

What is Bipolar Disorder?

Most people experience occasional ups and downs in their emotions. But people with bipolar disorder—an illness affecting areas of the brain governing mood, behavior and judgment—experience extreme shifts (or “episodes”). They may feel overly excited or high (manic) at one end (“pole”) or devastatingly low (depressive) at the other; thus, the illness is sometimes referred to as manic depressive disorder. The two most common forms of bipolar disorder, based on the pattern and severity of manic and depressive episodes, are **bipolar I disorder** and **bipolar II disorder**.

BIPOLAR DISORDER MANIC AND DEPRESSIVE SYMPTOMS

In the **manic state**, a person may have feelings of euphoria and elation, but also confusion or irritability. Common symptoms include: restlessness, inability to sleep; poor concentration; fast talking, racing thoughts, jumping between ideas; heightened ego/inflated sense of self; and impulsive or irresponsible behavior such as sexual promiscuity and extravagant spending. People diagnosed with bipolar I disorder experience a more severe manic state, while those diagnosed with bipolar II disorder experience a hypomanic state that is similar to mania in terms of elevated mood and certain other symptoms but does not obviously impair functioning and relationships as manic episodes do.

In the **depressive state**, people may experience deep sadness and emptiness; feelings of worthlessness and helplessness; loss of interest or pleasure in activities they usually enjoy; lack of libido; decreased energy or fatigue; difficulty concentrating, remembering or making decisions; sleeplessness or too much sleep; changes in appetite, either too much or too little; physical symptoms unrelated to illness or injury (psychosomatic); and thoughts of suicide. Between one-quarter and one-half may attempt suicide.

Bipolar disorder can also present in a **mixed state** in which people experience both mania and depression at the same time. For example they may feel sad or hopeless while simultaneously charged with energy.

People with bipolar disorder are more likely to have drug or alcohol dependence. And those in severe episodes of either mania or depression may have psychotic symptoms such as hallucinations or delusions.

The symptoms, severity, frequency and duration of mood episodes can vary from person to person and within the same person at different times. Episodes may last anywhere from a couple hours to months, sometimes years. In between, people often return to their usual functioning. Some may maintain a stable mood for years, while others may cycle between extremes almost continuously; the rest experience mood episodes at intervals somewhere in between.

BIPOLAR DISORDER PREVALENCE

Bipolar disorder usually develops in the late teens/early adulthood, though it can occur earlier in childhood and later in adulthood. The average age of onset is 25. Males and females are equally at risk. More than 5.7 million American adults, or 2.6 percent of the population age 18 or older, have bipolar disorder in any given year.

BIPOLAR DISORDER RISK FACTORS

Heredity. Bipolar Disorder is more common in people who have a blood relative with the condition so researchers are looking for genes that may be involved. However, studies of identical twins, one with the disorder and the other without, indicate there's more at work than just heredity.

Environmental Triggers. Factors like stress and major life traumas (e.g., a death of someone close, job loss, abuse) appear to trigger episodes, possibly in people who have inherited a tendency to develop the disorder.

Biological Differences. Through imaging studies, researchers have detected physical aspects of the brains of people with bipolar disorder that differ from the brains of mentally healthy people and even people with other types of mental disorders. The significance has not been determined yet.

Neurotransmitters & Hormones. Imbalances in neurotransmitters, naturally occurring brain chemicals involved in regulating mood, have been identified in people with bipolar disorder as have hormone imbalances.

DIAGNOSING BIPOLAR DISORDER

Bipolar disorder is difficult to recognize when it starts because symptoms may seem like separate problems. Some people suffer for years before they are properly diagnosed and treated. Currently it cannot be identified through blood tests or brain scans, but these tests can help rule out other medical factors that may contribute to mood problems, such as a thyroid condition, brain tumor or stroke.

Besides ruling out other possible causes, a professional diagnosis currently is based on the symptoms, family history, and course of illness. Guidelines for diagnosing bipolar disorder are contained in the Diagnostic and Statistical Manual of Mental Disorders (DSM), which distinguishes between Bipolar I Disorder; Bipolar II Disorder, Bipolar Disorder Not Otherwise Specified (BP-NOS; doesn't meet the diagnostic criteria of either I or II), and Cyclothymic Disorder or Cyclothymia (in which people experience mild depression and hypomania).

TREATMENT AND TREATMENT GOALS

Like diabetes or heart disease, bipolar disorder is a long-term illness that must be carefully managed throughout a person's life. The most effective treatment approach may involve several components.

Most individuals can be treated with **medication**. Mood stabilizers such as lithium are usually the first choice. Anticonvulsant meds (generally used to treat seizure disorders) sometimes offer mood-stabilizing effects as well.

People with bipolar disorder typically start with a depressive episode and spend more time in depressive states than manic ones so they are sometimes incorrectly diagnosed with major depression and treated with antidepressants. This can be counterproductive because antidepressants given without a mood stabilizer can launch a person with bipolar disorder into a manic state.

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