

# HealthyPlace's Introductory Guide to Bipolar Disorder

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## Introduction

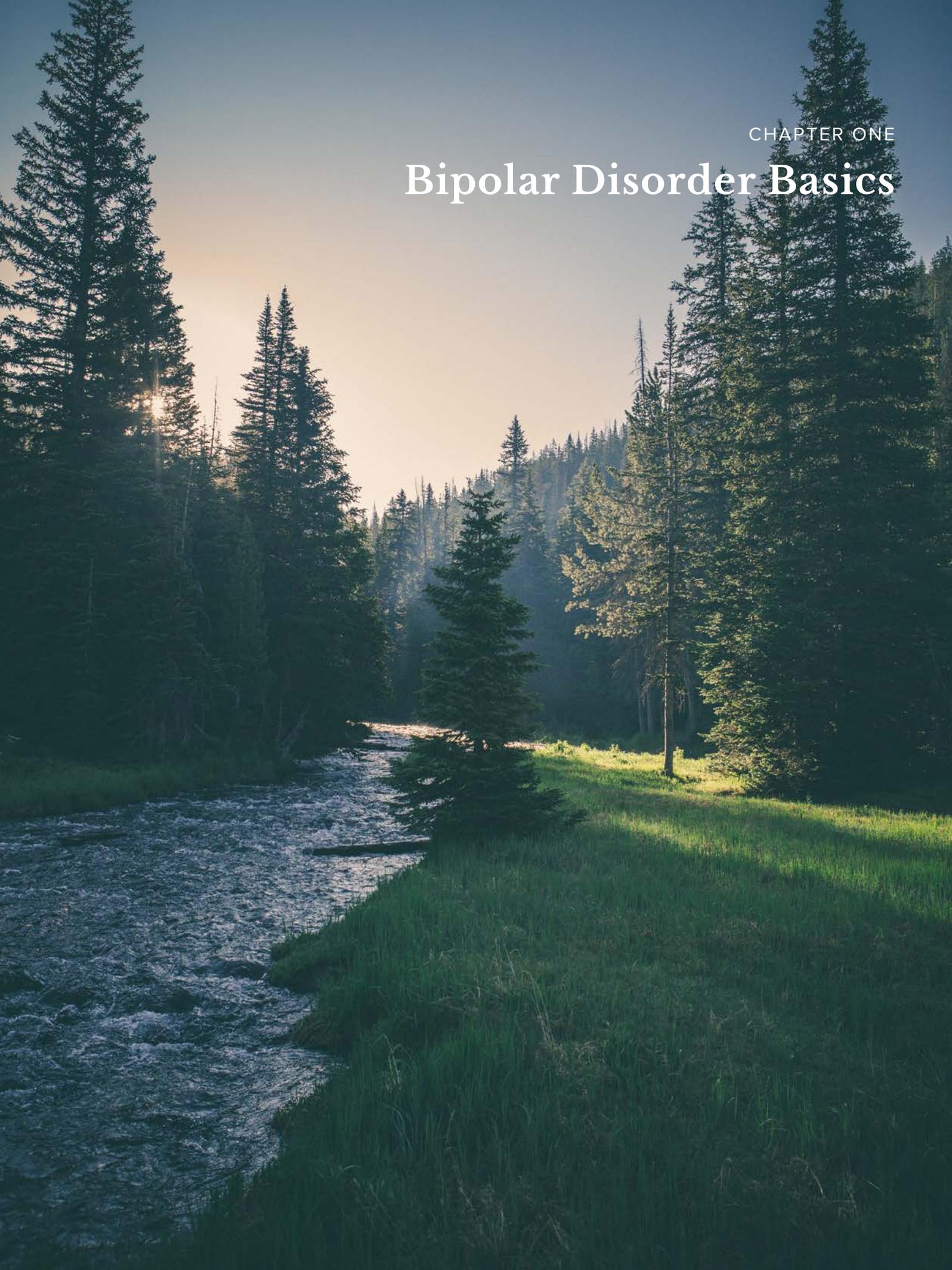
Sometimes the words “bipolar disorder” are scary ones to people; sometimes they are merely clinical ones; but what do you really know about the facts of living with bipolar disorder?

To the people who have bipolar disorder, over 6.5 million in the United States alone, bipolar disorder is much more than a boogey man or a diagnosis on a medical form: it is a condition that drastically changes the way many people live their lives.

In saying that, though, while people with bipolar disorder may have to account for their disorder in their everyday lives, it doesn't change who they are: just people, like you and me. In the case of bipolar disorder, they just happen to be people with brain illnesses.

