

Depression

Depression is a common mental health condition that causes a persistent feeling of sadness and changes in how you think, sleep, eat and act. There are several different types. Depression is treatable — usually with talk therapy, medication or both. Seeking medical help as soon as you have symptoms is essential.

Feeling sadness is normal, especially when facing difficult circumstances or dealing with loss. Some of us even feel glum when it's just a cloudy day.

But for many people, this dark feeling can be intense and overwhelming. It can cause you to feel hopeless and helpless and can carry on for weeks, months, or even longer. This intense, prolonged sadness is often how people describe depression.

If you or a loved one are struggling with depression, there is help available. Depression, sometimes called clinical depression or major depressive disorder, is manageable and treatable.

Depression Is More Than 'Feeling Sad'

Depression is a condition characterized by feelings of sadness, hopelessness, and often worthlessness, accompanied by both physical and mental symptoms. Depression can best be described as sadness that can take over your life and impact your daily activities, causing you to not function as you normally would.

Feeling sad, on the other hand, can be a mood state where you're reacting to the circumstances you find yourself in—but unlike depression, your mood recovers over time. Sadness over a life event or while grieving may last for a few days or weeks, but this sadness doesn't generally lead to the overwhelming sense of darkness that accompanies major depression.

Experiencing sadness means that you can still enjoy activities that you previously liked. Depression, on the other hand, can be an all-consuming sadness that zaps joy from life and where days are spent immersed in negative thoughts.

Depression doesn't pick and choose what parts of your life are impacted. Rather, if you are dealing with depression, that feeling will affect how you think, what you do, and what you choose not to do. Often, you may lose interest in events, relationships, and activities that were once enjoyable.

If left untreated, depression can creep into all parts of your life—work, school, and home—escalating in intensity and impacting relationships, health, and education.

Causes of Depression

Depression is often caused by a combination of biological, psychological, and/or genetic factors. Depression can happen when there are particular changes in the brain or we get stuck in repetitive, negative patterns of thinking. Environmental factors, like job loss, a divorce, or

problems at work can also have a major impact on whether someone is prone to depressive episodes.

A bout of depression could happen after a traumatic event or a change of circumstances in one's life. It could also occur because of changes in the brain or from addiction to drugs or alcohol. Depression can happen around the birth of a child, due to menstrual cycle changes, or due to a seasonal change in the weather.

Depression Developments

Anyone can develop depression at any time in their lives. This can occur because of life events or due to changes in the body.

There is no way to determine whether or not your feelings will be temporary or if you will become depressed for long durations of time. For this reason, it is extremely important to recognize the signs of depression so you can obtain help if needed.

While depression occurs more in adults, it can also happen to children. As a parent or caregiver, knowing the signs of depression helps to get a child the necessary support to deal with their feelings appropriately.

There Are Many Different Types of Depression

Depression comes in many forms and can affect people of all ages, genders, races, and socioeconomic backgrounds.

Knowing some of the different types of depression is beneficial in understanding if there have been events or situations that may have caused it—and if you should reach out for help.

There are a number of common types of depression.

Major Depressive Disorder (MDD)

Symptoms are felt daily and are disruptive to day-to-day life, causing significant impairment.

Persistent Depressive Disorder

Symptoms are felt for prolonged periods of time, sometimes up to two years, although symptoms may not be as intense as with major depressive disorder.

Manic Depression

Negative symptoms alternate with feelings of euphoria or intense happiness.

Depressive Psychosis

Symptoms include hallucinations and a sense of losing touch with reality.

Perinatal Depression

Symptoms are experienced during pregnancy and for a period of time after the birth of a baby. Perinatal depression is a combination of both prenatal depression (depression occurring before birth) and postpartum depression (depression occurring in months after birth).

Postpartum Depression

Many new mothers will experience “baby blues” after childbirth. Baby blues include mood swings, trouble sleeping, and anxiety, and begin within two to three days after delivery and may last for up to two weeks. Postpartum depression is a longer-lasting, more severe form of depression and can take as long as a year after childbirth for symptoms to appear.

Premenstrual Dysphoric Disorder

Symptoms are triggered by a woman’s monthly menstrual cycle and alter depending upon hormonal changes.

Seasonal Depression

Symptoms are exacerbated due to changes in the weather and are usually more intense during the winter months.

Atypical Depression

Symptoms wane when positive events are present in someone’s life but then return when less than favorable events occur.

Situational Depression

Symptoms become present after specific, identifiable, and life-altering experiences, such as the loss of a loved one, job loss, or illness.

Experts do warn that the phrase “situational depression” can be misleading. Despite depression being the result of a chemical imbalance or the result of an external factor, symptoms may not resolve even if the situation does.

If your mood is negatively impacted, whether from a specific event or for no clear reason, treatment may be needed.

Depression Symptoms

You often know when you feel upset, down, and sad. But if you feel this way often, you may start to wonder if you are struggling with depression.

A key indicator of a depressive episode is if sadness has lasted more than two weeks. Most people have ups and downs in their lives and have happy times to compensate for times that are not so great.

Depression has physical, emotional, and mental symptoms. While some people experience only one depression episode in their lives, these symptoms occur most days and over prolonged periods of time.

To be clinically diagnosed, someone must experience five or more of the following symptoms during the same two-week period. At least one of the symptoms must be either a depressed mood or loss of interest or pleasure.

Some of the mental and emotional symptoms of depression include:

- Feeling hopeless
- Feeling indifferent
- Being irritable
- Feeling worthless, helpless, or guilty
- Feelings of anxiety or agitation
- Withdrawing from friends and family
- No longer interested in hobbies, activities, and spending time with others
- Difficulty with concentration and making decisions
- Thoughts of self-harm or suicide
- Loss of memory

Some of the physical symptoms of depression include:

- Fatigue or a noticeable loss of energy
- Headaches
- Digestive difficulties
- Body aches and pains with no clear reason for their presence
- Restlessness or an urge to move around constantly
- Trouble falling and staying asleep, waking extremely early or late
- Changes with weight due to overeating or not eating enough
- Self-harm
- Attempts at suicide

Depression in Kids and Teens

While depression can occur at any stage of life, the symptoms of the condition may be different in a child than in an adult.

Teens live very up-and-down lives—peer pressure, schooling, employment, and puberty can all contribute to emotional swings. With some teens, feeling low isn't temporary and can be overlooked as “just part of growing up” instead of signs of possible depression.

Some of the symptoms of depression in kids and teens may include:

- Sadness
- Irritability
- Clinginess
- Excessive worrying

- Inexplicable aches and pains
- Feeling negative or worthless
- Refusal to go to school or participate in school-based activities
- Loss of interest in activities, including socializing
- Using drugs or alcohol
- Poor performance in school
- Being underweight

Depression in Older Adults

Older adults are at a higher risk of depression than other age groups. Depression is more common when a person is experiencing other health conditions. They may also experience depression when going through the loss of a loved one or losing the ability to do something.

Often depression is either overlooked in older populations or is assumed to be part of growing older. Neither is true, but by increasing awareness of symptoms, we can help our older loved ones.

Some symptoms of depression in older adults may include:

- Difficulty with memories or remembering things
- Changes in personality
- Physical aches or pains without cause
- Fatigue or sleep problems
- Loss of appetite
- Loss of interest in sex, not caused by a medical condition or medication
- Strong desire to stay at home instead of socializing or participating in activities

If you are depressed, you may only have one or two of the above symptoms, or you may experience several. Symptoms may also change depending upon the intensity of a depressive episode.

Knowing these symptoms, however, will help you in determining whether you need to seek medical treatment to help make the symptoms decrease in intensity or go away altogether.

Getting Help for Depression

Knowing when to reach out for help can make depression easier to live with. If you try to ignore symptoms in the hope that they will go away on their own, they could just become harder to deal with. In time, depressive episodes can become more intense. Waiting to seek treatment may make it more difficult to get through symptoms when they occur.

The first step toward improving your mental health is to make an appointment with a medical professional for a complete physical and evaluation.

If you are experiencing thoughts of suicide or self-harm or feelings of wanting to hurt others, then you need to seek immediate care.

Diagnose Depression

To diagnose depression, a mental health professional or medical provider will ask you many questions about your everyday feelings and actions. They may ask you how you would react to particular situations to help determine the intensity of your symptoms.

During a session with a medical provider, tests are conducted to determine whether there is a medical reason causing you to be depressed. This includes a physical examination to rule out conditions that cause symptoms to arise.

If it is determined that a medical condition may be a cause, treatment for the diagnosed condition will be administered to see if depression decreases or disappears. If not, alternate means are explored to curb depressive feelings when or before they occur.

Your provider will ask questions about the intensity and frequency of symptoms experienced and may ask about a family history of depression or other mental health conditions. They may ask about what you're experiencing to determine whether there are triggers that cause symptoms to arise and gauge if the depression is situational. The more information you're able to provide, the better.

After a physical exam and conversation about what you're experiencing, your medical provider may request a psychiatric evaluation by a mental health professional. They will use the information provided in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the guidelines for mental health diagnosis, to determine whether you meet the criteria for depression.

Depression Treatment

Treatment for depression can vary depending on the person and the type of depression. Some folks respond well to medication, some use individual and group therapy, and some find it best to have a blend of the two treatments along with general wellness activities, such as exercise and yoga practices.

It's important to know that it may take some time to determine what type of treatment is best for you. There are a lot of medications available to treat depression, along with a variety of therapies. What works well for someone else may not work for you, and that's completely okay.

To make sure that depression is being treated successfully, it's important to remain open and honest with your care team. If a treatment doesn't work, it does not mean that you are a failure. Instead, it means that your provider may need to tweak your care plan to help you continue to see improvements in your life.

There are two main types of treatment used for depression: medication and therapy. Your care team can help you determine which treatment route you should take based on the type of depression you're experiencing.

Medication

Many medications have been found to treat depression effectively. They can help you effectively deal with life situations without feeling depressed. There are several types of medication for depression, and for this reason, it is important to discuss side effects with your medical provider.

Some medications will cause depressive episodes to worsen rather than make them easier to deal with. If you feel this is happening to you, contact your medical provider immediately so you can be switched to an alternate form of medication, or try therapy.

In some instances, patients need to try several different types of medication in different dosages before they find one that works well for their difficulties.

Therapy

Talk therapy, otherwise known as psychotherapy, is effective in treating depression.

Therapies such as cognitive behavior therapy or dialectical behavior therapy help patients learn new skills to better manage their moods and symptoms. Therapy can also be unstructured and focus more on talk therapy, where the patient meets with a therapist to talk about whatever is troubling them.

A therapist will help the person learn how to deal with triggers effectively when they occur and will also help the patient find ways to avoid triggers so depressive episodes are less likely. This type of therapy is conducted on a one-on-one basis but can also be tailored to include friends or family members in a group setting if desired.

Some people also find group sessions with others who are dealing with depression to be helpful. It gives them the chance to discuss symptoms and effective coping tactics with others who are experiencing similar symptoms and makes them feel less alone.

In cases of severe depression, therapies like **transcranial magnetic stimulation (TMS)**, **ketamine treatment**, or **electroconvulsive therapy (ECT)** may help.

There is no one-size-fits-all approach to treatment for depression, so it's important to remember that what works for a friend or family member may not work as well for you. By working closely with your providers, you can find what works for you.

Debunking Myths About Depression

Depression has a lot of gray area—and because of that, a lot of myths about depression are well known. Below, we break down some of the most common ones and how we can help change the conversation around depressive disorders.

Myth: Depression Is Just Feeling Sad

You may have heard someone say “Oh, I’m feeling so depressed,” when, in fact, they’re just sad. Depression and its impacts are not the same for everyone—and can’t be cured by thinking positive thoughts.

Myth: To Be Depressed, You Have To Have Every Symptom of the Condition

Some people have only a few symptoms, while others will experience almost all of them. The symptoms felt by someone with depression depend upon the severity of their condition as well as the time frame that the person has been struggling with the condition.

Myth: Depression’s Something You Can Just Snap Out of and Be Fine

Many people believe that if you’re depressed, you can snap out of it or just remain focused on being happy. While this would be an easy solution, it’s not feasible for someone living with depression. It is a true medical condition that requires effective treatment.

Myth: There’s Only One Type of Depression

Many don’t understand that there are different types of depression. More are unaware that there is clinical depression, situational depression, and more manageable feelings of sadness. Depression isn’t something you can sleep off after a bad day. It can last for weeks, months, or years if untreated.

