

NEWSLETTER

March 2010

HAVE YOUR SAY

No one can deny that Community Mental Health services are under increased pressure in the allocation of limited resources to where they are most needed. Appropriate ongoing professional support is particularly important for us sufferers of bipolar disorder. In our last newsletter, Phil's article encapsulated members' fears about any reduction of that support. He also made some considered suggestions about the processes of review, allocation and implementation of changed services.

I am pleased to include in this issue a response from the Cambridge and Peterborough Foundation Trust. The letter concludes with an invite for individual feedback. Use it!

Please also note the article about Cambridgeshire LINK , a new Government initiative for those with an interest in health and social care. It brings together individuals, organisations and communities. You can contact them with a particular concern, or take a more active role. Sounds interesting and, let us hope, promising.

On the national front, you can say your bit to Gordon Brown. Many folk find artistic activities to be a very useful and enjoyable aid to recovery. An acquaintance of mine has found art invaluable and has drawn my attention to something.

The Breakthrough charity has an online petition to the Prime Minister, asking that greater resources for art be made available both to the NHS and to Local Authorities. The deadline is 12 July. To sign up, go to:

<http://petitions.number10.gov.uk/Artworks/sign>

Jon



After more than 500 stable years, it seemed unlikely that ML would suddenly turn bipolar

APRIL TALK AT ST MATTHEW'S

Those of us who suffer badly with our illness can have difficulties getting into appropriate employment. This topic has recently been "doing the rounds" in the group, so it looks like we have a useful talk lined up.

On Monday 12 April, CPFT Lead Vocational Specialist Cath Perkins will be our speaker. Usual arrangements as given on the back page; 7.30 for 8.00pm start.

And finally.....

I'd like to thank Chief Pharmacist Clare Mundell for the summary of her January talk on medicines interactions. Do note the sources of additional information. Also Dr Hunt for his usual well-chosen words.

DEAR MDF GROUP

We were rather dismayed to read the article 'Dumped by your Mental Health Team?' in your New Year 2010 edition of the newsletter. We'd like to respond to your request to look at three key topics:

First bullet - to review the implementation of pathways

Undertaking a review of these results is quite complex because it is not an easy comparison to make. Developing new pathways has been about being more explicit about interventions available and timescales making sure our services are consistent with best practice. We are working with service users and service user groups on recovery principles and what it means in terms of services.

For people with recurrent and severe conditions it is crucial to work with them to understand the support they need. We recommend that service users do not expect to be seen regularly, but more importantly that there is easy access readily available whenever help is needed. We want to work with all our service users to understand this change - that it is better to see someone when you need it rather than because of a diary date. If people are concerned that plans to make this happen are not in place we urge them to speak to their mental health worker or to PALS.

Second bullet - to make manifest the criteria for long term support

It's about being focussed and clear about what support and treatment people need and most importantly - when they need it. If people are well and stable they will not need help, but when they do, they must know how to access it. Some people have a 3 or 6 month contact and it does not give help or support when they actually need it. It is far better to use resources when they are needed rather than just because the diary says so. We do though want to hear when things do not work according to this plan. This is important so that we can make sure our systems are good enough to meet people's needs when they need us.

Third bullet - where support is stopped or reduced

This is all part of the discharge plan and each of these six points should be addressed when people are being discharged. However, if there is a problem, then please do raise it with a member of staff or the PALS service.

Finally we are concerned about these comments, we do want to hear from service users and to be influenced by carers and service users so please do feel free to give us *feedback that we can respond to.

Karen Bell, Chief Executive, CPFT

*Contact Diana Jakubowska:
Diana.jakubowska@cpft.nhs.uk Tel: 01223 726760

JANUARY TALK - CHIEF PHARMACIST

Clare Gaskell, Chief Pharmacist with the NHS Foundation Trust has long been a popular speaker with our group. After her recent marriage, we were very pleased to welcome Clare Mundell for a talk on drug interactions.

