

## **TITLE: IS FAMILY SUPPORT AND INTERVENTION IMPORTANT IN THE NON-PHARMACOLOGICAL MANAGEMENT OF BIPOLAR DISORDER?**

Authors: Rheshara Sundram<sup>1</sup> and Rafidah Bahari<sup>1\*</sup>

Affiliation: Faculty of Medicine, University of Cyberjaya, Persiaran Bestari, Cyber 11, 63000 Cyberjaya, Selangor, MALAYSIA.

Corresponding author: Rafidah Bahari (rafidahbahari@cyberjaya.edu.my)

### **Abstract**

A 30-year-old single lady has been diagnosed with bipolar disorder since 9 years ago. She is maintained on a combination of medications. She lives with her family. How much impact can family members have on patients with bipolar disorder? This paper aims to explore the role of family support and intervention in the treatment of patients with bipolar disorder.

**Keywords: bipolar disorder; family support; family intervention; non-pharmacological management**

### **Introduction**

Living with bipolar disorder can be difficult. It is a life-long condition that impacts not just the lives of patients, but also their relatives. However how big a role does the family play in a patient's condition and how big an influence do they have in the outcome? This paper explores the role of family support and intervention in management of bipolar disorder.

### **Clinical Case Summary**

A single patient in her early 30s, a known case of Bipolar Disorder Type 2 came for an interview. She was on Lamotrigine 100mg OD and Vortioxetine 10mg OD. Detailed history taking revealed that she had been diagnosed with the condition for the past 9 years. At 10 years of age, she started experiencing high levels of pressure from her parents and was continuously stressed to be an overachiever. She was also always compared with her sister and disregarded by her parents. She frequently experienced episodes of low mood since this time and this continued throughout her high school and even through university. In her first year of university, other than her symptoms of depressed mood most of the day, she started experiencing symptoms of markedly diminished interest in activities, significant loss of weight, insomnia, feeling of worthlessness, diminished ability to think or concentrate as well as recurrent suicidal thoughts. There were no symptoms of fatigue or psychomotor agitation. The symptoms she did experience were constant with no specific duration and they continued intermittently for the next five years.

In her final year of university, she went overseas to study. She was rather lonely and received little support from her family. She started to experience hypomanic symptoms, lasting for 5 days. The symptoms she experienced were elevated mood, impulsivity, decreased need for sleep, flight of ideas and psychomotor agitation. She did not however experience symptoms such as grandiosity, irritability, distractibility, impairment of functions and involvement in high-risk activities such as substance abuse. That same year, she was involved in a hit-and-run accident where she lost consciousness, was bedridden for 3 months and had to defer her studies for a year. Without much support from her family or friends,