Of course, being diagnosed with a mental illness (an illness of the brain) can be scary at first, and if you have just found yourself, or a loved one, diagnosed, fear is a normal reaction. That's why HealthyPlace has created this eBook, to help you learn the basics of bipolar disorder and what it means to live with this mental illness. You are not alone in looking for answers. We hope to provide some of them for you here.





CHAPTER ONE

# Bipolar Disorder Basics

## Bipolar Disorder Basics

Bipolar disorder is a mental illness, or a disease of the brain. Just like your pancreas or your liver can have an illness, so can your brain, and bipolar disorder is one such illness.

Just because bipolar disorder is a disease of the brain, however, this doesn't mean that you are "crazy." A mental illness is a medical condition that can be defined, diagnosed and treated, just like any other illness. In the case of bipolar disorder, it is considered to be an "affective" disorder, or "mood" disorder, that primarily affects your mood (although there are other effects as well) and it is usually diagnosed and treated by a psychiatrist.

### What Is Bipolar Disorder?

Bipolar disorder is a disorder that is characterized by highly elevated moods – known as *hypomanias* or *manias* – and unusually low moods known as *depressions*. There is also a mood known as a *mixed mood* wherein symptoms of depression and hypomania or mania are present. In between these moods, people may experience periods of euthymia, which is state wherein symptoms of bipolar disorder do not exist. Moving from one mood state to another is known as *cycling*.

The average person with bipolar disorder will be in a given mood state for weeks or even months if treatment is not given. That said, some people with bipolar disorder only experience a mood for a period of days (ultra-rapid cycling bipolar disorder) or even less in some rare cases.

### What Is Hypomania and Mania?

Bipolar disorder, and its components, are defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. This is the book that defines all mental illnesses.

## Bipolar Disorder Basics

A person experiencing the highly elevated mood of mania will experience a noticeable mood disturbance including elation, irritability or expansiveness (an abnormally euphoric state typically accompanied with delusions of grandeur). Additionally, at least three of the following symptoms must also be present:

- Grandiosity (an unrealistic sense of superiority)
- Diminished need for sleep
- Excessive talking or pressured speech
- Racing thoughts or flight of ideas
- Clear evidence of distractibility
- Increased level of goal-focused activity at home, at work, or sexually
- Excessive pleasurable activities, often with painful consequences

Also, the mood disturbance is sufficient to cause impairment at work or danger to the self or others. The mood is not the result of substance abuse or a medical condition. For diagnostic purposes, the mood must last for at least one week.

Hypomania actually has exactly the same symptoms as listed above but the difference is in severity. Mania causes impairment and may be life-threatening whereas hypomania does not cause impairment in social or occupational functioning and does not pose a danger to the self or others. Diagnostically, hypomanias must last three days or more.

Whether you experience hypomanias or manias affects your diagnosis (see the following section).

### **What Is Depression?**

Contrary to what some think, depression is not merely sadness. Depression is a serious, medical condition and is part of what people with bipolar disorder experience. The symptoms of bipolar depression are actually the same symptoms as those that are experienced by a person who has major, unipolar (non-bipolar) depression.

## Bipolar Disorder Basics

According to the DSM-5, for two weeks, a person must experience five symptoms with one symptom being either a depressed mood or a loss of pleasure or interest (with the possibility of experiencing both). The other symptoms of depression include:

- Significant weight loss or gain or significant loss or increase in appetite
- Hypersomnia (oversleeping) or insomnia
- Psychomotor retardation or agitation (for agitation, a series of unintentional and purposeless motions that stem from mental tension and anxiety of an individual; for retardation, motor and cognitive impairments including slowness)
- Loss of energy or fatigue
- Feelings of worthlessness or excessive guilt
- Decreased concentration ability or marked indecisiveness
- Preoccupation with death or suicide; person has a plan or has attempted suicide

In order to be considered a depression, the mood must cause significant impairment and distress and not be as a result of a substance or another medical condition.

### More Information

For more on bipolar disorder basics, check out the following articles:

- [What Is Bipolar Disorder?](#)
- [What Are the Symptoms of Bipolar Disorder?](#)
- [An Online Bipolar Test](#)
- [What Is Bipolar Mania?](#)
- [What Is Bipolar Depression?](#)

A photograph of a forest floor during autumn. The ground is covered in dark, exposed tree roots and fallen leaves. The trees in the background have vibrant orange and yellow foliage, with some evergreens visible. The lighting is warm and golden, suggesting late afternoon or early morning. The overall mood is serene and contemplative.