The evening began with an overview of medicines interactions. Clare explained the difference between pharmacokinetic (how your body handles the medicine) and pharmacodynamic (how the medicine interacts with your body) interactions. Medicines are generally absorbed into your body, distributed around it and then metabolised and excreted by it. Medicines interactions can happen at each of these stages. These are of the pharmacokinetic type.

Medicines interactions can be minor or major and sometimes medicines that interact can be taken together as long as they are monitored. The British National Formulary (BNF) and other information resources do categorise them so prescribers know which interactions may be more clinically significant than others. As everybody is an individual then age, concurrent medical illness e.g. liver or kidney disease and other factors have to be taken into account when considering medicines interactions.

It is also important not to forget that a prescription medicine may interact with a medicine that you can buy over the counter or from a supermarket e.g. lithium and ibuprofen (Nurofen). Herbal medicines can also have significant interactions with prescription medicines (e.g. St John's Wort interacts with some prescribed medicines).

It should also be remembered that food, alcohol and smoking can all interact with medicines. The information leaflets (both from the manufacturer and from healthcare organisations) should be consulted to see if this may be something for individuals to think about.

This all means that if you are taking more than one medicine then it makes sense to check out with the prescriber or your pharmacist if they may interact and if they do, is it significant?

With regards to specific interactions, there are a few that may be important for people taking mood stabilisers. Lithium interacts with a number of other medicines. These include thiazide diuretics (e.g. bendrofluazide), ACE inhibitors (e.g. lisinopril), second-generation ACE inhibitors (e.g. losartan), non-steroidal anti-inflammatory drugs (e.g. ibuprofen) and antacids containing sodium.

Sodium valproate and lamotrigine interact with each other which means that valproate can increase the amount of lamotrigine in your blood. This is particularly important when starting or stopping either of the medicines; specific advice is required. It doesn't mean that you can't take the two medicines together if necessary.

Carbamazepine is renowned for having a number of interactions with other medicines particularly the contraceptive pill and antibiotics – particularly erythromycin and clarithromycin.

These are only a few of the recognised interactions with all of these medicines; please check with your prescriber or pharmacist for interactions with your particular medicines.

Finally, the National Patient Safety Agency has issued an alert about the safe use of lithium therapy and all NHS organisations have been tasked with improving the management of lithium. Some of you will be managing your lithium very well and will wonder why this alert is necessary but an audit was conducted across the country in 2009 that showed that this isn't the case for everybody. A number of people do not have regular blood monitoring and are not aware of the interactions that lithium may have with other medicines. A patient-held booklet has been produced to give people who take lithium more information but also to records results of blood tests etc. to give people more control over their own medicines and monitoring. The NPSA website gives more details www.npsa.nhs.uk

Editor: The CPFT website www.cpft.nhs.uk has medicine information leaflets and links to other useful sources. Clare is happy to answer our questions. and may be emailed at Clare.Mundell@cpft.nhs.uk. Note that she can also send you a useful sheet on the interactions of psychiatric medications with alcohol.

ASK THE DOCTOR:

At what age does bipolar disorder start?

The traditional answer to this question is that it usually begins in your twenties. If you look at the age at which people with bipolar disorder are first admitted to hospital then that is generally true.

However if you ask those who have a bipolar disorder what age their illness started you get a very different answer. Most would say that they have had some difficulties since their teenage years. Looking back they have often had problems with anxiety and low mood from this time. Some will have headed down an alcohol or drugs line knowing full well that they are trying to escape these feelings.

Bipolar disorder is an illness that develops and changes with time. Different phases occur at different times. At one time in your life it can be the manic side that dominates the illness but commonly this transforms over the years into persistent difficulties with depression, motivation and concentration.

All this leads most of us to think that it is worth focusing from the start on preventing recurrences. You may need to look at in the way you live your life – sleep, exercise, relationships, alcohol, drugs. If you have any serious illness

you have to take better care of yourself than other people! You also need to recognise the vulnerability you have and consider medicines that can prevent recurrence early on – every episode that you prevent is a bonus also for the long term.

