

About bipolar disorder

Bipolar disorder, previously known as manic depression, is an illness involving one or more episodes of serious mania and depression. The illness causes a person to have severe mood swings—from excessively “high” and/or irritable to sad and hopeless, with periods of a normal mood in between.

Bipolar affects more than 5.7 million Americans every year.¹

Bipolar disorder typically begins in adolescence or early adulthood and continues throughout life. It is often not recognized as an illness, and people who have it may suffer needlessly for years.

Bipolar disorder can be extremely distressing and disruptive for those who have this disease, in addition to their spouses, family members, friends and employers. Although there is no known cure, bipolar disorder is treatable, and recovery is possible. Individuals with bipolar disorder have successful relationships and meaningful jobs. The combination of medications and psychotherapy helps the vast majority of people return to productive, fulfilling lives.

Causes of bipolar disorder

Although a specific genetic link to bipolar disorder has not been found, studies show that 80 to 90 percent of those who suffer from bipolar disorder have relatives with some form of depression.

It is also possible that people may inherit a tendency to develop the illness, which can then be triggered by environmental factors such as distressing life events.

The presence of bipolar disorder indicates a biochemical imbalance which alters a person’s moods. This imbalance is thought to be caused by irregular hormone production or to a problem with certain chemicals in the brain, called neurotransmitters, that act as messengers to our nerve cells. Studies have also shown that some individuals suffering with bipolar disorder have lesions (areas of injury or disease) in certain regions of the brain.

Symptoms of bipolar disorder

Bipolar disorder is often difficult to recognize and diagnose. It causes a person to have a high level of energy, unrealistically expansive thoughts or ideas, and impulsive or reckless behavior. These symptoms may feel good to a person, which may lead to denial that there is a problem.

1. *Depression and Bipolar Support Alliance* www.dbsalliance.org



More than two-thirds of people with bipolar disorder have at least one close relative with the illness or unipolar major depression.²

Another reason bipolar disorder is difficult to diagnose is that its symptoms may appear to be part of another illness or attributed to other problems such as substance abuse, poor school performance, or trouble in the workplace.

Symptoms of mania: The symptoms of mania, which can last up to three months if untreated, include:

- Excessive energy, activity, restlessness, racing thoughts and rapid talking.
- Denial that anything is wrong.
- Extreme “high” or euphoric feelings—a person may feel “on top of the world” and nothing, including bad news or tragic events, can change this “happiness.”
- Easily irritated or distracted.
- Decreased need for sleep—an individual may last for days with little or no sleep without feeling tired.
- Unrealistic beliefs in one’s ability and powers—a person may experience feelings of exaggerated confidence or unwarranted optimism. This can lead to overambitious work plans and the belief that nothing can stop him or her from accomplishing any task.
- Uncharacteristically poor judgment—a person may make poor decisions which may lead to unrealistic involvement in activities, meetings and deadlines, reckless driving, spending sprees and foolish business ventures.

- Sustained period of behavior that is different from usual—a person may dress and/or act differently than he or she usually does, become a collector of various items, become indifferent to personal grooming, become obsessed with writing, or experience delusions.
- Unusual sexual drive.
- Abuse of drugs, particularly cocaine, alcohol or sleeping medications.
- Provocative, intrusive, or aggressive behavior—a person may become enraged or paranoid if his or her grand ideas are stopped or excessive social plans are refused.

Symptoms of depression: Some people experience periods of normal mood and behavior following a manic phase; however, the depressive phase will eventually appear. Symptoms of depression include:

- Persistent sad, anxious, or empty mood.
- Sleeping too much or too little, middle-of-the-night or early morning waking.
- Reduced appetite and weight loss or increased appetite and weight gain.
- Loss of interest or pleasure in activities, including sex.
- Irritability or restlessness.
- Difficulty concentrating, remembering or making decisions.
- Fatigue or loss of energy.

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- Persistent physical symptoms that don't respond to treatment (such as chronic pain or digestive disorders).
 - Thoughts of death or suicide, including suicide attempts.
 - Feeling guilty, hopeless or worthless.

