



A GUIDE THROUGH  
THE BIPOLAR BRAIN

# Bipolar Disorder: Fact Sheet and Criteria for Diagnosis

Formerly known as manic-depressive disorder, bipolar disorder is a brain disorder that results in extreme fluctuations in mood, energy, and activity levels. These fluctuations in mood are markedly different from the individual's usual mood and behavior. The extremes in mood are referred to as a manic episode and a major depressive episode.

Manic episodes are characterized as a distinct period of continuous and abnormally elevated mood, irritability, activity level, and energy. During this time, the following may be noted:

- inflated self-esteem or a sense of grandiosity, infallibility and omnipotence; possibly delusional thinking;
- decreased need for sleep;
- increase in talking, or feeling the pressure to keep talking; rapid, loud, and forceful speech;
- a rapid shift in thoughts and ideas with no seeming connections between them; rambling, and/or racing thoughts often displayed through a continuous flow of speech, quickly moving from one topic to another;
- extreme distractibility, evidenced by significant difficulty filtering out extraneous stimuli; may have difficulty holding a conversation or listening to instructions;
- increase in activity, including social, work, school, political, religious, or sexual activity; continuous, unintentional, agitated, and purposeless physical movement; agitation; and
- participation in impulsive, risky activities, such as shopping sprees, sexual promiscuity, gambling, dangerous activities (reckless driving); includes activities that are harmful to oneself or others that may result in hospitalization or involvement with the legal system.



Major depressive episodes are characterized as a distinct period of extreme sadness associated with a decreased participation and interest in most activities. During this time, the following may be noted:

- depressed mood most of the day; tearfulness;
- lack of interest in all or most activities, most of the time;
- significant weight gain, weight loss in the absence of dieting, or an increase or decrease in appetite;
- difficulty sleeping or excessive sleepiness;
- continuous, unintentional, and purposeless physical movement, or a visible slowness of thought, speech, emotional reactions, and physical movement;
- feeling excessively fatigued, or lacking energy;
- frequent feelings of worthlessness and unjustified guilt;
- difficulty thinking or concentrating, difficulty making decisions;
- recurring thoughts of death, suicidal thoughts or plans, preoccupation with suicide;

In some cases of mania or depression, the individual may display psychotic symptoms, such as hallucinations or delusions. Hallucinations are false sensory perceptions where the individual senses things that are not present in reality. These sensory perceptions may include seeing, hearing, feeling, tasting, or smelling something not actually present. Delusions are beliefs in something that is not true, despite evidence to the contrary (e.g., a belief that one is being followed by the government, or that one is being loved by a celebrity from afar). Social interactions, family relationships, employment, self-care, and all other areas of functioning are impacted by manic and depressive episodes.

### **Prevalence & Comorbidity**

- Nearly 4% of adults in the U.S. are diagnosed with bipolar disorder.
- The average age of onset of the disorder is 25 years; half of all cases emerge during adolescence or early adulthood.
- Bipolar disorder is seen more often in high income countries.
- Separated, divorced, or widowed individuals have higher rates of bipolar disorder.
- The risk of suicide in individuals with bipolar disorder is substantially higher than in the general population.
- Significant stress, major life changes, and alcohol or drug abuse may trigger episodes for those at risk.
- A family history of bipolar disorder is a strong predictor of developing the disorder, especially by a first-degree relative. Several common conditions are comorbid (co-occurring) with bipolar disorder. These disorders may have existed prior to a bipolar



diagnosis, or may develop afterward. It is important to have any other medical or psychiatric issues diagnosed and treated, as their existence may worsen the bipolar disorder, or reduce the effectiveness of any treatment. Examples of such include:

- Anxiety disorders (including panic attacks, social anxiety, or phobias);
- ADHD or Conduct Disorders;
- Post-traumatic Stress Disorder (PTSD);
- Eating Disorders; or
- Substance abuse (alcohol, tobacco, illegal drugs, prescription drugs).

