

Bipolar Disorder — Types, Symptoms, Causes, and Treatment

Bipolar disorder isn't an uncommon condition and according to the [National Alliance on Mental Illness \(NAMI\)](#), the disorder affects about 2.8% of the United States population. The symptoms of bipolar disorder vary from one person to the next. In some cases, the symptoms are severe enough to disrupt a person's life and in others, individuals are able to go about their usual activities.

Bipolar disorder is a lifelong condition and can only be managed by healthy lifestyle choices, medications, and a consistent treatment plan.

What is Bipolar Disorder

Bipolar disorder, formerly known as manic depression or manic-depressive illness is a mental health condition that is characterized by intense shifts in a person's mood, behavior, energy/activity levels, concentration, and thinking patterns.

Unlike regular mood swings, mood swings brought about by bipolar are usually of an extreme sort. Individuals experience extremely high moods (mania) or extremely low disposition (depression).

The period of mood shift is referred to as a mood episode. Mood episodes last for days or weeks and during this period, a person's ability to carry out normal daily activities or relate with others might be affected.

[According to the Depression and Bipolar Support Alliance](#), a lot of people with bipolar disorder experience two cycles within 12 months. In this context, a cycle refers to a time period in which individuals experience one episode of depression and one episode of mania or hypomania.

Types

There are three types of bipolar disorder. Each type features distinct moods and behavioral patterns.

- **Bipolar I disorder:** Before bipolar I disorder can be diagnosed, a person must have experienced at least one episode of mania as well as symptoms that affect daily routine. Individuals usually experience severe symptoms of mania that warrant medical attention or manic symptoms that last for at least seven days.

Most people with bipolar I also experience depressive episodes that last for a minimum of two weeks.

Persons with bipolar I might also suffer episodes with mixed features ie experiencing symptoms of mania and depression simultaneously or in rapid sequence.

- **Bipolar II disorder:** Bipolar II is characterized by a pattern of hypomanic episodes and major depressive episodes.

Mania isn't a symptom of bipolar II disorder. Instead, individuals experience major depressive episodes that can last longer than those brought about by bipolar I. These depressive episodes are sometimes accompanied by symptoms of psychosis.

People with bipolar II can also have mixed mood episodes, which are periods where individuals experience symptoms of depression and hypomania simultaneously.

For a diagnosis of bipolar II to be given, a person must never have had mania but should have experienced at least one depressive episode and one episode of hypomania.

- **Cyclothymic disorder:** Cyclothymic disorder is defined by episodes of hypomania or depression.

The symptoms experienced by people with cyclothymic disorder are less severe and do not meet the full criteria for a hypomanic or depressive episode. However, although the symptoms are milder, mood changes are reoccurring and typically last longer. As a result, most people with cyclothymia are not free of mood episodes for longer than two months.

To be diagnosed with cyclothymic disorder, adults must have experienced fluctuating episodes of hypomania and depression for at least two years while children and adolescents must have had symptoms for at least one year.

- **Unspecified or other specified bipolar disorder:** This classification is given to cases where a person shows symptoms of a bipolar disorder but does not meet the full criteria for bipolar I, bipolar II, or cyclothymic disorder.

Symptoms

Symptoms of bipolar disorder vary from person to person and an individual's symptoms can also vary over time.

Mood episodes are the defining features of bipolar disorder. During an episode, a person might experience symptoms of mania, hypomania, or depression. People might also suffer symptoms of mania/hypomania at the same time (mixed features episode).

Mania/Hypomania	Depression
Increased energy and activity level	Intense sadness and despair
Faster speech	Fatigue
Unusual talkativeness	Loss of interest in everyday activities and hobbies
Restlessness, doing several things at a time	Restlessness
Decreased need for sleep	Pessimism
Racing thoughts	Increased or decreased need for sleep
Distractibility	Difficulty concentrating
Poor decision making and doing things that are out of character, including risky behavior	Feeling worthless or hopeless
Hallucination and delusion (mania)	Feeling of guilt
Illogical thoughts	Self-doubt

Irritability and agitation	Irritability
Symptoms that last for at least one week (mania) or at least four days for hypomania	Symptoms that last for at least two weeks

Hypomania can sometimes go undetected as it is characterized by less severe symptoms of mania and it doesn't disrupt daily functions.

