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Bipolar Disorder Health Center

Understanding Bipolar Disorder: The Basics

Bipolar disorder, also known as manic depressive disorder, is a serious, double-edged mental illness. In contrast to the sustained bleakness of major depression (technically called unipolar disorder when episodes only involve major depression and no manic or hypomanic periods), bipolar disorder is characterized by cyclical periods of high energy and elation and then low energy and despair. The pattern of the mood alternations varies widely among those with the disorder. In some people, years of normal functioning can separate manic and depressive episodes. In others, the episodes cycle frequently, three or four times a year, with respites between. For some people, depression and mania cycle continuously. There are also people who experience mixed episodes, in which mania and depression occur together or alternate rapidly within a brief period of time. And for a rare few, an episode of bipolar disorder may occur only once in a lifetime (if it occurs twice, it is usually followed by other episodes). Generally, the depressive phase lasts longer than the manic phase, and it also tends to be more frequent. The cycle can be erratic.

Bipolar disorder is known to affect about 2.6% of U.S. adults in any given year, although its frequency may be much higher, because cases go untreated or misdiagnosed. Men and women are equally susceptible. Much evidence suggests that the illness has at least a partial genetic basis, but its origins are still uncertain. The symptoms are thought to result from abnormal functioning of brain circuits that regulate mood, thinking and behavior, and are beyond voluntary control. The disorder is not only life-disrupting but can also be dangerous. As many as 10% to 15% of people with bipolar disorder commit suicide, usually when they are in the midst of a severe depression and may feel particularly hopeless about the future.

Fortunately, great strides have recently been made in treating this illness. In most cases, the symptoms can be controlled effectively by medication and other therapies.

The disorder occurs in two main forms, known as bipolar I and bipolar II. They may have separate genetic origins. In bipolar I, both phases of the illness are apt to be very pronounced. In bipolar II, mania is often mild (it is termed hypomania), and the depression can be either mild or severe. Bipolar II is more difficult to diagnose and is often mistaken for unipolar or major depressive disorder. It has fewer and shorter periods of remission than bipolar I, tends to be more common in women, and is somewhat less responsive to treatment. It may be the more common form of bipolar disorder.

The illness is sometimes linked to seasonal affective disorder, with depression occurring in late fall or winter, giving way to remission in the spring, and progressing to mania or hypomania in the summer.

About one in five cases of bipolar disorder begins in late childhood or adolescence, referred to as early-onset bipolar disorder. Adolescents are more likely than adults to have more frequent mood swings, mixed episodes, and relapses, and they are more apt to be misdiagnosed. Usually, however, the illness strikes during early adulthood and the average onset is before age 25. The first episode in males is likely to be manic. The first episode in females is typically

depressive (and frequently, a woman will experience several episodes of depression before a manic episode occurs). As patients grow older, recurrences of either bipolar I or bipolar II tend to come more frequently and last longer.

Bipolar disorder is thought to result from abnormal functioning of certain brain circuits, which may in part be related to abnormal functioning of genes. Possible chemical abnormalities related to brain circuit dysfunction are not fully understood, but may be related to serotonin, norepinephrine, dopamine, glutamate, and gamma-aminobutyric acid (GABA), among others. The likelihood that genes play a role is supported by the fact that there is sometimes a family history of recurrent mood disorders or suicide.

Understanding Bipolar Disorder: Symptoms

The primary symptoms of bipolar disorder are periods of elevated or irritable mood accompanied by dramatic increases in energy, activity, and thinking. The illness has two (bi) strongly contrasting phases (polar): 1) bipolar mania or hypo-mania and 2) depression.

1) Bipolar mania or hypo-mania symptoms include:

- Euphoria or irritability
- Increased energy and activity
- Excessive talk; racing thoughts
- Inflated self-esteem
- Unusual energy; less need for sleep
- Impulsiveness, a reckless pursuit of gratification (shopping sprees, impetuous travel, more and sometimes promiscuous sex, high-risk business investments, fast driving)

2) Bipolar depression/major depression symptoms include:

- Depressed mood and low self-esteem
- Low energy levels and apathy
- Sadness, loneliness, helplessness, guilt
- Slow speech, fatigue, and poor coordination
- Insomnia or oversleeping
- Suicidal thoughts and feelings
- Poor concentration
- Lack of interest or pleasure in usual activities

Understanding Bipolar Disorder -- Treatment

Bipolar disorder is treated with three main classes of medication: mood stabilizers, antipsychotics, and, while their safety and effectiveness for the condition is controversial, antidepressants.

Typically, treatment entails a combination of at least one mood-stabilizing drug and/or atypical antipsychotic, plus psychotherapy. The most widely used drugs for the treatment of bipolar disorder include lithium carbonate and valproic acid (also known as Depakote). Lithium carbonate can be remarkably effective in reducing mania, although doctors still do not know precisely how it works. Lithium may also prevent recurrence of depression,but its value seems greater against mania than depression, and therefore it is often given in conjunction with other medicines known to have greater value for depression symptoms, sometimes including

antidepressants.

Valproic acid is a mood stabilizer that is helpful in treating the manic or mixed phases of bipolar disorder, along with carbamazapine, another antiepileptic drug. These drugs may be used alone or in combination with lithium to control symptoms. In addition, newer drugs are coming into the picture when traditional medications are insufficient. Lamotrigine, another antiepileptic drug, has been shown to have value for preventing recurrences of either manias or depressions, but some evidence shows it may be especially useful against depressions.

Other antiepileptic drugs, such as gabapentin, oxcarbazepine, or topiramate, are regarded as experimental treatments that are not well-established, but may sometimes have value for symptoms of bipolar disorder or other conditions that often occur with it.

Haloperidol, previously a mainstay of treatment for psychotic mania, or more recently, other newer antipsychotic medications, such as olanzapine or risperidone, are often given to patients who fail to respond to lithium or divalproex, or to treat acute symptoms of mania -- particularly psychosis -- before lithium or divalproex can take full effect (which may be from one to several weeks). Another antipsychotic, Latuda, is approved for use in bipolar I depression.

Some of these drugs can be toxic and should be closely monitored through blood tests to ensure that adequate levels have been reached and to detect any bad reactions early on. Because it is often difficult to predict which patient will react to what drug or what the dosage should ultimately be, the psychiatrist will often need to experiment with several different medications when beginning treatment.

While antidepressants remain widely prescribed for bipolar depression, most antidepressants have not been adequately studied in patients with bipolar depression. Of the larger studies that have been conducted, however, a combination of the antidepressant Prozac (fluoxetine) and the antipsychotic drug Zyprexa (olanzapine) improved symptoms of bipolar depression. Other FDA-approved treatments for the depressed phase of bipolar disorder include Seroquel or Seroquel XR and Latuda.

In general, your doctor may try to keep the use of antidepressants limited and brief;there is evidence that some antidepressants -- given alone or in combination with other drugs -- may trigger a manic episode or cause cycles between depression and mania to be more rapid. If an antidepressant is not clearly having a beneficial effect for bipolar depression, there is usually little rationale to continue it.

The family or spouse of a patient should be involved with any treatment. Having full information about the disease and its manifestations is important for both the patient and loved ones.