

Bipolar Disorder

This factsheet gives information on bipolar disorder. It explains the symptoms of bipolar disorder, treatments and ways you can manage your symptoms. It covers what treatment the National Institute for Health and Care Excellence (NICE) recommends.



KEY POINTS

- Bipolar disorder, also known as bipolar affective disorder, is a mood disorder. It used to be called manic depression.
- Bipolar disorder can cause your mood to change from high (mania) to low (depression).
- Symptoms of mania can include: increased energy, excitement, impulsive behaviour, agitation and believing you have super powers for example.
- Symptoms of depression can include: lack of energy, feelings of worthlessness, low self esteem and suicidal thoughts.
- You can also have psychotic symptoms if you have bipolar disorder.
- There are different types of bipolar disorder.
- There are different causes of bipolar including genetics and environment
- You can get medication and talking therapies for bipolar disorder.

This factsheet covers:

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2. [What are the symptoms of bipolar disorder and how is it diagnosed?](#)
3. [What are the different types of bipolar disorder?](#)
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1. What is bipolar disorder?

Bipolar disorder used to be called manic depression. It affects how you feel and can make your mood change dramatically. Your mood can change between an extreme high (mania) and an extreme low (depression). You may feel well between these times.

When your mood changes, you might see changes in your energy levels or how you act. Symptoms of bipolar disorder can be severe. They can affect areas of your life, such as work, school and relationships.

You usually develop bipolar disorder before you are thirty years old, but it can also happen later in life.¹ You can have symptoms of bipolar disorder for a while before a doctor diagnoses you.² A doctor might say you have something else such as depression before you get a bipolar disorder diagnosis.

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2. What are the symptoms of bipolar disorder and how it is diagnosed?

You can only be diagnosed by a psychiatrist who will do a full psychiatric assessment. A doctor will assess you, to see if you have symptoms of bipolar, which are described below. You would need to have two or more times when you experience these symptoms to get a diagnosis.

Symptoms of mania can include:³

- feeling happy or positive even if things are not going well for you,
- feeling more active, energetic or restless,
- being more irritable than normal,
- feeling much better about yourself than usual,

- talking very quickly, jumping from one idea to another, racing thoughts,
- being easily distracted and struggling to focus on one topic,
- not needing much sleep,
- thinking you can do much more than you actually can,
- making bad decisions,
- doing things you normally wouldn't which can cause problems, such as going on spending sprees, being sexually promiscuous, using drugs or alcohol, gambling or making unwise business decisions,
- being much more social than usual, and
- being argumentative, pushy or aggressive.

The symptoms of depression can include:⁴

- low mood,
- having less energy, feeling tired or "slowed down",
- feeling hopeless or negative,
- feeling guilty, worthless or helpless,
- being less interested in things you normally like doing or enjoying them less,
- difficulty concentrating, remembering or making decisions,
- feeling restless or irritable,
- sleeping too much or not being able to sleep,
- feeling more or less hungry than usual and/or losing or gaining weight, when you do not mean to, and
- thoughts of death or suicide, or suicide attempts.

Psychosis

Sometimes you can have psychotic symptoms during a severe episodes of mania or depression. Symptoms of psychosis can be:

- hallucinations - hearing, seeing, or feeling things that are not there,
- delusions – believing things that are not true and that other people find unusual.

Psychotic symptoms in bipolar disorder can reflect your mood. For example, if you are in a manic episode you may believe that you have special powers, or are on a special mission. If you are in a depressive episode, you may feel extremely guilty about something you think you have done. You may feel that you are worse than anybody else or feel that you don't exist.

Hypomania

Hypomania is similar to mania but is less severe. You can get the same sort of symptoms, but they are not as intense or as strong. Treatment for hypomania is similar to the treatment for mania.

3. What are the different types of bipolar disorder

There are several types of bipolar disorder.

Bipolar I disorder

A diagnosis of bipolar I disorder means you have times when you have mania. You may also have periods of depression between these times.