Your Days Will Get Brighter—There Is Hope!

If you are experiencing symptoms or have been diagnosed with depression, there are ways to address it. The first steps to better days are to take it seriously and to take care of yourself.

Depression can be curbed with appropriate treatment. In addition, someone struggling with depression will be taught coping mechanisms to help them get through depressive bouts successfully. Treatment is always a better option than ignoring signs of a problem.

If you do not seek help from someone trained to deal with depression, you will not have the opportunity to treat it. By addressing your feelings, you have the opportunity to treat them in a way that works well for you. Through care, your symptoms will not occur as often or as intensely.

Depression can be a challenge, but with the right care, it can be conquered.

Depression (also known as major depression, major depressive disorder, or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how a person feels, thinks, and handles daily activities, such as sleeping, eating, or working.

To be diagnosed with depression, the symptoms must be present for at least 2 weeks.

There are different types of depression, some of which develop due to specific circumstances.

- **Major depression** includes symptoms of depressed mood or loss of interest, most of the time for at least 2 weeks, that interfere with daily activities.
- **Persistent depressive disorder** (also called dysthymia or dysthymic disorder) consists of less severe symptoms of depression that last much longer, usually for at least 2 years.
- **Perinatal depression** is depression that occurs during or after pregnancy. Depression that begins during pregnancy is prenatal depression and depression that begins after the baby is born is postpartum depression.
- **Seasonal affective disorder** is depression that comes and goes with the seasons, with symptoms typically starting in the late fall and early winter and going away during the spring and summer.
- **Depression with symptoms of psychosis** is a severe form of depression in which a person experiences psychosis symptoms, such as delusions (disturbing, false fixed beliefs) or hallucinations (hearing or seeing things others do not hear or see).

People with **bipolar disorder** (formerly called manic depression or manic-depressive illness) also experience depressive episodes, during which they feel sad, indifferent, or hopeless, combined with a very low activity level. But a person with bipolar disorder also experiences manic (or less severe hypomanic) episodes, or unusually elevated moods, in which they might feel very happy, irritable, or “up,” with a marked increase in activity level.

Other types of depressive disorders found in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* include disruptive mood dysregulation disorder (diagnosed in children and adolescents) and premenstrual dysphoric disorder (that affects women around the time of their period).

People who get depression

Depression can affect people of all ages, races, ethnicities, and genders.

Women are diagnosed with depression more often than men, but men can also be depressed. Because men may be less likely to recognize, talk about, and seek help for their feelings or emotional problems, they are at greater risk of depression symptoms being undiagnosed or undertreated.

Studies also show higher rates of depression and an increased risk for the disorder among members of the LGBTQI+ community.

Signs and symptoms of depression

If you have been experiencing some of the following signs and symptoms, most of the day, nearly every day, for at least 2 weeks, you may be experiencing depression:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Feelings of irritability, frustration, or restlessness

- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy, fatigue, or feeling slowed down
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, waking early in the morning, or oversleeping
- Changes in appetite or unplanned weight changes
- Physical aches or pains, headaches, cramps, or digestive problems that do not have a clear physical cause and do not go away with treatment
- Thoughts of death or suicide or suicide attempts

Not everyone who is depressed experiences every one of these symptoms. Some people experience only a few symptoms, while others experience many symptoms. Symptoms associated with depression interfere with day-to-day functioning and cause significant distress for the person experiencing them.

Depression can also involve other changes in mood or behavior that include:

- Increased anger or irritability
- Feeling restless or on edge
- Becoming withdrawn, negative, or detached
- Increased engagement in high-risk activities
- Greater impulsivity
- Increased use of alcohol or drugs
- Isolating from family and friends
- Inability to meet the responsibilities of work and family or ignoring other important roles
- Problems with sexual desire and performance

Depression can look different in men and women. Although men, women, and people of all genders can feel depressed, how they express those symptoms and the behaviors they use to cope with them may differ. For example, some men (as well as women) may show symptoms other than sadness, instead seeming angry or irritable. And although increased use of alcohol or drugs can be a coping strategy for any person with depression, men may be more likely to use alcohol or drugs to help them cope.

In some cases, mental health symptoms appear as physical problems. For example, a racing heart, tightened chest, ongoing headaches, or digestive issues. Men are often more likely to see a health care provider about these physical symptoms than their emotional ones.

Because depression tends to make people think more negatively about themselves and the world, some people may also have thoughts of suicide or self-harm.

Several persistent symptoms, in addition to low mood, are required for a diagnosis of depression, but people with only a few symptoms may also benefit from treatment. The severity and frequency of symptoms and how long they last will vary depending on the person, the illness, and the stage of the illness.

If you experience signs or symptoms of depression and they persist or do not go away, talk to a health care provider. If you see signs or symptoms of depression in someone you know, encourage them to seek help from a mental health professional.

Risk factors for depression

Depression is one of the most common mental disorders in the United States. Research suggests that genetic, biological, environmental, and psychological factors play a role in depression.

Depression can happen at any age, but it often begins in adulthood. Depression is now recognized as occurring in children and adolescents, although children may express more irritability than sadness. Many chronic mood and anxiety disorders in adults begin as high levels of anxiety in childhood.

Depression, especially in midlife or older age, can co-occur with other serious medical illnesses, such as diabetes, cancer, heart disease, and Parkinson's disease. These conditions are often worse when depression is present, and research suggests that people with depression and other medical illnesses tend to have more severe symptoms of both illnesses. The Centers for Disease Control and Prevention (CDC) has also recognized that having certain mental disorders, including depression and schizophrenia, can make people more likely to get severely ill from COVID-19.

Sometimes a physical health problem, such as thyroid disease, or medications taken for a physical illness cause side effects that contribute to depression. A health care provider experienced in treating these complicated illnesses can help work out the best treatment strategy. Learn more about getting help and finding a health care provider.

Other risk factors for depression include:

- Personal or family history of depression
- Major negative life changes, trauma, or stress

Medications

Antidepressants are medications commonly used to treat depression. They work by changing how the brain produces or uses certain chemicals involved in mood or stress. You may need to try several different antidepressants before finding the one that improves your symptoms and has manageable side effects. A medication that has helped you or a close family member in the past will often be considered first.

Antidepressants take time—usually 4–8 weeks—to work, and problems with sleep, appetite, and concentration often improve before mood lifts. It is important to give a medication a chance to work before deciding whether it's the right one for you.

New medications, such as intranasal esketamine, can have rapidly acting antidepressant effects, especially for people with treatment-resistant depression. Esketamine is a medication approved by the U.S. Food and Drug Administration (FDA) for treatment-resistant depression. Delivered as a nasal spray in a doctor's office, clinic, or hospital, it acts rapidly, typically within a couple of hours, to relieve depression symptoms. People who use

esketamine will usually continue taking an oral antidepressant to maintain the improvement in their symptoms.

Another option for treatment-resistant depression is to take an antidepressant alongside a different type of medication that may make the antidepressant more effective, such as an antipsychotic or anticonvulsant medication. Further research is needed to identify the best role of these newer medications in routine practice.

If you begin taking an antidepressant, **do not stop taking it without talking to a health care provider**. Sometimes people taking antidepressants feel better and stop taking the medications on their own, and their depression symptoms return. When you and your health care provider have decided it is time to stop a medication, usually after a course of 9–12 months, the provider will help you slowly and safely decrease your dose. Abruptly stopping a medication can cause withdrawal symptoms.

Note: In some cases, children, teenagers, and young adults under 25 years may experience an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed. The FDA advises that patients of all ages taking antidepressants be watched closely, especially during the first few weeks of treatment.

If you are considering taking an antidepressant and are pregnant, planning to become pregnant, or breastfeeding, talk to a health care provider about any health risks to you or your unborn or nursing child and how to weigh those risks against the benefits of available treatment options.

To find the latest information about antidepressants, talk to a health care provider and visit the [FDA website](#).

Psychotherapies

Several types of psychotherapy (also called talk therapy or counseling) can help people with depression by teaching them new ways of thinking and behaving and how to change habits that contribute to depression. Evidence-based approaches to treating depression include cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT). Learn more about [psychotherapy](#).

The growth of [telehealth for mental health services](#), which offers an alternative to in-person therapy, has made it easier and more convenient for people to access care in some cases. For people who may have been hesitant to look for mental health care in the past, telemental health services might be an easier first step than traditional mental health services.

Brain stimulation therapies

If medication or psychotherapy does not reduce symptoms of depression, brain stimulation therapy may be an option to explore. There are now several types of brain stimulation therapy, some of which have been authorized by the FDA to treat depression. Other brain stimulation therapies are experimental and still being investigated for treating mental disorders like depression.

Although brain stimulation therapies are less frequently used than medication and psychotherapy, they can play an important role in treating mental disorders in people who do not respond to other treatments. These therapies are used for most mental disorders only after medication and psychotherapy have been tried and usually continue to be used alongside these treatments.

Brain stimulation therapies act by activating or inhibiting the brain with electricity. The electricity is given directly through electrodes implanted in the brain or indirectly through electrodes placed on the scalp. The electricity can also be induced by applying magnetic fields to the head.

The brain stimulation therapies with the largest bodies of evidence include:

- Electroconvulsive therapy (ECT)
- Repetitive transcranial magnetic stimulation (rTMS)
- Vagus nerve stimulation (VNS)
- Magnetic seizure therapy (MST)
- Deep brain stimulation (DBS)

ECT and rTMS are the most widely used brain stimulation therapies, with ECT having the longest history of use. The other therapies are newer and, in some cases, still considered experimental. Other brain stimulation therapies may also hold promise for treating specific mental disorders.

ECT, rTMS, and VNS have authorization from the FDA to treat severe, treatment-resistant depression. They can be effective for people who have not been able to feel better with other treatments or for whom medications cannot be used safely and in severe cases where a rapid response is needed, such as when a person is catatonic, suicidal, or malnourished.

Whereas ECT involves using electricity to induce seizures, in rTMS, a magnet is used to activate the brain. Unlike ECT, in which stimulation is more generalized, in rTMS, the stimulation is targeted to a specific brain site. Both procedures are noninvasive and do not require surgery to perform. In contrast, VNS is usually a surgical procedure that involves implanting a device under the skin to activate the vagus nerve.

Additional types of brain stimulation therapy are being investigated for treating depression and other mental disorders. Learn more about these [brain stimulation therapies](#). Talk to a health care provider and make sure you understand the potential benefits and risks before undergoing brain stimulation therapy.

Alternative treatments

The FDA has not approved any natural products for depression. Although research is ongoing, some people use natural products, including vitamin D and the herbal dietary supplement St. John's wort, for depression. However, these products can come with risks. For instance, dietary supplements and natural products can limit the effectiveness of some medications or interact in dangerous or even life-threatening ways with them.

Do not use vitamin D, St. John's wort, or other dietary supplements or natural products without talking to a health care provider. Rigorous studies must be conducted to test whether these and other natural products are safe and effective.

Daily morning light therapy is a common treatment choice for people with seasonal affective disorder. Light therapy devices are much brighter than ordinary indoor lighting and considered safe, except for people with certain eye diseases or taking medications that increase sensitivity to sunlight. As with all interventions for depression, evaluation, treatment, and follow-up by a health care provider are strongly recommended. Research into the potential role of light therapy in treating non-seasonal depression is ongoing.

Find help for depression

If you think you may have depression, start by making an appointment to see a health care provider. This could be your primary care provider; a psychiatrist, psychologist, or social worker; or another provider who specializes in diagnosing and treating mental health conditions. Find tips to help prepare for and get the most out of your visit and information about getting help.

Once you enter treatment, you should gradually start to feel better. Here are some other things you can do outside of treatment that may help you or a loved one during treatment for depression:

- Try to get physical activity. Just 30 minutes a day of walking can boost your mood.
- Try to maintain a regular bedtime and wake-up time.
- Eat regular, healthy meals.
- Break up large tasks into small ones; do what you can as you can. Decide what must get done and what can wait.
- Try to connect with people. Talk with people you trust about how you are feeling.
- Delay making important decisions, such as getting married or divorced, or changing jobs until you feel better. Discuss decisions with people who know you well.
- Avoid using alcohol, nicotine, or drugs, including medications not prescribed for you.

Clinical trial for depression

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions, including depression. The goal of a clinical trial is to determine if a new test or treatment works and is safe. Although people may benefit from being part of a clinical trial, they should know that the primary purpose is to gain new scientific knowledge so that others can be better helped in the future.

