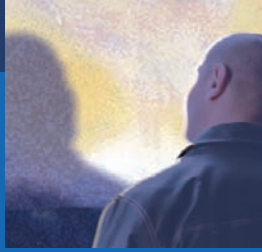


Bipolar Disorder in Adults



National Institute of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES • National Institutes of Health



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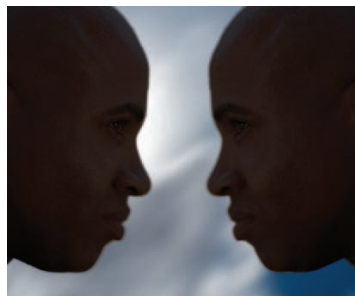
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This booklet discusses bipolar disorder in adults. For information on bipolar disorder in children and adolescents, see the NIMH booklet, *Bipolar Disorder in Children and Adolescents*.

What is bipolar disorder?

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out daily tasks. Symptoms of bipolar disorder can be severe. They are different from the normal ups and downs that everyone goes through from time to time. Bipolar disorder symptoms can result in damaged relationships, poor job or school performance, and even suicide. But bipolar disorder can be treated, and people with this illness can lead full and productive lives.



Bipolar disorder often appears in the late teens or early adult years. At least half of all cases start before age 25.¹ Some people have their first symptoms during childhood, while others may develop symptoms late in life.

Bipolar disorder is not easy to spot when it starts. Some people suffer for years before they are properly diagnosed and treated. Like diabetes or heart disease, bipolar disorder is a long-term illness that must be carefully managed throughout your life.

What are the signs and symptoms of bipolar disorder?

People with bipolar disorder experience unusually intense emotional states that occur in distinct periods called “mood episodes.” **Each mood episode represents a drastic change from a person’s usual mood and behavior.** An overly joyful or overexcited state is called a manic episode, and an extremely sad or hopeless state is called a depressive episode. Sometimes, a mood episode includes symptoms of both mania and depression. This is called a mixed state. People with bipolar disorder also may be explosive and irritable during a mood episode. Extreme changes in energy, activity, sleep, and behavior go along with these changes in mood.

Symptoms of bipolar disorder are described below.

Symptoms of mania or a manic episode include:

Mood Changes

- An overly long period of feeling “high,” or an overly happy or outgoing mood
- Extreme irritability.

Behavioral Changes

- Talking very fast, jumping from one idea to another, having racing thoughts
- Being unusually distracted
- Increasing activities, such as taking on multiple new projects
- Being overly restless
- Sleeping little or not being tired
- Having an unrealistic belief in your abilities
- Behaving impulsively and engaging in pleasurable, high-risk behaviors.

Symptoms of depression or a depressive episode include:

Mood Changes

- An overly long period of feeling sad or hopeless
- Loss of interest in activities once enjoyed, including sex.

Behavioral Changes

- Feeling overly tired or “slowed down”
- Having problems concentrating, remembering, and making decisions
- Being restless or irritable
- Changing eating, sleeping, or other habits
- Thinking of death or suicide, or attempting suicide.

Bipolar disorder can be present even when mood swings are less extreme. For example, some people with bipolar disorder experience hypomania, a less severe form of mania. During a hypomanic episode, you may feel very good, be highly productive, and function well. You may not feel that anything is wrong, but family and friends may recognize the mood swings as possible bipolar disorder. Without proper treatment, people with hypomania may develop severe mania or depression.



Bipolar disorder may also be present in a mixed state, in which you might experience both mania and depression at the same time. During a mixed state, you might feel very agitated, have trouble sleeping, experience major changes in appetite, and have suicidal thoughts. People in a mixed state may feel very sad or hopeless while at the same time feel extremely energized.

Sometimes, a person with severe episodes of mania or depression has psychotic symptoms too, such as hallucinations or delusions. The psychotic symptoms tend to reflect the person's extreme mood. For example, if you are having psychotic symptoms during a manic episode, you may believe you are a famous person, have a lot of money, or have special powers. If you are having psychotic symptoms during a depressive episode, you may believe you are ruined and penniless, or you have committed a crime. As a result, people with bipolar disorder who have psychotic symptoms are sometimes misdiagnosed with schizophrenia.

