Guide

US English

Understanding Bipolar Disorder

PSYCHOLOGYTOOLS®

Introduction

We all have good days and bad days, and everyone's mood goes up and down. For people with bipolar disorder, these mood changes are more severe, go on for weeks at a time, and treatment is need to stabilize their mood.

Around 2% of people experience bipolar disorder in their lifetime [1,2]. The good news is that there are effective treatments. While bipolar tends to be a life-long condition, psychological therapies (such as cognitive behavioral therapy (CBT), family therapy and group psychoeducation) combined with medicine can reduce the risk of relapse and help people live well alongside it.

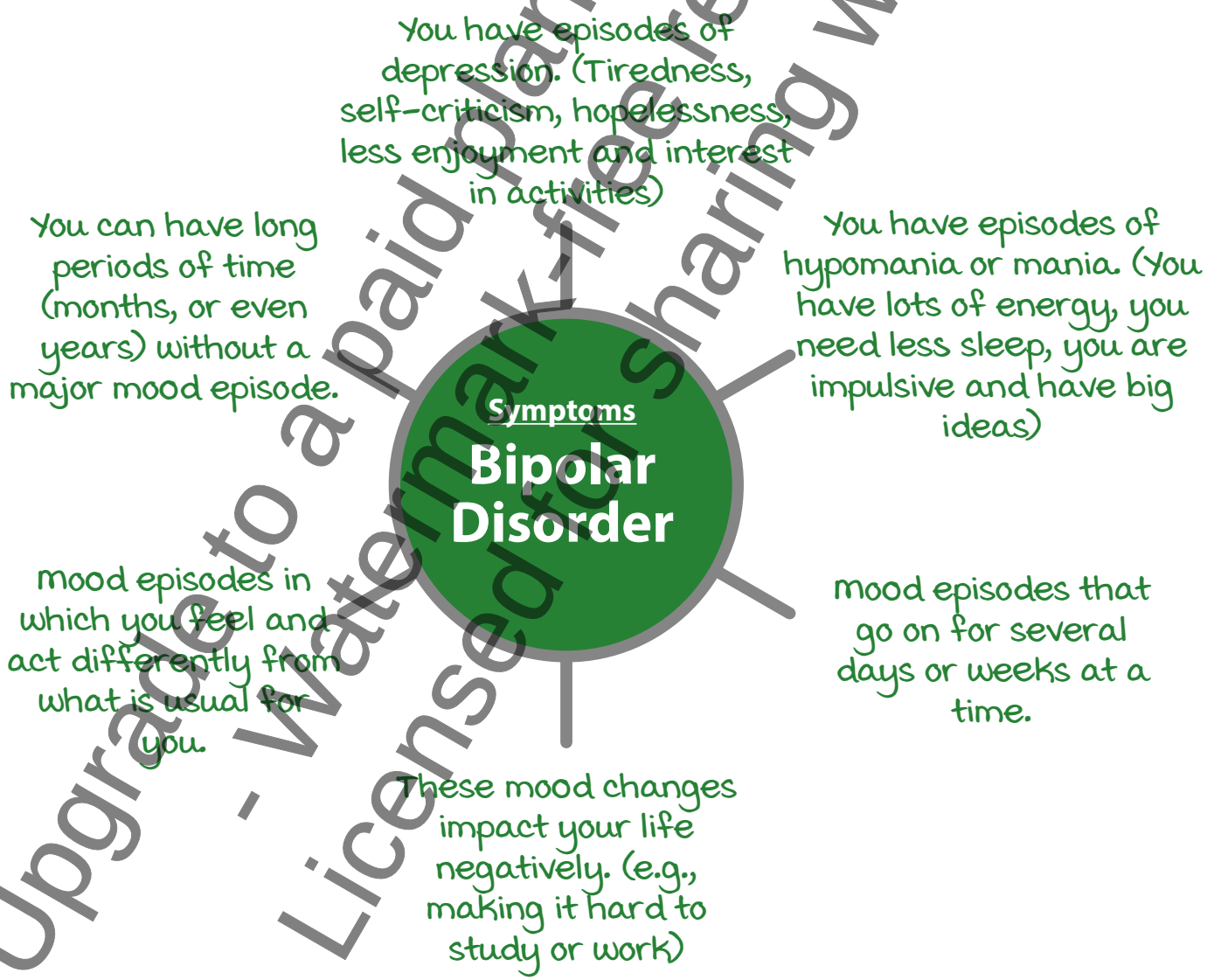
This guide will help you to understand:

- **What bipolar disorder is.**
- **What causes bipolar, and what can make it worse.**
- **Treatments for bipolar disorder.**

What is bipolar disorder?

Do you sometimes feel so low, tired, and hopeless that you can't get out of bed for weeks at a time? At other times, do you feel extremely energetic, ambitious, and confident regardless of how much sleep you've been getting?

Bipolar disorder is the name we use to describe when a person has 'lows' (episodes of depression) and 'highs' (episodes of hypomania or mania). These are episodes that are different from the daily emotional ups and downs that we all experience. For people with untreated bipolar, these episodes can last for weeks and cause problems with your work and relationships. Symptoms of bipolar disorder include:



Do any of these symptoms feel familiar to you?

We can separate the effects of bipolar disorder into how you might think, how you might feel, and what you might do. As symptoms of depression and hypomania/mania feel so different, we will address each one separately:

Depression

How you might think	How you might feel	How you might act
• Low self-confidence • Pessimistic / bleak outlook • Worried about the future • Thinking about death • Suicidal	• Sad • Low • Hopeless • Unmotivated • Tired / lack of energy • Anxious • Guilty • Less interested in usual activities (including sex)	• Shut yourself away, avoid going out • Be less active • Avoid seeing people • Sleep more than usual • Over- / under-eating • Ruminate (think about things over and over)

Hypomania or mania

How you might think	How you might feel	How you might act
• Overly confident and optimistic • Racing thoughts • Future seems full of possibilities • Inspired with big ideas for the future (e.g. business ideas)	• Excited • Full of energy • Restless: unable to sit still • Easily distracted • Irritable	• Sleep less • Be more socially and sexually active • Take part in more goal directed activity (e.g. work or hobbies) • Become more impulsive and take risks (e.g. spending more money than usual)

What is bipolar disorder?