Researchers at NIMH and around the country conduct many studies with patients with depression and healthy volunteers. We have new and better treatment options today because of what clinical trials have uncovered. Talk to a health care provider about clinical trials, their benefits and risks, and whether one is right for you.

Schizophrenia

Schizophrenia is a chronic, severe mental disorder that affects the way a person thinks, acts, expresses emotions, perceives reality, and relates to others. Though schizophrenia isn't as common as other major mental illnesses, it can be the most chronic and disabling.

Schizophrenia is a serious mental health condition that affects how people think, feel, and behave. People with schizophrenia experience psychosis with symptoms that include hallucinations (seeing or hearing things that aren't there), and delusions (believing things that cannot be true).

When people struggle with these occurrences, they often lose a shared sense of reality. They also often face stigma for behavior that strikes other people as being strange or bizarre.

Those living with schizophrenia often struggle with scary and confusing experiences. Because of this, they need compassion and understanding from those around them.

Friends and family can learn how to support loved ones with this condition. With the right treatment, people with schizophrenia can live rewarding lives.

Mental health issues come in many different forms.

Schizophrenia is a serious condition that can impact how someone behaves, thinks, and feels. People with schizophrenia may appear as though they have lost touch with reality, causing severe distress for themselves, their family, and friends.

Schizophrenia is often diagnosed following the first time that a person experiences psychosis. With an episode of psychosis, someone's mind is affected and they have trouble seeing or understanding reality. Psychosis can include hallucinations, delusions, or disordered thoughts or speech. This can be frightening and confusing to the person, especially the first time a psychotic episode is experienced.

With schizophrenia, gradual changes in social functioning, mood, and thinking can also emerge.

People sometimes confuse schizophrenia with dissociative identity disorder (DID), but each is a different condition with different symptoms.

When a person has DID, instead of experiencing delusions or hallucinations, they feel "checked out" from the world around them. Someone with DID may feel incredibly organized and in control of the situation they're in, provided they aren't dissociating from themselves at the time. Meanwhile, someone with schizophrenia is likely to experience confusion; they may believe, hear, or see things that aren't real, or feel out of control.

By better understanding schizophrenia and recognizing the signs and symptoms related to it, we can help people to find and access the care and support they need.

Signs and Symptoms

For someone to be diagnosed with schizophrenia, they must experience psychotic symptoms such as abnormal thinking, odd behaviors, changes in vision, hearing, or smell. They often experience themselves, and the world, in a distorted way. For a diagnosis to be confirmed, symptoms must persist for at least six months.

In many cases, schizophrenia symptoms show up during early adulthood. It is likely that more subtle signs of schizophrenia are present earlier but may be missed. Some of the more overlooked early symptoms include poor school performance, reduced motivation, and issues with personal relationships.

Men usually develop symptoms during their late teen years and early thirties, while women usually developing symptoms during their twenties and early thirties.

Often, episodes of psychosis will decrease as people get older. However, using recreational drugs, drinking, and not taking prescribed medications can make symptoms worse.

People with schizophrenia have three categories of symptoms—positive, disorganized, and negative.

Positive Symptoms

Positive symptoms are symptoms that are present but should not be, such as hallucinations and delusions.

Hallucinations include seeing or hearing things that are not there. For example, hearing voices or seeing people who may have died years ago.

Delusions include having outlandish beliefs—even in the face of evidence that disproves them. For example, someone may believe that they have superpowers.

Disorganized Symptoms

People with schizophrenia can experience disordered or disorganized thinking—including problems with memory, concentration, and sustained attention. It can be hard for someone to follow what the person is thinking or saying, or they may bounce from thought to thought without any rhyme or reason.

Motor skill-related symptoms can develop, which are also categorized as disorganized symptoms. For example, people may display abnormal movements, leading to seemingly bizarre behavior.

Negative Symptoms

People with schizophrenia often experience negative symptoms as well. Some of the most common negative symptoms of schizophrenia include:

- A reduced motivation to go to school or work

- Problems planning out a daily routine
- Difficulty sustaining activities
- An overall feeling of apathy about everyday life
- Flat affect, which refers to reduced facial expressions and vocal tones
- Speaking less frequently and at a lower volume

Negative cognitive symptoms can interfere with everyday activities. Following conversations, learning new things, and remembering appointments can be difficult. Some of the most common cognitive symptoms of schizophrenia include:

- Difficulty processing information to make the correct decision
- Difficulty focusing on the task at hand
- Problems paying attention
- Issues applying information that has been learned

It is important to note that many of the symptoms of schizophrenia can fade in and out. Like other medical conditions and mental health issues, schizophrenia's severity can vary. Each person's experience is different, with the frequency of episodes varying from person to person.

Schizophrenia in Teens

Even though schizophrenia can develop in teens, it is often overlooked when symptoms are most commonly associated with other disorders. In addition, many of the symptoms can be confused for normal teenage development.

Some of the most common symptoms of schizophrenia in teens include:

- Withdrawing from family members and friends
- A lack of motivation to go to school and/or engage in extracurricular activities
- Changing sleep patterns
- Irritability with family members and friends
- Decrease in school performance

When compared to adults who are diagnosed with schizophrenia, teens with the condition are less likely to have delusions but are more likely to have visual hallucinations. When teenagers mention having experienced hallucinations, it is often assumed to be related to recreational drug use. Though this is a possibility, it is important not to rule out the onset of schizophrenia.

If symptoms persist but the affected teenager has not engaged in treatment, the symptoms can worsen, sometimes to a point that it can keep future treatment from being effective and helping the person maintain a normal standard of living.

It is important to keep in mind that schizophrenia can be diagnosed in this age group, and if someone is experiencing these symptoms, it is crucial to make sure that they are evaluated by a health care professional.

Facts About Schizophrenia

To dispel myths about schizophrenia, it is critical to understand the frequency and seriousness of this mental health condition.

Close to 3.5 million people in the United States live with a diagnosis of schizophrenia, making it one of the top 15 leading causes of disability.

Most people who have schizophrenia do not receive the care they require. They are less likely to seek the medical care they need compared to people with other mental health issues.

People with schizophrenia often also have physical illnesses, making the life expectancy of a person with schizophrenia about 20% lower than the general population.

High blood pressure and high cholesterol are not uncommon. Schizophrenia is also commonly associated with the metabolic syndrome that can cause type 2 diabetes and insulin insensitivity.

In addition, close to half of all people who are diagnosed with schizophrenia also struggle with a secondary mental health issue.

Mental illness can lead to significant financial problems. However, people diagnosed with schizophrenia face an even higher financial burden.

Between one-third and one-half of all adults who are homeless in the U.S. have been diagnosed with schizophrenia.

People with schizophrenia are also at greater risk of being involved in the criminal justice system and are more likely to be unable to work, or to struggle with other social problems.

Unfortunately, there is also a greater risk of dying at a younger age compared to the average person. Close to 5% of people with schizophrenia end up taking their own lives, a significantly higher rate than the total population.

People living with schizophrenia are at a greater risk of dying by suicide immediately after their diagnosis than later in life.

A diagnosis of schizophrenia doesn't always mean a bad outcome. A study conducted at USC interviewed 20 men and women who effectively managed their psychotic symptoms while managing employment. They adopted coping strategies, engaged with supportive peers, and practiced cognitive strategies to help them reason through problematic thoughts.

Approximately half of patients with schizophrenia recover or have significant improvements over time, which can lead to a productive, fulfilling life.

People who are Most Likely To Be Diagnosed With Schizophrenia

While the overall cause of the condition is unclear, it is likely that more than one factor plays a role in who may develop schizophrenia. Some important risk factors include family history and biological factors.

Family History

Schizophrenia can run in families. This does not mean that because one family member has been diagnosed, everyone else will get it. It simply means that schizophrenia can have a genetic component.

Because genes are passed down from parents to children, it is possible for multiple people in the same family to be diagnosed. But no single gene can cause schizophrenia by itself.

A positive family history could mean that relatives are more likely to develop the condition. It's important to talk to your providers about family history of any health conditions—including schizophrenia—so they can determine any heightened risk you or a loved one may have.

Social Factors

Someone's environment could contribute to the development of schizophrenia. People who live in poverty, are exposed to high or chronic levels of stress, or who use drugs on a regular basis could be more likely to develop the condition. It is important to screen for social factors when considering a diagnosis.

Previous History of Mental Health Issues

It is not unusual for someone with schizophrenia to be diagnosed with other mental health issues, such as depression or substance use disorder. Anyone who has another mental health issue is at a greater risk of developing schizophrenia compared to the overall population.

Brain Structure

People with schizophrenia likely have differences in the way neurons in their brains communicate using neurotransmitters. For example, differences in the size of certain brain structures could contribute to the development of the condition.

There are many changes in brain structure that occur during puberty, including issues with dopamine, a “feel-good” chemical the brain makes. These changes could trigger episodes of psychosis in individuals who are already at risk of psychotic episodes due to genetic and environmental exposures.

Diagnose Schizophrenia

Often people with schizophrenia are diagnosed with other mental health issues first. Before making a diagnosis of schizophrenia, it is important to make sure the symptoms displayed

are not developing due to medications, a substance use disorder, or another medical condition.

Below we've outlined the steps a medical team will take to diagnose schizophrenia. It may seem like a lot, but not every person's diagnosis will include all these steps.

Medical History

First, the doctor takes a thorough medical history. It is important to find out what the symptoms are and when they showed up. It's also important to know if any treatments have been tried. This helps the doctor develop a differential diagnosis, which could include schizophrenia.

Physical Exam

The doctor may perform a physical exam to rule out other problems that could be causing symptoms. It is also important to check for any related complications.

Lab Tests

The doctor may order several lab tests. These check for underlying issues that could be contributing to symptoms. For example, it is possible for electrolyte disturbances to impact the overall functioning of the central nervous system, which could contribute to many of the same symptoms. The doctor may also screen for alcohol and drugs, as some drugs can contribute to hallucinatory symptoms.

Imaging Scans

The doctor may order imaging scans, such as a CT scan or MRI. People who have suffered a brain injury may show many of the signs and symptoms of schizophrenia. This type of injury may be identifiable on an imaging scan.

Psychiatric Evaluation

To make a diagnosis of schizophrenia, it is important to involve a licensed mental health professional. They can conduct a thorough evaluation of someone's mental health, including observing their demeanor, appearance, and possible hallucinations. They also look for evidence of schizophrenia in a family history.

Schizophrenia Can Be Treated

Untreated schizophrenia can lead to significant quality-of-life issues. However, symptoms can be managed with a well-rounded treatment plan.

Like other mental health conditions, treatment for schizophrenia may involve both prescription medications and therapy. However, not every person's experience of schizophrenia is the same, so what works for one person may not work for another.

It is important for anyone experiencing symptoms to immediately seek help from a trained medical professional. The earlier schizophrenia is diagnosed, the sooner treatment can start, which can make a world of difference in someone's overall prognosis.

Medication

One pillar of the treatment process involves antipsychotic medications, which are designed to reduce the frequency and intensity of psychotic symptoms. Many antipsychotic medications are available, though many also have side effects. These include restlessness, dry mouth, drowsiness, and weight gain.

Side effects often subside over time; however, there are situations where they persist. If this is the case, people may be tempted to stop taking antipsychotic medications abruptly.

It is critical for patients to keep taking antipsychotic medications. Stopping medication leads to dangerous side effects and rebound symptoms. The symptoms of schizophrenia become notably worse if medication is stopped "cold turkey."

Patients who have concerns about their medications should reach out to a trained medical provider before changing anything medication-wise. That way, an alternative plan can be developed without potentially causing harm.

In many situations, people with schizophrenia also have other chronic medical conditions. Mental health providers tailor medication choices to avoid side effects that could worsen pre-existing medical conditions or decrease quality of life.

It is important for individuals and their care providers to approach the medical management of schizophrenia as a team. Doctors and patients should work together to decide on the right medications. This will help patients manage their symptoms while avoiding serious side effects.

Therapy

Often, people with schizophrenia engage in talk therapy in addition to using medication to manage their symptoms. Therapy addresses the condition's negative and disordered symptoms. Several types of therapy can be helpful, as patients can benefit from behavioral skills development, cognitive behavior therapy, and mindfulness and acceptance exercises.

Therapy is important because it teaches people living with schizophrenia how to cope with psychotic symptoms. In addition, therapy can address many of the challenges they face regularly. This helps to guide them as they pursue long-term goals, such as forming meaningful relationships, finishing school, and holding down a job.