Symptoms of “mixed” episodes: During mixed episodes (periods) of bipolar disorder, the symptoms of mania and depression are experienced simultaneously or alternately throughout the day. The clash of high energy with depression puts people with mixed episodes at a high risk of suicide.

Bipolar disorder in children and adolescents

There is substantial evidence that bipolar disorder occurs in children and adolescents. However, the disorder is difficult to recognize and diagnose in youth because it does not fit precisely the symptom criteria established for adults, and because its symptoms can resemble or co-occur with those of other common childhood mental disorders. In addition, symptoms of bipolar disorder may be initially mistaken for normal emotions and behaviors of children and adolescents. But unlike normal mood changes, bipolar disorder significantly impairs functioning in school, with peers, and at home with family. A youth who appears to be depressed and exhibits ADHD-like symptoms that are very severe, with excessive temper outbursts and mood changes, should be evaluated by a psychiatrist or psychologist with experience in bipolar disorder, particularly if there is a family history of the illness.

2. National Institute of Mental Health www.nimh.nih.gov

Treatment

Treatment is critical for recovery from bipolar disorder. A combination of medication, professional help and support from family, friends and peers helps individuals with bipolar disorder stabilize their emotions and behavior. A caring support system can help those with bipolar disorder cope with the illness and fend off problems when symptoms return (such as overspending or risk-taking). They can also help individuals comply with treatment plans, including keeping their provider appointments and taking medicine as directed.

Medications: Most people with bipolar disorder can be treated with medication. A common medication, the mood stabilizer Lithium is effective in controlling mania in 60 percent of individuals with bipolar disorder. The antipsychotics olanzapine (Zyprexa) and aripiprazole (Abilify) are newer treatments for bipolar disorder. Carbamazepine (Tegretol) and divalproex sodium (Depakote), which are mood-stabilizers and anticonvulsants, are some of the other medications used. In addition, benzodiazepines are sometimes prescribed for insomnia and thyroid medication can also be helpful. Taking medicine correctly is one of the most important ways that individuals with bipolar disorder can take care of themselves. Medication compliance can help control the manic and depressive symptoms. Patients on medication should report to their doctor whether their medicine is helping and whether there are side effects.



Psychotherapy: An individual suffering with bipolar disorder benefits from receiving guidance, education and support from a mental health professional (such as a counselor, therapist or psychiatrist) to help deal with personal relationships, maintain a healthy self-image and ensure compliance with his or her treatment. Cognitive behavioral therapy (CBT) helps people with bipolar disorder learn to change harmful or negative thought patterns and behaviors. Support and self-help groups are also an invaluable resource for learning coping skills, feeling acceptance and avoiding social isolation. Friends and family should join a psycho-educational support group to better understand the illness so that they can continue to offer encouragement and support to their loved ones.

For cases in which medications and psychotherapy do not work, electroconvulsive therapy (ECT) may be useful. The effectiveness and safety of ECT, formerly known as “shock therapy,” has greatly improved in recent years and can provide relief for people with severe bipolar disorder who have not been able to recover with other treatments.

Self-care strategies

If you suffer with bipolar disorder, there are a number of steps you can take to help yourself:

- Learn all you can about bipolar disorder.
- Talk to your doctor about your treatment options and progress, and ask any questions you may have about your treatment.

- Keep a regular routine, such as going to sleep at the same time every night and eating meals at the same time every day.
- Strive to get enough sleep (at least seven or eight hours a night).
- Get regular exercise, which can help improve your mood and relieve stress and depression.
- Track and record, on a chart or calendar, when your symptoms appear.
- Stay on your medication and take it exactly as directed. Keep a written reminder plan for taking your medicine on schedule.
- Learn about warning signs that can signal a shift into depression or mania.
- Expect your symptoms to improve gradually, not immediately.
- Avoid substance use. Many people with bipolar disorder have problems with alcohol or drugs, which can have adverse interactions with medicines for bipolar disorder.
- Join a support group to learn coping skills from others who have bipolar disorder.

Learn more about bipolar disorder

National Institute of Mental Health

www.nimh.nih.gov

Reference: National Institute of Mental Health (NIMH).

This document is for your information only. It is not meant to give medical advice. It should not be used to replace a visit with a provider. Magellan does not endorse other resources that may be mentioned here.