People with bipolar disorder can experience a wide variety of symptoms which change over time, and so there are many possible combinations. There are two main types of bipolar disorder; some other key terms to become familiar with include:

- **Bipolar Type I.** In bipolar I, people have 'manic' episodes and can be very unwell. They may experience psychotic symptoms (lose touch with reality) and end up in hospital. Those with bipolar type I usually – but not always – experience episodes of depression as well.
- **Bipolar Type II.** In bipolar II, people have 'hypomanic' episodes. The symptoms of hypomania are like full mania but do not go on for as long and do not cause as many problems. It is rare to be hospitalized for hypomania. Those with bipolar type II tend to have more severe and longer episodes of depression than those with bipolar disorder type I. For the rest of this guide, the phrase '(hypo)mania' will be used to refer to hypomania and mania.
- **Rapid cycling.** Doctors can talk about 'rapid cycling'. This means the episodes go on for the same amount of time (usually weeks) but that you experience four or more of these mood episodes per year.
- **Mixed symptoms.** This is where people may experience symptoms of depression (e.g. being very self-critical) and symptoms of (hypo)mania (e.g. having racing thoughts) at the same time.
- **Episode / relapse.** Psychologists use the word 'episode' or 'relapse' to refer to when someone with bipolar, who has been stable for a while, begins experiencing mood symptoms of depression or (hypo)mania. These symptoms usually build up over time and there may be early warning signs before a full episode or relapse.

What is it like to experience bipolar?

Paul, Tanya, and Irum have all struggled with bipolar disorder. Their stories illustrate what it can feel like to live with the condition.

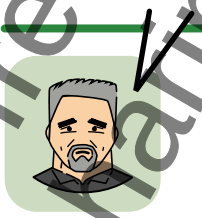
Paul's 'boom and bust' cycle

I first started experiencing depression when I was 15. At the time I felt lonely, and I didn't fit in at school. I wasn't very good at anything, and I felt hopeless about my future. Eventually, I had some sessions with a school counsellor that helped me.

In my first year at University, I began feeling more comfortable around people and met other students who shared similar interests as me. I loved student life and studying English literature. I joined several societies and tried to start a new student magazine, becoming so busy balancing social activities, schoolwork and hobbies I barely slept for weeks at a time. Then, I would inevitably 'crash' for weeks. I began to call this my 'boom and bust' cycle.

When I 'crashed,' I would feel exhausted and overwhelmed – unable to get out of bed for days. It felt like I was failing at everything, and I missed so many important events with my friends. It really affected my coursework, and I began to avoid assignments because I felt so anxious and depressed, which only increased my stress and how low I felt.

My family and friends would often tell me they were worried about me, but I didn't listen to their concerns. In my final year of university, I became so depressed and missed so many assignment deadlines that I had to repeat the year. I eventually went to the University psychiatrist, she said that these 'boom and bust' cycles appeared to be hypomania and depression, and I was diagnosed with bipolar disorder type 2.



Tanya and mania

When I was 34, I was diagnosed with bipolar type I. It happened after I had a manic episode brought on with the birth of my first child, but looking back I realize that I probably have had more manic episodes that no one recognized were happening.

I had a very difficult childhood. My dad had a drinking problem and got violent at times. During my teenage years, I spent a lot of time depressed, trying to help raise my siblings in a chaotic environment. I left home at 18, taking on random jobs to get by while partying and drinking heavily. Sometimes this went too far, and I would be awake for days, taking drugs like cocaine and doing things I would regret later like being more sexually active. I tried to speak to doctors about this at the time, but I was just dismissed as a 'party girl' who needed to stop drinking so much.

Over the years, I tried multiple times to start my own businesses which never worked out. It led to my bankruptcy in my mid-20s and created several periods of my life when I would lose my home and had to sofa surf at friends' house for months. In hindsight, I think I was probably also depressed.

In my late 20s, I met my husband, Mark and my life became more settled with a job in sales which I enjoyed. This changed when I fell pregnant at 33. Everything was great for the first 2 trimesters, but just before my son was born, I began to have an episode. I was convinced that my son was going to change the world, and I was paranoid that people were going to harm my baby because he was so special. I was paranoid and irritable and eventually had to be taken to a mother and baby hospital unit for 6 weeks after he was born. It was there that I was finally diagnosed with an acute manic episode with psychotic features.

Irum, depression, and anxiety

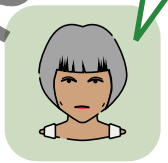
I had a very happy early childhood, growing up with my parents and 2 siblings. When I was 11, my mom was suddenly diagnosed with cancer and died 3 months later. It was a horrific shock, and I stayed off school for several months after her death. At 12, I went to a child and adolescent mental health service for anxiety, depression and self-harm and began to take anti-depressant medication from the age of 14.

I really struggled with social anxiety at school, often worrying about other people and only being able to make a couple of close friends. It made me feel very lonely, cementing my low mood. It made school very difficult and I often would take time off, which would only make me feel worse as I began to worry about my schoolwork. Despite all this, I still managed to finish school and go to college.

College was amazing, I made new friends and became much more comfortable around other people. My fashion and design course was so interesting, and I worked long hours studying alongside working part-time in a restaurant in the evenings and weekends.

During this time, I began to have episodes of what I now realize was hypomania. I would become more social than usual, talking to strangers and constantly posting on social media. I also started spending money I couldn't afford on spontaneous holidays and new clothes. I would feel so much regret afterwards and feel embarrassed by my behavior. It was only when one of my spontaneous trips started to cause problems with my family and work that I went to the doctor and was diagnosed with bipolar type II, aged 28.

I've found that the depression has been the most difficult part of living with bipolar. I feel empty, lost, and anxious. I worry about the future, social situations, and have panic attacks in busy spaces. The depression has also made me feel suicidal, and on two occasions I have taken overdoses which resulted in hospital treatment.