Family therapy may also be helpful, as many people with schizophrenia rely on the support of family and friends. By participating in these sessions, family and friends can empower those with schizophrenia to cope with symptoms, deal with stressful situations, and increase their independence.

It can also be helpful for loved ones to attend family education sessions, so they can learn how to offer effective support.

Some of the most important examples and benefits of therapeutic and related social interventions for schizophrenia include:

- Individual therapy helps normalize thought patterns
- Stress management training teaches people how to cope with symptoms and challenges they face regularly
- Cognitive-behavioral therapies can help people learn when they are going to relapse; they can take appropriate actions to address emerging issues sooner.
- Social skills training is an important part of managing schizophrenia; it helps people learn how to communicate with others, which can help individuals with many aspects of day-to-day life
- Family therapy is designed to help loved ones learn how to support someone who has been diagnosed with schizophrenia
- Vocational rehabilitation teaches people meaningful skills that can help them land a job

It is possible for people with schizophrenia to live on their own. However, many require help in some way. For example, someone may need to check on the individual on a regular basis. A case manager can help people with schizophrenia find the support they need. With this type of assistance, many people can successfully manage their illness.

To sum up, the combination of therapy, social support, and antipsychotic medications can help many people with schizophrenia lead rewarding lives.

Electroconvulsive Therapy (ECT) To Treat Schizophrenia

Every case of schizophrenia is different. Many people respond well to a treatment plan that consists of antipsychotic medications and therapy. Some people may still fail to respond, though. In this situation, it can be helpful to consider electroconvulsive therapy (ECT) as part of a treatment plan.

There are many misconceptions about ECT. The goal of electroconvulsive therapy is to trigger a brief seizure in the brain, which is proven to help reduce symptoms related to depression and schizophrenia.

Using ECT to treat patients with depression or schizophrenia is determined on a case-by-case basis. It is important for people to learn more and to meet with a trained mental health provider if they consider this option.

Helping a Loved One Cope With Schizophrenia

As with any mental health condition, it is important to show compassion and be supportive to people experiencing schizophrenia. If someone you know has been diagnosed with schizophrenia, you might wonder how you can help them successfully manage their illness.

First, learn everything you can using the many reliable resources that are available. Most importantly, you should learn about helping your loved one stick to their treatment plan. This may include ensuring that they have a reliable way of tracking their medication usage or that they have a reliable way to attend therapy sessions.

Schizophrenia can be severe, and hallucinations and delusions can be difficult to witness. It can be hard to understand what someone is going through. The most important thing is to make sure your loved one knows that you are there for them.

It is also incredibly important to help your loved one abstain from using certain substances. People with schizophrenia should stay away from alcohol and drug use. Tobacco, nicotine, alcohol, and recreational drugs make treatment difficult and can complicate symptoms. These substances also interact with antipsychotic medications, making side effects worse.

People living with schizophrenia often need assistance finding affordable housing and transportation. This is where a social worker can be especially helpful. Being an advocate for a loved one in this type of situation will help ensure that they are able to take advantage of the services available to them.

Help your loved one set long-term goals. Managing this condition is an ongoing process—if people have goals, they will stay motivated to stick to their treatment plan.

Finally, you may also want to join a support group. If you are helping someone cope with schizophrenia, you are going through stressful experiences yourself. If you surround yourself with others in same situation, you may be able to lean on and learn from them.

Schizophrenia is a serious mental illness that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality, which can be distressing for them and for their family and friends. The symptoms of schizophrenia can make it difficult to participate in usual, everyday activities, but effective treatments are available. Many people who receive treatment can engage in school or work, achieve independence, and enjoy personal relationships.

Symptoms of schizophrenia

It's important to recognize the symptoms of schizophrenia and seek help as early as possible. People with schizophrenia are usually diagnosed between the ages of 16 and 30, after the first episode of psychosis. Starting treatment as soon as possible following the first episode of psychosis is an important step toward recovery. However, research shows that gradual changes in thinking, mood, and social functioning often appear before the first episode of psychosis. Schizophrenia is rare in younger children.

Schizophrenia symptoms can differ from person to person, but they generally fall into three main categories: psychotic, negative, and cognitive.

Psychotic symptoms include changes in the way a person thinks, acts, and experiences the world. People with psychotic symptoms may lose a shared sense of reality with others and experience the world in a distorted way. For some people, these symptoms come and go. For others, the symptoms become stable over time. Psychotic symptoms include:

- **Hallucinations:** When a person sees, hears, smells, tastes, or feels things that are not actually there. Hearing voices is common for people with schizophrenia. People who hear voices may hear them for a long time before family or friends notice a problem.
- **Delusions:** When a person has strong beliefs that are not true and may seem irrational to others. For example, individuals experiencing delusions may believe that people on the radio and television are sending special messages that require a certain response, or they may believe that they are in danger or that others are trying to hurt them.
- **Thought disorder:** When a person has ways of thinking that are unusual or illogical. People with thought disorder may have trouble organizing their thoughts and speech. Sometimes a person will stop talking in the middle of a thought, jump from topic to topic, or make up words that have no meaning.
- **Movement disorder:** When a person exhibits abnormal body movements. People with movement disorder may repeat certain motions over and over.

Negative symptoms include loss of motivation, loss of interest or enjoyment in daily activities, withdrawal from social life, difficulty showing emotions, and difficulty functioning normally.

Negative symptoms include:

- Having trouble planning and sticking with activities, such as grocery shopping
- Having trouble anticipating and feeling pleasure in everyday life
- Talking in a dull voice and showing limited facial expression
- Avoiding social interaction or interacting in socially awkward ways
- Having very low energy and spending a lot of time in passive activities. In extreme cases, a person might stop moving or talking for a while, which is a rare condition called catatonia.

These symptoms are sometimes mistaken for symptoms of depression or other mental illnesses.

Cognitive symptoms include problems in attention, concentration, and memory. These symptoms can make it hard to follow a conversation, learn new things, or remember appointments. A person's level of cognitive functioning is one of the best predictors of their day-to-day functioning. Health care providers evaluate cognitive functioning using specific tests.

Cognitive symptoms include:

- Having trouble processing information to make decisions
- Having trouble using information immediately after learning it
- Having trouble focusing or paying attention

The Centers for Disease Control and Prevention (CDC) has recognized that having certain mental disorders, including depression and schizophrenia, can make people more likely to get severely ill from COVID-19. Learn more about getting help and finding a health care provider.

Risk of violence

Most people with schizophrenia are not violent. Overall, people with schizophrenia are more likely than those without the illness to be harmed by others. For people with schizophrenia, the risk of self-harm and of violence to others is greatest when the illness is untreated. It is important to help people who are showing symptoms to get treatment as quickly as possible.

Schizophrenia vs. dissociative identity disorder

Although some of the signs may seem similar on the surface, schizophrenia is not dissociative identity disorder (which used to be called multiple personality disorder or split personality). People with dissociative identity disorder have two or more distinct identities that are present and that alternately take control of them.

Risk factors for schizophrenia

Several factors may contribute to a person's risk of developing schizophrenia.

Genetics: Schizophrenia sometimes runs in families. However, just because one family member has schizophrenia, it does not mean that other members of the family also will have it. Studies suggest that many different genes may increase a person's chances of developing schizophrenia, but that no single gene causes the disorder by itself.

Environment: Research suggests that a combination of genetic factors and aspects of a person's environment and life experiences may play a role in the development of schizophrenia. These environmental factors that may include living in poverty, stressful or dangerous surroundings, and exposure to viruses or nutritional problems before birth.

Brain structure and function: Research shows that people with schizophrenia may be more likely to have differences in the size of certain brain areas and in connections between brain areas. Some of these brain differences may develop before birth. Researchers are working to better understand how brain structure and function may relate to schizophrenia.

Schizophrenia treatment

Current treatments for schizophrenia focus on helping people manage their symptoms, improve day-to-day functioning, and achieve personal life goals, such as completing education, pursuing a career, and having fulfilling relationships.

Antipsychotic medications

Antipsychotic medications can help make psychotic symptoms less intense and less frequent. These medications are usually taken every day in a pill or liquid forms. Some antipsychotic medications are given as injections once or twice a month.

If a person's symptoms do not improve with usual antipsychotic medications, they may be prescribed clozapine. People who take clozapine must have regular blood tests to check for a potentially dangerous side effect that occurs in 1-2% of patients.

People respond to antipsychotic medications in different ways. It is important to report any side effects to a health care provider. Many people taking antipsychotic medications experience side effects such as weight gain, dry mouth, restlessness, and drowsiness when they start taking these medications. Some of these side effects may go away over time, while others may last.

Shared decision making between health care providers and patients is the recommended strategy for determining the best type of medication or medication combination and the right dose. To find the latest information about antipsychotic medications, talk to a health care provider and visit the U.S. Food and Drug Administration (FDA) website.

Psychosocial treatments

Psychosocial treatments help people find solutions to everyday challenges and manage symptoms while attending school, working, and forming relationships. These treatments are often used together with antipsychotic medication. People who participate in regular psychosocial treatment are less likely to have symptoms reoccur or to be hospitalized.

Examples of this kind of treatment include types of psychotherapy such as cognitive behavioral therapy, behavioral skills training, supported employment, and cognitive remediation interventions.

Education and support

Educational programs can help family and friends learn about symptoms of schizophrenia, treatment options, and strategies for helping loved ones with the illness. These programs can help friends and family manage their distress, boost their own coping skills, and strengthen their ability to provide support. The National Alliance on Mental Illness website has more information about support groups and education.

Coordinated specialty care

Coordinated specialty care (CSC) programs are recovery-focused programs for people with first episode psychosis, an early stage of schizophrenia. Health care providers and specialists work together as a team to provide CSC, which includes psychotherapy, medication, case management, employment and education support, and family education and support. The treatment team works collaboratively with the individual to make treatment decisions, involving family members as much as possible.

Compared with typical care, CSC is more effective at reducing symptoms, improving quality of life, and increasing involvement in work or school.

Assertive community treatment

Assertive community treatment (ACT) is designed especially for people with schizophrenia who are likely to experience multiple hospitalizations or homelessness. ACT is usually delivered by a team of health care providers who work together to provide care to patients in the community.

Treatment for drug and alcohol misuse

It is common for people with schizophrenia to have problems with drugs and alcohol. A treatment program that includes treatment for both schizophrenia and substance use is important for recovery because substance use can interfere with treatment for schizophrenia.

Find help for schizophrenia

If you're not sure where to get help, your health care provider is a good place to start. Your health care provider can refer you to a qualified mental health professional, such as a psychiatrist or psychologist who has experience treating schizophrenia. Find [tips to help prepare for and get the most out of your visit](#) and [information about getting help](#).

The Substance Abuse and Mental Health Services Administration (SAMHSA) has an [online treatment locator](#) to help you find mental health services in your area. SAMHSA also has an [Early Serious Mental Illness Treatment Locator for finding mental health treatment facilities and programs](#).

It can be difficult to know how to help someone who is experiencing psychosis.

Here are some things you can do:

- Help them get treatment and encourage them to stay in treatment.
- Remember that their beliefs or hallucinations seem very real to them.
- Be respectful, supportive, and kind without tolerating dangerous or inappropriate behavior.

Bipolar Disorder

Bipolar disorder (formerly called manic-depressive illness or manic depression) is a mental illness that causes unusual shifts in a person's mood, energy, activity levels, and concentration. These shifts can make it difficult to carry out day-to-day tasks.

There are three types of bipolar disorder. All three types involve clear changes in mood, energy, and activity levels. These moods range from periods of extremely “up,” elated, irritable, or energized behavior (known as manic episodes) to very “down,” sad, indifferent, or hopeless periods (known as depressive episodes). Less severe manic periods are known as hypomanic episodes.

- **Bipolar I disorder** is defined by manic episodes that last for at least 7 days (nearly every day for most of the day) or by manic symptoms that are so severe that the person needs immediate medical care. Usually, depressive episodes occur as well, typically lasting at least 2 weeks. Episodes of depression with mixed features (having depressive symptoms and manic symptoms at the same time) are also possible. Experiencing four or more episodes of mania or depression within 1 year is called “rapid cycling.”
- **Bipolar II disorder** is defined by a pattern of depressive episodes and hypomanic episodes. The hypomanic episodes are less severe than the manic episodes in bipolar I disorder.
- **Cyclothymic disorder** (also called cyclothymia) is defined by recurring hypomanic and depressive symptoms that are not intense enough or do not last long enough to qualify as hypomanic or depressive episodes.