People with bipolar disorder may also abuse alcohol or substances, have relationship problems, or perform poorly in school or at work. It may be difficult to recognize these problems as signs of a major mental illness.

How is bipolar disorder diagnosed?

Bipolar disorder usually lasts a lifetime. Episodes of mania and depression typically come back over time. Between episodes, many people with bipolar disorder are free of symptoms, but some people may have lingering symptoms.

Doctors diagnose bipolar disorder using guidelines from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). **To be diagnosed with bipolar disorder, the symptoms must be a major change from your normal mood or behavior.** There are four basic types of bipolar disorder:

- 1. Bipolar I Disorder**—defined by manic or mixed episodes that last at least seven days, or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, depressive episodes occur as well, typically lasting at least 2 weeks.
- 2. Bipolar II Disorder**—defined by a pattern of depressive episodes and hypomanic episodes, but no full-blown manic or mixed episodes.
- 3. Bipolar Disorder Not Otherwise Specified (BP-NOS)**—diagnosed when symptoms of the illness exist but do not meet diagnostic criteria for either bipolar I or II. However, the symptoms are clearly out of the person's normal range of behavior.
- 4. Cyclothymic Disorder, or Cyclothymia**—a mild form of bipolar disorder. People with cyclothymia have episodes of hypomania as well as mild depression for at least 2 years. However, the symptoms do not meet the diagnostic requirements for any other type of bipolar disorder.

A severe form of the disorder is called **Rapid-cycling Bipolar Disorder**. Rapid cycling occurs when a person has four or more episodes of major depression, mania, hypomania, or mixed states, all within a year.² Rapid cycling seems to be more common in people who have their first bipolar episode at a younger age. One study found that people with rapid cycling had their first episode about 4 years earlier—during the mid to late teen years—than people without rapid cycling bipolar disorder.³ Rapid cycling affects more women than men.⁴ Rapid cycling can come and go.



When getting a diagnosis, a doctor or health care provider should conduct a physical examination, an interview, and lab tests. Currently, bipolar disorder cannot be identified through a blood test or a brain scan, but these tests can help rule out other factors that may contribute to mood problems, such as a stroke, brain tumor, or thyroid condition. If the problems are not caused by other illnesses, your health care provider may conduct a mental health evaluation or provide a referral to a trained mental health professional, such as a psychiatrist, who is experienced in diagnosing and treating bipolar disorder.

The doctor or mental health professional should discuss with you any family history of bipolar disorder or other mental illnesses and get a complete history of symptoms. The doctor or mental health professional should also talk to your close relatives or spouse about your symptoms and family medical history.

People with bipolar disorder are more likely to seek help when they are depressed than when experiencing mania or hypomania.⁵ Therefore, a careful medical history is needed to assure that bipolar disorder is not mistakenly diagnosed as major depression. Unlike people with bipolar disorder, people who have depression only (also called unipolar depression) do not experience mania.

Bipolar disorder can worsen if left undiagnosed and untreated. Episodes may become more frequent or more severe over time without treatment.⁶ Also, delays in getting the correct diagnosis and treatment can contribute to personal, social, and work-related problems.⁷ Proper diagnosis and treatment help people with bipolar disorder lead healthy and productive lives. In most cases, treatment can help reduce the frequency and severity of episodes.

What illnesses often co-exist with bipolar disorder?

Substance abuse is very common among people with bipolar disorder, but the reasons for this link are unclear.⁸ Some people with bipolar disorder may try to treat their symptoms with alcohol or drugs. Substance abuse can also trigger or prolong bipolar symptoms, and the behavioral problems associated with mania can lead to drinking too much.



Anxiety disorders, such as post-traumatic stress disorder (PTSD) and social phobia, also can co-occur with bipolar disorder.^{9, 10, 11} Bipolar disorder can co-occur with attention deficit hyperactivity disorder (ADHD) as well, which has some symptoms that overlap with bipolar disorder, such as restlessness and being easily distracted. However, the symptoms of ADHD are persistent, whereas those of bipolar disorder are episodic.