Do I have bipolar disorder?

Bipolar disorder should only be diagnosed by a mental health professional such as a psychiatrist. It typically takes people with bipolar nearly a decade to receive a correct diagnosis. This often happens because people seek help for depression but not (hypo)mania, so their (hypo) manic symptoms may be missed by mental health professionals. Answering the questions below can help you determine whether a professional assessment might be useful.

Some experiences are described below. For each question, select the answer that best describes how often you have had these experiences *over the past year*.

Have you felt depressed, sad, low, or irritable for at least several days?		
☐ Not at all or hardly ever	☐ Sometimes	☐ Often
Have you experienced periods lasting several days where you lost interest in socializing and activities which you used to enjoy?		
☐ Not at all or hardly ever	☐ Sometimes	☐ Often
Have you had periods where you were more flirtatious or sexually active?		
☐ Not at all or hardly ever	☐ Sometimes	☐ Often
Have been so consistently active that other people struggled to keep up?		
☐ Not at all or hardly ever	☐ Sometimes	☐ Often
Have you had periods in your life when you were very self-critical about yourself or felt hopeless about the future?		
☐ Not at all or hardly ever	☐ Sometimes	☐ Often
Have there been times in your life when you have had multiple days of high energy and being very active and busy despite not sleeping much?		
☐ Not at all or hardly ever	☐ Sometimes	☐ Often
Have there been times in your life where your mind has felt 'sped up' and other people commented that you were talking much faster than usual?		
☐ Not at all or hardly ever	☐ Sometimes	☐ Often

Do I have bipolar disorder?

Have you had difficulties with depression for a long time, but felt like the therapy and medications you were offered in the past did not help much?		
☐ Not at all or hardly ever	☐ Sometimes	☐ Often
Are there periods when you are much more impulsive and risk-taking than usual?		
☐ Not at all or hardly ever	☐ Sometimes	☐ Often
Have there been periods in your life where you are much less sociable than usual, and other times when you are much more sociable than usual?		
☐ Not at all or hardly ever	☐ Sometimes	☐ Often

If you ticked '**sometimes**' or '**often**' to most of these questions – and these symptoms cause you problems – then you may be experiencing episodes of depression, hypomania, or mania and may meet the criteria for bipolar. Bipolar disorder needs to be formally assessed by a mental health professional, and you might find it helpful to speak to your family physician in the first instance.

What causes bipolar disorder?

Psychologists don't think that there's any single cause for bipolar disorder. Research shows there are many risk factors which can combine to make people more or less likely to develop bipolar disorder:

- **Genetics.** Bipolar does tend to run in families which indicates that there is a genetic component. However, there is not a single 'bipolar gene' and genetics increase a person's risk of developing bipolar rather than making it certain [3]. Those with bipolar may have family histories of other mental health problems like psychosis or depression.
- **Brain injury.** Early brain injury and difficulties during pregnancy can increase risk of bipolar [4]. It may be that these impact the developing brain and increase the risk of later mood problems (see below).
- **An especially active nervous system.** Research indicates that people with bipolar have a more active limbic system, which is a region of the brain that's responsible for memory, emotions and motivation. On some tasks they also show less activity in parts of the frontal cortex which help us suppress impulses and control their behavior [5]. As a result, people with bipolar may feel emotions more strongly, and it is harder for them to 'put the brakes' on when strong emotions are experienced.
- **Traumatic experiences.** People with bipolar are more likely to have had difficult events in childhood such as abuse or losing a parent at an early age [6]. It is not known exactly why these increase the risk of developing bipolar. It may be that difficult experiences such as emotional abuse or bullying, leads you to be self-critical and develop high standards for yourself.
- **Drug use.** Heavy cannabis use in adolescence doubles the risk of developing bipolar later [7]. This may be due to the effects of cannabis on the developing brain. Stimulant drugs such as cocaine are also a risk factor for developing bipolar [4], as their effects may trigger manic symptoms.

What triggers a bipolar episode?

There are many possible triggers for a bipolar episode or relapse. People with bipolar disorder typically experience multiple episodes of depression and (hypo)mania throughout their life, often going for long periods of time without a relapse.

Medical illness

Self-neglect

Losing sleep

Bereavement

Losing a job

Beginning of a new job

Separation / divorce

Meeting a new partner

Trauma

Exams

Moving house/home

Going on holiday

However, those with bipolar report that certain common life events, can increase their risk of relapse [8]. These aren't just difficult events – positive and exciting ones that can lead to relapse too.

As this list demonstrates, there are many possible triggers for relapse in those with bipolar. This does not mean that all of these events will be triggering for you, and part of living well with bipolar is understanding what specific triggers are important for you. It is important to remember that difficult life events can lead to depression, but positive life events can lead to (hypo)mania. We cannot stop these events happening, and we do not know when they are going to happen. But by being more aware of your triggers you can help prepare for these life events and use coping strategies to prevent the risk of a relapse. **Living well with bipolar means being prepared for the good and bad that life throws at you.**

What keeps bipolar disorder going?

Research studies have shown that psychological therapies such as cognitive behavior therapy (CBT) can lower the risk of relapse in bipolar, as well as reduce symptoms of depression and mania. While therapy can help you understand why you developed bipolar (e.g., by understanding the role of significant experiences in your life), it usually has a strong focus on what keeps people with bipolar unwell, and what could trigger a relapse in the here and now. Psychologists have identified a number of 'mechanisms' which make people with bipolar vulnerable to relapse. These include:

- **Positive bias** [9]
- **Sleep disruption** [10]
- **Unhelpful beliefs** [11]
- **Behaviors which rebound** [12]

The diagram on the next page shows how these factors, which are often an attempt to try and change or control strong emotions, can backfire and lead to relapse in bipolar.

What keeps bipolar disorder going?

The way we think about our abilities and our imagination about the future can lead to mood changes:

- Overestimating the likelihood that amazing things will happen to you.
- Having very vivid mental images in your mind about things going well in the future.
- Being overly confident in your abilities.