Sometimes a person might experience symptoms of bipolar disorder that do not match the three categories listed above, and this is referred to as “other specified and unspecified bipolar and related disorders.”

Bipolar disorder is often diagnosed during late adolescence (teen years) or early adulthood. Sometimes, bipolar symptoms can appear in children. Although the symptoms may vary over time, bipolar disorder usually requires lifelong treatment. Following a prescribed treatment plan can help people manage their symptoms and improve their quality of life.

Signs and symptoms

People with bipolar disorder experience periods of unusually intense emotion and changes in sleep patterns and activity levels, and engage in behaviors that are out of character for them—often without recognizing their likely harmful or undesirable effects. These distinct periods are called mood episodes. Mood episodes are very different from the person's usual moods and behaviors. During an episode, the symptoms last every day for most of the day. Episodes may also last for longer periods, such as several days or weeks.

Sometimes people have both manic and depressive symptoms in the same episode, and this is called an episode with mixed features. During an episode with mixed features, people may feel very sad, empty, or hopeless while at the same time feeling extremely energized.

A person may have bipolar disorder even if their symptoms are less extreme. For example, some people with bipolar II disorder experience hypomania, a less severe form of mania. During a hypomanic episode, a person may feel very good, be able to get things done, and keep up with day-to-day life. The person may not feel that anything is wrong, but family and friends may recognize changes in mood or activity levels as possible symptoms of bipolar disorder. Without proper treatment, people with hypomania can develop severe mania or depression.

Diagnosis

Receiving the right diagnosis and treatment can help people with bipolar disorder lead healthy and active lives. Talking with a health care provider is the first step. The health care provider can complete a physical exam and other necessary medical tests to rule out other possible causes. The health care provider may then conduct a mental health evaluation or provide a referral to a trained mental health care provider, such as a psychiatrist, psychologist, or clinical social worker who has experience in diagnosing and treating bipolar disorder.

Mental health care providers usually diagnose bipolar disorder based on a person's symptoms, lifetime history, experiences, and, in some cases, family history. Accurate diagnosis in youth is particularly important.

Find [tips to help prepare for and get the most out of your visit](#) with your health care provider.

Bipolar disorder and other conditions

Many people with bipolar disorder also have other mental disorders or conditions such as [anxiety disorders](#), [attention-deficit/hyperactivity disorder \(ADHD\)](#), [misuse of drugs or alcohol](#), or [eating disorders](#). Sometimes people who have severe manic or depressive episodes also have symptoms of [psychosis](#), which may include hallucinations or delusions. The psychotic symptoms tend to match the person's extreme mood. For example, someone having psychotic symptoms during a depressive episode may falsely believe they are financially ruined, while someone having psychotic symptoms during a manic episode may falsely believe they are famous or have special powers.

Looking at a person's symptoms over the course of the illness and examining their family history can help a health care provider determine whether the person has bipolar disorder along with another disorder.

Risk factors

Researchers are studying possible causes of bipolar disorder. Most agree that there are many factors that are likely to contribute to a person's chance of having the disorder.

Brain structure and functioning: Some studies show that the brains of people with bipolar disorder differ in certain ways from the brains of people who do not have bipolar disorder or any other mental disorder. Learning more about these brain differences may help scientists understand bipolar disorder and determine which treatments will work best. At this time,

health care providers base the diagnosis and treatment plan on a person's symptoms and history, rather than brain imaging or other diagnostic tests.

Genetics: Some research suggests that people with certain genes are more likely to develop bipolar disorder. Research also shows that people who have a parent or sibling with bipolar disorder have an increased chance of having the disorder themselves. Many genes are involved, and no one gene causes the disorder. Learning more about how genes play a role in bipolar disorder may help researchers develop new treatments.

Treatments and therapies

Treatment can help many people, including those with the most severe forms of bipolar disorder. An effective treatment plan usually includes a combination of medication and psychotherapy, also called talk therapy.

Bipolar disorder is a lifelong illness. Episodes of mania and depression typically come back over time. Between episodes, many people with bipolar disorder are free of mood changes, but some people may have lingering symptoms. Long-term, continuous treatment can help people manage these symptoms.

Medications

Certain medications can help manage symptoms of bipolar disorder. Some people may need to try different medications and work with their health care provider to find the medications that work best.

The most common types of medications that health care providers prescribe include mood stabilizers and atypical antipsychotics. Mood stabilizers such as lithium or valproate can help prevent mood episodes or reduce their severity. Lithium also can decrease the risk of suicide. Health care providers may include medications that target sleep or anxiety as part of the treatment plan.

Although bipolar depression is often treated with antidepressant medication, a mood stabilizer must be taken as well—taking an antidepressant without a mood stabilizer can trigger a manic episode or rapid cycling in a person with bipolar disorder.

Because people with bipolar disorder are more likely to seek help when they are depressed than when they are experiencing mania or hypomania, it is important for health care providers to take a careful medical history to ensure that bipolar disorder is not mistaken for depression.

People taking medication should:

- Talk with their health care provider to understand the risks and benefits of the medication.
- Tell their health care provider about any prescription drugs, over-the-counter medications, or supplements they are already taking.
- Report any concerns about side effects to a health care provider right away. The health care provider may need to change the dose or try a different medication.

- Remember that medication for bipolar disorder must be taken consistently, as prescribed, even when one is feeling well.

It is important to talk to a health care provider before stopping a prescribed medication. Stopping a medication suddenly may lead symptoms to worsen or come back. You can find basic information about medications on [NIMH's medications webpage](#). Read the latest medication warnings, patient medication guides, and information on newly approved medications on the [Food and Drug Administration \(FDA\) website](#).

Psychotherapy

Psychotherapy, also called talk therapy, can be an effective part of treatment for people with bipolar disorder. Psychotherapy is a term for treatment techniques that aim to help people identify and change troubling emotions, thoughts, and behaviors. This type of therapy can provide support, education, and guidance to people with bipolar disorder and their families.

Cognitive behavioral therapy (CBT) is an important treatment for depression, and CBT adapted for the treatment of insomnia can be especially helpful as part of treatment for bipolar depression.

Treatment may also include newer therapies designed specifically for the treatment of bipolar disorder, including interpersonal and social rhythm therapy (IPSRT) and family-focused therapy.

Learn more about the [various types of psychotherapies](#).

Other treatment options

Some people may find other treatments helpful in managing their bipolar symptoms:

- **Electroconvulsive therapy (ECT)** is a brain stimulation procedure that can help relieve severe symptoms of bipolar disorder. Health care providers may consider ECT when a person's illness has not improved after other treatments, or in cases that require rapid response, such as with people who have a high suicide risk or catatonia (a state of unresponsiveness).
- **Repetitive transcranial magnetic stimulation (rTMS)** is a type of brain stimulation that uses magnetic waves to relieve depression over a series of treatment sessions. Although not as powerful as ECT, rTMS does not require general anesthesia and has a low risk of negative effects on memory and thinking.
- **Light therapy** is the best evidence-based treatment for [seasonal affective disorder \(SAD\)](#), and many people with bipolar disorder experience seasonal worsening of depression or SAD in the winter. Light therapy may also be used to treat lesser forms of seasonal worsening of bipolar depression.

Unlike specific psychotherapy and medication treatments that are scientifically proven to improve bipolar disorder symptoms, complementary health approaches for bipolar disorder, such as natural products, are not based on current knowledge or evidence. For more information, visit the [National Center for Complementary and Integrative Health website](#).

Finding treatment

- A family health care provider is a good resource and can be the first stop in searching for help. Find [tips to help prepare for and get the most out of your visit](#).

Coping with bipolar disorder

Living with bipolar disorder can be challenging, but there are ways to help make it easier.

- Work with a health care provider to develop a treatment plan and stick with it. Treatment is the best way to start feeling better.
- Follow the treatment plan as directed. Work with a health care provider to adjust the plan, as needed.
- Structure your activities. Try to have a routine for eating, sleeping, and exercising.
- Try regular, vigorous exercise like jogging, swimming, or bicycling, which can help with depression and anxiety, promote better sleep, and support your heart and brain health.
- Track your moods, activities, and overall health and well-being to help recognize your mood swings.
- Ask trusted friends and family members for help in keeping up with your treatment plan.
- Be patient. Improvement takes time. Staying connected with sources of social support can help.

Long-term, ongoing treatment can help control symptoms and enable you to live a healthy life.

There Are Various Types of Bipolar Disorders

Though every form of BD leads to mood and energy level shifts, each type of bipolar disorder has its own characteristics.

Bipolar I

Bipolar I is the “classic” type of bipolar disorder with both manic and depressive episodes present. Bipolar I is characterized by one or more manic episode that lasts for at least seven days or leads someone to seek medical care.

A manic episode involves very elevated or irritable mood. It may include increased energy, decreased need for sleep, racing thoughts, increased self-esteem, rapid speech, and changes in things like appetite and concentration.

People with bipolar I may also experience episodes of depression. Sometimes people experience both depressive and manic symptoms at the same time, which is called a “mixed episode.”

Some people with BD also experience symptoms of psychosis during a manic or depressive episode. Psychosis, or loss of contact with reality, leads the person to be unsure of what's real and what's not.

Symptoms of psychosis include unusual beliefs or perceptions, like believing things that are not true or seeing or hearing things that others don't.

Both manic and depressive episodes represent distinct changes in a person's mood and behavior that negatively impact daily life functioning.

Bipolar II

Bipolar II is defined by episodes of hypomania, or an unusually energetic state of mind that affects mood, thoughts, and behaviors. The manic episodes are not as severe as in bipolar I. They may also be shorter in duration than manic episodes in bipolar I.

While less commonly experienced than in bipolar I, folks with bipolar II disorder may also experience psychosis.

Cyclothymic Disorder

Also called cyclothymia, folks with this condition tend to move between episodes of depression and mania more quickly. The symptoms do not meet the criteria for bipolar I or bipolar II. There are still episodes of depression and episodes of mania.

Bipolar Disorder in Children and Teens Is Not Uncommon

Bipolar disorder is typically diagnosed during later teen years or early adulthood. However, symptoms of BD can often show up in young children.

It can be difficult to tell whether teens are experiencing normal mood swings or showing signs of a serious mental health condition.

It's important for parents, caregivers, friends, and family members to watch for mood swings that **differ from typical behavior**. Behavioral changes can be a sign of the onset of a mental health concern.

The most important thing to do if you are concerned is to ask for help. Even if the child is not diagnosed with bipolar disorder, there may be another mental health issue that needs to be addressed.

Causes of Bipolar Disorder

In order to watch for signs of BD, it is important to understand who is at risk. Even though the exact cause of bipolar disorder is still being researched, there are a number of factors that contribute to a diagnosis.

Changes in Brain Structure and Functioning

The overall structure and function of the brain are different in people who have the condition. It is possible that the way neurotransmitters pass between neurons contributes to the development of the condition.

Genetics

Someone's family history could play a role in the diagnosis of bipolar disorder. People who have one or more family members, particularly a parent or a sibling, with a diagnosis of BD are more at risk. Many genes are involved, and this is still an active area of research.

Coexisting Mental Health Issues

People who have another mental health issue are more likely to develop bipolar disorder. These often include conditions such as depression or anxiety.

Recognizing Bipolar Disorder in Yourself or Others

Just like each person looks different, the condition can vary from person to person.

It is important to understand how bipolar disorder tends to present. It's not like a light switch of emotions, as many believe it to be. Symptoms of mania or depression may appear over the span of days, weeks, or even longer.

Some episodes may last for a day or two while others may last for a week or longer.

To understand BD, it's important to understand the signs of manic and depressive episodes.

Some signs that someone is experiencing a manic episode include:

- Feeling elated, high, or "up"
- Feeling extremely irritable
- A decreased need for sleep, sometimes going several days without sleep at all without feeling tired
- Changes in appetite
- Bouncing quickly between thoughts
- Risky behavior and poor judgment, such as spending large amounts of money, drinking excessively, or risky sexual behavior
- "Grandiose" ideas where the person feels exceptionally talented, important, or powerful

Since a manic episode can involve feelings of euphoria, it's not unusual for people experiencing mania to want the feeling to last forever. This also explains why many who are experiencing episodes of mania may not ask for help. However, the feeling of mania will end.

