

# Bipolar Disorder

About 1 in every 100 UK adults has bipolar disorder (formerly known as manic depression), at some point in their life with the majority of people developing this condition between the ages of 15-19.

Bipolar disorder is a mental health problem that mainly affects mood. Someone with bipolar disorder, are likely to have times where they experience:

- manic or hypomanic episodes (feeling high)
- depressive episodes (feeling low)
- mixed episodes (mixed states)
- potentially some psychotic symptoms during manic or depressed episodes

Everyone has variations in their mood, but in bipolar disorder these changes can be very distressing and have a big impact on the way someone lives their life. The changes in mood may be extreme, and the swings in mood overwhelming. It is also common to have stable or neutral periods between episodes; these periods can vary in length depending on the individual.

## Types of bipolar disorder:

Depending on the way the individual experiences different bipolar moods and symptoms, and how severely they affect them, the doctor may diagnose a particular type of bipolar disorder:

- **Bipolar I** if an individual has at least one episode of mania lasting longer than a week, they may also experience depressive episodes, although not everyone does.
- **Bipolar II** if an individual experiences at least one episode of severe depression and symptoms of hypomania.
- **Cyclothymia** if an individual has experienced both hypomanic and depressive moods over the course of two years or more – symptoms aren't severe enough to meet the criteria for a diagnosis of bipolar I or bipolar II.

How often episodes occur can depend on a lot of things, such as; the exact diagnosis, how well symptoms are managed, whether certain situations or experiences can trigger your episodes (for example, you might find that getting very little sleep while going through a stressful life event could trigger an episode of mania).

This pattern can change over time. However, many people find that: mania can start suddenly and last between two weeks and four or five months and depressive episodes can last longer – sometimes for several months.

Hypomania is similar to mania, but has a few key differences:

- it can feel more manageable – for example, people may feel able to go to work and socialise without any major problems
- it lasts for a shorter time
- it doesn't include any psychotic symptoms

While hypomania is less severe than mania, it can still have a disruptive effect on a person's life and those around them may notice a change in their mood and behaviour.

## Diagnosis

About 10% of people who suffer from serious depression also have episodes where they are overactive and elated. This is known as bipolar disorder or manic depression.

Doctors will diagnose bipolar disorder when mood is elated for at least 1 week and 3 or more of the following symptoms are present.

1. Increased self-esteem or grandiosity
2. More talkative/exhibiting pressure of speech
3. Decreased need for sleep
4. Flight of ideas, racing thoughts
5. Distractibility
6. Psychomotor agitation
7. Behavioural – e.g. excessive spending, sexual behaviour, impulsive actions.

## What it's like to have bipolar:

How people may feel during mania	<ul style="list-style-type: none"><li>• happy, euphoric or a sense of wellbeing</li><li>• uncontrollably excited</li><li>• irritable and agitated</li><li>• increased sexual energy</li><li>• easily distracted; thoughts are racing and poor concentration</li><li>• very confident and adventurous</li><li>• special, like other people don't understand in the same way</li><li>• untouchable and can't be harmed</li><li>• feel like can perform physical and mental tasks better than normal.</li></ul>
How people may behave during mania	<ul style="list-style-type: none"><li>• more active than usual</li><li>• talking a lot, speaking very quickly or not making sense to other people</li></ul>

	<ul style="list-style-type: none"> <li>• being very friendly</li> <li>• saying or doing things that are inappropriate and out of character</li> <li>• sleeping very little or not at all</li> <li>• being rude or aggressive</li> <li>• misusing drugs or alcohol</li> <li>• spending money excessively or in a way that is unusual</li> <li>• losing social inhibitions</li> <li>• taking serious risks with your safety.</li> </ul>
<p>How people may feel during a low mood</p>	<ul style="list-style-type: none"> <li>• down, upset or tearful</li> <li>• tired or sluggish</li> <li>• lack of interest and pleasure</li> <li>• low self-esteem and lacking in confidence</li> <li>• guilty, worthless or hopeless</li> <li>• agitated and tense</li> <li>• suicidal.</li> </ul>
<p>How people may behave during a low mood</p>	<ul style="list-style-type: none"> <li>• not doing things you normally enjoy</li> <li>• having trouble sleeping, or sleeping too much</li> <li>• eating too little or too much</li> <li>• misusing drugs or alcohol</li> <li>• being withdrawn or avoiding people</li> <li>• being less physically active than usual</li> <li>• self-harming, or attempting suicide.</li> </ul>

**“It's an emotional amplifier: when my mood is high I feel far quicker, funnier, smarter and livelier than anyone; when my mood is low I take on the suffering of the whole world”.**

### Causes:

No one knows exactly what causes bipolar disorder. Researchers suggest that a combination of different factors, including physical, environmental and social, increase your chance of developing the condition. These include:

- childhood trauma
- stressful life events
- brain chemistry
- genetic inheritance

## Treatment:

The sort of treatment people are offered for depression will depend on how much their presentation. The National Institute for Health and Care Excellence (NICE) – the organisation that produces guidelines on best practice in health care – suggests that treatment for bipolar disorder should include both talking treatments and medication.

During depressive episodes – medication and talking therapies such as CBT

During manic or hypomanic episodes – medication but talking treatment is unlikely if currently experiencing mania or hypomania.

The aim of treatment is to help someone maintain stable moods and manage their symptoms well. Treatment should include developing clear emotional and social recovery goals and developing a crisis plan so that there is a plan in place for when any early warning signs or distress is experienced.

## For family and friends:

The support of friends and family can play a very important role in someone recovering and there are some steps that can be taken:

**Be open about bipolar disorder** this can help someone feel supported and accepted.

**Make a plan for manic episodes** - when well try talking about how you can support them if they have a hypomanic or manic episode. This can help both parties feel more stable and in control of what's happening. You could discuss ideas such as:

- enjoying being creative together
- offering a second opinion about projects or commitments, to help someone not take on too much
- if they would like you to, helping to manage money while they are unwell
- helping them keep a routine, including regular meals and a good sleep pattern

### Discuss behaviour you find challenging

- If someone is hearing or seeing things you don't, they might feel angry, annoyed or confused if you don't share their beliefs. It's helpful to stay calm, and let them know that, although you don't share the belief, you understand that it feels real for them. Or, if possible, try to focus on supporting them with how they are feeling rather than confirming or challenging their perception of reality - what feels real for them is real in those moments.
- If someone becomes very disinhibited while manic, they may do things that feel embarrassing, strange or upsetting to you. It can be helpful to calmly discuss your feelings with them when they are feeling more stable. Try not to be judgemental or overly critical; focus on explaining how specific things they've done make you feel, rather than making general statements or accusations about their actions.

### Learn their warning signs and triggers

- Most people will have some warning signs that they are about to experience an episode of mania or depression. The best way to learn what these are to talk about them and explore them together. If you have noticed certain behaviours that normally happen before an episode, you can gently let them know.
- Many people will also have triggers, such as stress, which can bring on an episode. You can try to understand what these triggers are and how you can help avoid or manage them.

### Try not to make assumptions

It's understandable that you might find yourself constantly on the lookout for signs that your friend or family member is starting a bipolar episode, but remember that this might not be the most helpful way to support them. Always keep in mind that it's possible for anyone to have a range of emotions and behaviour while still feeling stable overall. Try not to assume that any change in mood is a sign that someone is unwell. If you're not sure, talking to your friend or family member is the best way to check. If those around me are concerned about whether changes are symptomatic of relapse [I encourage them] to ask, not assume.