CHAPTER TWO

# Bipolar Disorder Diagnosis

## Bipolar Disorder Diagnosis

Bipolar disorder diagnosis can be done by a healthcare professional such as a family doctor or psychologist but is most commonly done by a psychiatrist. Typically, a family doctor will suspect the diagnosis and then refer the person to a psychiatrist for a formal diagnosis. This is because psychiatrists are specialists in treating mental illnesses and bipolar disorder is considered a serious mental illness.

There are four types of bipolar disorder defined in the DSM-5 and they include:

- Bipolar disorder type one
- Bipolar disorder type two
- Cyclothymic disorder
- Other specified bipolar and other disorder (used to be known as bipolar not otherwise specified)

### **Bipolar Disorder Type One**

People with bipolar disorder type one experience mood states of depression and mania, and this may be considered the more traditional form of bipolar disorder. Many people with bipolar disorder type one also experience psychosis as part of their mood states. Psychosis is the presence of delusions (falsely held beliefs, such as that the police are following him or her) and/or hallucinations (any sensory perception that doesn't exist, such as hearing voices that are not there).

### **Bipolar Disorder Type Two**

People with bipolar disorder type two experience mood states of depression and hypomania. People with this type of bipolar disorder do not experience psychosis. Bipolar disorder type two is not considered any less serious than bipolar disorder type one.

### **Cyclothymic Disorder**

Cyclothymic disorder is considered a less severe version of bipolar disorder. People with this diagnosis experience elevated and low states but these states do not meet the full criteria for mania, hypomania or depression.

## Bipolar Disorder Diagnosis

### Other Specified Bipolar and Other Disorder

This diagnosis is included in the DSM-5 to encapsulate those who are considered to have a version of bipolar disorder that doesn't neatly fit into one of the other three diagnoses.

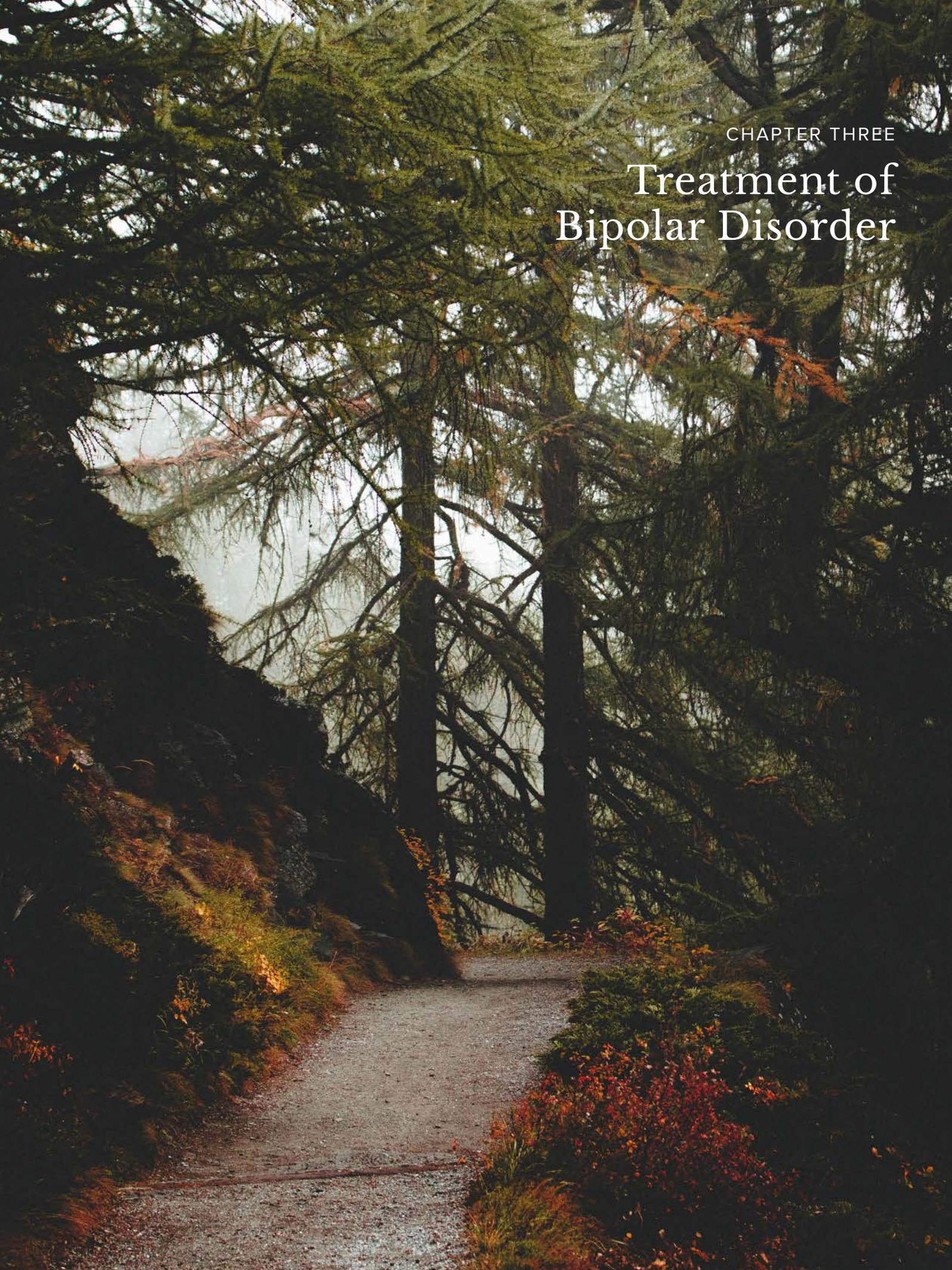
### How Is Bipolar Disorder Diagnosed?