In addition, people with bipolar disorder are at higher risk for thyroid disease, migraine headaches, heart disease, diabetes, obesity, and other physical illnesses.^{12, 13} These illnesses may cause symptoms of mania or depression, or they may be caused by some medications used to treat bipolar disorder.

What are the risk factors for bipolar disorder?

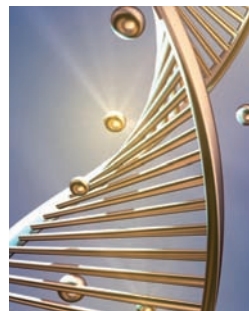
Scientists are studying the possible causes of bipolar disorder. Most agree that there is no single cause. Rather, many factors likely act together to produce the illness or increase risk for developing it.

Genetics

Bipolar disorder tends to run in families. Some research has suggested that people with certain genes are more likely to develop bipolar disorder than others.¹⁴ Children with a parent or sibling who has bipolar disorder are much more likely to develop the illness, compared with children who do not have a family history of bipolar disorder.¹⁵ However, most children with a family history of bipolar disorder will not develop the illness.

Technological advances are improving genetic research on bipolar disorder. One example is the launch of the Bipolar Disorder Phenome Database, funded in part by NIMH. Using the database, scientists will be able to link visible signs of the disorder with the genes that may influence them.¹⁶

Scientists are also studying illnesses with similar symptoms such as depression and schizophrenia to identify genetic differences that may increase a person's risk for developing bipolar disorder.^{17, 18, 19} Finding these genetic "hotspots" may also help explain how environmental factors can increase a person's risk.



But genes are not the only risk factor for bipolar disorder. Studies of identical twins have shown that the twin of a person with bipolar illness does not always develop the disorder, despite the fact that identical twins share all of the same genes. Research suggests that factors besides genes are also at work. It is likely that many different genes and environmental factors are involved. However, scientists do not yet fully understand how these factors interact to cause bipolar disorder.

Brain structure and functioning

Brain-imaging tools, such as functional magnetic resonance imaging (fMRI) and positron emission tomography (PET), allow researchers to take pictures of the living brain at work. These tools help scientists study the brain's structure and activity.

Some imaging studies show how the brains of people with bipolar disorder may differ from the brains of healthy people or people with other mental disorders. For example, one study using MRI found that the pattern of brain development in children with bipolar disorder was similar to that in children with "multi-dimensional impairment," a disorder that causes symptoms that overlap somewhat with bipolar disorder and schizophrenia.²⁰ This suggests that the pattern of brain development in the two conditions may be associated with the risk for unstable moods.

Another MRI study found that the brain's prefrontal cortex in adults with bipolar disorder tends to be smaller and function less well compared to adults who don't have bipolar disorder.^{21, 22} The prefrontal cortex is a brain structure involved in "executive" functions such as solving problems and making decisions. This

structure and its connections to other parts of the brain mature during adolescence, suggesting that abnormal development of this brain circuit may account for why the disorder tends to emerge during a person's teen years.²³ Pinpointing brain changes in youth may help us detect illness early or offer targets for early intervention.



The connections between brain regions are important for shaping and coordinating functions such as forming memories, learning, and emotions, but scientists know little about how different parts of the human brain connect. Learning more about these connections, along with information gained from genetic studies, helps scientists better understand bipolar disorder. Scientists are working towards being able to predict which types of treatment will work most effectively.

How is bipolar disorder treated?

Bipolar disorder cannot be cured, but it can be treated effectively over the long-term. Proper treatment helps many people with bipolar disorder—even those with the most severe forms of the illness—gain better control of their mood swings and related symptoms.^{24, 25, 26} But because it is a lifelong illness, long-term, continuous treatment is needed to control symptoms.²⁷

However, even with proper treatment, mood changes can occur. In the NIMH-funded Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) study—the largest treatment study ever conducted for bipolar disorder—almost half of those who recovered still had lingering symptoms. Having another mental disorder in addition to bipolar disorder increased one's chances for a relapse.²⁸ For more information about STEP-BD, see <http://www.nimh.nih.gov/trials/practical/step-bd/index.shtml>.