Bipolar II disorder

With bipolar II disorder you will have periods of depression broken up with periods of hypomania. Your hypomania may not cause so many problems or affect your day-to-day life.

Cyclothymic disorder/cyclothymia

You may experience regular hypomanic and depressive episodes if you have cyclothymic disorder. Your symptoms of depression are not as severe as major depression. However, your low mood can still affect your day-to-day life.

Rapid cycling bipolar

A doctor may diagnose you with rapid cycling bipolar if you have four or more depressive, manic, mixed or hypomanic episodes in a 12 month period.

You can change from mania to depression on a monthly, weekly or even daily basis. This is called ultra rapid cycling bipolar.

Mixed bipolar state

You may experience symptoms of mania and depression at the same time which is called a mixed bipolar state. You may feel very sad or hopeless but feel extremely energised at the same time.

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4. What causes bipolar disorder?

The cause of bipolar disorder is not completely clear. It seems that a combination of different things can increase your chances of developing bipolar disorder.⁵

Genetic

If someone in your immediate family (parents, brother or sister) has bipolar disorder, you are five to ten times more likely to develop bipolar disorder than someone who has no family history.

Researchers have not found any exact genes that cause bipolar disorder. Different genes have been linked to the development of bipolar disorder.

You can find more information about “**Does mental illness run in families?**” at www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy.

Brain chemicals

If you have bipolar disorder, you may have uneven levels of particular brain chemicals. Different chemicals affect your mood and behaviour and could make you develop mania or depression.

Environmental and social factors

Life events can trigger symptoms of bipolar disorder. Stressful or distressing events, such as childhood abuse, can increase your chances of developing depressive episodes. Too much stress can trigger symptoms of bipolar disorder.

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5. How is bipolar disorder treated?

Medications

Your doctor may prescribe you different medications to treat your symptoms.

There are medications that can help to treat mania. These medications are often called mood stabilisers. The National Institute of Health and Care Excellence (NICE) that recommends the treatment for bipolar disorder call them “antimanic medications” and “prophylactic medication”.⁶

Antimanic medication is used to treat symptoms of mania. Prophylactic medication is used to prevent symptoms of mania and to keep you stable.⁷ Doctors can use the same medications as both antimanic and prophylactic medication. They will use different dosages and combinations.

Commonly prescribed medications are listed below.

- Lithium
- Sodium Valproate
- Olanzapine
- Quetiapine
- Risperidone

Your doctor might give you antidepressants to treat depressive symptoms. If so, your doctor should also prescribe you antimanic medication because antidepressants on their own can cause mania.⁸

Psychosocial treatments

As well as medication you can manage your symptoms with psychosocial treatments.⁹

Psychosocial treatments include one of the following explained below.

- Cognitive Behavioural Therapy (CBT) – this is mainly recommended for the depressive episodes of bipolar disorder.
- Psycho education – this involves learning about your illness, your treatment and how to recognise signs of becoming unwell again so you can prevent a full episode. Psycho education may also be helpful for anyone who is supporting you, such as family, a partner or a trusted colleague.
- Family therapy – this works on family relationships to improve how you feel. This can help reduce any problems in the family which add to, or are because of, your symptoms.

NICE recommends long term preventative treatment because bipolar disorder is a recurring illness.

It is possible to manage your symptoms with treatment, even if they are severe. However, sometimes the treatment you are getting might not be helping you. You and your doctor may try different combinations of medication or explore how talking therapy can help you. You might not respond to the treatment for mania or depression. You may need to try different combinations of medications. Your psychiatrist should also look at any other medications you are taking, such as antidepressants. You may also need to have a look at the amount, or type of, talking therapy you are getting.

It is important to talk to your doctor or any of your other health professionals to make sure you are getting the best out of your treatment. You should feel confident talking about anything you are concerned about and your treatment.

Go to www.rethink.org for information on these topics.

- Mood stabilisers
- Antipsychotics
- Antidepressants
- Medication – choice and managing problems
- Talking therapies

Or call 0121 522 7007 and ask us to send you a copy.

