

# **A Patient's Guide to Bipolar Disorder**

## **Know the basics on symptoms, diagnosis and treatment to help you deal with this mental health condition.**

Bipolar disorder is a challenging condition surrounded by many misconceptions. If you have bipolar disorder, you know it goes far beyond temporary, everyday mood swings. Instead, episodes of depression can leave you feeling hopeless and unable to function for weeks at a time. During intermittent episodes of mania, you're excessively energetic yet sleepless, hyper-talkative and hyperactive, and you may behave out of character to the point where others around you don't recognize the familiar person they've known.

"Just as the temperature of a building might widely fluctuate with a broken thermostat, in bipolar disorder, mood can become unregulated and with it sleep, energy, activity, concentration (and) appetite," says Dr. Jess Fiedorowicz, director of the Mood Disorders Center and an associate professor at the University of Iowa. "This can have a detrimental effect on a person's ability to function at work or home. Contrary to how the term 'bipolar' has unfortunately been misused in popular vernacular, the mood changes in bipolar disorder tend to persist for weeks or months, not minute to minute."

Mood episodes of bipolar disorder are severe and long-lasting, Fiedorowicz emphasizes. "Mania is not necessarily extreme happiness and doesn't always even involve an elevated mood," he says. Instead, the person's mood may be irritable and changeable, and episodes can be severely distressing for those afflicted. Patients may end up hospitalized during mania episodes.

Among U.S. adults 18 and older, about 2.8 percent had bipolar disorder in the past year, according to the National Institute of Mental Health. Prevalence was similar among males and females. When looking at the degree of disability caused by the condition, nearly 83 percent had serious impairment – the highest proportion among mood disorders, according to the NIMH. At some time during their lives, an estimated 4.4% of U.S adults experience bipolar disorder.

There's no doubt that having bipolar disorder is difficult. Fortunately, proper treatment and consistent self-management can help you come to terms with the diagnosis, restore your stability and allow you to move forward.

### **Signs and Symptoms**

Mania and depression tend to manifest much differently, although people with bipolar disorder may experience symptoms of both simultaneously. In general, people have at least some of these symptoms depending on the type of episode:

## **Mania Symptoms**

- Hyperactivity, excitability and irritability.
- Significantly less sleep.
- Racing thoughts.
- Uncharacteristically rapid speech.
- Decreased frustration tolerance.
- Impulsiveness.
- Grandiosity.
- Hallucinations and delusions.

## **Depression Symptoms**

- Prolonged loss of energy.
- Feelings of guilt and worthlessness.
- Sadness.
- Hopelessness.
- Unwanted weight loss or weight gain.
- Sleep difficulties from excessive sleeping to insomnia.
- Decrease in performing daily activities (like bathing).
- Suicidal thoughts.

## **Bipolar Disorder Types**

To meet the medical criteria for bipolar disorder, people must have a history of one or more manic or hypomanic episodes.

Bipolar I is the most severe category. People with Bipolar I disorder have had a manic episode lasting at least a week or have been hospitalized with severe mania. Major depression lasting 14 days or more may be a feature. Bipolar II involves episodes of hypomania – a milder form of mania – and depression.

A related condition called cyclothymia, involves intermittent, less-extreme episodes of hypomania and depression, occurring over a period of at least two years for adults. Finally, when symptoms don't quite fit any of these categories, that may fall under "unspecified bipolar disorders."

## **Bipolar Disorder Causes**

Family history is a risk factor for bipolar disorder. Having a first-degree relative, such as a parent, brother or sister with the condition puts you at higher risk.

Multiple genes contribute, as demonstrated in research published in the May 2019 issue of the journal *Nature Genetics*. The large international study identified 30 gene associations with bipolar disorder.

However, that only explains a fraction of what causes this complex disorder of the human brain, says Dr. Andrew Nierenberg, director of the Dauten Family Center for Bipolar Treatment Innovation and associate director of the Depression Clinical and Research Program at Massachusetts General Hospital.

Causes likely combine elements of nature and nurture. "With all the mood disorders, it's often hard to say what is the genetic piece versus growing up with somebody that's bipolar or depressed – just the impact that has on you and the way you navigate life," says George Livengood, a marriage and family therapist, and assistant national director of operations at the Discovery Mood and Anxiety Program in Southern California and other locations nationwide.

Research is emerging on the effects of childhood trauma on the severity of specific bipolar disorder symptoms. It may be that adverse childhood events – like emotional abuse – are tied to worse outcomes for bipolar disorder later in life.

## **Bipolar Disorder Versus Depression**

The presence of mania is what separates the overlapping mood disorders.

### **Pediatric Bipolar Disorder**

Bipolar disorder typically begins to manifest itself at a young age. "More than two-thirds of people will have the onset of some mood problem prior to the age of 25," Nierenberg says. "A lot of them can have it as kids."

Among U.S. adolescents ages 13 to 18, an estimated 2.9 percent have bipolar disorder, according to NIMH figures. The prevalence is 3.3% for adolescent girls and 2.6% for adolescent boys.