Some people with BD will also experience one or more depressive episodes. They may have symptoms similar to **major depressive disorder** (MDD). Some of the most common symptoms include:

- Feeling sad, hopeless, or worried most of the day, almost every day
- Taking longer than normal to complete daily tasks
- Loss of interest or pleasure in things they usually enjoy
- Major changes in sleep habits, either sleeping significantly more or sleeping significantly less than usual
- Major changes in appetite, eating more or less than usual
- Speaking slowly, with the impression that they are having a hard time getting the words out of their mouth
- Difficulty concentrating
- Taking a long time to complete simple tasks
- Losing all interest in activities that once brought joy or pleasure
- Thoughts of death or suicide

Like manic episodes, depressive episodes eventually end. That said, sometimes the individual may go back to a state of mania.

It is also possible for people with BD to experience an episode that has mixed features of mania and depression. People who have such mixed states often have more serious and frequent symptoms.

Manic episodes and depressive episodes can vary in their degrees of severity. This is especially the case with bipolar II or cyclothymia.

It's important to note that pregnancy can trigger the first episodes of bipolar disorder in women who are of childbearing age.

In some situations, people may not be able to go to school or work. In others, people may be able to continue daily activities even though they are experiencing serious symptoms.

Without proper treatment, it is possible for these episodes to get worse over time. For example, episodes of hypomania may become episodes of full-blown mania if they are not taken seriously. For all of these reasons, people with bipolar disorder should seek help from a trained mental health professional.

Even though symptoms can fluctuate over time, bipolar disorder usually requires lifelong treatment. It is possible for people to manage symptoms and improve their overall quality of life.

Bipolar Disorder and Other Mental Illnesses

People with bipolar disorder fluctuate between mania and depression. Because it can look like other illnesses, it can be difficult to diagnose.

Folks diagnosed with BD may experience another mental illness at the same time. Possibilities include eating disorders, anxiety disorders, or substance use disorders.

People with bipolar disorder have an increased risk of developing other chronic medical conditions including diabetes, obesity, migraine headaches, thyroid disease, and heart disease.

Below are just a few of the most common conditions that may look like bipolar disorder or may manifest as additional diagnoses. Anyone who has symptoms of these conditions should seek help from a trained medical professional, mental health professional, or specialist.

Psychosis

It is possible for someone with bipolar disorder to experience psychotic symptoms.

Psychosis refers to hearing or seeing something that is not there, known as hallucinations. Or the person may have beliefs that cannot be true, known as delusions.

For example, people experiencing mania may falsely believe that they have an endless supply of money, special powers, or that they are the most famous person in the world. During episodes of depression, people with BD may falsely believe that they have no money at all, have committed a heinous crime, or that they have a serious illness that no one is able to diagnose.

Because of these psychotic symptoms, it is possible for someone with bipolar disorder to be misdiagnosed with schizophrenia. However, someone with schizophrenia must have symptoms of psychosis that are separate from manic and depressive episodes.

Anxiety

It is not unusual for someone with BD to also be diagnosed with **anxiety**. There are many types of anxiety disorders, including social anxiety and generalized anxiety.

It is also possible for people with bipolar disorder to experience panic attacks. Panic attacks are episodes of rising heart rate, sweating, and rapid breathing. People may also experience feelings of impending doom during a panic attack.

ADHD

People with bipolar disorder may have **attention-deficit/hyperactivity disorder** (ADHD). If someone is diagnosed with BD during their adult years, it is possible they may have outgrown ADHD during their childhood. In order for someone to be diagnosed with ADHD, they need to have symptoms of hyperactivity and symptoms of attention-deficit.

Eating Disorders

It is possible for people with bipolar disorder to be diagnosed with an **eating disorder** as well. The most common examples include anorexia, bulimia, and binge eating disorder. Rapid changes in appetite may also be a sign of depression or other conditions.

Substance Use Disorders

It is not unusual for people with bipolar disorder to be diagnosed with substance use disorders. For example, people with BD may **misuse alcohol or drugs** as a means to cope with their symptoms.

They may also engage in other risky behaviors that are more common during manic episodes. It is critical for someone with a substance use disorder to be screened for BD.

Diagnose Bipolar Disorder and Treat

Bipolar disorder is a lifelong illness. While some people with BD may have a single episode of mania, often people experience more than one mood episode.

If not treated, BD tends to get worse over time with more frequent, more intense episodes.

The key is to treat the symptoms, so episodes can be managed. Between episodes, people with BD may be free from mood changes. Others may have lingering symptoms. By sticking to a well-rounded treatment plan, it is possible to manage symptoms effectively.

To diagnose BD, a doctor may perform a physical exam and ask questions to rule out other illnesses that may resemble bipolar disorder. To be diagnosed, a person must have at least one episode of mania and one episode of depression. A mental health professional will assess symptoms, patterns in symptoms, and their severity to determine the type of bipolar disorder it may be.

Similar to other mental health issues, bipolar disorder is treated through a combination of things, including medication, therapies, or a variety of other activities. In addition, developing healthy routines including regular sleep, exercise, and avoiding substance use are helpful for people with BD.

The foundation of successful BD treatment involves prescription medications and therapy. The vast majority of people who seek appropriate medical care make some degree of meaningful recovery.

Medications

Mood stabilizers are the foundation of BD treatment. The two most common types are lithium and valproic acid, also called valproate.

It's important to keep in mind:

Ask Questions

All patients should ask questions. Understand the risks and benefits of the medications you are taking. Remember that there are options available. If one medication is not working well, it may be possible to switch to another.

Share Your Details

Let medical providers know if you are taking other prescription or over-the-counter medications. It's possible for medications to negatively interact with each other, so please consult a professional and be honest about other medications you are taking.

Voice Your Concerns

If you have any concerns after starting the medication, no matter how minor, it is important to reach out to a medical provider. That way, the dose or the medication can be changed if necessary.

Follow Medical Advice

It is critical to avoid stopping use of a medication without speaking to a medical provider first. If you stop taking medication for bipolar disorder abruptly, you may begin to experience BD symptoms again.

Stick to Your Regimen

All medications must be taken consistently, as prescribed. The goal is to build up a “steady state” of the medication in the bloodstream to effectively manage symptoms.

The goal of medication is to not only stabilize the mood but to reduce symptoms. It is possible for prescriptions to prevent or reduce the intensity of manic and depressive episodes down the line.

It is important for patients to remember it can take up to two weeks for mood stabilizers to become effective. In addition, providers may prescribe an antipsychotic. Some of these medications can start working within a few hours, but some take several days—or weeks.

Medication is not a one-size-fits-all effort. Everyone reacts differently to prescription medications. They are an effective first-line treatment that can work very well with psychotherapy.

Even when people are feeling well, medication must continue. Often people stop taking medicine once they start feeling better—but that's just a sign that it's working and should continue being taken.

Everyone responds differently to psychiatric medications so it may take time to find the correct medication and the proper dose. It is critical to make sure a mental health provider helps to manage medication usage.

In addition to mood stabilizers, atypical antipsychotics, also called second-generation antipsychotics, are used. Some of the most common examples include olanzapine, aripiprazole, and paliperidone.

Providers may prescribe medication for symptoms in addition to those caused by bipolar disorder.

Therapy

Talk therapy, or psychotherapy, is the other major component of bipolar disorder treatment. It can help people identify the symptoms they experience. It can also identify positive behaviors and skills that may help people avoid episodes by recognizing symptoms and triggers.

Once people learn to cope with troubling thoughts, emotions, and behaviors, they may be able to better manage the condition. Skills learned in therapy may reduce the frequency or severity of mood episodes and help people ensure their support system is in place and ready in case their symptoms worsen.

One of the major focus areas when treating bipolar disorder is interpersonal skills. It is critical to teach people experiencing BD how to cope with rapid mood fluctuations. If they are able to identify when they are going to have an episode of mania or depression, they can better prepare themselves and their loved ones.

Therapy also provides education, support, and guidance to family members. In some cases, family therapy can be an important part of treatment.

Family therapy may be more helpful after the treatment process has started. This is usually handled on a case-by-case basis.

Debunking Myths About Bipolar Disorder

Even though BD impacts a percentage of the population, there are still many misconceptions about the illness.

Myth: Bipolar Disorder Only Affects Mood

Even though it involves severe mood states, it also impacts sleep, self-esteem, appetite, and concentration. BD also impacts physical health. It is associated with increased risk of migraines and cardiovascular problems.

Myth: The Highs and Lows of the Condition Are the Same

This is not necessarily the case. Everyone has different episodes when it comes to bipolar disorder. For some people, the highs may be worse. For other people, the lows may be worse.

Myth: Bipolar Disorder Does Not Impact Children

It is possible for children as well as adolescents to be diagnosed with BD. Symptoms can also show up during the elementary and middle school years.

Myth: People With Bipolar Disorder Cannot Lead a Normal Life

This is a common stigma. Even though living with it is a challenge, it is possible for people to lead full, rewarding lives.

Thriving With Bipolar Disorder

It's possible to live a well-managed life with BD. Many have benefited from adding helpful habits into their treatment plans.

Charting Mood Changes

People may not think there is any rhyme or reason to when they experience episodes of mania and when they experience episodes of depression. On the other hand, if they can recognize the typical rhythm of their mood, they may be able to manage their mood swings. In some situations, they can even predict when a new episode is going to happen and avoid it.

Sticking to a Routine

It is critical to build structure around school and work. If people help their bodies get into a rhythm, they may be able to avoid episodes down the road.

Practicing Good Sleep Hygiene

Sleep is one of the most important factors in coping with bipolar disorder. This means going to bed at the same time and waking up at the same time, even on the weekends.

It is a good idea to avoid caffeine in the afternoon and stay away from screens before bed. That way, people can fall asleep more easily.

Sleep deprivation is one of the biggest triggers of manic and depressive episodes. If people with bipolar disorder are able to avoid sleep deprivation, they may be able to reduce the frequency of their episodes.

Managing Stressors Effectively

Stress is another major trigger of episodes. If people are able to practice appropriate stress management techniques, such as yoga and meditation, they may be able to avoid manic and depressive episodes. Stress management is one of the major focuses of bipolar disorder treatment.

Prescription medications and therapy are the foundations of BD treatment. However, treatment should be comprehensive and involve many of the lifestyle changes and suggestions mentioned above.

Bipolar Disorder Can Be Managed—Don't Lose Hope!

Trying to manage a new diagnosis—or an existing one—can be challenging. The following may be helpful to make it seem less overwhelming.

- Stick to the treatment process; it may take some time to achieve meaningful progress, but it's worth it

- Keep all appointments and talk to your doctor about all questions and concerns, especially as they relate to the treatment process
- Take all medications as directed and talk to your doctor if you need a change in treatment
- Build a routine and stick to it; this includes exercise, sleeping, and eating
- Try to be patient; improvement takes time and having strong social support can help
- Stay away from alcohol and drugs as their use can influence brain connections, leading to mood swings

Even though bipolar disorder is a lifelong illness, treatment for it is effective. With management of the condition, people can both control their symptoms and live healthy lives.

Anxiety Disorders

Anxiety disorders are a type of mental health condition. Anxiety makes it difficult to get through your day. Symptoms include feelings of nervousness, panic and fear as well as sweating and a rapid heartbeat. Treatments include medications and cognitive behavioural therapy. Your healthcare can design a treatment plan that's best for you.

Anxiety disorder

An anxiety disorder is a type of mental health condition. If you have an anxiety disorder, you may respond to certain things and situations with fear and dread. You may also experience physical signs of anxiety, such as a pounding heart and sweating.

It's normal to have some anxiety. You may feel anxious or nervous if you have to tackle a problem at work, go to an interview, take a test or make an important decision. And anxiety can even be beneficial. For example, anxiety helps us notice dangerous situations and focuses our attention, so we stay safe.

But an anxiety disorder goes beyond the regular nervousness and slight fear you may feel from time to time. An anxiety disorder happens when:

- Anxiety interferes with your ability to function.
- You often overreact when something triggers your emotions.
- You can't control your responses to situations.

Anxiety disorders can make it difficult to get through the day. Fortunately, there are several effective treatments for anxiety disorders.

Types of anxiety disorders

There are several types of anxiety disorders, including:

- Generalized anxiety disorder (GAD).
- Panic disorder.
- Phobias.
- Separation anxiety.

Other mental health conditions share features with anxiety disorders. These include post-traumatic stress disorder and obsessive-compulsive disorder.

