their situation
- Self-monitoring between sessions



Informed Supporters

- People with bipolar disorder
- Effectively managing their condition for >2 years
- Trained to provide email support for the education program under supervision of our clinical team.



Informed Support

- At least one and maximum two emails per week sent to each participant (max 300 words per email), with invitation to respond.
- Practical advice about how to set up a “well-being plan” (strategies to minimise risks and illness triggers and a contingency plan for times when unwell) as well as general issues about bipolar disorder.
- Emails from Informed Supporters are checked for adherence and safety.
- Emails from participants to Informed Supporters are monitored for adverse events.



Attention Control

- Weekly emails containing general information about bipolar disorder + monitoring



Inclusion Criteria:

- >18 years
- Diagnosed with BD in previous 12 months
- Currently receiving regular care from psychiatrist or GP
- Has access to internet and printer, and is computer literate
- Able to read and write English
- Living in Australia

Screening

- Bipolar Disorder Assessment Test (Parker et al., 2006)

Outcome variables

- Illness perception (understanding, control, stigma)
- Work and social adjustment
- Self esteem
- Health locus of control
- Life satisfaction
- Health status (symptoms, functional limitations, distress)
- Knowledge about bipolar disorder
- Health care utilisation (medication compliance, visits to practitioners, hospital admissions)
- Satisfaction with intervention

Measures

- **Illness Perception Questionnaire** (Broadbent et al., 2006)
- **Work & Social Adjustment Scale** (Mundt et al., 2002)
- **Daily Mood and Functioning Chart** (Parker et al., 2006)
- **Goldberg Anxiety & Depression Scale** (Goldberg et al., 1988)
- **Rosenberg Self Esteem Inventory** (Rosenberg, 1965)
- **Life Satisfaction Scale** (Diener et al, 1985)
- **Multi-dimensional Health Locus of Control Scale** (Wallston, 2005)
- **Bipolar Disorder Literacy Quiz** (designed for this study)
- **Health service usage** (self-report)

Measurement Points

- Baseline
- Post-intervention
- 3-months post-intervention
- 6-months post-intervention

Qualitative Analysis of Participants' Emails



Predominant themes:

■ Difficulty coping with symptoms (n=11):

"I am currently in a mixed episode that feels really strange. I feel wired and have a racing mind but also depressive thoughts. Have you experienced a mixed episode?"

"Sounds like you have tamed the highs and lows you've had – how have you done this?"

■ Medication (n=9):

"I have tried a lot of different medications already and am wondering if there really is one that will work for me...and how well it will work...will I still have ups and downs?"

■ Reaction to diagnosis (n=6):

"I was diagnosed about 7 months ago and I feel I am partly in denial, even though I know that my moods are extreme and I can see myself in what I read about bipolar (and I trust my doctor)"

Qualitative Analysis (cont)

- Identifying early warning signs and triggers

(n=4):

“I know what I’m like when I’m depressed and when I’m on a high, however the triggers are really difficult for me to identify. I generally feel myself going downhill, but it’s so quick.”

- Uncertainty about the future (n=4):

“What does this mean for my life? Can I lead a normal life?”

- Stigma (n=4):

“I don’t know who to tell that I have bipolar disorder. I told a friend over a week ago and I have not heard from her since. I feel really angry about this because I expected to have her support.”

- Who am I? (n=4)

“My biggest issue is coming to terms with the “loss” of who I am. Sometimes I feel I cannot be the person I once thought I was.”