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Short Communication

Psychoeducation of bipolar disorder patients and their relatives

psychosocial consequences because the patient who does not know his illness does not know his life, feels unable to future, to predict, feels like one of our patients would say absolutely defenseless against the random whims of his mood. Misunderstanding is an opportunistic disease that aggravates the course of psychiatric disorders [2].

Therapeutic education in practice: Regarding the treatment of bipolar disorder, therapy with psychoeducation is based on a program that varies between 8 and 21 sessions, led by therapists (usually a psychiatrist and a psychologist). The groups may consist of patients in euthymic phase (out of crisis period), close relatives or mixed groups.

The therapists animate and organize the exchanges but it is the collective experience of the group and the interactivity between the participants which allow each one to appropriate the essential knowledge: definition of the disease, medication, identification of the precursory signs of a crisis, etc.

Exchanges, interactivity and sharing of experiences form the basis of group work and are essential sources of psychoeducational work. It is not a matter of delivering academic knowledge, but of allowing everyone, by example, to take ownership of what the disease covers and the means, on a daily basis, to manage it as best as possible in order to regain a form of control. According to Dr. Jon Kabatt-Zinn, apostle of mindfulness meditation, "you cannot stop the flow of waves but you can learn to surf".

One of the foundations of psychoeducation is patient empowerment and the adoption of individual strategies adapted to each individual's case. The confrontation of experiences allows patients to become aware of the many forms of bipolar disorder and the many ways to respond to them. They learn to discover their own bipolar disorder and the strategies that will be adapted

Effectiveness of psychoeducation

Among the different forms of psychosocial therapies, the psychoeducation of patients with bipolar disorder is certainly the one that benefits from the most robust scientific studies. The latter showed a marked improvement in the patients' state of health: fewer relapses, longer intervals without a

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Until recently, there was the belief that people with bipolar disorder were not fit to be treated with psychological therapies, which has been widely denied in recent years. While it is true that the effects of therapy are not immediate, psychoeducation also demonstrates its long-term benefits in people with bipolar disorder who have attended these therapies on an ongoing basis. Psychoeducation is a very important topic often neglected, but it is a very important task of physicians to well explain to patients and their families what is the illness and to prevent depression or manic and hypomanic episodes. Psychoeducation for patients with bipolar disorder aims to overcome the therapeutic challenges posed by the disease by making patients actors in their care [1]. It is part of the psychosocial therapies, essential and complementary allies of the pharmacological approach in the treatment of bipolar disorders (lithium salts, neuroleptics, anticonvulsants, antipsychotics).

The objectives of psychoeducation are: To optimize drug treatment, improving adherence, preventing substance abuse and informing about possible side effects;

To help prevent relapses: facilitate the identification of warning symptoms, help to control stress situations and help to respect the rules of hygiene;

To improve the quality of life of the subject in all its dimensions (personal, family, professional, relational);

To promote the acceptance of the disorder and fight stigma by informing the patient and those around him. Ignorance breeds intolerance, fear, rejection, discrimination, shame, guilt...

In short, it is a matter of giving the patient the means to manage as autonomously as possible his illness and its

crisis, better compliance with medical treatments and fewer hospitalizations [3]. Two recently published studies found that people who participated in psychoeducation sessions over a five-year period suffer from 66% fewer manic episodes and up to 75% fewer depressive episodes than patients receiving none psychological treatment [4]. This does not mean that pharmacological treatment is not important; far from there. In fact, people who receive pharmacological treatment have 35% fewer manic crises and 56% less depressive episodes. What this demonstrates is that adequate pharmacological treatment combined with psychoeducation therapy may be the best ally for patients with bipolar disorder. In addition, researchers note that this technique has economic benefits: it is true that, in the short term, during the phase of psychoeducation, care is a cost, but in the long term, the therapy is more effective and less expensive because it reduces emergency room visits. While the expenditure on hospital expenses of psychoeducated patients represents 15% of their total expenditure, this expenditure reaches 40% for the rest of the bipolar patients. Ultimately, the benefits of psychoeducational therapy are so clear that there is no doubt today that it is a supplement that anyone with bipolar disorder – and the surrounding – should take into account [5].

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