In bipolar disorder, this positive thinking can go too far and cause problems. For example, these beliefs might drive risky and impulswive behaviors such as hypersexuality and impulsive spending. You might cause problems with friends, family and colleagues by not listening to their advice. There can also be a 'boom and bust' effect where you have a big idea when manic, but when things do not go as planned you 'crash' and become depressed.

Positive bias

The way we try to cope with strong emotions can turn an emotional reaction into a full relapse. Those with bipolar disorder may:

- Try to increase 'positive' emotions such as excitement and find it harder to decrease these emotions.
- Actively try and induce (hypo)mania due to perceived benefits.
- Ruminate about both positive and negative events.
- Be more impulsive and take risks when emotions are strong.

In bipolar disorder, these attempts to try and change or control strong emotions can backfire. People may unintentionally trigger a relapse or try to 'use' hypomania at an early stage, which risks it becoming out of control.

Unhelpful coping strategies

Sleep disruption

Changes in sleep are the most commonly reported trigger for relapse in bipolar disorder as well as being an early warning sign for mood episodes:

- Most people with bipolar disorder have poor sleep such as insomnia, even when mood is stable.
- During (hypo)mania people may not need to sleep for several nights, and this fuels mood changes.
- During depression, people can have difficulty sleeping, or may sleep excessively.

In bipolar disorder, changes to sleep routines can have a huge impact on both depression and (hypo)mania. Maintaining a stable sleep pattern is key to maintaining mood stability, whilst also not worrying every time you have a bad nights sleep.

Unhelpful beliefs

We all have deep beliefs about ourselves, other people and the world around us. These can be particularly strong in those with bipolar disorder who tend to:

- Have high standards for themselves.
- Be perfectionists.
- Be very self-critical and hard on themselves when the make mistakes.
- Have a strong need to achieve.

In bipolar disorder, these beliefs can fuel strong emotions and behaviors which lead to relapse. These beliefs will often drive those with bipolar disorder to over-work and push themselves too hard, leading to relapse. They can also fuel the self-criticism seen in depression.

Positive bias

We are often told that it is good to have ambitions, hopes and dreams. You might say "What's the problem with feeling confident?".

The issue is that people with bipolar disorder find it easier to get carried away: to have *overly* ambitious ideas and be *overly* confident in their own abilities.

An important part of living well with bipolar is being aware of whether you have this tendency and keeping a careful eye on these **positive biases**.

Positively biased thinking

Those with bipolar tend to have lots of 'big ideas' such as wanting fame and fortune. Psychologists have found those with bipolar have a bias where they think that unlikely positive events (e.g. winning the lottery), are more likely to happen to them [9].

These positively biased thoughts can drive changes in your mood and lead to impulsive behaviors. For example, if you have a business idea, and you are overly confident that it will very quickly be a huge success, this might drive your mood into (hypo)mania. This might then lead you to take risks such as investing money you cannot afford or leaving a stable job for this high-risk project.

The positive bias may also apply to relationships (for example, over-estimating how romantically interested people might be in you) or about hobbies (for example, thinking you can run a half marathon without any training).

Positive bias

This positive bias tends to be present even when your mood is stable (although thinking patterns are usually negative when depressed). For (hypo)mania there, can be a vicious cycle where these positive beliefs increase mood and drive impulsive behaviors, and the higher your mood gets, the more positively biased your thinking becomes. Biases in thinking aren't limited to bipolar – 'negative' biases are very common in people with depression and anxiety problems. Some of these thinking biases which are common in depression and anxiety also appear in bipolar but with a 'positive twist'.

Type of bias	Negative bias	Positive bias
Jumping to conclusions You make hasty judgments or decisions based on a limited amount of information. 	"my boss wants to see me; I must be getting fired!"	"my boss wants to see me; I must be getting a promotion!"
Disqualifying the positive You ignore, dismiss, or discount your positive attributes and experiences. 	"They don't really mean that, they're just trying to be nice."	"Everyone is being negative because I'm the only one who gets it!"
Mental filter You base your conclusions on a single detail taken out of context, and might ignore or discount other bits of information. 	You focus on the one piece of negative feedback in a work meeting, missing out the ten bits of positive feedback.	You take one comment about your business idea being "good" as proof that it will work, not paying attention to the people who are less convinced.

Positively biased imagery

Have you ever been able to picture good things happening to you in the future?

Research shows that those with bipolar tend to have very strong, vivid mental images about the future (e.g. a particularly clear fantasy of the beautiful home you'd have if you were rich). These images might drive your mood and change your behavior, for example they might lead you to work all night on a business idea. Understanding how these images can impact your mood is important for living well with bipolar.

Positive bias about bipolar

Those with bipolar can have a positive bias about bipolar itself! Despite the problems it causes, some people may find that (hypo)mania can be enjoyable at times. At an early stage, some people are indeed very productive, funny or creative when they are (hypo)manic. When becoming unwell, it is possible to have a biased idea that (hypo)mania is useful and will help you cope or be productive, whilst not thinking about the downsides and the problems it has caused in the past. In this way, positive beliefs about bipolar itself may lead to relapse: You may try to 'use' (hypo)mania at an early stage to finish projects or feel more confident socially, however the longer it goes on and the higher your mood gets, the harder it is to bring your mood back down again.

There is also a possible 'boom and bust' effect as episodes of hypomania are often followed by depression. For example, positive bias may drive a high mood and behaviors such as impulsive spending. When your mood starts to come down, you might realize that you have been overly optimistic (like spending money and time on an idea that was unlikely to work). This can then fuel a 'crash' where you ruminate about the mistakes you made or feel embarrassed or ashamed of the ideas and conversations you had when (hypo)manic.

Living well with bipolar is all about finding balance: a happy medium between having no confidence when depressed and too much confidence when (hypo)manic. Therapies such as CBT can help people with bipolar to identify when their thoughts are becoming overly optimistic.

