Bipolar disorder, sometimes called manic depression, is a mental illness that is described as a fluctuation in mood extremes. Patients with bipolar disorder may experience high (mania) and low (depression) mood swings that are dramatic, seriously affecting their lives and the lives of those around them. The classic picture of bipolar disorder includes swings from high to low moods and back again, with each swing lasting from weeks to months and often with periods of normal mood in between the extremes. During mania, patients are often agitated, speeding through their days with increased activity, little sleep, erratic behavior, and problems concentrating or staying focused. During depression, feelings of exhaustion, hopelessness, and futility are common, sometimes with suicidal thoughts.

The cause of bipolar disorder is most likely an imbalance in brain chemicals that affect mood. This imbalance may be hereditary, since there is an increased risk of bipolar disorder and schizophrenia within families. Diagnosis depends on a thorough history of mood and behavior in the past. Although about 1% of the population has been diagnosed with bipolar disorder, the actual number of people is probably much higher due to misdiagnosis.

Without treatment, bipolar disorder is a debilitating condition that will not improve on its own. The goal of treatment is to stabilize the patient’s mood to avoid drastic and damaging mood swings. There are a variety of medications that act to even out the imbalance of brain chemicals thought to be the cause of bipolar symptoms. Therapy for bipolar disorder often includes individual, group, and family therapy to help patients and their friends and family understand the triggers, early signs, and treatment of this condition.

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Bipolar disorder can occur in several symptom patterns. These include cyclothymia (mild mood swings), bipolar I (one period of mania sometimes following a period of depression), and the most common form, bipolar II (at least one period of mild or hypomania and one period of depression). When mania and depression occur together, it is called mixed-state bipolar disorder.

**Identifying Symptoms:** Bipolar symptoms typically begin in the late teens to early 30s and are first seen after a significant stressful or traumatic event. The tendency to develop this disease may be hereditary in some cases, since many families have more than one member with this condition.

Symptoms of mania include excitation, exhilaration, feelings of self-importance, confusion, racing thoughts, problems concentrating, little interest in food or rest, and impulsiveness. These symptoms take a toll on the physical and mental health of the patient. Since thoughts are jumbled and the mood is euphoric, patients often make poor decisions that make little sense. Psychosis can also be a symptom. During a psychotic episode, patients see or hear things that do not exist (hallucinations), or believe things that are not in touch with reality (delusions).

Symptoms of depression include feelings of hopelessness and despondency, with little interest in activities that were once pleasurable. During the depressive phase of bipolar disorder, many patients have problems eating and sleeping, feel nervous and irritable, and consider suicide.

**Seeking Help:** Most patients with bipolar disorder recognize that they have a problem, but not all seek help. This is for a variety of reasons. Bipolar disorder is considered a mental illness, which may evoke feelings of shame and inadequacy. Many patients also do not want to treat their mood swings with medications. However, the only reliable and effective treatment for bipolar disorder is medication to level the extremes and restore a more normal mood. Without therapy, bipolar disorder will only worsen with time. Untreated, it can lead to serious depression and suicide, problems with functioning in life, and drug or alcohol addiction. That is why it is important for patients to find support in family, friends, and therapists who can help them lead a productive, normal life.

Therapy for bipolar disorder can include individual therapy to help patients understand the condition and care for themselves, group therapy to help patients understand how others are suffering from this condition, and family therapy to educate patients’ loved ones about the disorder and what to do when they observe the beginnings of mood swings that patients may or may not notice themselves.

Drug therapy for bipolar disorder includes medications that rebalance the chemicals in the brain that affect mood, thereby equalizing mood. The medication cannot be discontinued during periods of normal mood, since bipolar disorder is a chronic condition that requires treatment of symptoms as well as prevention of symptoms. Although younger patients may not accept the idea of a lifetime of medication, eventually they begin to understand its importance after suffering serious relapses when they discontinue therapy.

Drug therapy for bipolar disorder might start out with lithium, quetiapine, or an antiseizure medicine such as valproic acid. These drugs help stabilize mood and avoid swings. Some patients may require additional medicine for psychosis (antipsychotics such as risperidone or olanzapine) or sleep aids. Many doctors find that a combination of medicines that work in different ways is the most effective treatment. All drugs take a period of weeks to months to work best, and sometimes doses need to be increased or decreased to work better while avoiding side effects. Once the right drug therapy is established, patients need to be aware of the importance of continuing their medicines to avoid future episodes of mania or depression.