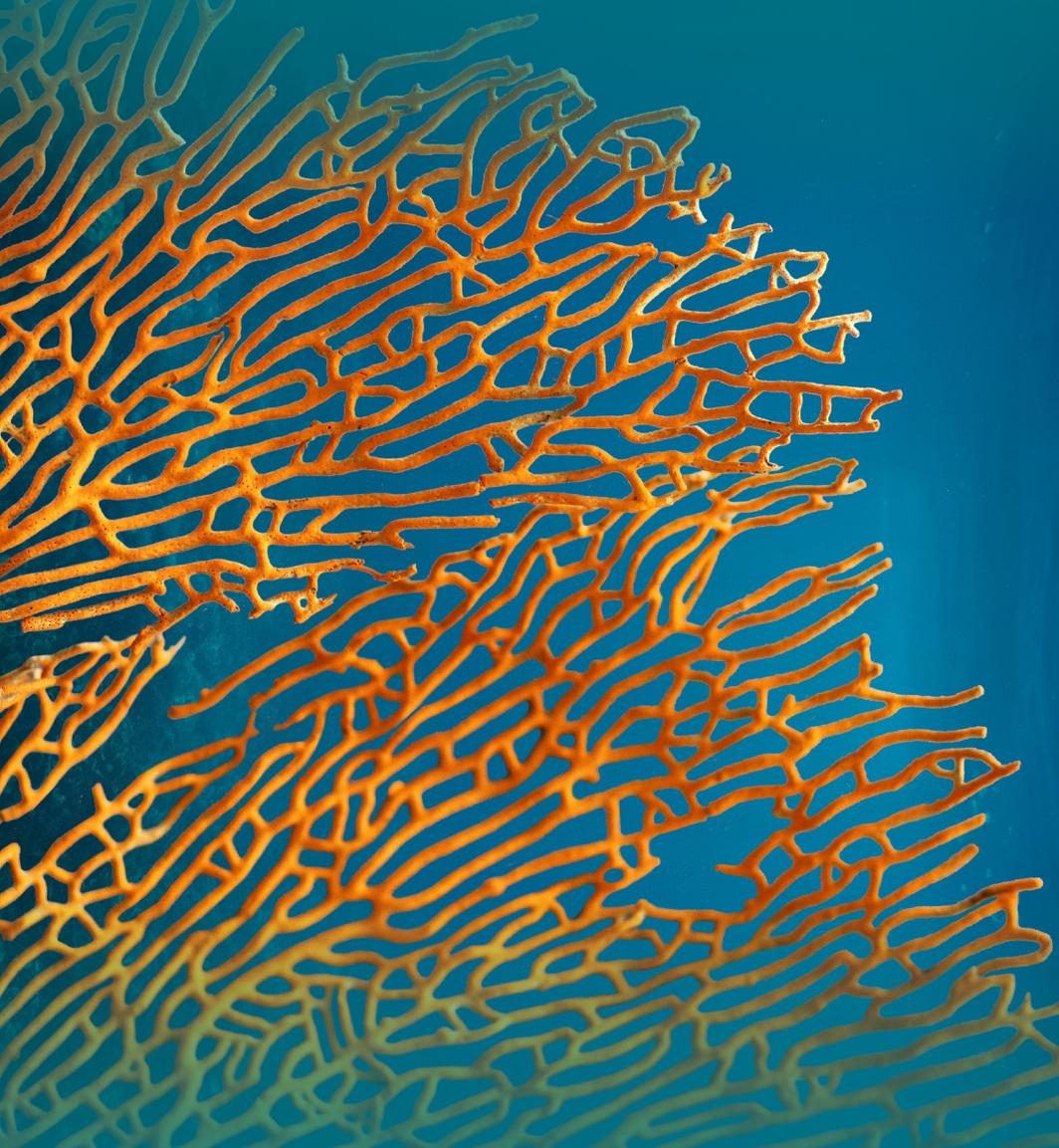


Bipolar Disorder



Office of
Mental Health

Bipolar Disorder

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 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.

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.

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.

Finding Help

New York State Mental Health Program Directory

The Mental Health Program Directory provides information on all programs in New York State that are operated, licensed or funded by the State Office of Mental Health (OMH). This site includes three search options: Basic Search, Advanced Search, and Full Directory. Definitions for all programs are available under the Support tab, along with directory help and information on program data collection. Find services close to you at <https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages#report>.

Mental Health Treatment Program Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) 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 Immediate Help

If you are in a crisis, experiencing emotional distress or worried about someone you know:

- Call or text the Suicide and Crisis Lifeline at 988 or chat at 988lifeline.org/chat. You can also text the Crisis Text Line (GOT5 to 741741). These services are available 24/7 to anyone and are completely confidential.

If you are thinking about harming yourself or thinking about suicide:

- Tell someone who can help right away
- Call your licensed mental health professional if you are already working with one
- Call your doctor
- Go to the nearest hospital emergency department

If a loved one is considering suicide:

- Do not leave them alone
- Try to get your loved one to seek immediate help from a doctor or the nearest hospital emergency room, or call 911
- Remove access to firearms, medications or other potential tools for suicide

The New York State Office of Mental Health thanks the National Institute of Mental Health for providing the information contained in this booklet.

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For questions or complaints regarding mental health services anywhere in New York State please contact:

New York State
Office of Mental Health
Customer Relations
44 Holland Avenue
Albany, NY 12229
(800) 597-8481 (toll-free)

For information about mental health services in your community, contact the New York State Office of Mental Health regional office nearest you:

Central New York Field Office
545 Cedar Street, 2nd Floor
Syracuse, NY 13210-2319
(315) 426-3930

Hudson River Field Office
10 Ross Circle, Suite 5N
Poughkeepsie, NY 12601
(845) 454-8229

Long Island Field Office
998 Crooked Hill Road
Building #45-3
West Brentwood, NY 11717-1087
(631) 761-2508

New York City Field Office
330 Fifth Avenue, 9th Floor
New York, NY 10001-3101
(212) 330-1650

Western New York Field Office
737 Delaware Avenue, Suite 200
Buffalo, NY 14209
(716) 533-4075



Office of
Mental Health

In Crisis?
We've got time to listen.
Text Got5 to 741741

988 SUICIDE & CRISIS
LIFELINE

**Call/Text 988 or
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Are you in crisis, experiencing
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about someone you know?

24 hrs/day, 7 days/wk

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