Treatment is more effective if you work closely with a doctor and talk openly about your concerns and choices. An effective maintenance treatment plan usually includes a combination of medication and psychotherapy.

Medications

Different types of medications can help control symptoms of bipolar disorder. Not everyone responds to medications in the same way. You may need to try several different medications before finding ones that work best for you.



Keeping a daily life chart that makes note of your daily mood symptoms, treatments, sleep patterns, and life events can help you and your doctor track and treat your illness most effectively. If your symptoms change or if side effects become intolerable, your doctor may switch or add medications.

The types of medications generally used to treat bipolar disorder include mood stabilizers, atypical antipsychotics, and antidepressants. For the most up-to-date information on medication use and their side effects, contact the U.S. Food and Drug Administration (FDA).

Mood stabilizers are usually the first choice to treat bipolar disorder. In general, people with bipolar disorder continue treatment with mood stabilizers for years. Lithium (also known as Eskalith or Lithobid) is an effective mood stabilizer. It was the first mood stabilizer approved by the FDA in the 1970's for treating both manic and depressive episodes.

Anticonvulsants are also used as mood stabilizers. They were originally developed to treat seizures, but they also help control moods. Anticonvulsants used as mood stabilizers include:

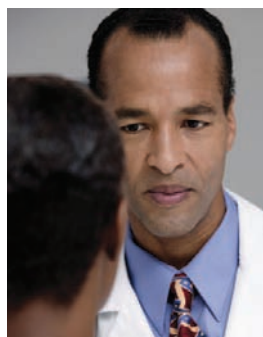
- Valproic acid or divalproex sodium (Depakote), approved by the FDA in 1995 for treating mania. It is a popular alternative to lithium. However, young women taking valproic acid face special precautions. See the sidebar, “Should young women take valproic acid?”
- Lamotrigine (Lamictal), FDA-approved for maintenance treatment of bipolar disorder. It is often effective in treating depressive symptoms.
- Other anticonvulsant medications, including gabapentin (Neurontin), topiramate (Topamax), and oxcarbazepine (Trileptal).

Valproic acid, lamotrigine, and other anticonvulsant medications have an FDA warning. The warning states that their use may increase the risk of suicidal thoughts and behaviors. People taking anticonvulsant medications for bipolar or other illnesses should be monitored closely for new or worsening symptoms of depression, suicidal thoughts or behavior, or any unusual changes in mood or behavior. If you take any of these medications, do not make any changes to your dosage without talking to your doctor.

What are the side effects of mood stabilizers?

Lithium can cause side effects such as:

- Restlessness
- Dry mouth
- Bloating or indigestion
- Acne
- Unusual discomfort to cold temperatures
- Joint or muscle pain
- Brittle nails or hair.



When taking lithium, your doctor should check the levels of lithium in your blood regularly, and will monitor your kidney and thyroid function as well. Lithium treatment may cause low thyroid levels in some people.²⁹ Low thyroid function, called hypothyroidism, has been associated with rapid cycling in some people with bipolar disorder, especially women.

Because too much or too little thyroid hormone can lead to mood and energy changes, it is important that your doctor check your thyroid levels carefully. You may need to take thyroid medication, in addition to medications for bipolar disorder, to keep thyroid levels balanced.

Common side effects of other mood stabilizing medications include:

- Drowsiness
- Dizziness
- Headache
- Diarrhea
- Constipation

- Heartburn
- Mood swings
- Stuffed or runny nose, or other cold-like symptoms.

These medications may also be linked with rare but serious side effects. Talk with your doctor or a pharmacist to make sure you understand signs of serious side effects for the medications you're taking. If extremely bothersome or unusual side effects occur, tell your doctor as soon as possible.

Should young women take valproic acid?

