

Bipolar Disorder Fact Sheet



What is Bipolar Disorder?

Bipolar disorder, also known as manic depression, is a brain disorder that causes extreme shifts in mood, thought, energy and therefore in the ability to function. Unlike the ups and downs nearly everyone experiences, symptoms of bipolar disorder can be extremely severe. A person's mood swings from excessively "high" and irritable to sad and hopeless and then back again, with periods of normality in between. The symptoms of bipolar disorder can result in damaged relationships, difficulty in working or going to school, and even suicide. The good news is that bipolar disorder can be treated, and people with this illness can lead full and productive lives. At least 2 million Americans, or about 1% of the population age 18 and older suffer from bipolar disorder.

What Causes Bipolar Disorder?

While the exact cause of bipolar disorder is not known, scientists are learning about the possible causes of bipolar disorder through several kinds of studies. Most scientists now agree that it is the result of many influencing factors rather than a single cause. Studies have shown that 80-90% of individuals with bipolar disorder have relatives with some form of either depression or bipolar disorder. It is possible that genetics may result in a greater susceptibility to developing the illness, which may then be triggered by environmental factors such as serious loss, chronic illness, illicit or prescription drug use, sleep deprivation, financial problems or some other distressing life event. Researchers remain active in their attempt to better understand a genetic predisposition to the illness.

A biochemical imbalance in the brain, which alters a person's moods, is another factor. This imbalance is a problem with certain chemicals in the brain, called neurotransmitters, that act as messengers to our nerve cells. It can be related to irregular hormone production. Brain-imaging studies are assisting researchers in examining the structure and activity of the brain without surgery or other invasive procedures. This research is leading to a better understanding of the illness and more specific treatment options.

What are the Symptoms of Bipolar Disorder?

Bipolar disorder is often difficult to recognize and diagnose. It often begins as hypomania, which is an early sign of manic depression. Hypomania may cause a person to have a high level of energy, unrealistically expansive thoughts or ideas, and impulsive or reckless behavior. These symptoms may feel good to the person, which may lead to denial that there is a problem. Another reason for the lack of recognition may be that bipolar disorder may appear to be symptoms of other illnesses. This illness often occurs with other problems such as substance abuse, poor school performance, or trouble in the workplace. Anosognosia occurs in about 40% of people with bipolar disorder. Anosognosia is associated with damage to the frontal lobes of the brain and causes people to be unable to tell they are ill.

Symptoms: Manic Phase

Often a person in the manic phase will display symptoms of psychosis, which can be hard to distinguish from the psychotic symptoms of schizophrenia.

- Excessive energy, activity and restlessness.
- Racing thoughts, racing speech – Ideas that abruptly change from topic to topic expressed in loud, rapid speech that becomes increasingly incoherent.
- Excessively heightened or euphoric mood, exaggerated optimism and self-confidence – A person may feel "on top of the world" and nothing, not even bad news or a horrifying event or tragedy, can change this "happiness."
- Grandiose delusions – Individuals imagine that they have special connections with God, celebrities, or political leaders and unrealistic beliefs in their abilities and powers.
- Provocative, intrusive or aggressive behavior, or extreme irritability – A person may become enraged or paranoid if his or her grand ideas are stopped or excessive social plans are refused.
- Distractibility – Individuals may have trouble concentrating.
- Decreased need for sleep – An individual may only need two to three hours of sleep a night or may last for days with little or no sleep without feeling tired.
- Uncharacteristically poor judgment – A person may make poor decisions which may lead to unrealistic involvement in activities, meetings and deadlines, reckless driving, spending sprees and foolish business ventures.

(continued)

- Excessively risky behavior – Reckless driving, outlandish spending sprees, foolish business investments, or out-of-character sexual behavior.
- Invincibility – The person feels that nothing can prevent him or her from accomplishing any task.
- Abuse of drugs, particularly cocaine, alcohol, and sleeping medications.
- Hyperactivity – Scheduling more events in a day than can be accomplished or the inability to relax or sit still.

Symptoms: Depressed Phase

If the person is first seen in the depressed phase and it is not known that the person has bipolar disorder, it may appear that the person is suffering from major depression. Treatment with antidepressants may trigger a manic episode in such persons.

- Persisting sadness, anxiety, irritability, agitation, despair, emptiness or crying spells – Feelings of guilt, helplessness, hopelessness, and worthlessness.
- Loss of interest or the ability to take pleasure in activities once enjoyed, including sex.
- Loss of energy, fatigue, persistent lethargy.
- Pessimism, indifference.
- Sleep difficulties – Either sleeping too much or not at all, middle-of-the-night or early morning waking.
- Significant changes in appetite – Either a noticeable increase in appetite or a substantial weight loss unrelated to dieting.
- Difficulty concentrating, remembering, indecisiveness.
- Irritability or restlessness.
- Chronic pain or persistent physical bodily symptoms – Unexplained aches and pains that are not caused by physical illness or injury and do not respond to treatment.
- Constant thoughts of death or suicide or suicide attempts.

Treatment of Bipolar Disorder

While there is no cure for bipolar disorder, it is a highly treatable and manageable illness. Because bipolar disorder is a recurrent illness, long-term preventive treatment is strongly recommended. Medication is an essential part of successful treatment for people with bipolar disorder. Maintenance treatment with a mood stabilizer substantially reduces the number and severity of episodes for most people, although episodes of mania or depression may occur and require specific additional treatment. In addition, psychosocial therapies including cognitive-behavioral therapy, interpersonal therapy, family therapy, chemical dependency treatment and psychoeducation are important to help people understand the illness and to develop skills to cope with the stresses that can trigger episodes. Changes in medications or doses may be necessary, as well as changes in treatment plans during different stages of the illness.

Medications commonly used to treat manic episodes of bipolar disorder are called “mood stabilizers.” During depressive episodes, people with bipolar disorder may need additional treatment with an antidepressant medication. Antidepressant medications relieve depression, elevate mood, and activate behavior, but it often takes three to four weeks to respond. Sometimes a variety of different antidepressants and doses will be tried before finding the medication that works best for a particular individual. Patients and their families must be cautious during the early stages of treatment when energy levels and the ability to take action return before mood improves. At this time – when decisions are easier to make, but depression is still severe – the risk of suicide may temporarily increase.

Since bipolar disorder can cause serious disruptions and create an intensely stressful family situation, family members may also benefit from professional resources, particularly mental health advocacy groups. From these sources, families not only learn strategies to help them cope with their family member, but also learn to be an active part of the treatment.

4/2007

This resource sheet was developed for educational purposes and is not meant to serve as an endorsement. Information may be subject to change.

Educating Patients on Mental Illnesses and Community Services
A Joint Educational Collaboration Between



www.ohiopsych.org



www.mhafc.org



www.namifc.org