

Overview

Bipolar disorder, formerly known as manic-depressive illness, is a psychiatric condition marked by extreme shifts in mood, thought, energy and behavior. The illness causes a person to alternate between mania (excessive highs and/or irritability) and depression (lows of sadness or hopelessness). The mood swings can last for hours, weeks or months, damage relationships and school or work performance and, in some cases, lead to suicide. But bipolar disorder is treatable, and people with this illness can lead full and productive lives.

Bipolar disorder affects more than 5.7 million adult Americans age 18 and over. It typically develops in late adolescence or early adulthood, but can start earlier or later. It affects men and women equally (men tend to begin with a manic episode, women with a depressive episode), and it is found among all groups. The illness, which usually lasts through life, tends to run in families and appears to have a genetic link.

Symptoms and Diagnosis: Bipolar I and Bipolar II

Patterns and severity of symptoms determine the type of bipolar disorder. Bipolar I disorder is the more severe form, characterized by extreme manic episodes. Those affected experience one or more manic episodes or mixed episodes (mania and depression) nearly every day for at least one week, and have in the past experienced one or more major depressive episodes.

Bipolar II disorder is characterized by one or more depressive episodes accompanied by at least one episode of hypomania, a comparatively mild form of mania that has less impact on normal function. Those affected experience a period of persistently elevated, expansive or irritable mood, lasting at least four days, that is clearly different from the usual nondepressed mood. With hypomania, one may feel good and be productive, but without proper treatment hypomania can sometimes become severe mania or switch into depression.

The cycles of mood swings in bipolar disorder can vary. Initially, episodes of depression and mania tend to occur close together and frequently. Eventually, the interval between extremes of mania and depression may stabilize and become longer. Rapid cycling, a relatively new diagnosis, occurs in about 5 percent to 15 percent of people with bipolar disorder, and is defined by a person having four or more episodes of depression, hypomania, mixed states or mania in a single year. Rapid cycling tends to occur later in the illness and affects more women than men.

Bipolar disorder is often difficult to recognize and diagnose, and people may suffer for years before being properly diagnosed and treated. Since it cannot yet be diagnosed physiologically — for instance, by blood tests or brain scans — diagnosis is based on symptoms, course of illness and family history. Because a person with the disease may be energetic and feel good, he or she may deny having a problem. Bipolar disorder can be missed by a physician because its symptoms may be attributed to another illness or other problems, such as substance abuse, poor school performance or trouble in the workplace.

Symptoms of Mania

A manic episode is diagnosed if elevated mood co-occurs with three or more other symptoms most of the day, nearly every day, for one week or longer. If the mood is irritable, a manic diagnosis is confirmed when four additional symptoms are present.

- Increased physical and mental activity and energy, restlessness
- Excessively high, euphoric mood (exaggerated optimism)
- Excessive irritability, aggressive behavior
- Decreased need for sleep without experiencing fatigue
- Grandiose delusions (especially in one's abilities) and inflated sense of self-importance
- Racing speech or thoughts, or flight of ideas
- Impulsiveness, poor judgment, distractibility, denial that anything is wrong
- Reckless behavior (for instance, involving drugs, sexual activity, spending sprees)
- In the most severe cases, delusions and hallucinations (sometimes called psychosis)



Symptoms of depression

A depressive episode is diagnosed if five or more of the following symptoms last most of the day, nearly every day, for a period of two weeks or longer.

- Long-lasting sadness or unexplained crying spells
- Significant changes in appetite and sleep patterns
- Anger, irritability, worry, agitation, anxiety
- Hopelessness, pessimism, indifference
- Loss of energy, fatigue
- Feelings of guilt, worthlessness, helplessness
- Difficulty concentrating, remembering, indecisiveness
- Loss of interest or pleasure in activities once enjoyed, social withdrawal
- Chronic aches and pains not caused by physical injury or illness
- Recurring thoughts of death or suicide

Causes

Bipolar disorder tends to run in families: 80 percent to 90 percent of those with bipolar disorder have relatives with some form of depression. Many factors, including genes and environmental factors, are thought to act together to produce the illness.

Research suggests that mutations in certain genes are implicated in bipolar disorder, and that these genes may impact how the brain develops and functions in maturity. A biochemical imbalance in the brain caused by irregular hormone production or problems with brain chemicals called neurotransmitters that act as messengers between nerve cells may be responsible.

Advanced brain-imaging techniques such as functional magnetic resonance imaging (fMRI) allow scientists to look at the brain in living people and observe how it differs in people with bipolar disorder compared to healthy individuals and others with different mental illnesses. With further research, better understanding of the underlying causes of the illness may enable scientists to predict which treatments will work most effectively on a patient-by-patient basis.

Treatments

People with bipolar disorder can lead productive lives when effectively treated. Clinicians usually recommend both medication and psychosocial treatment to manage the disorder and help patients stabilize emotions and behavior. Bipolar disorder is much better controlled when treatment is continuous rather than intermittent. Even when there are no breaks in treatment, mood changes can occur and should be reported immediately to a physician; full-blown episodes may be averted by making adjustments in the treatment plan.

Mood stabilizers and anticonvulsant medications are often effective in managing bipolar disorder. Treatment with mood stabilizers can continue for extended periods of time (years). Anticonvulsants are among medications added to mood stabilizers when necessary, typically for shorter periods, to treat manic or depressive episodes that occur despite the mood stabilizer. Lithium, the first mood-stabilizing medication approved by the FDA for treatment of mania, is often effective in preventing the recurrence of both manic and depressive episodes. Anticonvulsant medications, such as valproate (Depakote) or carbamazepine (Tegretol), also can have mood-stabilizing effects and may be especially useful for hard-to-treat episodes. Newer anticonvulsant medications, including lamotrigine (Lamictal), gabapentin (Neurontin) and topiramate (Topamax), are being studied to determine how well they work in stabilizing mood cycles. Anticonvulsant medications are sometimes combined with lithium or with each other for maximum effect.

Depending on the medication, side effects may include weight gain, nausea, tremor, reduced sexual drive or performance, anxiety, hair loss, movement problems or dry mouth. Women with bipolar disorder who wish to conceive, or who become pregnant, should be aware of possible harmful effects of existing mood-stabilizing medications on the developing fetus and the nursing infant they should explore this subject with a doctor.

Psychotherapy is also helpful in providing support, education and guidance to people with bipolar disorder and their families. Psychosocial interventions have been shown to increase mood stability, decrease hospitalizations and improve functioning. Commonly used techniques include cognitive behavioral therapy, psychoeducation, family therapy and a newer technique, interpersonal and social rhythm therapy.

Electroconvulsive therapy (ECT) may be used when medication and psychosocial treatment do not provide effective results or use of medications is deemed too risky (for example, in pregnancy). ECT is also a highly effective for severe depressive, manic and/or mixed episodes.

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