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6. What treatment should I be offered?

The National Institute for Health and Care Excellence (NICE) writes guidelines on how the NHS should treat bipolar disorder.¹⁰ Local services do not have to follow this guidance but it is best practice if they do.

Knowing about the guidelines can help you make sure you get the right treatment. Some key recommendations are:

Your doctor should ask the Community Mental Health Team to see you if any of the following apply.

- You have had mania for four days or three depressive episodes in a row with a history of being overactive or impulsive.
- You are a danger to yourself or others when experiencing mania or depression.
- Your symptoms are getting worse even though you are getting treatment from primary care services (your GP).
- You have become unwell many times.
- You find it hard to work with doctors or other health professionals to treat your bipolar disorder.¹¹

Your mental health team should consider admitting you to hospital if you might hurt yourself or other people. If your depressive symptoms keep coming back your mental health team should consider structured psychological therapy. They should also give you information about exercise, healthy sleep, diet and what activities might help you.¹²

Your symptoms may be stable but you still have mild to moderate symptoms. In this case your team should consider arranging one to one psychological therapy for you.¹³

Your GP should review your physical health every year.¹⁴

Your mental health team should offer you support to help with training or returning to work. Your mental health team should also think about other activities you are interested in or would help you if you can't work at the moment.¹⁵

You should have some help to identify early warning signs and triggers of relapse. This could be included in your care plan.¹⁶

CPA

You could be assessed under the Care Programme Approach (CPA), if referred by your medical professionals. This will be appropriate if you have complex needs or if you are vulnerable.

The CPA involves having a full care plan written up. This identifies your needs. You would get a care co-ordinator who manages your treatment and puts services in place, to meet your needs. Your carers can be involved in care plan, as long as you are consenting for them to be involved.

You can find more information about '**Care Programme Approach**' at www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy.

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7. What if I am not happy with my treatment?

If you are not happy with the treatment you then you can:

- talk to your doctor about your treatment and ask for a second opinion if you feel it would help,
- get an advocate to help you speak your doctor,
- contact Patient Advice and Liaison Service (PALS) and see whether they can help, or
- make a complaint.

There is more information about these options below:

Second opinion

You should talk to your doctor about your treatment first and see if you can resolve the situation with them. You can mention the NICE guidelines if you feel they are not offering you the right treatment.

If your doctor does not think of any other treatment options you could ask for a second opinion. You are not legally entitled to a second opinion but your doctor might agree to it if it would help with treatment options.

Advocacy

An advocate is someone who is separate from the mental health service but understands the system and your rights. They can come to a meeting with you and your doctor and make sure you get what you are entitled to. Advocates help you make sure you are being heard. You can search online to see if there are any local advocacy services in your area or the Rethink Mental Illness Advice Service could search for you.

'PALS'

The Patient Advice and Liaison Service (PALS) at your NHS trust can try and help you with any problems or issues you have with an NHS service. You can find your local PALS' details at [http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363).

You can find out more about:

- Second opinions
- Advocacy
- Complaining about the NHS or social services

at www.rethink.org. Or contact 0121 522 7007 and ask for a copy to be sent to you.

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8. Self care and management

You can learn to manage your symptoms by looking after your self care. Self care is how you take care of your diet, exercise, daily routine, relationships and how you are feeling.

The healthcare professional who is working with you should give you advice about exercising and diet.¹⁷ If you feel you are becoming manic it can help to keep regular sleeping patterns and avoid things like caffeine or stressful situations.

Learning to spot early signs of a mania or depression is important in self-management. It can take a while to learn how to spot these changes but there are guides that can help with this. You can ask your healthcare professional to make one with you or ask them for a template of one.

Rethink Mental Illness has created “**Staying Well With Bipolar**”. This is a guide based on information from people who have bipolar disorder or support someone with it. You can download it here www.rethink.org/living-with-mental-illness/staying-well-with-bipolar.