Symptoms and Causes

Anxiety disorders are like other forms of mental illness. They don't come from personal weakness, character flaws or problems with upbringing. But researchers don't know exactly what causes anxiety disorders. They suspect a combination of factors plays a role:

Chemical imbalance: Severe or long-lasting stress can change the chemical balance that controls your mood. Experiencing a lot of stress over a long period can lead to an anxiety disorder.

Environmental factors: Experiencing a trauma might trigger an anxiety disorder, especially in someone who has inherited a higher risk to start.

Heredity: Anxiety disorders tend to run in families. You may inherit them from one or both parents, like eye color.

What are the symptoms of an anxiety disorder?

Symptoms vary depending on the type of anxiety disorder you have. General symptoms of an anxiety disorder include:

Physical symptoms:

- Cold or sweaty hands.
- Dry mouth.
- Heart palpitations.
- Nausea.
- Numbness or tingling in hands or feet.
- Muscle tension.
- Shortness of breath.
- Mental symptoms:
- Feeling panic, fear and uneasiness.
- Nightmares.
- Repeated thoughts or flashbacks of traumatic experiences.
- Uncontrollable, obsessive thoughts.

Behavioural symptoms:

- Inability to be still and calm.
- Ritualistic behaviours, such as washing hands repeatedly.
- Trouble sleeping.

Diagnosis and Tests

If you have symptoms of an anxiety disorder, talk to your healthcare provider. They'll start with a complete medical history and physical examination.

There are no lab tests or scans that can diagnose anxiety disorders. But your provider may run some of these tests to rule out physical conditions that may be causing symptoms.

If your provider finds no signs of physical illness, they may refer you to a psychiatrist or psychologist. These mental health professionals specialize in diagnosing and treating mental illnesses. They may use specially designed interview and assessment tools to figure out if you have an anxiety disorder. Typically, the provider bases a diagnosis on:

Your reported symptoms, including how intense they are and how long they last. Discussion of how the symptoms interfere with your daily life. The provider's observation of your attitude and behaviour.

Providers also consult the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The American Psychiatric Association publishes the DSM-5. It's the standard reference manual for diagnosing mental illnesses.

Management and Treatment

An anxiety disorder is like any other health problem that requires treatment. You can't will it away. It's not a matter of self-discipline or attitude. Researchers have made a lot of progress in the last few decades in treating mental health conditions. Your healthcare provider will tailor a treatment plan that works for you. Your plan may combine medication and psychotherapy.

Medication to treat anxiety disorders

Medications can't cure an anxiety disorder. But they can improve symptoms and help you function better. Medications for anxiety disorders often include:

Anti-anxiety medications, such as benzodiazepines, may decrease your anxiety, panic and worry. They work quickly, but you can build up a tolerance to them. That makes them less effective over time. Your healthcare provider may prescribe an anti-anxiety medication for the short-term, then taper you off or the provider may add an antidepressant to the mix.

Antidepressants can also help with anxiety disorders. They tweak how your brain uses certain chemicals to improve mood and reduce stress. Antidepressants may take some time to work, so be patient. If you feel like you're ready to stop taking antidepressants, talk to your provider first.

Beta-blockers, usually used for high blood pressure, can help reduce some of the physical symptoms of anxiety disorders. They can relieve rapid heartbeat, shaking and trembling.

Your healthcare provider will work with you to find the right medication combination and dosage. Don't change the dose without consulting your provider. They'll monitor you to make sure the medicines are working without causing negative side effects.

Psychotherapy to treat anxiety disorders

Psychotherapy, or counselling, helps you deal with your emotional response to the illness. A mental health provider talks through strategies to help you better understand and manage the disorder. Approaches include:

Cognitive behavioural therapy (CBT) is the most common type of psychotherapy used with anxiety disorders. CBT for anxiety teaches you to recognize thought patterns and behaviours that lead to troublesome feelings. You then work on changing them.

Exposure therapy focuses on dealing with the fears behind the anxiety disorder. It helps you engage with activities or situations you may have been avoiding. Your provider may also use relaxation exercises and imagery with exposure therapy.

Prevention

You can't prevent anxiety disorders. But you can take steps to control or reduce your symptoms:

Check out medications: Talk to a healthcare provider or pharmacist before taking over-the-counter medications or herbal remedies. Some of these contain chemicals that may make anxiety symptoms worse.

Limit caffeine: Stop or limit how much caffeine you consume, including coffee, tea, cola and chocolate.

Live a healthy lifestyle: Exercise regularly and eat a healthy, balanced diet.

Seek help: Get counselling and support if you experienced a traumatic or disturbing event. Doing so can help prevent anxiety and other unpleasant feelings from disrupting your life.

Outlook / Prognosis

Anxiety disorders can often go undiagnosed and untreated. Fortunately, treatment can help. The right treatment can help improve your quality of life, relationships and productivity. It can also support your overall well-being.

You don't need to live with constant worry and fear. If you notice symptoms of an anxiety disorder, talk to your healthcare provider. It's best to get diagnosed and treated as soon as possible. Doing so can limit the problems that anxiety disorders can cause. Often, a combination of medications and counselling for anxiety can help you feel your best.

Living With

There are several steps you can take to cope with anxiety disorder symptoms. These strategies can also make your treatment more effective:

Explore stress management: Learn ways to manage stress, such as through meditation.

Join support groups: These groups are available in-person and online. They encourage people with anxiety disorders to share their experiences and coping strategies.

Get educated: Learn about the specific type of anxiety disorder you have so you feel more in control. Help friends and loved ones understand the disorder as well so they can support you.

Limit or avoid caffeine: Many people with anxiety disorder find that caffeine can worsen their symptoms.

Talk to your healthcare provider: Your provider is your partner in your care. If you feel like treatment isn't working or have questions about your medication, contact your provider. Together, you can figure out how to best move forward.

If you're having an anxiety attack and unsure whether you should head to an ER or not, it's better to go. Healthcare professionals can make sure you're OK and give you any necessary treatment.

An anxiety disorder can make it difficult to get through your day. Anxiety disorder symptoms include feelings of nervousness, panic and fear. You may also have physical symptoms such as sweating and a rapid heartbeat. But you don't need to live like this. Several effective anxiety disorder treatments are available. Talk to your healthcare provider to figure out your diagnosis and the best treatment plan. Often, treatment combines medications and therapy. Anti-anxiety medications and antidepressants, together with CBT, can help you feel your best.

Obsessive-Compulsive Disorder (OCD)

Obsessive-compulsive disorder (OCD) is a mental health condition in which you have frequent unwanted thoughts that cause you to perform repetitive behaviours. Treatment for OCD usually involves psychotherapy and medication. The sooner OCD is diagnosed and treated, the better the outlook.

Obsessive-compulsive disorder (OCD) is a condition in which you have frequent unwanted thoughts and sensations (obsessions) that cause you to perform repetitive behaviours (compulsions). The repetitive behaviours can significantly interfere with social interactions and performing daily tasks.

OCD is usually a life-long (chronic) condition, but symptoms can come and go over time.

Everyone experiences obsessions and compulsions at some point. For example, it's common to occasionally double-check the stove or the locks. People also often use the phrases "obsessing" and "obsessed" very casually in everyday conversations. But OCD is more extreme. It can take up hours of a person's day. It gets in the way of normal life and activities. Obsessions in OCD are unwanted, and people with OCD don't enjoy performing compulsive behaviours.

Difference between OCD and OCPD

Even though they sound similar, obsessive-compulsive disorder (OCD) and obsessive-compulsive personality disorder (OCPD) are different conditions.

OCPD is a personality disorder that causes an extensive preoccupation with perfectionism, organization and control.

People with OCD are usually aware that their obsessions and compulsions are problematic and accept that they need professional help to treat the condition. People with OCPD usually don't think there's anything wrong with their behaviour and beliefs.

Effects

OCD can affect anyone. The average age of onset is 19 years. About 50% of people with OCD begin to have symptoms in childhood and adolescence. It's rare for someone to develop OCD after the age of 40. Obsessive-compulsive disorder is relatively common. It affects 1.6% to 2.3% of the general U.S. population.

Symptoms and Causes

The main symptoms of OCD are obsessions and compulsions that interfere with normal activities. For example, symptoms may often prevent you from getting to work on time. Or you may have trouble getting ready for bed in a reasonable amount of time.

You may know that these symptoms are problematic, but you can't stop them. Symptoms of OCD may come and go, ease over time or worsen over time.

If you or your child have symptoms of OCD that interfere with your/their daily life, you should talk to a healthcare provider.

Obsessions in OCD

In OCD, obsessions are unwanted, intrusive thoughts or mental images that cause intense anxiety. People with OCD can't control these thoughts. Most people with OCD realize that these thoughts are illogical or irrational.

Common examples include:

Fear of coming into contact with perceived contaminated substances, such as germs or dirt.

Fear of causing harm to yourself or someone else because you're not careful enough or you're going to act on a violent impulse.

Unwanted thoughts or mental images related to sex.

Fear of making a mistake.

Excessive concern with morality ("right or wrong").

Feelings of doubt or disgust.

Excessive concern with your sexual orientation or gender identity.

Need for order, neatness, symmetry or perfection.

Need for constant reassurance.

Compulsions in OCD

In OCD, compulsions are repetitive actions that you feel like you have to do to ease or get rid of the obsessions.

People with OCD don't want to perform these compulsive behaviours and don't get pleasure from them. But they feel like they have to perform them or their anxiety will get worse. Compulsions only help temporarily, though. The obsessions soon come back, triggering a return to the compulsions.

Compulsions are time-consuming and get in the way of important activities that you value. They don't have to match the content of your obsessions.

Examples include:

- Arranging things in a very specific way, such as items on your dresser.
- Bathing, cleaning or washing your hands over and over.
- Collecting or hoarding items that have no personal or financial value.
- Repeatedly checking things, such as locks, switches and doors.
- Constantly checking that you haven't caused someone harm.
- Constantly seeking reassurance.
- Rituals related to numbers, such as counting, doing a task a specific amount of times, or excessively preferring or avoiding certain numbers.
- Saying certain words or prayers while doing unrelated tasks.

Compulsions can also include avoiding situations that trigger obsessions. One example is refusing to shake hands or touch objects that other people touch a lot, like doorknobs.

Causes OCD

Researchers don't know what exactly causes OCD. But they think several factors contribute to its development, including:

Genetics: Studies show that people who have a first-degree relative (biological parent or sibling) with OCD are at a higher risk for developing the condition. The risk increases if the relative developed OCD as a child or teen.

Brain changes: Imaging studies have shown differences in the frontal cortex and subcortical structures of the brain in people who have OCD. OCD is also associated with other neurological conditions that affect similar areas of your brain, including Parkinson's disease, Tourette's syndrome and epilepsy.

PANDAS syndrome: PANDAS is short for "pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections." It describes a group of conditions that can affect children who have had strep infections, such as strep throat or scarlet fever. OCD is one of these conditions.

Childhood trauma: Some studies show an association between childhood trauma, such as abuse or neglect, and the development of OCD.

Diagnosis and Tests

There's no test for OCD. A healthcare provider makes the diagnosis after asking you about your symptoms and medical and mental health history. Providers use criteria explained in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-V) to diagnose OCD.

The criteria include:

- Having obsessions, compulsions or both.
- The obsessions or compulsions take up a lot of time (more than an hour per day).
- The obsessions or compulsions cause distress or affect your participation in social activities, work responsibilities or other life events.
- The symptoms aren't caused by substances, alcohol, medications or another medical condition.

The symptoms aren't explained by a different mental health condition, such as generalized anxiety disorder, eating disorder or body image disorder.

Management and Treatment

OCD treatment

The most common treatment plan for OCD involves psychotherapy (talk therapy) and medication.

If this treatment doesn't help your OCD symptoms and your symptoms are severe, your provider may recommend transcranial magnetic stimulation (TMS).

Psychotherapy for OCD

Psychotherapy, also called talk therapy, is a term for a variety of treatment techniques that aim to help you identify and change unhealthy emotions, thoughts and behaviours. You work with a mental health professional, such as a psychologist.

There are several types of psychotherapy. The most common and effective forms for treating OCD include:

Cognitive behavioural therapy (CBT): During CBT, a therapist will help you examine and understand your thoughts and emotions. Over several sessions, CBT can help alter harmful thoughts and stop negative habits, perhaps replacing them with healthier ways to cope.

