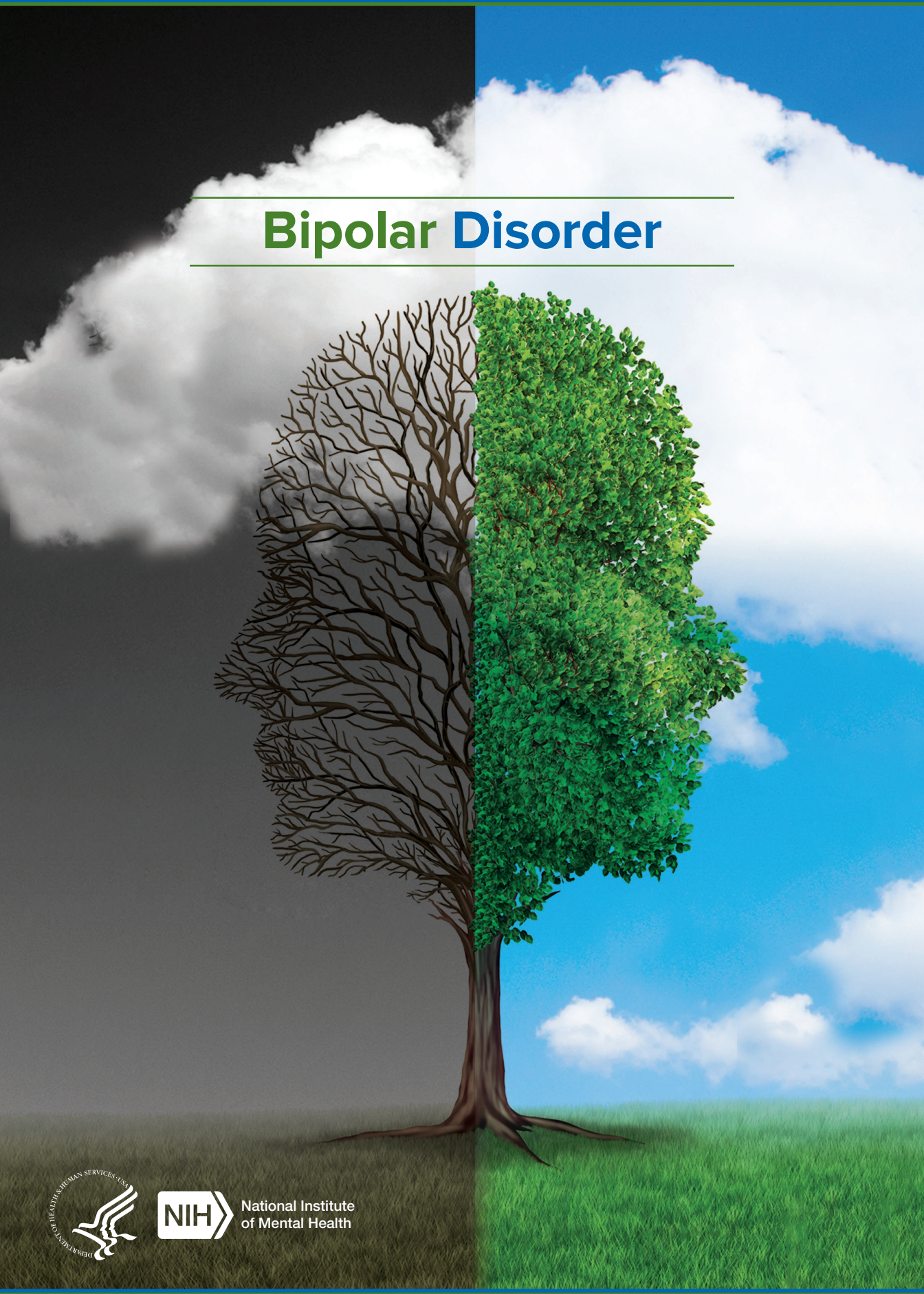
Bipolar Disorder



National Institute of Mental Health

Do you feel very happy and outgoing—or very irritable—on some days, but unusually sad or anxious on other days? Do the "up" periods go along with increased energy or activity? Do the "downs" go along with low energy, hopelessness, or inability to enjoy what you usually like to do, and sometimes suicidal thoughts? Do these mood swings make it hard to sleep, stay focused, or get things done? Some people with these symptoms have a lifelong but treatable mental disorder called *bipolar disorder.*

What is bipolar disorder?

Bipolar disorder is a chronic or episodic (which means occurring occasionally and at irregular intervals) mental disorder. It can cause unusual, often extreme and fluctuating changes in mood, energy, activity, and concentration or focus. Bipolar disorder sometimes is called *manic-depressive disorder* or *manic depression,* which are older terms.

