

# Bipolar Disorder



Office of  
Mental Health



# Table of Contents

Overview . . . . .	1
Signs and Symptoms . . . . .	2
Diagnosis . . . . .	3
Bipolar Disorder and Other Illnesses . . . . .	3
<i>Psychosis</i> . . . . .	3
<i>Anxiety and ADHD</i> . . . . .	3
<i>Substance Abuse</i> . . . . .	3
Risk Factors . . . . .	4
<i>Brain Structure and Functioning</i> . . . . .	4
<i>Genetics</i> . . . . .	4
<i>Family History</i> . . . . .	4
Treatments and Therapies . . . . .	4
Medications . . . . .	4
Psychotherapy . . . . .	5
Other Treatment Options . . . . .	5
<i>Electro-Convulsive Therapy (ECT)</i> . . . . .	5
<i>Sleep Medications</i> . . . . .	5
<i>Supplements</i> . . . . .	5
<i>Keeping a Life Chart</i> . . . . .	6

Finding Help .....6  
    New York State Mental Health Program Directory .....6  
    Mental Health Treatment Program Locator .....6  
  
For Immediate Help.....6

# Bipolar Disorder

## Overview

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.

There are four basic types of bipolar disorder; all of them involve clear changes in mood, energy, and activity levels. These moods range from periods of extremely “up,” elated, and energized behavior (known as manic episodes) to very sad, “down,” or hopeless periods (known as depressive episodes). Less severe manic periods are known as hypomanic episodes.

- **Bipolar I Disorder**- defined by manic episodes that last at least 7 days, or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, depressive episodes occur as well, typically lasting at least 2 weeks. Episodes of depression with mixed features (having depression and manic symptoms at the same time) are also possible.
- **Bipolar II Disorder**- defined by a pattern of depressive episodes and hypomanic episodes, but not the full-blown manic episodes described above.
- **Cyclothymic Disorder (also called cyclothymia)**- defined by numerous periods of hypomanic symptoms as well numerous periods of depressive symptoms lasting for at least 2 years (1 year in children and adolescents). However, the symptoms do not meet the diagnostic requirements for a hypomanic episode and a depressive episode.
- **Other Specified and Unspecified Bipolar and Related Disorders**- defined by bipolar disorder symptoms that do not match the three categories listed above.

## Signs and Symptoms

People with bipolar disorder experience periods of unusually intense emotion, changes in sleep patterns and activity levels, and unusual behaviors. These distinct periods are called “mood episodes.” Mood episodes are drastically different from the moods and behaviors that are typical for the person. Extreme changes in energy, activity, and sleep go along with mood episodes.

<b>People having a manic episode may:</b>	<b>People having a depressive episode may:</b>
Feel very “up”, “high” or elated	Feel very sad, down, empty, or hopeless
Have a lot of energy	Have very little energy
Have increased activity levels	Have decreased activity levels
Feel “jumpy” or “wired”	Have trouble sleeping, they may sleep too little or too much
Have trouble sleeping	Feel like they can’t enjoy anything
Become more active than usual	Feel worried and empty
Talk really fast about a lot of different things	Have trouble concentrating
Be agitated, irritable, or “touchy”	Forget things a lot
Feel like their thoughts are going very fast	Eat too much or too little
Think they can do a lot of things at once	Feel tired or “slowed down”
Do risky things, like spend a lot of money or have reckless sex	Think about death or suicide

Sometimes a mood episode includes symptoms of both manic and depressive symptoms. This is called an episode with mixed features. People experiencing an episode with mixed features may feel very sad, empty, or hopeless, while at the same time feeling extremely energized.

Bipolar disorder can be present even when mood swings are less extreme. For example, some people with bipolar disorder experience hypomania, a less severe form of mania. During a hypomanic episode, an individual may feel very good, be highly productive, and function well. The person may not feel that anything is wrong, but family and friends may recognize the mood swings and/or changes in activity levels as possible bipolar disorder. Without proper treatment, people with hypomania may develop severe mania or depression.

## Diagnosis

Proper diagnosis and treatment help people with bipolar disorder lead healthy and productive lives. Talking with a doctor or other licensed mental health professional is the first step for anyone who thinks he or she may have bipolar disorder. The doctor can complete a physical exam to rule out other conditions. If the problems are not caused by other illnesses, the doctor may conduct a mental health evaluation or provide a referral to a trained mental health professional, such as a psychiatrist, who is experienced in diagnosing and treating bipolar disorder.