Exposure and response prevention (ERP): ERP is a type of CBT. During ERP, a therapist exposes you to your feared situations or images and has you resist the urge to perform a compulsion. For example, your therapist may ask you to touch dirty objects but then stop you from washing your hands. By staying in a feared situation without anything negative happening, you learn that your anxious thoughts are just thoughts and not necessarily reality.

Acceptance and commitment therapy (ACT): ACT helps you learn to accept obsessive thoughts as just thoughts, taking the power away from them. An ACT therapist will help you learn to live a meaningful life despite your OCD symptoms.

Mindfulness techniques such as meditation and relaxation can also help with symptoms.

Medication for OCD

Medications called serotonin reuptake inhibitors (SRIs), selective SRIs (SSRIs) and tricyclic antidepressants may help treat OCD.

Healthcare providers most often recommend SSRIs for OCD and prescribe them at much higher doses than they do for anxiety or depression. U.S. Food and Drug Administration (FDA)-approved SSRIs include:⁹⁶

Fluoxetine.

Fluvoxamine.

Paroxetine.

Sertraline.

It may take up to eight to 12 weeks for these medications to start working.

Prevention

You can't prevent OCD. But early diagnosis and treatment can help reduce its symptoms and its effects on your life.

There's no sure way to prevent obsessive-compulsive disorder. However, getting treated as soon as possible may help keep OCD from getting worse and disrupting activities and your daily routine.

Outlook / Prognosis

What is the prognosis of OCD?

The prognosis (outlook) of OCD can vary. OCD is often a lifelong condition that can wax and wane.

People with OCD who receive appropriate treatment often experience increased quality of life and improved social, school and/or work functioning.

If you don't receive treatment, the cycle of obsessions and compulsions is more difficult to break and treat, as structural changes in your brain take place. Because of this, it's key to seek medical care as soon as possible if you or your child experience symptoms.

Living With

Aside from seeking medical treatment for OCD, practicing self-care can help manage your symptoms. Examples include:

- Getting quality sleep.
- Exercising regularly.
- Eating a healthy diet.
- Spending time with loved ones who support you and understand OCD.
- Practicing relaxation techniques, such as meditation, yoga, massage and visualization.
- Joining an in-person or online support group for people who have OCD.

If you or your child have received an obsessive-compulsive disorder diagnosis, you'll likely need to see your healthcare provider and/or mental health professional regularly to make sure your treatment is working.

If you're taking medication for OCD and notice any unpleasant side effects, talk to your healthcare provider.

A note from Cleveland Clinic

It's important to remember that obsessive-compulsive disorder (OCD) is a mental health condition. As with all mental health conditions, seeking help as soon as symptoms appear can help decrease the disruptions to your life. Healthcare providers and mental health professionals can offer treatment plans that can help you manage your obsessions and compulsions.

PTSD (Post-Traumatic Stress Disorder)

Post-traumatic stress disorder (PTSD) is a common mental health condition that can develop after a traumatic event. It involves symptoms like flashbacks, anxiety, negative thoughts and beliefs, hypervigilance and more. The main treatment for PTSD is psychotherapy (talk therapy).

PTSD (post-traumatic stress disorder) is a mental health condition that some people develop after they experience or witness a traumatic event. The traumatic event may be life-threatening or pose a significant threat to your physical, emotional or spiritual well-being. PTSD affects people of all ages.

People with PTSD have intense and intrusive thoughts and feelings related to the experience that last long after the event. PTSD involves stress responses like:

- Anxiety, depressed mood, or feelings of guilt or shame.
- Having flashbacks or nightmares.
- Avoiding situations, places and activities related to the traumatic event.

These symptoms cause distress and interfere with your daily functioning.

Traumatic event

Trauma or a traumatic event is anything that severely threatens your existence or sense of safety. It doesn't have to be a single event (like a car accident) — it can be long-term trauma like living through war or frequent abuse. Trauma also doesn't have to happen directly to you — you could witness a traumatic event. In addition, you could develop PTSD after learning that a traumatic event happened to a loved one.

Examples of traumatic events include (but aren't limited to):

- Serious accidents, like a car accident.
- Severe injury or sudden illness.
- War and military combat.
- Natural disasters, such as a tornado, earthquake, fire or flood.
- Physical abuse.
- Verbal abuse.

- Sexual assault or abuse.
- Bullying.
- The sudden death of a loved one.

Types of PTSD

Two conditions are closely related to PTSD:

Acute stress disorder: This is a short-term mental health condition that can occur within the first month after experiencing a traumatic event. Symptoms lasting longer than four weeks may meet the criteria for PTSD.

Complex PTSD (CPTSD): This is a mental health condition that can develop if you experience chronic (long-term) trauma. Examples of chronic trauma include long-term child physical or sexual abuse, long-term domestic violence and war. People with CPTSD typically have PTSD symptoms in addition to extensive issues with emotion regulation, sense of self and relationships.

PTSD is common. It develops in 5% to 10% of people who have experienced trauma. Women and people assigned female at birth (AFAB) are twice as likely to have PTSD as men and people assigned male at birth (AMAB).

Symptoms and Causes

To receive a PTSD diagnosis, symptoms must last for more than a month and must cause significant distress or issues in your daily functioning. The symptoms of PTSD fall into four categories:

Intrusion:

Intrusive thoughts, such as repeated, involuntary memories.

Nightmares.

Flashbacks of the traumatic event, which can be very vivid and feel real.

Avoidance:

- Avoiding reminders of the traumatic event, like people, places, activities, things and situations.
- Avoiding remembering or thinking about the traumatic event.
- Avoiding talking about what happened or how you feel about it.
- Changes in thinking and mood:
- Ongoing fear, horror, anger, guilt or shame.
- Memory loss of important aspects of the traumatic event.

- Ongoing negative and distorted thoughts and feelings about yourself or others.
- Distorted thoughts about the cause or effects of the event that lead to wrongly blaming yourself or others.
- Feeling detached from others.
- No longer enjoying activities you once did.
- Being unable to experience positive emotions.
- Changes in arousal and reactivity:
 - Irritability and angry outbursts.
 - Reckless or self-destructive behavior.
 - being overly watchful of your surroundings (hypervigilance).
 - Being easily startled.
- Problems concentrating or sleeping.

Symptoms of PTSD in children

Children with PTSD may have difficulty expressing how they're feeling or they may have experienced trauma that you don't know about. They may seem restless, fidgety, or have trouble paying attention and staying organized.

These symptoms can be confused with symptoms of attention-deficit/hyperactivity disorder (ADHD). Because of this, it's important to take your child to a specialist (like a child psychologist) who has experience in diagnosing PTSD.

Complications of PTSD

The following conditions are common in people with PTSD, which can make PTSD symptoms worse:

- Mood disorders.
- Anxiety disorders.
- Neurological conditions, including dementia.
- Substance use disorder, including alcohol use disorder.

People with PTSD also have an increased risk of suicidal thoughts and attempts. If you or a loved one is thinking about suicide, call or text 988 to reach the Suicide and Crisis Lifeline. Someone is available to help you 24/7.

Causes of PTSD

Approximately 61% to 80% of people experience a traumatic event at some point in their lives. PTSD develops in about 5% to 10% of this population.

It's unclear why people respond differently to trauma. But studies show that people with PTSD have abnormal levels of certain neurotransmitters and hormones. They also experience brain changes.

Neurotransmitter and hormone changes

Studies show that people with PTSD have normal to low levels of cortisol (the “stress hormone”) and elevated levels of corticotropin-releasing factor (CRF) despite ongoing stress. CRF triggers the release of norepinephrine, which leads to an increased sympathetic nervous system response. This “fight or flight” response leads to increased:

- Heart rate.
- Blood pressure.
- Awareness and startle response.

In addition, some studies show altered functioning of other neurotransmitter systems, including:

- Gamma-aminobutyric acid (GABA).
- Glutamate.
- Serotonin.
- Brain changes

PTSD is associated with changes in the functioning and anatomy of your brain:

The size of your hippocampus (a part of your brain that regulates motivation, emotion, learning and memory) decreases.

The amygdala (the part of your brain that processes emotions and fear responses) is overly reactive in people with PTSD.

The medial prefrontal cortex, which partly controls the emotional reactivity of your amygdala, appears to be smaller and less responsive in people with PTSD.

Risk factors for PTSD

There's no way to predict who will develop PTSD after a traumatic event. But PTSD is more common in people who have experienced:

Certain types of trauma, particularly military combat or sexual assault.

Trauma during childhood.

Injury during the event.

Horror, helplessness or extreme fear at the time of the event.

Lack of social support after a traumatic event.

Long-lasting or repeated trauma.

Mental health conditions and/or substance use.

Diagnosis and Tests

There's no test to diagnose PTSD. Instead, a healthcare provider makes the diagnosis after asking about your:

Symptoms

- Medical history.
- Mental health history.
- Exposure to trauma.

It may be difficult to talk about the trauma. You may want to bring a loved one with you to the appointment for support and to help provide details about your symptoms and behaviour changes.

Providers use the diagnostic criteria for PTSD in the American Psychological Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The latest version is the DSM-5-TR ("TR" stands for "text revision"). To get a diagnosis of PTSD, you must have had the following symptoms for at least one month:

At least one intrusion symptom.

At least one avoidance symptom.

At least two thinking and mood symptoms.

At least two arousal and reactivity symptoms.

Your provider may also perform a physical exam and order certain tests (like blood tests) to see if any physical conditions could be causing some of your symptoms.

Management and Treatment

Psychotherapy (talk therapy) is the main treatment for PTSD, especially forms of cognitive behavioural therapy (CBT). This therapy takes place with a trained, licensed mental health professional, such as a psychologist or psychiatrist. They can provide support, education and

guidance to you and/or your loved ones to help you function better and increase your well-being.

Specific forms of CBT for PTSD include:

Cognitive processing therapy: This therapy was designed specifically to treat PTSD. It focuses on changing painful negative emotions (like shame and guilt) and beliefs due to the trauma. It also helps you confront distressing memories and emotions.

Eye movement desensitization and reprocessing (EMDR) therapy: This method involves moving your eyes a specific way while you process traumatic memories. EMDR's goal is to help you heal from trauma or other distressing life experiences. Compared to other therapy methods, EMDR is relatively new. But dozens of clinical trials show this technique is effective and can help a person faster than many other methods.

Group therapy: This type of therapy encourages survivors of similar traumatic events to share their experiences and feelings in a comfortable and nonjudgmental setting. Family therapy may also help, as challenges of PTSD can affect the entire family.

Prolonged exposure therapy: This therapy uses repeated, detailed imagining of the trauma or progressive exposures to symptom triggers in a safe, controlled way. This helps you face and gain control of fear and learn to cope.

Trauma-focused CBT: This therapy involves learning about how your body responds to trauma and stress. You'll also identify and reframe problematic thinking patterns and learn symptom management skills. It involves exposure therapy, as well.

Medication for PTSD

Currently, there are no medications approved by the U.S. Food and Drug Administration (FDA) to treat PTSD. However, healthcare providers may prescribe certain medications to help certain PTSD symptoms, such as:

Antidepressants like selective serotonin reuptake inhibitors (SSRIs) or serotonin and norepinephrine reuptake inhibitors (SNRIs).

Anti-anxiety medications.

Prevention

You can't necessarily prevent a traumatic event. But some studies show that certain steps may help you prevent PTSD afterward. These are called "protective factors" and include:

- Seeking support from others after the event, such as friends and family. This helps establish a sense of security.
- Joining a support group after a traumatic event.

- Learning to feel positive about your actions in the face of danger.
- Having a healthy coping strategy after the traumatic event.
- Being able to act and respond effectively despite feeling fear.
- Helping other people, especially if it's a traumatic event that affected several people, like a natural disaster.

Outlook / Prognosis

The prognosis (outlook) for PTSD can vary, but treatment often helps. With treatment, about 30% of people eventually recover from the condition. About 40% of people get better with treatment, but mild to moderate symptoms may remain. For some people, symptoms of PTSD go away over time with the support of loved ones and without professional treatment.

Living With

It's important to see your medical healthcare provider and/or mental health provider regularly following a traumatic event. If your symptoms get worse, call your provider.

If you're experiencing thoughts of suicide or self-harm, it's crucial to contact 911, go to the nearest emergency department or call 988 to reach the Suicide and Crisis Lifeline.

A note from Cleveland Clinic

It may be very difficult to seek professional help following a traumatic event. Know that PTSD is treatable, and with time, treatment can help you feel better. Talk to your healthcare provider about therapy options and remember that they're available to help and support you.