

Bipolar Disorder

Bipolar disorder, also known as **manic-depressive disorder**, is a brain disorder that causes extreme (subtle or dramatic) shifts in mood, energy, activity levels, and the ability to carry out daily tasks. Is a chronic and generally lifelong condition with recurring episodes of mania and depression. These episodes are usually separated by periods of "normal" mood, but, in some individuals, depression and mania may rapidly alternate, which is known as rapid cycling. Bipolar disorder affects men and women equally.

Symptoms of bipolar disorder are severe. They are different from the normal ups and downs that everyone goes through from time to time. Bipolar disorder symptoms can result in damaged relationships, poor job or school performance, and even suicide. Most people generally require some sort of lifelong treatment. While medication is one key element in treatment of bipolar disorder, psychotherapy, support, and education about the illness are also essential components of the treatment process.

Causes

The exact cause of bipolar disorder is not known, although most scientists believe that bipolar disorder is likely caused by multiple factors that interact with each other to produce a chemical imbalance affecting certain parts of the brain. Studies suggest that genetic factors contribute substantially to the likelihood of developing bipolar disorder. Environmental factors are also implicated.



Age-standardized disability-adjusted life year (DALY) rates from bipolar disorder by country (per 100,000 inhabitants)

Signs and Symptoms

People with bipolar disorder experience unusually intense emotional states that occur in distinct periods called "mood episodes." An overly joyful or overexcited state is called a **manic episode**, and an extremely sad or hopeless state is called a **depressive episode**. Sometimes, a mood episode includes symptoms of both mania and depression. This is called a **mixed state**. People with bipolar disorder also may be explosive and irritable during a mood episode.

Symptoms of mania or a manic episode include:

Mood Changes

- A long period of feeling "high," or an overly happy or outgoing mood.
- Extremely irritable mood, agitation, feeling "jumpy" or "wired."

Behavioral Changes

- Talking very fast, jumping from one idea to another, having racing thoughts.
- Being easily distracted.
- Increasing goal-directed activities, such as taking on new projects.
- Being restless.
- Sleeping little.
- Having an unrealistic belief in one's abilities.
- Behaving impulsively and taking part in a lot of pleasurable, high-risk behaviors, such as spending sprees, impulsive sex, and impulsive business investments.

Symptoms of depression or a depressive episode include:

Mood Changes

- A long period of feeling worried or empty.
- Loss of interest in activities once enjoyed, including sex.

Behavioral Changes

- Feeling tired or "slowed down".
- Having problems concentrating, remembering, and making decisions.
- Being restless or irritable.
- Changing eating, sleeping, or other habits.
- Thinking of death or suicide, or attempting suicide.

During a **mixed state**, symptoms often include agitation, trouble sleeping, major changes in appetite, and suicidal thinking. People in a mixed state may feel very sad or hopeless while feeling extremely energized.

A person with severe episodes of mania or depression may have psychotic symptoms too, such as hallucinations or delusions. The psychotic symptoms tend to reflect the person's extreme mood. Psychotic symptoms for a person having a manic episode may include believing he or she is famous, has a lot of money, or has special powers. In the same way, a person having a depressive episode may believe he or she is ruined and penniless, or has committed a crime.

Diagnosis

According to the Diagnostic and Statistical Manual of Mental Disorders, or DSM, there are four basic types of bipolar disorder:

1. **Bipolar I Disorder** mainly defined by manic or mixed episodes that last at least seven days, or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, the person also has depressive episodes, typically lasting at least two weeks. The symptoms of mania or depression must be a major change from the person's normal behavior.
2. **Bipolar II Disorder** defined by a pattern of depressive episodes shifting back and forward with hypomanic episodes, but no full manic or mixed episodes.
3. **Bipolar Disorder Not Otherwise Specified (BP-NOS)** is diagnosed when a person has symptoms of the illness that do not meet diagnostic criteria for either bipolar I or II. The symptoms may not last long enough, or the person may have too few symptoms, to be diagnosed with bipolar I or II. However, the symptoms are clearly out of the person's normal range of behavior.
4. **Cyclothymic Disorder, or Cyclothymia** is a mild form of bipolar disorder. People who have cyclothymia have episodes of hypomania that shift back and forth with mild depression for at least two years. However, the symptoms do not meet the diagnostic requirements for any other type of bipolar disorder.
 - Some people may be diagnosed with rapid-cycling bipolar disorder. This is when a person has four or more episodes of major depression, mania, hypomania, or mixed symptoms within a year. Some people experience more than one episode in a week, or even within one day. Rapid cycling seems to be more common in people who have severe bipolar disorder and may be more common in people who have their first episode at a younger age. Rapid cycling affects more women than men.
 - Bipolar disorder tends to worsen if it is not treated. Over time, a person may suffer more frequent and more severe episodes than when the illness first appeared.
 - Proper diagnosis and treatment helps people with bipolar disorder lead healthy and productive lives. In most cases, treatment can help reduce the frequency and severity of episodes.

Treatment

There is no cure for bipolar disorder. But proper treatment helps most people with bipolar disorder gain better control of their mood swings and related symptoms even people with the most severe forms of the illness. Because bipolar disorder is a lifelong and recurrent illness, people with the disorder need long-term treatment.

Medications

1. **Mood stabilizing medications** are usually the first choice to treat bipolar disorder. In general, people with bipolar disorder continue treatment with mood stabilizers for years. Except for lithium, many of these medications are anticonvulsants. Anticonvulsant medications are usually used to treat seizures, but they also help control moods. These medications are commonly used as mood stabilizers in bipolar disorder:
 - Lithium (sometimes known as Eskalith or Lithobid).
 - Valproic acid or divalproex sodium (Depakote).
 - Anticonvulsant lamotrigine (Lamictal).
 - Other anticonvulsant medications, including gabapentin (Neurontin), topiramate (Topamax), and oxcarbazepine (Trileptal).
2. **Atypical antipsychotic medications** are sometimes used to treat symptoms of bipolar disorder. Often, these medications are taken with other medications. Atypical antipsychotic medications are called "atypical" to set them apart from earlier medications, which are called "conventional" or "first-generation" antipsychotics.
 - Olanzapine (Zyprexa)
 - Aripiprazole (Abilify)
 - Quetiapine (Seroquel)
 - Risperidone (Risperdal) and ziprasidone (Geodon)
3. **Antidepressant medications** are sometimes used to treat symptoms of depression in bipolar disorder. People with bipolar disorder who take antidepressants often take a mood stabilizer too.
 - Fluoxetine (Prozac)
 - Paroxetine (Paxil)
 - Sertraline (Zoloft)
 - Bupropion (Wellbutrin)

Psychotherapy

In addition to medication, psychotherapy, or "talk" therapy, can be an effective treatment for bipolar disorder. It can provide support, education, and guidance to people with bipolar disorder and their families. Some psychotherapy treatments used to treat bipolar disorder include:

1. **Cognitive behavioral therapy (CBT)** helps people with bipolar disorder learn to change harmful or negative thought patterns and behaviors.
2. **Family-focused therapy** includes family members. It helps enhance family coping strategies, such as recognizing new episodes early and helping their loved one. This therapy also improves communication and problem-solving.
3. **Interpersonal and social rhythm therapy** helps people with bipolar disorder improve their relationships with others and manage their daily routines. Regular daily routines and sleep schedules may help protect against manic episodes.
4. **Psychoeducation** teaches people with bipolar disorder about the illness and its treatment. This treatment helps people recognize signs of relapse so they can seek treatment early, before a full-blown episode occurs. Usually done in a group, psychoeducation may also be helpful for family members and caregivers.

Links

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Bibliography

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