Valproic acid may increase levels of testosterone (a male hormone) in teenage girls. It could lead to a condition called polycystic ovary syndrome (PCOS) in women who begin taking the medication before age 20.^{30,31} PCOS can cause obesity, excess body hair, an irregular menstrual cycle, and other serious symptoms. Most of these symptoms will improve after stopping treatment with valproic acid.³² Young girls and women taking valproic acid should be monitored carefully by a doctor.

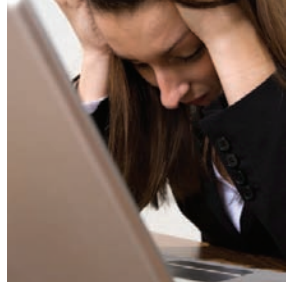
Atypical antipsychotics are sometimes used to treat symptoms of bipolar disorder. Often, these medications are taken with other medications, such as antidepressants. Atypical antipsychotics include:

- Olanzapine (Zyprexa), which when given with an antidepressant medication, may help relieve symptoms of severe mania or psychosis.³³ Olanzapine can be taken as a pill or a shot. The shot is often used for urgent treatment of agitation associated with a manic or mixed episode. Olanzapine can be used as maintenance treatment as well, even when psychotic symptoms are not currently present.
- Aripiprazole (Abilify), which is used to treat manic or mixed episodes. Aripiprazole is also used for maintenance treatment. Like olanzapine, aripiprazole can be taken as a pill or a shot. The shot is often used for urgent treatment of severe symptoms.
- Quetiapine (Seroquel), risperidone (Risperdal) and ziprasidone (Geodon) also are prescribed to relieve the symptoms of manic episodes.

What are the side effects of atypical antipsychotics?

If you are taking antipsychotics, you should not drive until you have adjusted to your medication. Side effects of many antipsychotics include:

- Drowsiness
- Dizziness when changing positions
- Blurred vision
- Rapid heartbeat
- Sensitivity to the sun
- Skin rashes
- Menstrual problems for women.



Atypical antipsychotic medications can cause major weight gain and changes in your metabolism. This may increase your risk of getting diabetes and high cholesterol.³⁴ Your doctor should monitor your weight, glucose levels, and lipid levels regularly while you are taking these medications.

In rare cases, long-term use of atypical antipsychotic drugs may lead to a condition called tardive dyskinesia (TD). The condition causes uncontrollable muscle movements, frequently around the mouth. TD can range from mild to severe. Some people with TD recover partially or fully after they stop taking the drug, but others do not.

Antidepressants are sometimes used to treat symptoms of depression in bipolar disorder. Fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft), and bupropion (Wellbutrin) are examples of antidepressants that may be prescribed to treat symptoms of bipolar depression.

However, taking only an antidepressant can increase your risk of switching to mania or hypomania, or of developing rapid-cycling symptoms.³⁵ To prevent this switch, doctors usually require you to take a mood-stabilizing medication at the same time as an antidepressant.

What are the side effects of antidepressants?

Antidepressants can cause:

- Headache
- Nausea (feeling sick to your stomach)
- Agitation (feeling jittery)
- Sexual problems, which can affect both men and women. These include reduced sex drive and problems having and enjoying sex.

Some antidepressants are more likely to cause certain side effects than other types.

Your doctor or pharmacist can answer questions about these medications. Any unusual reactions or side effects should be reported to a doctor immediately.

Report any concerns about side effects to your doctor right away. You may need a change in the dose or a different medication. You should not stop taking a medication without talking to your doctor first. Suddenly stopping a medication may lead to “rebound” or worsening of bipolar disorder symptoms. Other uncomfortable or potentially dangerous withdrawal effects are also possible.

FDA Warning on Antidepressants

Antidepressants are safe and popular, but some studies have suggested that they may have unintentional effects on some people, especially in adolescents and young adults. The FDA warning says that patients of all ages taking antidepressants should be watched closely, especially during the first few weeks of treatment. Possible side effects to look for are depression that gets worse, suicidal thinking or behavior, or any unusual changes in behavior such as trouble sleeping, agitation, or withdrawal from normal social situations. For the latest information, see the FDA website at <http://www.fda.gov>.

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