



Bipolar Disorder

Fact:

Everybody has ups and downs, but people with bipolar disorder take it to extremes.

Fiction:

It's a myth that patients are always either depressed or manic.

Prevention:

The cause isn't proven, so there's no cure.

Treatment:

A combination of medication and therapy may be required to manage the disorder.

Everyone experiences both good times and bad. But with untreated bipolar disorder, these extremes can create a disruptive, roller coaster ride through life.

Understanding Bipolar Disorder

Bipolar disorder (manic depression) involves extreme mood swings from severe highs (mania) to lows (depression). The swings may be rapid but are more often gradual, with each phase lasting for several weeks.

Most people with bipolar disorder have at least a year of normal life between episodes. However, between 10 and 30%* will cycle rapidly at some point, with four or more episodes in one year. Such rapid cycles usually last only a day or two, or even just a few hours.

A related condition, cyclothymia, is a chronic bipolar disorder with short periods of mild depression and short periods of hypomania, separated by up to two months of normal mood. Those who suffer from this disorder are never free of the symptoms of depression or hypomania for more than two months at a time.

Who Has Bipolar Disorder?

Bipolar disorder usually emerges in late adolescence or early adulthood and affects more than 2 million people in the United States. Many more people are affected, since both the manic and depressive phases are extremely difficult for family members and friends.

Cyclothymia affects up to 1% of the population. If left untreated, approximately 30% of people with cyclothymia eventually experience a full-blown manic episode and their diagnosis is changed to bipolar disorder.

Symptoms of Bipolar Disorder

Some symptoms of bipolar disorder are shown below. Diagnosis depends on the number and intensity of symptoms, and how long they last.

Depression phase:

- Persistent sad, anxious, or empty mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness or helplessness
- Loss of interest or pleasure in hobbies and activities that were once

- enjoyed, including sex
- Change in sleep patterns
- Significant change in appetite or body weight
- Decreased energy and fatigue
- Recurrent thoughts of death or suicide; suicide attempts or plans
- Restlessness and irritability
- Difficulty concentrating, remembering or making decisions
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders and chronic pain

Mania phase:

- Hyperactivity
- Overly inflated self-esteem
- Inappropriate irritability
- Decreased need for sleep
- Grandiose (“larger than life”) notions
- Increased talkativeness and rapid speech
- Disconnected and racing thoughts
- Distractibility
- Increased sexual desire
- Increased recklessness
- Increased goal-directed activity
- Excessive involvement in pleasurable activities that have a high potential for painful consequences
- Inappropriate social behavior

One of the greatest risks of this disorder is suicide.**

The most popular theory about what causes bipolar disorder says the disorder is caused by a chemical imbalance in the brain. The brain is made up of nerve cells, called neurons, and chemicals, called neurotransmitters. According to this theory, an imbalance of one neurotransmitter, called norepinephrine, causes the symptoms of bipolar disorder. Unusually high levels of norepinephrine have been detected in a person's brain during manic episodes, and markedly low levels during depressive episodes.

A family history of bipolar disorder increases the risks.

Prevention

There's no known prevention for bipolar disorder, although treatment can make life much better and can help prevent future episodes.

Treatment

Bipolar disorder usually lasts for life, and if not treated, it can become progressively worse. Treatments include:

- Therapies to help relieve the symptoms, then recover, then protect the patient from future recurrences. As little as one or two weeks of treatment can help greatly.
- Medication such as lithium to stabilize moods, and antidepressant medications during the down times. Sometimes seizure medication is used.
- A combination of therapy and medication

Coping strategies include:

- Staying on medication
- Managing stress
- Maintaining a consistent schedule, including getting enough sleep
- Totally avoiding alcohol, caffeine and some mood-altering drugs

The information presented in these articles is provided for educational purposes only. It is not intended as a substitute for medical advice or treatment. Always seek the advice of your doctor or other medical professional if you have questions about any medical condition, diagnosis or treatment. OnlineBenefits, Inc. will not be liable for any damages arising from the use of this information, and makes no warranties or representations of any kind with respect to the information contained herein.