During a manic episode, people can experience a bipolar blackout. A bipolar blackout refers to a period when individuals are conscious but unaware of their surroundings and actions such that they have no memories or recollections of everything that transpired during the blackout period.

Causes

The exact cause of bipolar disorder is unknown. However, certain factors increase a person's likelihood of developing the condition. Environmental, physical, and social factors, as well as a person's lifestyle, can trigger the onset of the disorder.

Genetics: Over the years, research has been carried out on the relationship between genetics and bipolar disorder.

One of the research points is to determine if genes are responsible for the development of bipolar disorder and although research is still ongoing, it has been discovered that certain genes can cause the disorder.

According to [a study by the National Institute of Mental Health](#), bipolar disorder, particularly bipolar I disorder has strong genetic components. Thus, people with first-degree relatives who have a history of bipolar disorder are at risk of developing the condition.

Brain Composition and Functioning: Although the diagnosis of bipolar disorder is based on a person's symptoms rather than brain imaging, there have been studies that show that the brain structure of individuals with bipolar differs in some ways from those of people who do not have the disorder.

Research also shows that the brain of people with bipolar disorder has an imbalance of neurotransmitters, which are responsible for sending chemical signals/messages from one nerve cell to the next target cell.

Risk Factors

Although the onset of bipolar disorder can occur at any age, in most cases, the condition is usually diagnosed in the teenage years and early 20s.

For people who are at risk of developing bipolar disorder, certain factors can trigger its onset. Some of them include:

- Stressful situations
- Traumatic events
- Loss of a loved one
- Uncertainty or drastic life changes
- Pressure from career, academics, or other aspects of life
- Abuse
- Financial problems.

Co-occurring Conditions

During a mood episode, many people with bipolar disorder experience symptoms of other mental conditions, including:

- Attention-deficit/hyperactive disorder (ADHD)
- Psychosis (during severe manic or depressive episodes)
- Anxiety disorder
- Eating disorder
- Addiction — misuse of alcohol and drugs

Treatment

Bipolar is a lifelong condition. Thus, there is no way to completely prevent mood episodes. However, with proper precaution persons can reduce the severity of symptoms and limit the frequency of mood episodes.

In most cases, bipolar disorder is treated with medications and psychotherapy (psychological counseling).

Medications: The most commonly prescribed medications for people with bipolar disorder are mood stabilizers (e.g. lithium) and atypical antipsychotics.

Mood stabilizers improve the imbalance in brain signaling (neurotransmitters) and this helps to prevent mood episodes or reduce the severity of symptoms.

Other medications used include antidepressants, sleeping medication, and anti-anxiety medication.

Psychotherapy: Psychotherapy also called talk therapy or psychological counseling is a technique that aims at helping people identify and improve troubling thoughts, behaviors, and emotions.

Cognitive behavioral therapy (CBT) is the most common treatment adopted for treating bipolar disorder. It aims at modifying thought and behavioral patterns so as to improve people's reactions to certain situations. Other techniques used include interpersonal and social rhythm therapy.

Electroconvulsive therapy (ECT): ECT is also called electroshock therapy and the treatment involves passing an electrical current through the brain so as to trigger a brief seizure.

This treatment is only used for people with severe depressive or manic symptoms.

Although it is one of the fastest ways of relieving symptoms of severe mania or depression, it is only resorted to when medications do not improve a person's condition or when it is unsafe to wait until medications take effect.

Tips for Coping with bipolar disorder

Bipolar is a lifelong condition and how well you take care of your health plays a huge role in limiting the frequency of mood episodes and also preventing minor symptoms from developing into full-blown episodes.

- Avoid alcohol and drugs.
- Take medications consistently and as prescribed by your health care provider.
- While taking medications, discuss any side effects you might be experiencing with your doctor.

- Inform your healthcare provider of any other medication you are taking.
- Develop and stick to a routine for your daily activities. Having a structure keeps you grounded and helps to counter the feeling of helplessness that comes with mood changes.
- Develop a regular sleeping pattern.
- Exercise regularly.
- Eat healthy meals.
- Pay attention to warning signs.
- Maintain regular sessions with your health care provider.
- Keep track of mood changes and discuss them with your doctor.
- Join support groups. For people whose loved ones have bipolar disorder, joining support groups and learning more about the condition is also a good idea.