There are some people who develop mania for the first time in old age. Usually they have experienced periods of depression earlier in their life and sometimes spells of more minor elevated mood as well. It is unusual to develop a bipolar disorder as a new illness in old age with no previous history of mental symptoms. Psychiatrists are wary in this situation that you may have a physical / brain illness that is underlying this and will usually go to some lengths to check this out, for example with brain scans.

Dr Neil Hunt

YOUR “LINK” TO BETTER SERVICES?

If you've rubbed along with this condition for a few years, you have a unique experience of mental health services: maybe your GP, your Community Team, psychiatrist, acute wards, 'talking therapies' and so on. Probably most of it was OK, some was excellent and some was pretty dire.

Your experience can help to improve services for others following – and maybe for you, too. There are a number of organisations and groups who are there to listen to what you have to say and to use it. The newest 'kid on the block' is Cambridgeshire LINK - a new Government initiative made up of people, organisations and communities with an interest in health and social care. Details can be found at www.cambridgeshirelink.org.uk You can get in contact via that web page or telephone 0300 365 1245.

The LINK covers a wide variety of health issues and includes an active mental health group. It has statutory powers to obtain information from services, to investigate specific issues and to make recommendations. If there is no satisfactory outcome they can refer to a higher authority for the matter to be resolved. They can also undertake spot checks.

You can be involved with the LINK by simply raising a concern or by taking a more active role. The website will keep you up to date and you can sign up for a newsletter.

You may remember that I wrote in the last edition about people losing their CPN service. A number of mental health groups met a few weeks ago to discuss that and other concerns with the LINK. It's obviously early days yet, but we look forward to the results of their discussion with the Trust on those matters.

In the meantime, do consider becoming involved.

Phil



CAMBRIDGE

MDF BIPOLAR

SELF HELP GROUP

MEETINGS

Remember that not all meetings now are exactly on second or fourth Mondays so check dates carefully. Up to date info is always on the website and we can e-mail reminders to those of you who so choose. There are also links to maps on our website or just ask and we can send one.

LIFTS – Lifts may be available if you're stuck for getting to a meeting. Let us know if you're in need.

Meetings at Hilltop, Primrose Street, Cambridge

We have small groups. Hilltop car park is very near the end of Greens Road, down a little slope. Come for refreshments at 7.30pm for a 7.45pm start.

The next four meetings will be on March 22nd, April 26th, May 24th, June 28th

Meetings at St Matthew's Parish Hall, St Matthew's Road, Cambridge

There is usually a guest speaker or group discussion on a relevant topic. There is street parking around the area but watch out for double yellow lines and residents' bays in some places. Come for refreshments and informal chat at 7.30pm for an 8pm start.

Monday April 12th 2009 – Cath Perkins, Lead Vocational Specialist with Cambridge & Peterborough Foundation Trust. Regular appropriate employment can be difficult for bipolar sufferers to achieve. Cath will tell us what the Trust can do to help.

CAMBRIDGE MDF BIPOLAR SELF-HELP GROUP ~ CONTACT DETAILS

You can telephone: **08456 340 540** or **0207 798 2600**. These numbers go to the national MDF The BiPolar Organisation offices in London. They will tell callers about our group and pass messages on to us if necessary.

Please send any correspondence to us:

c/o Threeways, 14 Home End, Fulbourn, Cambridge CB21 5BS

Website: www.mdfcambridge.org.uk Group Email: [mdf\(AT\)mdfcambridge.org.uk](mailto:mdf(AT)mdfcambridge.org.uk)

Emails can also be forwarded to the following. Replace '(AT)' in the addresses with '@' (It's to reduce spam):

Jackie: [jackie\(AT\)mdfcambridge.org.uk](mailto:jackie(AT)mdfcambridge.org.uk) - especially about meetings and activities

Edward: [edward\(AT\)mdfcambridge.org.uk](mailto:edward(AT)mdfcambridge.org.uk) – especially about mailing lists, website and lifts.

Jon: [jon\(AT\)mdfcambridge.org.uk](mailto:jon(AT)mdfcambridge.org.uk) - especially about the newsletter.

Phil: [phil\(AT\)mdfcambridge.org.uk](mailto:phil(AT)mdfcambridge.org.uk)

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