Everyone goes through normal ups and downs, but bipolar disorder is different. The range of mood changes can be extreme. In manic episodes, someone might feel very happy, irritable, or "up," and there is a marked increase in activity level. In depressive episodes, someone might feel sad, indifferent, or hopeless, in combination with a very low activity level. Some people have hypomanic episodes, which are like manic episodes, but less severe and troublesome.

Most of the time, bipolar disorder develops or starts during late adolescence (teen years) or early adulthood. Occasionally, bipolar symptoms can appear in children. Although the symptoms come and go, bipolar disorder usually requires lifetime treatment and does not go away on its own. Bipolar disorder can be an important factor in suicide, job loss, and family discord, but proper treatment leads to better outcomes.

What are the symptoms of bipolar disorder?

The symptoms of bipolar disorder can vary. An individual with bipolar disorder may have manic episodes, depressive episodes, or "mixed" episodes. A mixed episode has both manic and depressive symptoms. These mood episodes cause symptoms that last a week or two or sometimes longer. During an episode, the symptoms last every day for most of the day. Mood episodes are intense. The feelings are intense and happen along with changes in behavior, energy levels, or activity levels that are noticeable to others.

SYMPTOMS OF A MANIC EPISODE	SYMPTOMS OF A DEPRESSIVE EPISODE
Feeling very up, high, elated, or extremely irritable or touchy	Feeling very down or sad, or anxious
Feeling jumpy or wired, more active than usual	Feeling slowed down or restless
Racing thoughts	Trouble concentrating or making decisions
Decreased need for sleep	Trouble falling asleep, waking up too early, or sleeping too much
Talking fast about a lot of different things ("flight of ideas")	Talking very slowly, feeling like you have nothing to say, or forgetting a lot
Excessive appetite for food, drinking, sex, or other pleasurable activities	Lack of interest in almost all activities
Thinking you can do a lot of things at once without getting tired	Unable to do even simple things
Feeling like you are unusually important, talented, or powerful	Feeling hopeless or worthless, or thinking about death or suicide

Some people with bipolar disorder may have milder symptoms than others with the disorder. For example, hypomanic episodes may make the individual feel very good and be very productive; they may not feel like anything is wrong. However, family and friends may notice the mood swings and changes in activity levels as behavior that is different from usual, and severe depression may follow mild hypomanic episodes.

Types of Bipolar Disorder

There are three basic types of bipolar disorder; all of them involve clear changes in mood, energy, and activity levels. These moods range from periods of extremely "up," elated, and energized behavior or increased activity levels (manic episodes) to very sad, "down," hopeless, or low activity-level periods (depressive episodes). People with bipolar disorder also may have a normal (euthymic) mood alternating with depression. Four or more episodes of mania or depression in a year are termed "rapid cycling."

- **Bipolar I Disorder** is defined by manic episodes that last at least seven days (most of the day, nearly every day) or when manic symptoms are so severe that hospital care is needed. Usually, separate depressive episodes occur as well, typically lasting at least two weeks. Episodes of mood disturbance with mixed features (having depression and manic symptoms at the same time) are also possible.
- **Bipolar II Disorder** is defined by a pattern of depressive episodes and hypomanic episodes, but not the full-blown manic episodes described above.
- **Cyclothymic Disorder** (also called cyclothymia) is defined by persistent hypomanic and depressive symptoms that are not intense enough or do not last long enough to qualify as hypomanic or depressive episodes. The symptoms usually occur for at least two years in adults and for one year in children and teenagers.
- **Other Specified and Unspecified Bipolar and Related Disorders** is a category that refers to bipolar disorder symptoms that do not match any of the recognized categories.

Conditions That Can Co-Occur With Bipolar Disorder

Many people with bipolar disorder also may have other mental health disorders or conditions such as:

- **Psychosis.** Sometimes people who have severe episodes of mania or depression also have psychotic symptoms, such as hallucinations or delusions. The psychotic symptoms tend to match the person's extreme mood. For example:
  - Someone having psychotic symptoms during a manic episode may falsely believe that he or she is famous, has a lot of money, or has special powers.
  - Someone having psychotic symptoms during a depressive episode may believe he or she is financially ruined and penniless or has committed a crime.
- **Anxiety Disorders and Attention-Deficit/Hyperactivity Disorder (ADHD).** Anxiety disorders and ADHD often are diagnosed in people with bipolar disorder.
- **Misuse of Drugs or Alcohol.** People with bipolar disorder are more prone to misusing drugs or alcohol.
- **Eating Disorders.** People with bipolar disorder occasionally may have an eating disorder, such as binge eating or bulimia.