Sleep disruption

Most people with bipolar report they have sleep problems such as insomnia, even when their mood is stable. Do you ever find it hard to fall asleep, or wake up a lot during the night?

Sleep changes are a common symptom of both depression and (hypo)mania. In depression, people often have difficulties with either not enough sleep (e.g., waking early, struggling to get to sleep at night) or too much sleep (e.g., napping during the day). In (hypo)mania, people often feel like they need much less sleep. They can stay awake for several days at a time without feeling tired.

Sleep changes are also the most commonly reported trigger for relapse in bipolar. Socializing, working long hours, travel, or certain life events may change your normal sleep routines, triggering (hypo)manic symptoms. For example, getting married and going on a long-haul flight for your honeymoon may impact your sleep and have a knock-on effect on your mood.

Since sleep can be both a trigger and a symptom of mood changes, disruptions in your sleep routine can keep mood episodes going. Those with bipolar can have very strong beliefs about the importance of sleep. For example:

- You might worry that one night of bad sleep will definitely lead to relapse, so you develop overly rigid rules around your sleep routine. Struggling to stick to these rules makes you worry more.
- You might worry that difficulty getting to sleep one night is a sign of (hypo)mania, when you may just be stressed about an important meeting the next day. This worry keeps you up longer.

Keeping a healthy sleep routine is a key part of living well with bipolar. In fact, research suggests that just working on sleep problems can reduce the risk of mania relapse [10]. However, it's also important to acknowledge that this might not always be possible, and that minor sleep changes don't always mean you'll relapse.

Identifying your routines and developing healthy sleep cycles is part of several psychological therapies for bipolar, including CBT, interpersonal and social rhythm therapy, and group psychoeducation.

Unhelpful beliefs

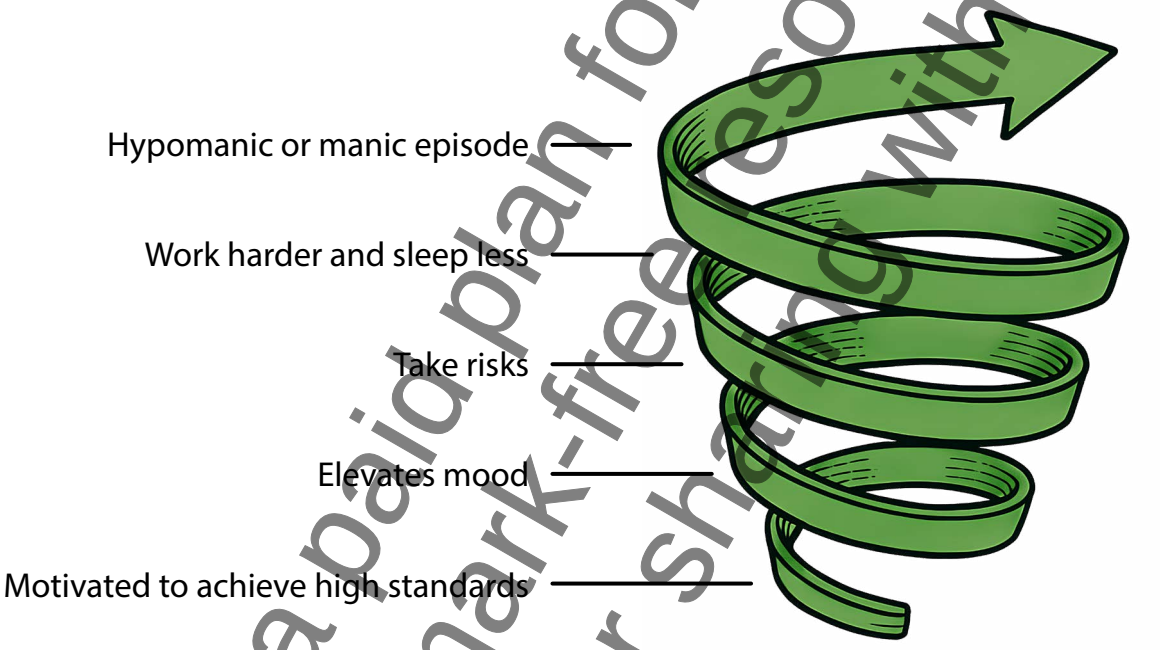
We all hold deep beliefs about ourselves, other people and the world around us. These beliefs have often been there since we were young, but we may be unaware of what they are and how they impact us.

Certain beliefs are especially prevalent in bipolar. Do any of the following sound familiar to you?

- **High standards.** People with bipolar disorder often hold themselves to very high standards, more so than others. For example, believing that they can achieve anything if they work hard enough, or that they must achieve something remarkable to be respected.
- **A need to achieve.** People with bipolar often have strong need to achieve: whether by reaching goals and milestones in their career, academic pursuits, or in their personal life. This is particularly true when people are (hypo)manic, as they might set themselves ambitious goals around making lots of money or becoming famous.
- **Perfectionist tendencies.** People with bipolar tend to have highly perfectionist beliefs, such as believing they must always be organized, cannot make mistakes, or feeling that they can never reach their own standards.

