

Bipolar and Depressed. What's the rush?

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picture courtesy of Christina Tsevis (Crosti) – see <https://www.facebook.com/christina.tsevis>

In our clinical work at [BipolarLab](#) , we often come across bipolar patients who seek help when they are depressed. Depression may be the most common symptom, and the most frequent episode of bipolar disorder, but it is not always the most urgent phase to treat. Manic episodes may be more urgent, and more dangerous. Nevertheless, it takes an experienced, and a well trained bipolar patient to seek help once manic. Depressive episodes with increased suicidal ideation or psychotic symptoms can be equally urgent, but for the most common depressive episodes urgency is a matter of choice.

Most of our depressed patients will often ask for immediate relief of their depression. But I always tell them what's the rush?

Being depressed and impatient may often be dangerous. And I repeat to them...what's the rush? And they probably wonder what's wrong with me. Until we start discussing their history, and start to identify previous episodes and other periods of their life where attempts for quick

recovery led to hypomanic and manic switches, use and abuse of illegal substances (including antidepressant drugs), frequent changes and erroneous choice of therapists and therapies, and as a result more time with future depressive symptoms and episodes.

The fact is that being in a depressive episode doesn't really matter much. One way or another the depressive episode will pass. What will not pass, and what is really important, is the cycling and the constant episodes.

By making the depressive episode a treatment priority, one can easily forget what's really important here. This is also important for mental health professionals to understand. It's important to stop the episodes and to build stability - not to relieve immediate pain.

The more I treat bipolar depression, the more I appreciate how important it is to take it slowly, and to help my patients recover as gradually and as naturally as possible. Quick recoveries with antidepressant treatments are more likely to destabilize bipolar moods, and to bring ephemeral periods of wellness. Everybody will be extremely happy - but only for a little while.

So what's the rush I ask again?

And I listen to my wisest expert bipolar patients who cherish their periods of depression. They accept the pain. They cherish their new insights, and the fact that their families find them more cooperative than ever. They cherish their better understanding of their bipolar disorder. I admire their patience and trust in our treatment approach that relies more on mood stabilizing medications and cognitive behavioral therapy. I admire their trust in our advise to take it slowly in order to achieve a slow (and painful) but stable recovery.

I respect your pain and troubles if you are depressed, but take a moment and ask yourself, what's the rush?

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