Similar to adults, children and teens with bipolar disorder go through unusual mood changes. As a parent, you may notice – or hear from other family members or teachers – that your child is exceptionally moody or excited. You may realize your child experiences notable highs and lows more frequently than other children, and you may see extreme behavior changes.

Kids with bipolar disorder may be unable to sleep, think clearly or do as well as they used to in school. Bipolar disorder can disrupt friendships for kids. As with adults, it can increase the risk of suicidal thoughts and self-harm attempts.

Treatment for pediatric bipolar disorder is essential but finding it takes persistence. "It's extremely difficult to get treatment, because there are so few child psychiatrists in the country," Nierenberg says. In addition, he says, it's challenging to pinpoint the condition at times when kids develop nonspecific symptoms of severe irritability. However, he says, when looking back at people who were diagnosed as young adults, they report that they had symptoms earlier on.

Although about 2 million children have bipolar disorder in the U.S., the condition doesn't get the attention it deserves, Nierenberg says. He calls the lack of research and funding for bipolar disorder, relative to other conditions affecting fewer children, a "tragedy."

## **Bipolar Disorder Diagnosis**

For adults and adolescents alike, the bipolar diagnosis can be difficult to make and a long time coming. Both under- and overdiagnosis are widespread, Fiedorowicz says. "A careful clinical interview is required for diagnosis, ideally supplemented with information from someone who knows the person very well," he says. "Symptoms of mania, the defining feature of bipolar disorder, are often better recognized by others than the person experiencing them."

The diagnosis may first come to light when a person seeks help for severe depression. For instance, the mental health history might reveal that one or more family members have bipolar disorder. A discussion of symptoms that may have started during adolescence can bring up red flags.

It may turn out that someone who has been treated for depression alone actually has bipolar disorder. Antidepressants can be less effective and possibly have more adverse effects on people whose depression is a component of bipolar disorder.

## **Treatment**

### **Medications**

Medication is the mainstay of bipolar depression treatment. A single drug or a combination may be used. In general, drugs fall into three categories:

- Mood stabilizers such as lithium and lamotrigine (Lamictal), which is also an anti-seizure drug, are approved for bipolar disorder maintenance therapy by the Food and Drug Administration.
- Antipsychotic medications used in bipolar disorder include olanzapine (Zyprexa) and risperidone (Risperdal).
- Antidepressants are sometimes used in conjunction with other drugs, but require particular caution in this group of patients.

### **Medication Side Effects**

People on medications for bipolar disorder need ongoing monitoring for side effects. Some are apparent early in the course of treatment, while others may develop over a longer period of use.

Weight gain is a common issue for people taking medications for bipolar disorder. Not all medications cause weight gain, and the effect varies for each individual. Weight gain can discourage people from staying on medications that improve their mood-related symptoms. You can work with your doctor to tweak medication types or doses, and use lifestyle strategies like healthy eating and staying physically active to help counteract this side effect.

Depending on the specific medications being considered and your individual risk factors, you may be asked to get an electrocardiogram, or EKG, or have blood drawn to screen for the development of hyperlipidemia (high levels of fat in the blood) or diabetes, Fiedorowicz says.

"Providers will also routinely assess weight and blood pressure while monitoring for signs and symptoms of diabetes mellitus or other complications," he says.

While medication adherence is an ongoing issue with treatment for mood disorders, it can be addressed. "We actually use the word 'concordance' here, not 'adherence' or 'compliance,'" Nierenberg says. "Because we see it as a joint venture between the person who has the disorder and the clinician. You try to figure out a common goal and a common way to get there, so that's how you get to concordance."

## **Treating Bipolar – I and II – Disorders**

### **Psychotherapy and Self-Care**

Therapy can be of great benefit as you deal with the life-changing diagnosis of bipolar disorder. Different types of therapy address a multitude of issues including family dynamics, lifestyle tactics to help prevent relapses and manage episode triggers like stress, techniques for self-acceptance and positive interactions in personal relationships, and peer support from others with the condition.

Self-management for bipolar disorder entails efforts such as avoiding sleep deprivation, staying away from recreational substance use and staying in contact with your support network, including a trusted family member or friend who will help keep an eye out for episode symptoms.

### **You're More Than Your Diagnosis**

The term "bipolar" is not appropriate for casual use, Fiedorowicz says. "I would encourage the general public to reserve the word 'bipolar' for referring to the medical diagnosis and not another person's mood swings or erratic behavior," he says. "For that matter, it is important to use the word to describe the disorder and not the person. Replace 'he is bipolar' with 'he has bipolar disorder.'"

People with bipolar disorder can and do thrive, Livengood emphasizes: "If you have a mood disorder like bipolar depression, it doesn't have to derail you from having a family, or being successful and achieving what you want to do in life."

### **Resources**

To learn more about bipolar disorder and find support, check out the following resources:

- [National Alliance on Mental Health \(NAMI\)](#) is a grassroots organization that advocates and provides support for Americans affected by mental illness.
- [Active Minds](#) is a nonprofit group that focuses on mental health issues, particularly among students and young adults ages 14 to 25.