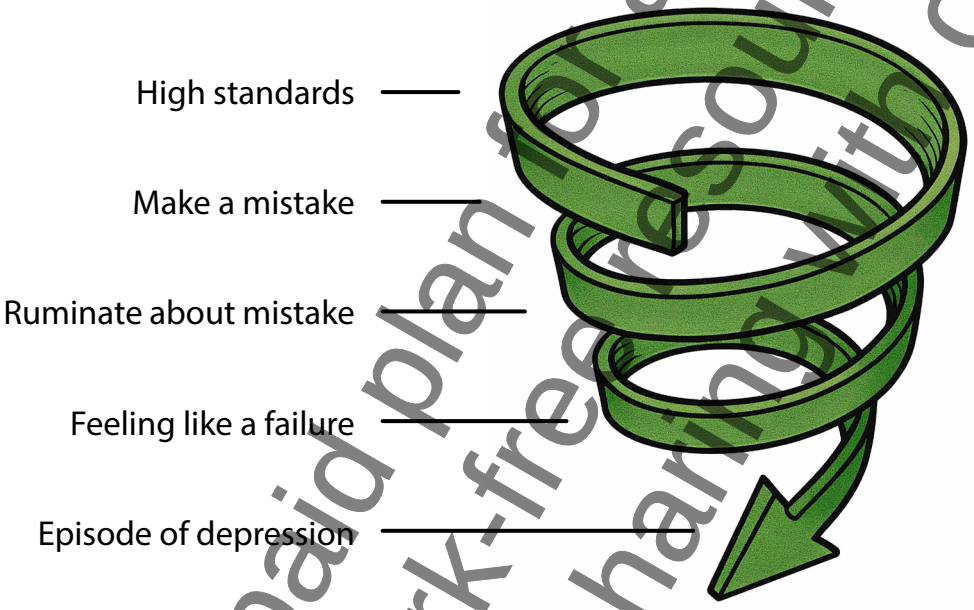
Unhelpful beliefs

These unhelpful beliefs can influence both depression and (hypo)mania. The drive that comes from having very high standards and a need to achieve can increase your mood, make you take risks, work harder, and sleep less. This increases your risk of becoming (hypo)manic.



High standards can also trigger depression. For example, if you make a mistake at work, you might ruminate about it a lot and start to feel depressed.

When people with bipolar make mistakes or fail to live up to their own high standards, they can be very self-critical and hard on themselves. For example:



The problem with having very high standards and a need to achieve is that it can be a losing game: if you do meet your own very high standards you just 'raise the bar' if you don't then you are hard on yourself and try and work harder. You can't win!

Fortunately, psychological therapies such as CBT can help you explore where these beliefs come from and how helpful they are to you [11]. Being aware of these unhelpful beliefs and the patterns they might get you stuck in is an important part of living well with bipolar.

Behaviors which rebound

We all have particular ways of coping with strong emotions and difficulties. Some of these are more helpful than others: many might help for a short while but make things worse in the long run. An important part of therapies such as CBT is identifying any unhelpful coping strategies you have developed which might backfire or create a 'vicious cycle'.

Psychologists have identified typical ways that people with bipolar try to cope with strong emotions that may lead to relapse.

Wanting to feel good a bit too much

There is nothing wrong with wanting to cheer yourself up or feel happy, but people with bipolar may take it too far. Those with bipolar tend to seek out and increase 'positive' everyday emotions like excitement and happiness. The problem is that it's then harder to reduce these emotions again, since the bipolar brain experiences emotions much more strongly. What may start as an attempt to lift your mood in the short term may go too far and spiral into an episode of (hypo)mania.

Trying to induce hypomania

Similarly, a unique part of living with bipolar is that in its early stages, (hypo)mania can feel nice. Some people can try and induce or 'go with' (hypo)mania at an early stage because it feels enjoyable or fun. This is especially true if they've been feeling depressed and then notice their mood changing. It's tempting for them to 'go with it', trying to make themselves feel better. Other people may actively try to induce hypomania, such as by taking drugs or depriving themselves of sleep. The problem is that mania can't simply be switched on and off. Sometimes people want to 'use' it for a few days, but then it causes problems when it goes too far and gets out of control.

Rumination (positive and negative)

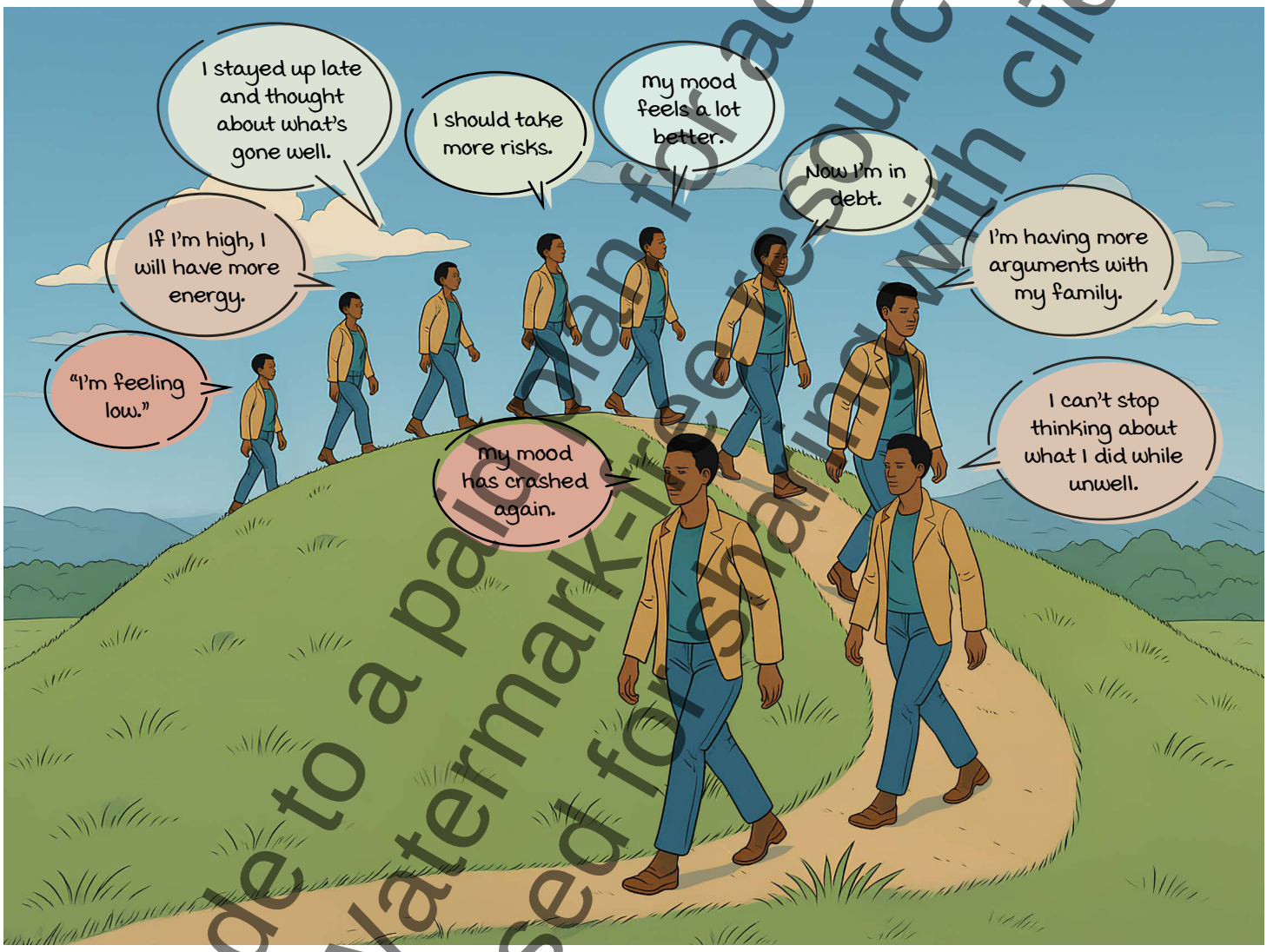
It's common for people with bipolar to ruminate about mistakes they've made or difficult events from the past, and this can make their mood worse. In bipolar, people can also experience positive rumination, where they go round and round thinking about good things that have happened or might happen. This can raise your mood higher and higher, driving you to become impulsive and take risks.

