



ISBD Education Tip Sheet:

Bipolar Disorder 101: The Basics

Understanding bipolar disorder

- Bipolar disorder is an illness characterized by recurrent episodes of **mania**, **hypomania**, and/or **major depression**.
- Bipolar disorder affects men and women equally. It typically develops in late adolescence or early adulthood, although onset in childhood or in older adulthood may also occur.
- Approximately 1-2 out of every 100 people around the world have bipolar disorder.

Causes of bipolar disorder

- The cause of bipolar disorder is unknown but likely involves a combination of genetic, biological, and environmental factors.
- Bipolar disorder is considered a psychiatric condition. It is characterized by alterations in brain circuitry, brain chemicals, brain connections, and inflammatory and immunological markers. The precise nature of these alterations is not known, but researchers around the world continue to seek answers using highly advanced techniques to study the brain.

The main subtypes of bipolar disorder

- **Bipolar disorder type I** is defined by the presence of at least one episode of mania. The manic episode may have been preceded by, and may be followed by, hypomanic or major depressive episodes.
- **Bipolar disorder type II** is defined by at least one hypomanic episode, at least one major depressive episode, and the absence of manic episodes. Depressive symptoms may be of similar severity in bipolar I and II disorder, and, therefore, bipolar II disorder should not be considered a “milder” illness than bipolar I.
- **Cyclothymic Disorder** is defined by at least 2 years of numerous periods of hypomanic symptoms that do not meet criteria for hypomanic episodes and numerous periods of depressive symptoms that do not meet criteria for major depressive episodes.

Symptoms of bipolar disorder

MANIA / HYPOMANIA	DEPRESSION
• Elevated, expansive, or irritable mood • Increased goal-directed activity • Increased planning with a relentless pursuit of stimulation and social activities, typically marked by impulsive behavior that may lead to engaging in risky situations • Poor judgement with excessive involvement in activities that have high potential for detrimental consequences • Engaging in unrestrained buying sprees, sexual indiscretions, drug abuse, and/or foolish business investments • Engaging in provocative, intrusive, and/or aggressive behavior • Increased energy • Inflated self-esteem and/or grandiosity (i.e. unrealistic beliefs in one's abilities and powers) • Decreased need for sleep and/or feeling energetic despite not sleeping for days • Increased mental activity, racing thoughts, flight of ideas, and/or jumping from one idea to another • Loud, pressured, and/or accelerated speech that is difficult to interrupt • Distractibility and/or difficulty concentrating	• Depressed mood (i.e. feelings of sadness, emptiness, and/or irritability) • Loss of interest or pleasure in, and/or withdrawal from, usual activities • Social isolation • Lack of energy and/or fatigue • Psychomotor retardation or agitation and/or restlessness • Feelings of worthlessness and/or excessive or inappropriate guilt • Sleep disturbances such as insomnia or hypersomnia • Changes in appetite resulting in atypical weight loss or gain • Somatic symptoms (e.g. chronic pain) • Impaired memory and/or diminished ability to think and concentrate • Difficulty making decisions • Constant thoughts of negativity, helplessness, and/or hopelessness • Recurrent thoughts of death, suicidal ideation, and/or suicidal behaviours • Increased risk-taking behavior, including reckless driving or substance abuse

Comparison of mania and hypomania

- Functional impairment is more severely affected in manic episodes than in hypomanic episodes. Hypomanic episodes are defined by elated states without significant functional impairment.
- Unlike in hypomanic episodes, manic episodes sometimes require in-hospital treatment.
- Psychotic symptoms are present only in manic episodes.
- Manic episodes last for at least 1 week, while hypomanic episodes last for at least 4 consecutive days.

Clinical presentation of mood episodes

- Bipolar disorder can present with episodes of mania, hypomania, and/or major depression, often with periods of euthymia in between episodes.
- Bipolar disorder can also present with a mood episode with mixed features, which is when a patient experiences symptoms of both mania and depression within the same episode.
- The severity of symptoms varies widely across patients and even within the same patient across episodes. Episodes may be considered severe if they include suicidal and/or homicidal ideation and/or behavior, aggressive behavior, psychotic features, and/or poor judgment that places the patient or others at imminent risk.
- Both manic and depressive episodes involve clinically significant changes in mood, behavior, energy, sleep, and cognition.
- Manic episodes are generally marked by a sudden onset, and episodes progress quickly over a few days. The duration of manic episodes range from weeks to months.

Psychotic symptoms in bipolar disorder

- Sometimes, severe episodes of mania or depression include psychotic symptoms. Psychotic symptoms involve delusions and hallucinations, which are usually auditory.
- Patients having a manic episode generally have an exaggerated sense of wellbeing and self-confidence, which may extend to grandiosity of psychotic proportions. For example, patients may believe that they have a special relationship to God or to a public figure from the political, religious, or entertainment world. Patients may also believe that they have a special power or a mission to save the world.
- During a depressive episode, patients may also experience delusions, usually involving intense feelings of guilt, worthlessness, failure, or having committed a sin.
- Delusions may also involve persecutory, sexual, religious, or political themes. For example, patients may believe that the police are after them, that an evil spirit is trying to kill them, or that neighbors are spreading rumors about them.

Diagnosing bipolar disorder

- Comorbid psychiatric and medical conditions may further complicate the diagnosis, treatment, and course of the disease.
- Some of the most common comorbid psychiatric disorders include anxiety, substance abuse, attention deficit / hyperactivity disorder, obsessive compulsive disorder, eating disorders, intermittent explosive disorder, and personality disorders.
- It is often challenging to differentiate bipolar disorder from unipolar depression, especially in patients who present during a depressive episode and in those with no clear history of mania or hypomania. In addition, patients with bipolar disorder spend more time in depressive than manic or hypomanic episodes.

Basic principles in the treatment of bipolar disorder

- Patients with bipolar disorder can lead healthy and productive lives when the illness is effectively treated. In most cases, proper treatment can help reduce the frequency and severity of mood episodes.
- Without treatment, however, the natural course of bipolar disorder tends to worsen. Over time, a patient may suffer from more frequent and more severe manic and depressive episodes than those experienced when the illness first appeared.
- Treatment for bipolar disorder includes pharmacotherapy, psychoeducation, and psychotherapy. Often, a combination of all types of treatment are needed, but pharmacotherapy is usually needed first in order to bring symptoms under control.
- Hospitalization is sometimes required to protect patients and prevent their behavior from leading to detrimental consequences.
- Pharmacologic treatment underpins both the short- and long-term management of bipolar disorder. Whichever treatment approach is selected, monitoring over the long-term is essential to ensuring continued symptom relief, functioning, safety, adherence, and general medical health.

Goals in the treatment of bipolar disorder

- Establish and maintain a therapeutic alliance.
- Reduce symptoms promptly with acceptable safety and tolerability.
- Enhance treatment adherence.
- Use strategies to prevent relapse (i.e. promote the awareness of stressors, monitor sleep disturbance, identify early signs of relapse, and help patients maintain regular patterns of activity).
- Evaluate medical and psychiatric comorbidities, as well as medication side effects.
- Evaluate and manage functional impairments.