

DEFINITION

Bipolar disorder, also known as manic depression, is a condition in which people go back and forth between periods of a very good or irritable mood and depression. The "mood swings" between mania and depression can be very quick.

CAUSES, INCIDENCE AND RISK FACTORS

Bipolar disorder affects men and women equally. It usually starts between ages 15 - 25. The exact cause is unknown, but it occurs more often in relatives of people with bipolar disorder.

TYPES OF BIPOLAR DISORDER

- People with bipolar disorder type I have had at least one manic episode and periods of major depression. In the past, bipolar disorder type I was called manic depression.
- People with bipolar disorder type II have never had full mania. Instead they experience periods of high energy levels and impulsiveness that are not as extreme as mania (called hypomania). These periods alternate with episodes of depression.
- A mild form of bipolar disorder called cyclothymia involves less severe mood swings. People with this form alternate between hypomania and mild depression. People with bipolar disorder type II or cyclothymia may be wrongly diagnosed as having depression.

In most people with bipolar disorder, there is no clear cause for the manic or depressive episodes. The following may trigger a manic episode in people with bipolar disorder:

- Life changes such as childbirth
- Medications such as antidepressants or steroids
- Periods of sleeplessness
- Recreational drug use

SYMPTOMS

The manic phase may last from days to months. It can include the following symptoms:

- Easily distracted
- Little need for sleep
- Poor judgment
- Poor temper control
- Reckless behavior and lack of self-control
- Binge eating, drinking, and/or drug use
- Poor judgment
- Sex with many partners (promiscuity)
- Spending sprees
- Very elevated mood
- Excess activity (hyperactivity)

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- Increased energy
- Racing thoughts
- Talking a lot
- Very high self-esteem (false beliefs about self or abilities)
- Very involved in activities
- Very upset (agitated or irritated)
- These symptoms of mania occur with bipolar disorder I. In people with bipolar disorder II, the symptoms of mania are similar but less intense.

The depressed phase of both types of bipolar disorder includes the following symptoms:

- Daily low mood or sadness
- Difficulty concentrating, remembering, or making decisions
- Eating problems
- Loss of appetite and weight loss
- Overeating and weight gain
- Fatigue or lack of energy
- Feeling worthless, hopeless, or guilty
- Loss of pleasure in activities once enjoyed
- Loss of self-esteem
- Thoughts of death and suicide
- Trouble getting to sleep or sleeping too much
- Pulling away from friends or activities that were once enjoyed
- There is a high risk of suicide with bipolar disorder. Patients may abuse alcohol or other substances, which can make the symptoms and suicide risk worse.
- Sometimes the two phases overlap. Manic and depressive symptoms may occur together or quickly one after the other in what is called a mixed state.

TREATMENT

Periods of depression or mania return in most patients, even with treatment. The main goals of treatment are to:

- Avoid moving from one phase to another
- Avoid the need for a hospital stay
- Help the patient function as well as possible between episodes
- Prevent self-injury and suicide
- Make the episodes less frequent and severe
- The health care provider will first try to find out what may have triggered the mood episode. The provider may also look for any medical or emotional problems that might affect treatment.
- Medications: mood stabilizers, anti-seizures, antipsychotic, anti-anxiety, antidepressants

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- Electroconvulsive therapy (ECT) may be used to treat the manic or depressive phase of bipolar disorder if it does not respond to medication. ECT uses an electrical current to cause a brief seizure while the patient is under anesthesia. ECT is the most effective treatment for depression that is not relieved with medications.
- Transcranial magnetic stimulation (TMS) uses high-frequency magnetic pulses to target affected areas of the brain. It is most often used after ECT.
- Patients who are in the middle of manic or depressive episodes may need to stay in a hospital until their mood is stable and their behavior is under control.
- Doctors are still trying to decide the best way to treat bipolar disorder in children and adolescents. Parents should consider the possible risks and benefits of treatment for their children.

SUPPORT PROGRAMS AND THERAPIES

Family treatments that combine support and education about bipolar disorder (psycho education) may help families cope and reduce the odds of symptoms returning. Programs that offer outreach and community support services can help people who do not have family and social support.

Important skills include:

- Coping with symptoms that are present even while taking medications
- Learning a healthy lifestyle, including getting enough sleep and staying away from recreational drugs
- Learning to take medications correctly and how to manage side effects
- Learning to watch for the return of symptoms, and knowing what to do when they return
- Family members and caregivers are very important in the treatment of bipolar disorder. They can help patients find the right support services, and make sure the patient takes medication correctly.
- Getting enough sleep is very important in bipolar disorder. A lack of sleep can trigger a manic episode. Therapy may be helpful during the depressive phase. Joining a support group may help bipolar disorder patients and their loved ones.
- A patient with bipolar disorder cannot always tell the doctor about the state of the illness. Patients often have trouble recognizing their own manic symptoms.
- Changes in mood with bipolar disorder are not predictable. It is sometimes hard to tell whether a patient is responding to treatment or naturally coming out of a bipolar phase.
- Treatments for children and the elderly are not well-studied.