**Note for Health Care Providers:** People with bipolar disorder are more likely to seek help when they are depressed than when experiencing mania or hypomania. Therefore, a careful medical history is needed to ensure that bipolar disorder is not mistakenly diagnosed as major depression. Unlike people with bipolar disorder, people who have depression only (also called unipolar depression) do not experience mania. They may, however, experience some manic symptoms at the same time, which is also known as major depressive disorder with mixed features.

## Bipolar Disorder and Other Illnesses

Some bipolar disorder symptoms are similar to other illnesses, which can make it hard for a doctor to make a diagnosis. In addition, many people have bipolar disorder along with another illness such as anxiety disorder, substance abuse, or an eating disorder. People with bipolar disorder are also at higher risk for thyroid disease, migraine headaches, heart disease, diabetes, obesity, and other physical illnesses.

**Psychosis:** Sometimes, a person with severe episodes of mania or depression also has psychotic symptoms, such as hallucinations or delusions. The psychotic symptoms tend to match the person's extreme mood. For example:

Someone having psychotic symptoms during a manic episode may believe she is famous, has a lot of money, or has special powers.

Someone having psychotic symptoms during a depressive episode may believe he is ruined and penniless, or that he has committed a crime.

As a result, people with bipolar disorder who also have psychotic symptoms are sometimes misdiagnosed with schizophrenia.

**Anxiety and ADHD:** Anxiety disorders and attention-deficit hyperactivity disorder (ADHD) are often diagnosed among people with bipolar disorder.

**Substance Abuse:** People with bipolar disorder may also misuse alcohol or drugs, have relationship problems, or perform poorly in school or at work. Family, friends and people experiencing symptoms may not recognize these problems as signs of a major mental illness such as bipolar disorder.

## Risk Factors

Scientists are studying the possible causes of bipolar disorder. Most agree that there is no single cause. Instead, it is likely that many factors contribute to the illness or increase risk.

**Brain Structure and Functioning:** Some studies show how the brains of people with bipolar disorder may differ from the brains of healthy people or people with other mental disorders. Learning more about these differences, along with new information from genetic studies, helps scientists better understand bipolar disorder and predict which types of treatment will work most effectively.

**Genetics:** Some research suggests that people with certain genes are more likely to develop bipolar disorder than others. But genes are not the only risk factor for bipolar disorder. Studies of identical twins have shown that even if one twin develops bipolar disorder, the other twin does not always develop the disorder, despite the fact that identical twins share all of the same genes.

**Family History:** Bipolar disorder tends to run in families. Children with a parent or sibling who has bipolar disorder are much more likely to develop the illness, compared with children who do not have a family history of the disorder. However, it is important to note that most people with a family history of bipolar disorder will not develop the illness.

## Treatments and Therapies

Treatment helps many people—even those with the most severe forms of bipolar disorder—gain better control of their mood swings and other bipolar symptoms. An effective treatment plan usually includes a combination of medication and psychotherapy (also called “talk therapy”). Bipolar disorder is a lifelong illness. Episodes of mania and depression typically come back over time. Between episodes, many people with bipolar disorder are free of mood changes, but some people may have lingering symptoms. Long-term, continuous treatment helps to control these symptoms.

### Medications

Different types of medications can help control symptoms of bipolar disorder. An individual may need to try several different medications before finding ones that work best.

**Medications generally used to treat bipolar disorder include:**

- Mood stabilizers
- Atypical anti-psychotics
- Antidepressants



### **Anyone taking a medication should:**

- Talk with a doctor or a pharmacist to understand the risks and benefits of the medication
- Report any concerns about side effects to a doctor right away. The doctor may need to change the dose or try a different medication.
- Avoid stopping a medication without talking to a doctor first. Suddenly stopping a medication may lead to “rebound” or worsening of bipolar disorder symptoms. Other uncomfortable or potentially dangerous withdrawal effects are also possible.
- Report serious side effects to the U.S. Food and Drug Administration (FDA) MedWatch Adverse Event Reporting program online at <http://www.fda.gov/Safety/MedWatch> or by phone at 1-800-332-1088. Clients and doctors may send reports.