Some bipolar disorder symptoms are like those of other illnesses, which can lead to misdiagnosis. For example, some people with bipolar disorder who also have psychotic symptoms can be misdiagnosed with schizophrenia. Some physical health conditions, such as thyroid disease, can mimic the moods and other symptoms of bipolar disorder. Street drugs sometimes can mimic, provoke, or worsen mood symptoms.

Looking at symptoms over the course of the illness (longitudinal follow-up) and the person's family history can play a key role in determining whether the person has bipolar disorder with psychosis or schizophrenia.

What causes bipolar disorder?

The exact cause of bipolar disorder is unknown. However, research suggests that there is no single cause. Instead, a combination of factors may contribute to bipolar disorder.

Genes

Bipolar disorder often runs in families, and research suggests that this is mostly explained by heredity—people with certain genes are more likely to develop bipolar disorder than others. Many genes are involved, and no one gene can cause the disorder.

But genes are not the only factor. Some studies of identical twins have found that even when one twin develops bipolar disorder, the other twin may not. Although people with a parent or sibling with bipolar disorder are more likely to develop the disorder themselves, most people with a family history of bipolar disorder will not develop the illness.

Brain Structure and Function

Researchers are learning that the brain structure and function of people with bipolar disorder may be different from the brain structure and function of people who do not have bipolar disorder or other psychiatric disorders. Learning about the nature of these brain changes helps doctors better understand bipolar disorder and may in the future help predict which types of treatment will work best for a person with bipolar disorder. At this time, diagnosis is based on symptoms rather than brain imaging or other diagnostic tests.

How is bipolar disorder diagnosed?

To diagnose bipolar disorder, a doctor or other health care provider may:

- Complete a full physical exam.
- Order medical testing to rule out other illnesses.
- Refer the person for an evaluation by a psychiatrist.

A psychiatrist or other mental health professional diagnoses bipolar disorder based on the symptoms, lifetime course, and experiences of the individual. Some people have bipolar disorder for years before it is diagnosed. This may be because:

- Bipolar disorder has symptoms in common with several other mental health disorders. A doctor may think the person has a different disorder, such as schizophrenia or (unipolar) depression.
- Family and friends may notice the symptoms, but not realize that the symptoms are part of a more significant problem.
- People with bipolar disorder often have other health conditions, which can make it hard for doctors to diagnose bipolar disorder.

How is bipolar disorder treated?

Treatment helps many people, even those with the most severe forms of bipolar disorder. Doctors treat bipolar disorder with medications, psychotherapy, or a combination of treatments.

Medications

Certain medications can help control the symptoms of bipolar disorder. Some people may need to try several different medications and work with their doctor before finding the ones that work best. The most common types of medications that doctors prescribe include mood stabilizers and atypical antipsychotics. Mood stabilizers such as lithium can help prevent mood episodes or reduce their

severity when they occur. Lithium also decreases the risk for suicide. Additional medications that target sleep or anxiety are sometimes added to mood stabilizers as part of a treatment plan.

Talk with your doctor or a pharmacist to understand the risks and benefits of each medication. Report any concerns about side effects to your doctor right away. Avoid stopping medication without talking to your doctor first.

Psychotherapy

Psychotherapy (sometimes called "talk therapy") is a term for a variety of treatment techniques that aim to help a person identify and change troubling emotions, thoughts, and behaviors. Psychotherapy can offer support, education, skills, and strategies to people with bipolar disorder and their families. Psychotherapy often is used in combination with medications; some types of psychotherapy (e.g., interpersonal, social rhythm therapy) can be an effective treatment for bipolar disorder when used with medications.

Learn more about psychotherapy at **www.nimh.nih.gov/health/topics/psychotherapies/index.shtml**.

Other Treatments

Some people may find other treatments helpful in managing their bipolar symptoms, including:

- Electroconvulsive therapy is a brain stimulation procedure that can help people get relief from severe symptoms of bipolar disorder. This type of therapy is usually considered only if a patient's illness has not improved after other treatments (such as medication or psychotherapy) are tried, or in cases where rapid response is needed, as in the case of suicide risk and catatonia (a state of unresponsiveness), for example.
- Regular vigorous exercise, such as jogging, swimming, or bicycling, helps with depression and anxiety, promotes better sleep, and is healthy for your heart and brain. Check with your doctor before you start a new exercise regimen.
- Keeping a life chart, which records daily mood symptoms, treatments, sleep patterns, and life events, can help people and their doctors track and treat bipolar disorder.

Not much research has been conducted on herbal or natural supplements and how they may affect bipolar disorder. Talk to your doctor before taking any supplement. Certain medications and supplements taken together can cause serious side effects or life-threatening drug reactions. Visit the National Center for Complementary and Integrative Health for more information: **www.nccih.nih.gov**.