Impulsivity and risk-taking

Impulsivity is acting quickly without thinking enough about the possible consequences. People with bipolar can be quite impulsive even when their mood is stable. When they're (hypo) manic, they become more impulsive, taking more risks than they usually would, such as by being more socially and sexually active than usual, or by spending more money than they can afford. Regret and rumination about these actions may fuel a depression spiral afterwards.

Behaviors which rebound

Therapies such as CBT help you to explore the effect of your behaviors and coping strategies in order to develop new, healthier coping strategies.



Medical treatments for bipolar disorder

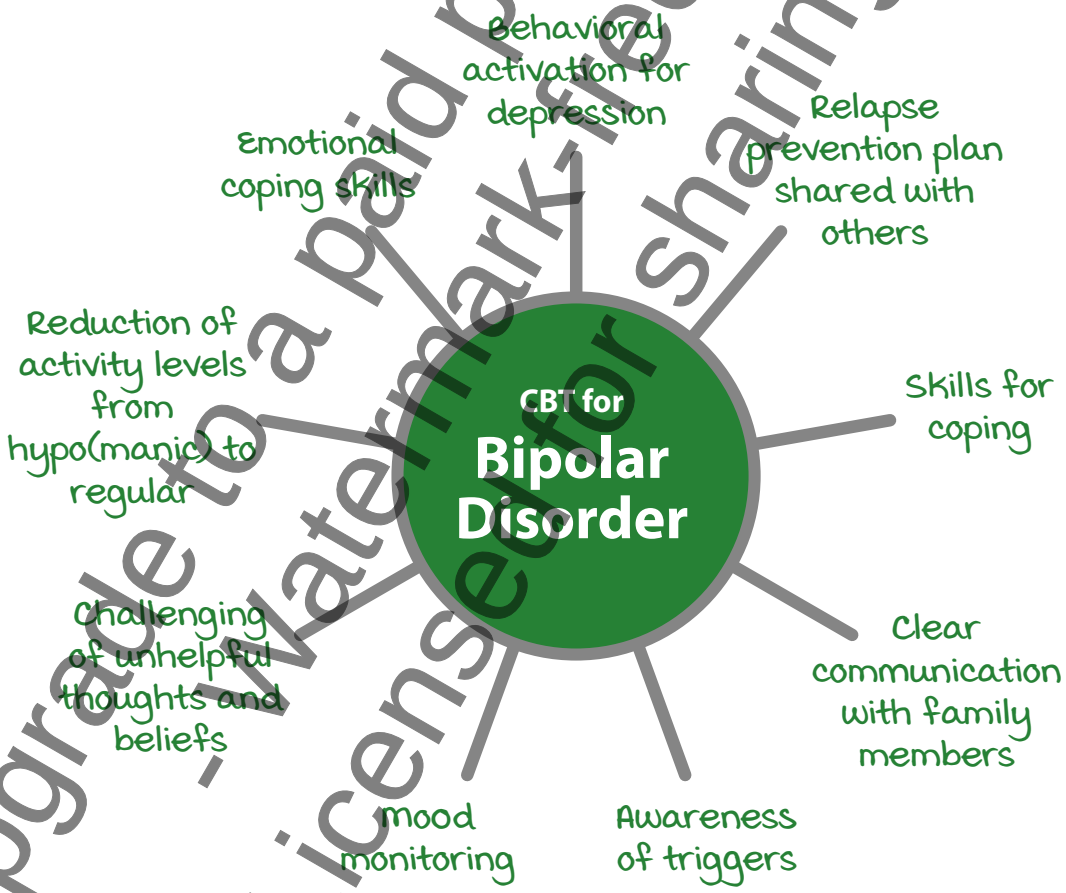
So far, this guide has focused on psychological ways of thinking about bipolar, but medication is an equally important part of living well with bipolar disorder. Medications have been shown to reduce the risk of relapse and reduce acute mood symptoms. They can be divided into several categories according to how they work and what they're trying to treat:

- **Antipsychotic medication.** These medications, such as olanzapine, quetiapine and aripiprazole, are prescribed for acute hypo(mania). They're often prescribed for a short or medium term while people are acutely unwell, but they can also be used regularly to maintain a stable mood.
- **Mood stabilizers.** These medications, such as lithium and carbamazepine, are taken regularly (even when you're feeling well) to try and maintain a stable mood. They also reduce the risk of relapse. Some mood stabilizers have side effects which require monitoring, such as regular blood tests to check lithium levels.
- **Antidepressant medication.** These medications, such as citalopram and fluoxetine, are used to lift mood when people are acutely depressed. They can also be used to prevent depression from coming back. For people with bipolar disorder, antidepressant medications need to be prescribed with caution so that they don't lead to hypomania. They're often prescribed alongside a mood stabilizer.
- **Other medications.** Medications can be prescribed for difficulties that often go alongside bipolar such as anxiety. Medications such a zopiclone can be prescribed to help with sleep, especially if somebody is manic. These types of drugs have the potential to lead to dependence, and so are usually only prescribed for a brief period.