Check the Food and Drug Administration’s website (<http://www.fda.gov/>) for the latest information on warnings, patient medication guides, or newly approved medications.

### **Psychotherapy**

When done in combination with medication, psychotherapy (also called “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:**

- Cognitive behavioral therapy (CBT)
- Family-focused therapy
- Interpersonal and social rhythm therapy
- Psychoeducation

### **Other Treatment Options**

**Electro-Convulsive Therapy (ECT):** ECT can provide relief for people with severe bipolar disorder who have not been able to recover with other treatments. Sometimes ECT is used for bipolar symptoms when other medical conditions, including pregnancy, make taking medications too risky. ECT may cause some short-term side effects, including confusion, disorientation, and memory loss. People with bipolar disorder should discuss possible benefits and risks of ECT with a qualified health professional.

**Sleep Medications:** People with bipolar disorder who have trouble sleeping usually find that treatment is helpful. However, if sleeplessness does not improve, a doctor may suggest a change in medications. If the problem continues, the doctor may prescribe sedatives or other sleep medications.

**Supplements:** Not much research has been conducted on herbal or natural supplements and how they may affect bipolar disorder.

It is important for a doctor to know about all prescription drugs, over-the-counter medications, and supplements a client is taking. Certain medications and supplements taken together may cause unwanted or dangerous effects.

**Keeping a Life Chart:** Even with proper treatment, mood changes can occur. Treatment is more effective when a client and doctor work closely together and talk openly about concerns and choices. Keeping a life chart that records daily mood symptoms, treatments, sleep patterns, and life events can help clients and doctors track and treat bipolar disorder most effectively.

## Finding Help

### New York State Mental Health Program Directory

The Mental Health Program Directory provides information on all programs in New York State that are operated, licensed or funded by the State Office of Mental Health (OMH). This site includes three search options: Basic Search, Advanced Search, and Full Directory. Definitions for all programs are available under the Support tab, along with directory help and information on program data collection. Find services close to you at: Find a Program App at [omh.ny.gov](http://omh.ny.gov)

### Mental Health Treatment Program Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides this online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental illness. Find a facility in your state at: <https://findtreatment.samhsa.gov/>

## For Immediate Help

**If You Are in Crisis:** Call the toll-free National Suicide Prevention Lifeline at 1-800-273-TALK (8255), available 24 hours a day, 7 days a week. The service is available to anyone. All calls are confidential. The TTY number is 1-800-799-4TTY (4889).

### If you are thinking about harming yourself or thinking about suicide:

- Tell someone who can help right away
- Call your licensed mental health professional if you are already working with one
- Call your doctor
- Go to the nearest hospital emergency department

### If a loved one is considering suicide:

- Do not leave him or her alone
- Try to get your loved one to seek immediate help from a doctor or the nearest hospital emergency room, or call 911
- Remove access to firearms or other potential tools for suicide, including medications

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The New York State Office of Mental Health thanks the National Institute of Mental Health for providing the information contained in this booklet.

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For questions or complaints regarding mental health services anywhere in New York State please contact:

New York State  
Office of Mental Health  
Customer Relations  
44 Holland Avenue  
Albany, NY 12229  
(800) 597-8481 (toll-free)

For information about mental health services in your community, contact the New York State Office of Mental Health regional office nearest you:

Western New York Field Office  
737 Delaware Avenue, Suite 200  
Buffalo, NY 14209  
(716) 885-4219

Central New York Field Office  
545 Cedar Street, 2nd Floor  
Syracuse, NY 13210-2319  
(315) 426-3930

Hudson River Field Office  
10 Ross Circle, Suite 5N  
Poughkeepsie, NY 12601  
(845) 454-8229

Long Island Field Office  
998 Crooked Hill Road  
Building #45-3  
West Brentwood, NY 11717-1087  
(631) 761-2886

New York City Field Office  
330 Fifth Avenue, 9th Floor  
New York, NY 10001-3101  
(212) 330-1650



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**In Crisis?**  
We've got time to listen.  
**Text Got5 to 741741**

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**National Suicide  
Prevention Lifeline**  
**1-800-273-TALK (8255)**

Available 24 hours a day,  
7 days a week (toll-free).

The service is available to anyone.  
All calls are confidential.

The TTY number is:  
**1-800-799-4TTY (4889)**

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