Bipolar disorder is typically diagnosed via a personal interview. Professionals will ask a series of questions designed to detect the symptoms of bipolar disorder or any other disorder that may be present. Medical tests may also be run to ensure there are no other illnesses present that may be responsible for the symptoms. No physical test, such as a blood test, is available to diagnose bipolar disorder.

### More Information

For more information, check out these articles:

- [How to Diagnose Bipolar Disorder](#)
- [Types of Bipolar Disorder](#)

A photograph of a forest path. The path is made of gravel and leads into a dense forest of tall evergreen trees. The ground is covered with fallen leaves and some autumn-colored plants. The lighting is soft, suggesting a misty or overcast day. The text is overlaid on the upper right portion of the image.

CHAPTER THREE

# Treatment of Bipolar Disorder

## Treatment of Bipolar Disorder

While the diagnosis of bipolar disorder may seem scary, it's important to know that bipolar disorder can be successfully treated and people with bipolar disorder lead full and fulfilling lives every day.

Treatment of bipolar disorder typically consists of a combination of medication and psychotherapy.

### Medication for Bipolar Disorder

The medication selected to treat your bipolar disorder will depend on your mood state at the time (i.e. manic, hypomanic, depressed or mixed), the presence of psychosis, as well as factors that are individual to you, such as those found in your medical history.

Thirteen medications have been approved by the Food and Drug Administration to be used in the treatment of bipolar disorder – different medications for different mood states.

According to [Medscape](#), if you are in a severe manic or mixed mood, typical medications that are prescribed include:

- Antipsychotics – a class of medications that are used whether or not psychosis is present. These medications include quetiapine (Seroquel) and olanzapine (Zyprexa), among others.
- Valproate (Depakote) – an anticonvulsant that was originally used to treat seizure disorders but now is also used as a mood stabilizer in bipolar disorder.
- Lithium – a mood stabilizing drug.

Most commonly, in severe cases, a mood stabilizing drug (i.e. lithium or valproate) will be combined with an antipsychotic.

If the mood is not a severe mania or mixed mood, or is hypomanic, the following are likely medications:

- Lithium
- Valproate or carbamazepine (Tegretol)
- An antipsychotic such as aripiprazole (Abilify) or olanzapine (Zyprexa)

## Treatment of Bipolar Disorder

According to the same article, if you are in a depressed phase of the illness, the top choices for prescribed medications include:

- Quetiapine (Seroquel) – an antipsychotic that can stabilize mood.
- Lamotrigine (Lamictal) – an anticonvulsant that was originally used to treat seizure disorders but now is also used as a mood stabilizer in bipolar disorder.
- Lithium

Except for in cases of severe mania or mixed moods, medications are typically tried one at a time but if this approach doesn't work, it's common to combine medications for greater effect.

### Bipolar Medication Side Effects

Just as with any medication, medications for bipolar disorder do carry the risk of side effects. However, your doctor has selected this medication for you because he or she feels that the benefits outweigh the risks. Side effects can range from dry mouth to weight gain, so it's important to discuss the most likely side effects with your doctor. Some people experience several side effects, while some people experience none. Side effects are typically at their worst when a bipolar medication is started but then reduce or go away as treatment is continued.