Psychological therapies for bipolar disorder

Psychological therapies have been shown to be effective for reducing acute mood symptoms and reducing the risk of relapse in bipolar. It is important to note that research indicates the psychological therapies described below are only useful in addition to the pharmaceutical treatment described earlier – there is no evidence that they work as a standalone alternative to medication.

- **Cognitive behavioral therapy (CBT).** This is designed to help you understand the links between your thoughts, feelings, and actions. A lot of the explanations from the previous pages are based on CBT theory. CBT for bipolar helps people find new coping strategies when they are becoming (hypo) manic or depressed to prevent relapse. It also focuses on identifying and challenging unhelpful thoughts and beliefs. CBT is also starting to be used for difficulties within bipolar, such as high levels of anxiety.



- **Family therapy.** This involves working not just with the individual who has bipolar, but any family members who care for them as well. Some versions of family therapy introduce multiple families to learn from one another. This helps the family solve problems, learn communication skills, and develop a shared plan of action in case of relapses. There is evidence that family therapy reduces the number of relapses experienced by people with bipolar [13].
- **Group-based psychoeducation.** This gets a group of bipolar individuals together for a group intervention, usually 10-12 sessions. It's structured with different topics each week, such as relapse prevention skills, ways to cope with stress and anxiety, the role of drugs and alcohol, and information about medication. These are often CBT-based. There is evidence that group-based psychoeducation can reduce the risk of relapse, as well as improving symptoms of depression [13].
- **Interpersonal and social rhythm therapy.** This is an individual therapy and aims to improve daily routines to keep mood stable. It focuses on sleep cycles, and understanding how changes to daily activities and routines can lead to relapse. There is evidence that this can reduce the number of relapse experiences in bipolar [13].
- **'Third wave' CBT.** These are emerging newer 'variations' of CBT. There is evidence that these mindfulness-based therapies can improve symptoms of depression and anxiety in people with bipolar, but there is less evidence to show they can prevent relapses or reduce mania [14, 15]. Types of 'third wave' CBT include:
  - **Mindfulness-based cognitive behavioral therapy (MBCT)** – improves awareness of possible early warning signs of relapse.
  - **Acceptance and commitment therapy (ACT)** – also uses mindfulness, and helps people focus on what is really important to them in life.
  - **Dialectical behavior therapy (DBT)** – although originally designed for borderline personality disorder (also known as emotionally unstable personality disorder). DBT has also been adapted for bipolar to help improve emotional regulation.

Other interventions for bipolar disorder

- **Hospitalization.** This only happens when people are acutely unwell, to keep them safe, and is usually short-term. People may be hospitalized for manic episodes or for severe depression, though not for hypomania. Around half of those with bipolar report being hospitalized at some point.

Do you remember Paul from earlier? Here's what bipolar treatment was like for him:

I had some counseling when I was a teenager at school and it was helpful, but only for a few months. I didn't try medication until I was in my final year at university. I was really struggling at the time, so they gave me antidepressants and a mood stabilizer. I was sceptical, and it took a few weeks for the medications to kick in. Although there were some side effects, my body got used to the medication after a while.

I attended a group course about bipolar with the local mental health team a few years after I was diagnosed. It was great to meet other people experiencing the same things, and there were some really useful and practical suggestions about how to stay well. I didn't realize how much control I had over my boom and bust cycle! I still have relapses, but I've been keeping them to a minimum by using medication and my relapse prevention plan. My life feels much more stable than it used to.

It took Tanya a while to get the help she needed:

Although my early and mid-20's were a very chaotic and challenging time for me, I hadn't been diagnosed with bipolar yet, so I remained untreated this whole time.

It was horrible to have to spend the first few weeks of my son's life in hospital with him, but I know it was necessary: I was too unwell to look after him myself. I was on strong antipsychotic medication while I was there, but my psychiatrist helped me gradually reduce the dose. She also spoke to me about lithium: I wasn't sure about it at first, but I've been on it for 18 months now and haven't had a full manic episode since.

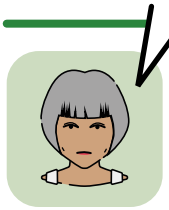
I have found psychological therapies really helpful. A clinical psychologist in the perinatal mental health team saw me. We used a combination of CBT and mindfulness. It helped me make sense of the build up to my episode when I was pregnant. Talking through the story of what happened made it feel less scary. I used to worry that I was helpless and wouldn't be able to prevent it from happening again, but I feel more confident that I know my early warning signs now.

I work hard every day to watch my sleep pattern, activity levels, using mindfulness and mood diaries and apps to keep my mood stable. Simple lifestyle changes can make a big difference!

Irum found help for her anxiety:

I had been under child and adolescent mental health services since I was 12 and on antidepressant medication since I was 14. I stayed on this on and off until I was diagnosed bipolar at 28. They put me on a different medication that they hoped would keep my mood stable as well as help with my anxiety and depression. It made me feel drowsy at first, but I got used to it and it definitely helped with my anxiety and sleep, as well as keeping my mood more stable.

I had tried some CBT in the past before I was diagnosed bipolar. It was kind of helpful, but I felt like it didn't quite fit me. When I got my bipolar diagnosis, it made sense why maybe it didn't quite hit the mark before. I saw a therapist a few years later primarily because I was having panic attacks at the time. I was unsure about trying CBT again, but they really understood my bipolar and explained how it linked with my anxiety. It helped me face my fears and I'm better with large crowds now. My anxiety waxes and wanes, and I still get depressed, but it's so much better than it used to be.



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Type: Guide
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Translated title: Understanding Bipolar Disorder

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Resource format: Guide
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