Some local NHS Primary Care Trusts may fund some types of self management course. These are courses for people who have long term health conditions. These are not available everywhere, but you can visit <http://selfmanagementuk.org> or call 03333 445 840 to find out what is available in your area.

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9. Risks associated with bipolar disorder

Self harm or suicide

You are more likely to try to take your own life during depressive episodes of bipolar disorder.¹⁸ It is important that you get the right treatment for your symptoms of depression and have a good crisis plan.

If you have an illness where you experience psychosis, such as schizophrenia and bipolar disorder, your risk of suicide is estimated to be over 5%.¹⁹

There is also research that suggests you are more likely to experience self harm if you suffer from bipolar disorder. This is particularly likely if you experience symptoms of mania.²⁰

You can find more information about ‘**Suicidal feelings – how to cope**’ at www.rethink.org. Or call 0121 522 7007 and ask us to send you a copy.

People with bipolar disorder have a higher rate of physical illnesses such as diabetes and heart disease than the general population. NICE recommends that you have a physical health check every year.²¹

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10. Information for family, carers and friends

Support for you

Whether you are a carer, friend or family member of someone living with bipolar disorder you can get support.

You can get peer support through carer support groups or sibling support groups. You can search for local groups in your area or the Rethink Mental Illness Advice Service can search for you.

You can ask your local authority for a carer's assessment if you need more practical and financial support to help care for someone. As a carer you should be involved in decisions about care planning. There are rules about information sharing and confidentiality which you need to be aware of.

Go to www.rethink.org for information on these topics.

- Carers Assessments
- Caring for yourself being a carer
- Confidentiality and information sharing – for carers, friends and family
- Welfare benefits for carers

Or call 0121 522 7007 and ask us to send you a copy.

Supporting the person you care for

You might find it easier to support someone with bipolar disorder if you understand their symptoms, treatment and self management skills. You can use this information to support and encourage them to get help and stay well.

You should also be aware of what you can do if you are worried about someone's mental state or risk of self harm. You should have details of their mental health team and also discuss a crisis plan with them.

You can find out more information about:

- Supporting someone with a mental illness
- Getting help in a Crisis
- Helping someone with suicidal thoughts
- Dealing with unusual thoughts and behaviours

Go to our further readings section to find out how you can access our factsheets.

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- 18 Nordentoft M, Madsen T, & Fedyszyn I. 2015. Suicidal behavior and mortality in first-episode psychosis. *Journal of Nervous and Mental Disease* 203, p 387-92.
- ¹⁹ Nordentoft M, Madsen T, & Fedyszyn I. 2015. Suicidal behavior and mortality in first-episode psychosis. *Journal of Nervous and Mental Disease* 203, p 387-92.
- ²⁰ Howton et al. 2005. Suicide and Attempted Suicide in Bipolar Disorder: A Systematic Review of Risk Factors. *Journal of Clinical Psychiatry* 66, p 693-704
- ²¹ See reference 1. para 1.2.12.

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This factsheet is available
in large print.



Rethink Mental Illness Advice Service

Phone 0300 5000 927

Monday to Friday, 9:30am to 4pm
(excluding bank holidays)

Email advice@rethink.org

Did this help?

We'd love to know if this information helped you.

Drop us a line at: feedback@rethink.org

or write to us at Rethink Mental Illness:

RAIS
PO Box 17106
Birmingham B9 9LL

or call us on 0300 5000 927.

We're open 9:30am to 4pm
Monday to Friday (excluding bank holidays)



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Email info@rethink.org

 [facebook.com/rethinkcharity](https://www.facebook.com/rethinkcharity)

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Need more help?

Go to www.rethink.org for information on symptoms, treatments, money and benefits and your rights.

Don't have access to the web?

Call us on 0121 522 7007. We are open Monday to Friday, 9am to 5pm, and we will send you the information you need in the post.

Need to talk to an adviser?

If you need practical advice, call us on 0300 5000 927 between 9:30am to 4pm, Monday to Friday. Our specialist advisers can help you with queries like how to apply for benefits, get access to care or make a complaint.

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