If you are concerned about the side effects from a medication, make sure to talk to your doctor about it right away so that he or she can either adjust the dose, change medications or address your concerns in other ways.

### Psychotherapy for Bipolar Disorder

The evidence-supported type of psychotherapy in the treatment of bipolar disorder is called *cognitive behavioral therapy* (CBT). This type of therapy teaches people more about how they think, how their moods occur and how they can deal with their thoughts and moods. This type of therapy can be given in a group setting or one-on-one. Additionally, workbooks have been published that will walk a person through this therapy if a professional in CBT is unavailable.

Other therapies such as psychodynamic therapy ("talk" therapy) may also be useful for people with bipolar disorder.

## Treatment of Bipolar Disorder

### Inpatient and Outpatient Treatment

Sometimes bipolar disorder needs to be treated in a hospital facility (inpatient) rather than in the community (outpatient). Many people who have experienced their first manic episode, for example, may initially be treated inpatient. Additionally, sometimes a person may elect inpatient treatment if he or she feels that around-the-clock care and treatment would be more effective given his or her circumstances.

There is also the option of a day treatment facility which is halfway between an inpatient and an outpatient treatment. In this type of treatment, a person spends most of the day in treatment but sleeps in his or her own bed at night. This type of treatment is typically much more affordable than inpatient treatment.

### Long-Term Treatment of Bipolar Disorder

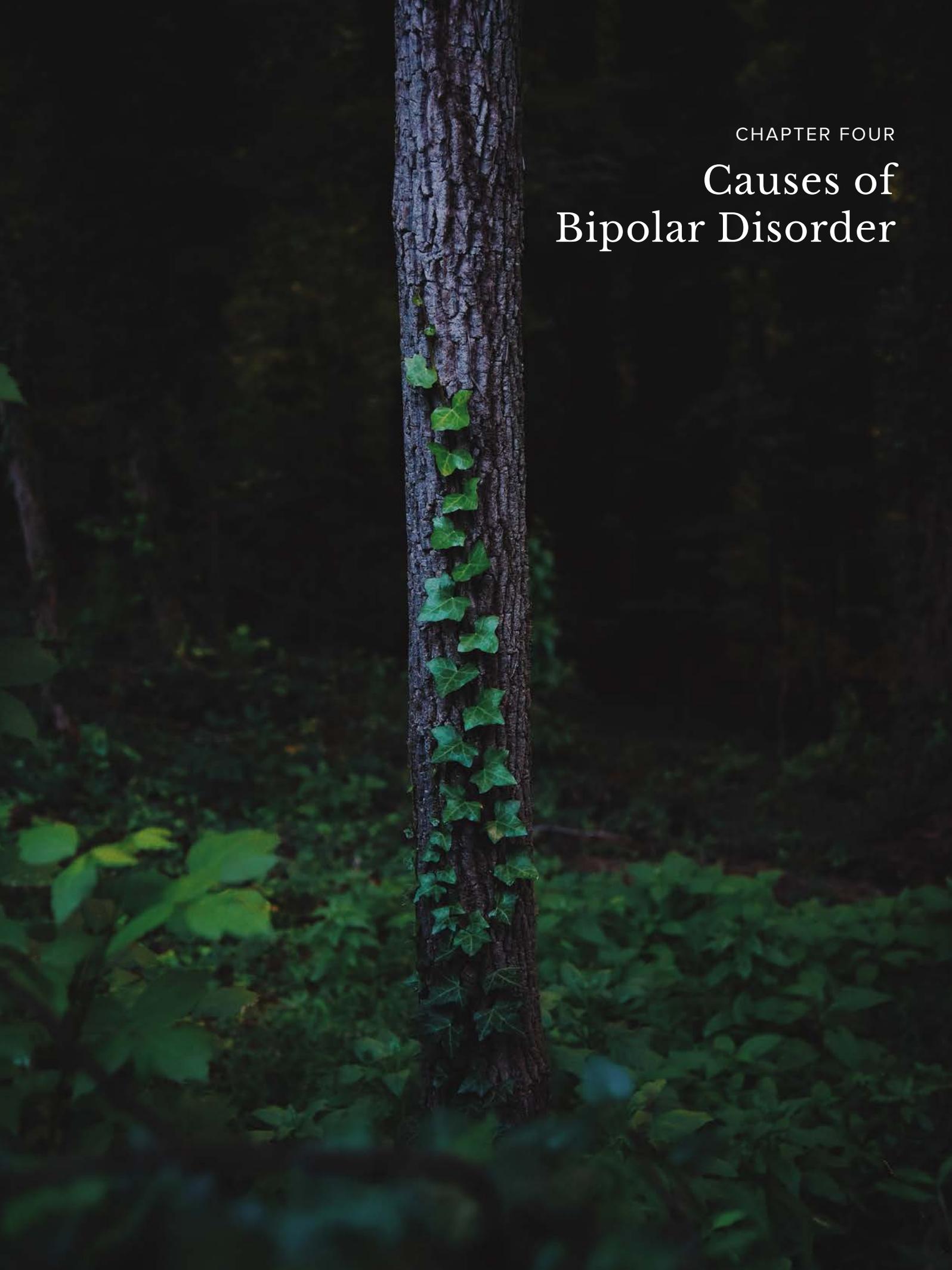
Typically, people with bipolar disorder require long-term treatment and this often involves lifelong medication treatment. Once a person is stabilized after the initial mood episode, medications might be able to be reduced for long-term care.

