Care3® CASE STUDY:
MONITORING BIPOLAR DISORDER

Outcome: Remote monitoring of functional capacity improved George's quality of life and predictability of bipolar episodes

THE SITUATION

George is an 81-year-old man who lives at home, on his own, and suffers from bipolar disorder. A regular rhythm of life, identification of predictive symptoms and timely intervention are important in this disease.

THE SOLUTION

The different phases of George's disease can be clearly seen on the activity chart. Medical trained staff monitoring his condition, supported by nurses could anticipate and respond to his mood changes with a variety of measures to prevent the patient's suicidal intentions and reckless behavior. George's medication was adjusted accordingly to sustain his functional capacity. This longterm disorder was effectively kept in check by both remote and peripatetic staff.

SUMMARY

The wellbeing data provided by Care3® enables better control of George's disease. The phases of the disease are visible on the activity chart and can be predicted.

A more detailed description on the reverse side

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Remote monitoring supported by a medical triage can dramatically improve health & wellness, functional capacity and quality of life for Bipolar and similarly Diabetics.
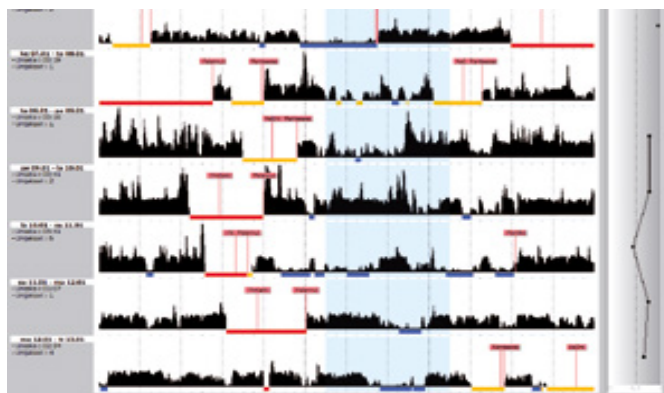
George has his medication independently at home and is able to cope with the daily chores. A regular rhythm of life, identification of predictive symptoms and timely intervention are vitally important in bipolar disorder. This is not dissimilar to what diabetics need in helping them self-manage their medication and medical condition.

The phases of George's disease are clearly visible on the activity chart and the changes in his condition can be predicted. Nurses are able to respond to the changes with a variety of measures to prevent suicidal intentions and reckless behavior. George's medication is reviewed and adjusted in order to sustain his functional capacity and George is encouraged to attend hobby groups. The data provided by Care3® enables better control of George's disease. Similarly the same would apply to diabetics.
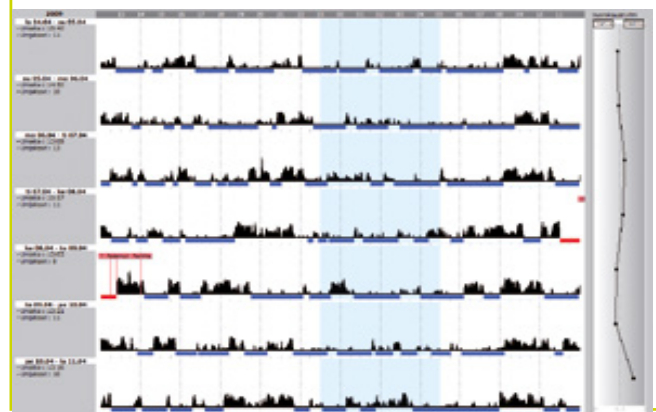
Manic phase

The manic phase of the disease, George usually sleeps considerably less than normally. The Care3® ecosystem reports **a change in functional capacity: "Poor circadian rhythms"**. General restlessness have increased, which can be seen as high activity and increased absences from home (red line) on the activity chart. In the manic phase of the disease, George also removes the Care3® from his wrist and seeks attention from the nurses.

Depressive phase

In the depressive phase, George sleeps more and his daytime activity decreases. The system responds to the change and the nurses receive a notification of **"Low daytime activity"** on their mobile phone.

sleep	**High bars** = good daytime activity interspersed with rest
watch not worn	**Low bars** = poor daytime activity with low level of activity and a lot of rest
no activity data	

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