



iCarePsychiatry
L A S V E G A S
A Behavioral Wellness Center

Bipolar disorder

Definition

Bipolar disorder is a condition in which a person has periods of [depression](#) and periods of being extremely happy or being cross or irritable.

Alternative Names

Manic depression; Bipolar affective disorder

Causes, incidence, and risk factors

Bipolar disorder affects men and women equally. It usually starts between ages 15 and 25. The exact cause is not known. But it occurs more often in relatives of people with bipolar disorder.

In most people with bipolar disorder, there is no clear cause for the periods (episodes) of extreme happiness (mania) or depression. The following may trigger a manic episode:

- Childbirth
- Medicines such as antidepressants or steroids
- Periods of not being able to sleep (insomnia)
- Recreational drug use

Symptoms

The manic phase may last from days to months. It can include these symptoms:

- Easily distracted
- Little need for sleep
- Poor judgment
- Poor temper control

- Reckless behavior and lack of self control such as drinking, drug use, sex with many partners, spending sprees
- Very elevated, expansive or irritable mood, such as racing thoughts, talking a lot, false beliefs about self or abilities
- Very involved in activities

The depressive episode may include these symptoms:

- Daily low mood or sadness
- Difficulty concentrating, remembering, or making decisions
- Eating problems such as loss of appetite and weight loss, or overeating and weight gain
- Fatigue or lack of energy
- Feeling worthless, hopeless, or guilty
- Loss of pleasure in activities once enjoyed
- Loss of self-esteem
- Thoughts of death or suicide
- Trouble getting to sleep or sleeping too much
- Pulling away from friends or activities that were once enjoyed

Persons with bipolar disorder are at high risk of [suicide](#). They may abuse [alcohol](#) or [other substances](#). This can make the symptoms and suicide risk worse.

Episodes of depression are more common than episodes of mania. The pattern is not the same in all persons with bipolar disorder:

- Depression and mania symptoms may occur together. This is called a mixed state.
- Symptoms may also occur right after each other. This is called rapid cycling.

Signs and tests

To diagnose bipolar disorder, the health care provider may do some or all of the following:

- Ask whether other family members have bipolar disorder.
- Ask about your recent mood swings and for how long you have had them.
- Perform a thorough exam and order lab tests to look for other illnesses that may be causing the symptoms that resemble bipolar disorder.
- Talk to family members about your symptoms and overall health.
- Ask about any health problems you have and any medications you take.
- Watch your behavior and mood.

Treatment

The main goal of treatment is to:

- Make the mood episodes less frequent and severe
- Help you function well and enjoy your life at home and at work
- Prevent self-injury and suicide

MEDICINES

Medicines are a key part of treating bipolar disorder. Most often, the first medicines used are called mood stabilizers. They help you avoid mood swings.

With medicines, you may begin to feel better. For some, symptoms of mania may feel good. Or side effects from the medicines may occur. As a result, you may be tempted to stop taking your medicine or change the way you are taking them. But stopping your medicines or taking them in the wrong way can cause symptoms to come back or become much worse.

Family members or friends can help you take medicines the correct way. They can also help to make sure that episodes of mania and depression are treated as early as possible.

Other medicines, such as antipsychotics or antidepressants, may be tried.

Regular visits with a psychiatrist to talk about your medicines and side effects are needed. Blood tests are often needed also.

OTHER TREATMENTS

Electroconvulsive therapy (ECT) may be used to treat the manic or depressive phase if it does not respond to medication.

Patients who are in the middle of a severe manic or depressive episode may need to stay in a hospital until their mood is stable and their behavior is under control.

SUPPORT PROGRAMS AND TALK THERAPY

Many people with bipolar disorder do not recognize when they are becoming more depressed or more manic. Joining a support group may help you and your loved ones. Involving family members and caregivers in your treatment programs may help reduce the chance of symptoms returning in the patient.

Important skills that may be learned at such programs include:

- Coping with symptoms that are present even while taking medications
- Getting enough sleep and staying away from recreational drugs
- Taking medicines correctly and how to manage side effects
- Watching for the return of symptoms, and knowing what to do when they return
- Finding out what triggers the mood episodes and how to avoid these triggers

Talk therapy with a mental health provider may be helpful for people with bipolar disorder.

Expectations (prognosis)

Periods of depression or mania return in most patients, even with treatment. Patients may also have issues with alcohol or drug abuse. They may also have problems with relationships, school, work, and finances.

Suicide is a very real risk during both mania and depression. People with bipolar disorder who think or talk about suicide need emergency attention right away.

Calling your health care provider

Seek help right way for:

- Symptoms of mania
- You feel the urge to hurt yourself or others
- You are feeling hopeless, scared, or overwhelmed
- You are seeing things that are not really there
- You feel you cannot leave the house
- You are not able to care for yourself

Call the treating health care provider if:

- Symptoms are getting worse
- Side effects of medicines
- Medicines are not being taken the right way

References

Adapted from: University of Florida College of Medicine Department of Psychiatry

Beynon S, Soares-Weiser K, Woolacott N, Duffy S, Geddes JR. Pharmacological interventions for the prevention of relapse in bipolar disorder: a systematic review of controlled trials. *J Psychopharmacol.* 2009; 23(5):574-591.

Lyness JM. Psychiatric disorders in medical practice. In: Goldman L, Schafer AI, eds. *Goldman's Cecil Medicine.* 24th ed. Philadelphia, PA: Elsevier Saunders; 2011:chap 404.

Perlis RH. Bipolar disorder. In: Stern TA, Rosenbaum JF, Fava M, et al., eds. *Massachusetts General Hospital Comprehensive Clinical Psychiatry.* 1st ed. Elsevier Mosby; 2008:chap 30.