The important thing to remember is that while treatment may be lifelong, life can still be great but it can take some time to get there.

### More Information

For more information on the treatment of bipolar disorder, check out these articles:

- [Bipolar Disorder Treatment](#)
- [Bipolar Disorder Medications](#)
- [Side Effects of Bipolar Medication and How to Treat Them](#)
- [Bipolar Disorder Therapy](#)



CHAPTER FOUR

# Causes of Bipolar Disorder

## Causes of Bipolar Disorder

The causes of bipolar disorder are complicated and bipolar disorder is considered a bio-psycho-social illness in that biological, psychological and social/environmental factors come into play in both causing and affecting the illnesses day-to-day. Some factors people can't control – such as genetics – while other factors that may worsen the illness, such as an overly-stressful job, can be altered.

It is clear that a large component of bipolar disorder is genetic. In fact, first-degree relatives of a person with bipolar disorder are **seven times more likely** to develop bipolar disorder than the rest of the population. While no specific gene has been located, it is thought that many genes have to be present to cause bipolar disorder and many candidate genes have been found.

Traumas may also be risk factors for developing bipolar disorder. Even something as common as a stressful birth can increase the risk of developing bipolar disorder.

What's important to remember about the causes of bipolar disorder is that no one person or one event can cause bipolar disorder. For example, parenting style does not cause bipolar disorder; many variables have to be present for the illness to occur.