Finding Treatment

The National Institute of Mental Health (NIMH) is a federal research agency and cannot provide medical advice or referrals to practitioners. However, there are tools and resources available at **www.nimh.nih.gov/findhelp** that may help you find a provider or treatment. You can also:

- **Call your doctor.** Your doctor can be the first step in getting help.
- **Call the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline** at 800-662-HELP (4357) for general information on mental health and to find local treatment services.
- **Visit the SAMHSA website,** which has a Behavioral Health Treatment Services Locator that can search for treatment information by address, city, or ZIP code at **https://findtreatment.samhsa.gov**.
- **Seek immediate help** from a doctor or the nearest hospital emergency room, or call 911, if you or someone you know is in crisis or considering suicide.

Call the toll-free National Suicide Prevention Lifeline at 800-273-TALK (8255), available 24 hours a day, seven days a week. This service is available to everyone. The deaf and hard of hearing can contact the Lifeline via TTY at 800-799-4889. **All calls are free and confidential.** Contact social media outlets directly if you are concerned about a friend's social media updates, or dial 911 in an emergency. Learn more at **https://suicidepreventionlifeline.org**.

Coping With Bipolar Disorder

Living with bipolar disorder can be challenging, but there are ways to help make it easier for yourself, a friend, or a loved one.

- Get treatment and stick with it—recovery takes time and it's not easy. But treatment is the best way to start feeling better.
- Keep medical and therapy appointments, and talk with the provider about treatment options.
- Take all medicines as directed.
- Structure activities: keep a routine for eating and sleeping, and make sure to get enough sleep and exercise.
- Learn to recognize your mood swings.
- Ask for help when trying to stick with your treatment.
- Be patient; improvement takes time. Social support helps.

Remember, bipolar disorder is a lifelong illness, but long-term, ongoing treatment can help control symptoms and enable you to live a healthy life.

How is NIMH addressing bipolar disorder?

The National Institute of Mental Health (NIMH) conducts and supports research on bipolar disorder that increases our understanding of its causes and helps develop new treatments. Researchers continue to study genetics and bipolar disorder, brain function, and symptoms in children and teens who have bipolar disorder, as well as family history in health and behavior.

Learn more about NIMH's research priorities and current studies by visiting **www.nimh.nih.gov/research-priorities/index.shtml**.

Participating in Clinical Research

Clinical research is medical research that involves people like you. People volunteer to participate in carefully conducted investigations that ultimately uncover better ways to treat, prevent, diagnose, and understand human disease. Clinical research includes trials that test new treatments and therapies as well as long-term natural history studies, which provide valuable information about how disease and health progress.

Please Note: Decisions about participating in a clinical trial and determining which ones are best suited for you are best made in collaboration with your licensed health professional.

Join a Study

NIMH researchers conduct studies in a wide range of areas related to the brain and mental disorders. The studies usually take place at the NIH Clinical Center in Bethesda, MD, and may require regular visits. After the initial phone interview, you will come to an appointment at the clinic and meet with a clinician. Visit **www.nimh.nih.gov/health/trials/index.shtml** or **www.nimh.nih.gov/joinastudy** for more information.

To find a clinical trial near you, you can visit **www.clinicaltrials.gov**. This website is a searchable registry and results database of federally and privately supported clinical trials conducted in the United States and around the world. ClinicalTrials.gov gives you information about a trial's purpose, who may participate, locations, and phone numbers for more details. This information should be used in conjunction with advice from health professionals.

Talk to your doctor about clinical trials, their benefits and risks, and whether one is right for you. Learn more about clinical trials by visiting the following websites:

- NIMH's Clinical Research Trials and You: Questions and Answers at **www.nimh.nih.gov/health/publications/clinical-research-trials-and-you-questions-and-answers/index.shtml** (also available in print)
- NIMH's Join a Study webpage at **www.nimh.nih.gov/joinastudy**
- The National Institutes of Health (NIH) Clinical Research Trials and You website at **www.nih.gov/health-information/nih-clinical-research-trials-you**

Through clinical trials, researchers are making discoveries that can be used in everyday practice to help people.

Finding Help

Mental Health Treatment Locator

The Substance Abuse and Mental Health Services Administration provides this online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental illness. Find a facility in your state at **https://findtreatment.samhsa.gov**. For additional resources, visit **www.nimh.nih.gov/findhelp**.

Questions to Ask Your Doctor

Asking questions and providing information to your doctor or health care provider can improve your care. Talking with your doctor builds trust and leads to better results, quality, safety, and satisfaction. Visit the Agency for Healthcare Research and Quality website for tips at **www.ahrq.gov/patients-consumers**.

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