### **Pathways to diagnosis and treatment**

#### **Progression of Bipolar Disorder**

- The average age of the first manic or depressive episode is around 18 years, though onset may occur at any point across the lifespan.
- Many individuals are fully functional in between manic and depressive episodes.
- Bipolar disorder has been diagnosed in children; however, doing so requires special considerations because of the progression through typical developmental stages.
- Most individuals who have one manic episode will have recurring mood episodes.
- If manic symptoms emerge mid-life or later, the individual should be evaluated for other medical conditions or substance abuse.
- If left undiagnosed and untreated, episodes may increase in frequency and severity.
- Some individuals experience bipolar disorder in a “mixed state,” where they display manic and depressive symptoms concurrently.

#### **Diagnosis**

Individuals receiving a diagnosis of bipolar disorder may receive one of the following specific diagnoses after a thorough evaluation by medical professionals: bipolar I disorder, bipolar II disorder, cyclothymic disorder, substance / medication-induced bipolar and related disorder, bipolar and related disorder due to another medical condition, other specified bipolar and related disorder, or unspecified bipolar and related disorder.

Due to subtle variations across these specific diagnoses, evaluation by a medical or mental health professional is essential for an accurate diagnosis.



- There is no cure for bipolar disorder, but it can be treated effectively through medication, therapy, and lifestyle changes. Bipolar disorder requires lifelong management, even when the individual feels no extremes in mood.
- The first step in treatment is an accurate diagnosis made through a mental health professional (such as a psychiatrist or psychologist). A physician can make a referral to an appropriate mental health professional.
- A physical examination, an interview, and bloodwork can help to rule out other possible medical conditions contributing to the individual's mood fluctuations.
- A mental health professional will conduct a mental health evaluation, discussing with the individual his/her family history of medical, mental, emotional, and behavioral issues, in addition to lifestyle habits and history of symptoms. The individual may be asked to complete a questionnaire to screen for mood issues. Other topics for discussion may include sleep habits, energy levels, thoughts, speech, problem solving, memory, life stressors, and social relationships.

### **Course of Treatment**

- Following a treatment plan is important. Those who do not properly manage treatment are at an increased risk of relapse. Taking medications as prescribed, and scheduling refills in a timely manner, is essential in managing the disorder.
- Inpatient hospitalization may be recommended if the individual is dangerous, suicidal, or displaying psychotic symptoms.
- Outpatient treatment involves regular appointments with a psychiatrist and/or psychologist. Additional interventions in the form of group therapy or support groups may be part of a treatment plan. Making and keeping these appointments is an important part of a treatment plan.
- Several other therapeutic options are available. Partial day programming is a treatment option with a variety of therapeutic programming structured throughout the day. Alternatives to inpatient hospitalization are used when the symptoms are less severe, to prevent relapse, or to transition out of inpatient hospitalization.

### **Medication Intervention**

- Initially, a physician (usually a psychiatrist) will prescribe medication to regulate mood.
- A variety of medications may be prescribed, and it may take some time to adjust and determine the appropriate combination and dosage to best meet one's individual and specific needs.
- The psychiatrist will work with the individual to determine the best course of continued treatment, in addition to managing mood swings, through medication.



- A variety of medications are used to treat bipolar disorder, depending on the symptoms exhibited by the individual. Different medications address different symptoms, so the individual may need to take several different types of medications. Until the psychiatrist sees how the individual's body responds to these medications, s/he may be watched closely. The types, combinations, and dosage of medications may be adjusted as necessary.
- The types of drugs most often used to treat bipolar disorder are mood stabilizing, anti-psychotic, anti-anxiety, and anti-depressant medications.
  - Mood stabilizing medications: This type of drug works to prevent the highs and lows of bipolar disorder and minimize the effects of extreme moods on one's overall functioning.
  - Anti-psychotic medications: During extreme manic or depressive episodes, some individuals may display psychotic behavior where they are detached from reality. These drugs minimize the occurrence of psychosis.
  - Anti-anxiety medications: Many individuals experience panic attacks or have considerable fears and worries that persist and interfere with daily living. These drugs work to reduce these symptoms.
  - Anti-depressant medication: In order to minimize the symptoms of depression and to decrease its return, anti-depressants are often prescribed.
- Medication treatment for bipolar disorder takes time to work as one's body adjusts to the drugs. It is important to self-monitor one's mood, behavior, and side effects so the physician can make any necessary adjustments to the type, combination, or dosage of drug.