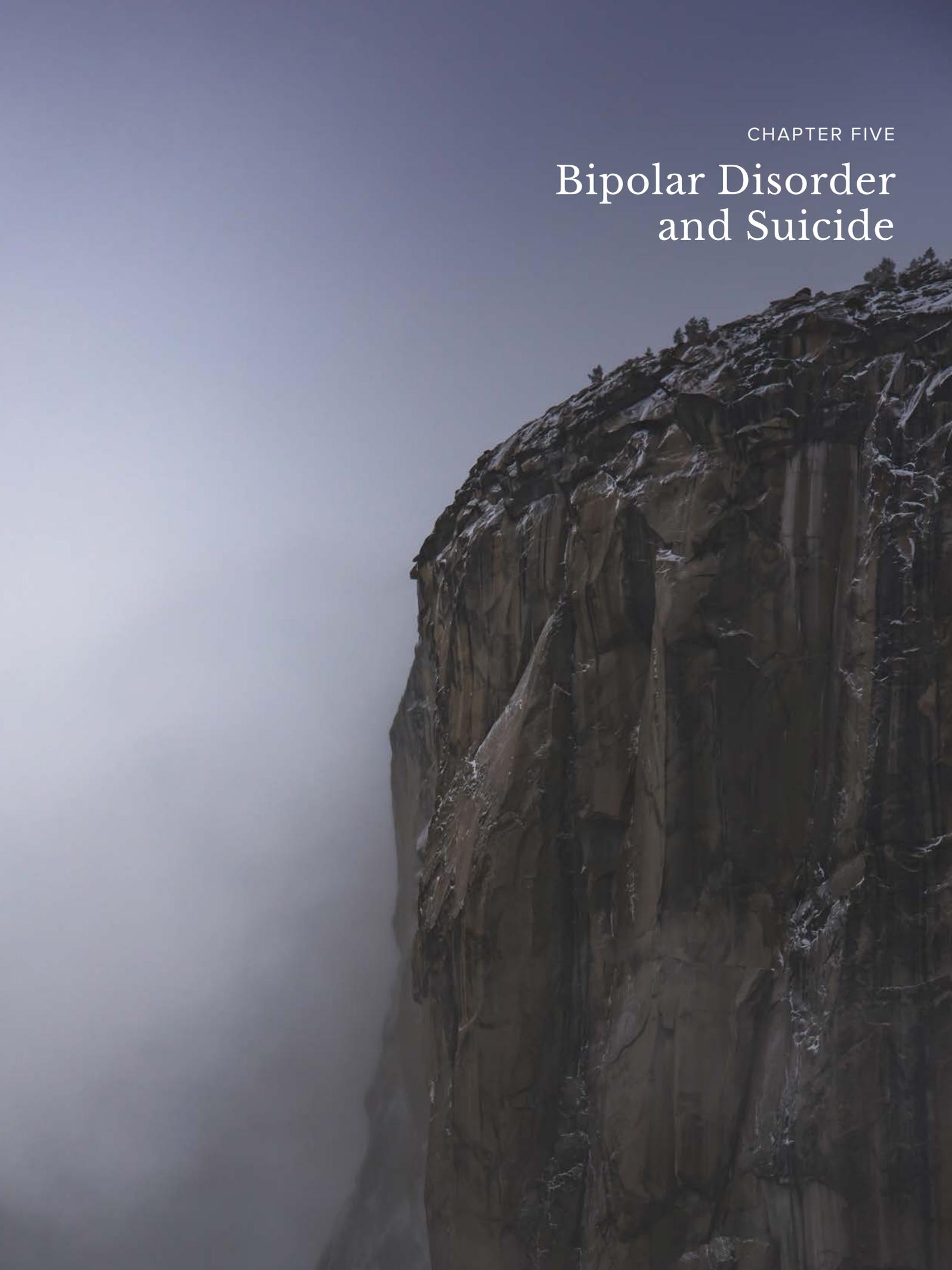
### More Information

For more information on the causes of bipolar disorder, check out this article:

- [Causes of Bipolar Disorder](#)

CHAPTER FIVE

# Bipolar Disorder and Suicide



## Bipolar Disorder and Suicide

While no one likes to think about it, bipolar disorder is a major risk factor for suicide, homicide and suicide attempts. [In studies](#), it has been found that up to half of all people with bipolar disorder attempt suicide and about 11% die of suicide.

While the vast majority of people with bipolar disorder are not violent, when a person is in a very severe manic episode, it is known that things can escalate into violence. Additionally, for those with bipolar disorder and a substance abuse issue (not uncommon in bipolar disorder), violence is of particular concern.

According to [The European Mania in Bipolar Longitudinal Evaluation of Medication \(EMBLEM\) study](#), the following characteristics are found in people with bipolar disorder who are suicidal:

- Female sex
- A history of alcohol abuse
- A history of substance abuse
- Young age at first treatment for a mood episode
- Longer disease duration
- Greater depressive symptom severity
- Current benzodiazepine (tranquilizer) use
- Higher overall symptom severity
- Not taking medication as prescribed

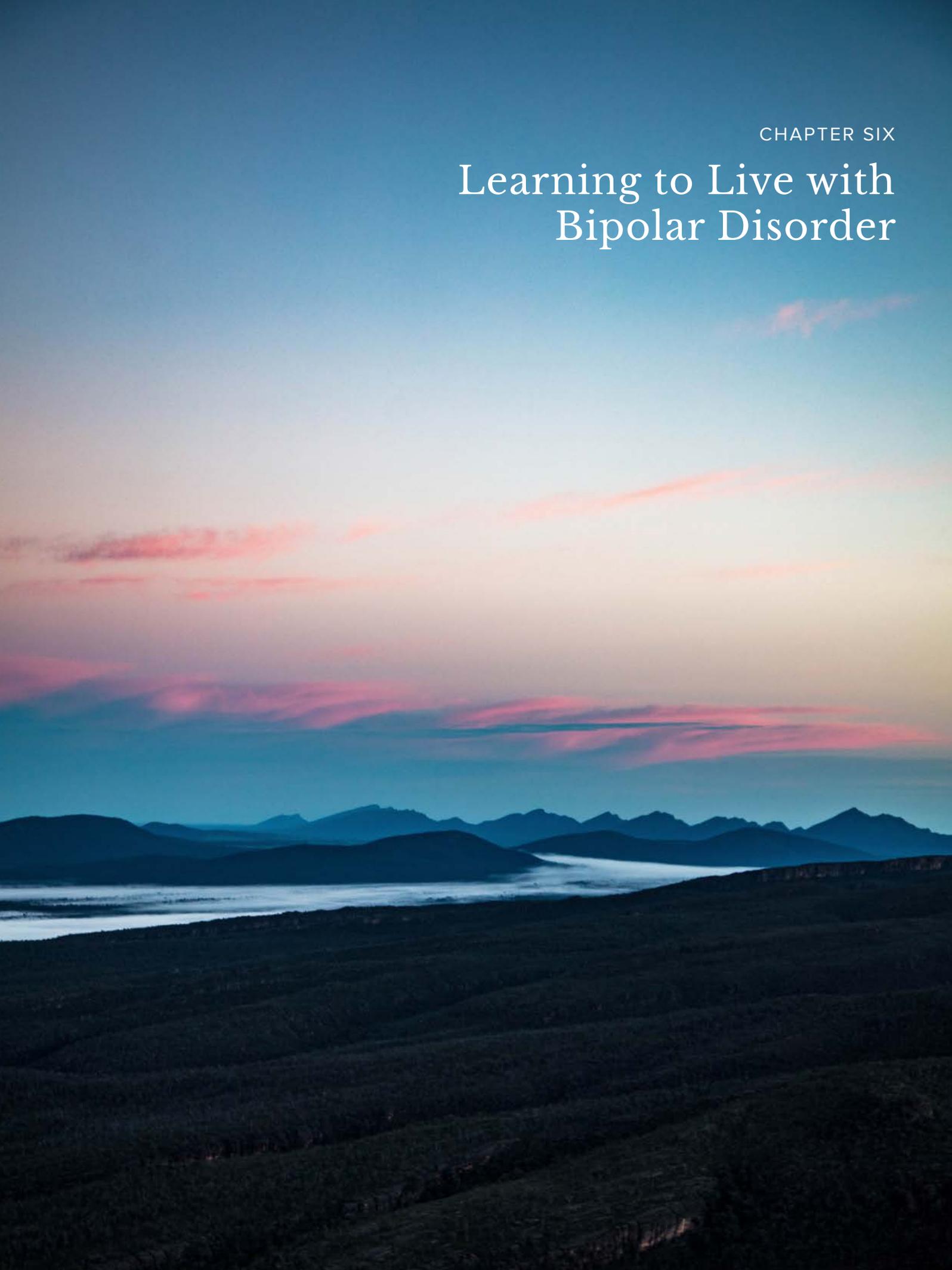
However, there are factors that can lessen the risk of suicidality. According to the [Centers for Disease Control and Prevention](#), these are:

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

While the idea of suicide can be very scary, remember that working with your doctor to find the best treatment for you is the most important thing you can do to reduce the risk.

CHAPTER SIX

# Learning to Live with Bipolar Disorder



## Learning to Live with Bipolar Disorder

While there are many challenges to living with bipolar disorder, and bipolar disorder can affect all areas of your life, it's important to know that you can learn to successfully live with bipolar disorder.

Part of learning to live with bipolar disorder is acceptance of the illness. While this can be hard, once you've been diagnosed by one or more professionals, it's time to admit to yourself that you have an illness and that illness is bipolar disorder. You can't expect this acceptance will come overnight, and, in fact, you may find yourself going through a cycle of grief including feelings of denial, anger, bargaining and sadness before you finally reach acceptance, but that's okay. What matters is that you start to move along that process.

The second part of acceptance is learning to accept the need for bipolar disorder treatment. Remember, you didn't seek out treatment for no reason. People normally only seek treatment when they and/or their lives are out of control; and in order to avoid that in the future, treatment is needed.

You also want to learn about lifelong management of the illness. You have to accept that bipolar disorder is not typically an illness that you can treat and forget. You will likely be dealing with it, in some way, for the rest of your life. It's important that you learn the facts about bipolar disorder and that the people around you do, too.

Finally, focus on finding new coping skills to deal with events and stressors in your life. Typically, before a diagnosis, things like stressful events might make a person with bipolar disorder more symptomatic and it's important to not allow that in the future. As mentioned earlier, cognitive behavioral therapy can be a major source for learning coping techniques to help handle the, often extreme, feelings and thoughts that come with bipolar disorder.

And remember to take it slowly. You've made a great start by reading this guide, but don't feel overwhelmed by everything there is left to learn. Keep moving forward one day at a time and face bipolar disorder the best way that you can on that day.

### More Information

For more information on learning to live with bipolar disorder, check out these articles:

- [Self-Help for Bipolar Disorder](#)
- [Living with Bipolar and Living with Someone Who Is Bipolar](#)
- [Effects of Bipolar Disorder](#)
- [Supporting Someone with Bipolar](#)



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For Your Mental Health

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