

Do you have periods of time when you feel unusually “up” (happy and outgoing, or irritable), but other periods when you feel “down” (unusually sad or anxious)? During the “up” periods, do you have increased energy or activity and feel a decreased need for sleep, while during the “down” times you have low energy, hopelessness, and sometimes suicidal thoughts? Do these symptoms of fluctuating mood and energy levels cause you distress or affect your daily functioning? Some people with these symptoms have a lifelong but treatable mental illness called bipolar disorder.

What is bipolar disorder?

Bipolar disorder is a mental illness that can be chronic (persistent or constantly reoccurring) or episodic (occurring occasionally and at irregular intervals). People sometimes refer to bipolar disorder with the older terms “manic-depressive disorder” or “manic depression.”

Everyone experiences normal ups and downs, but with bipolar disorder, the range of mood changes can be extreme. People with the disorder have manic episodes, or unusually elevated moods in which the individual might feel very happy, irritable, or “up,” with a marked increase in activity level. They might also have depressive episodes, in which they feel sad, indifferent, or hopeless, combined with a very low activity level. Some people have hypomanic episodes, which are like manic episodes, but not severe enough to cause marked impairment in social or occupational functioning or require hospitalization.

Most of the time, bipolar disorder symptoms start during late adolescence or early adulthood. Occasionally, children may experience bipolar disorder symptoms. Although symptoms may come and go, bipolar disorder usually requires lifelong treatment and does not go away on its own. Bipolar disorder can be an important factor in suicide, job loss, ability to function, and family discord. However, proper treatment can lead to better functioning and improved quality of life.

What are the symptoms of bipolar disorder?

Symptoms of bipolar disorder can vary. An individual with the disorder may have manic episodes, depressive episodes, or “mixed” episodes. A mixed episode has both manic and depressive symptoms. These mood episodes cause symptoms that last a week or two, or sometimes longer. During an episode, the symptoms last every day for most of the day. Feelings are intense and happen with changes in behavior, energy levels, or activity levels that are noticeable to others. In between episodes, mood usually returns to a healthy baseline. But in many cases, without adequate treatment, episodes occur more frequently as time goes on.

Symptoms of a Manic Episode	Symptoms of a Depressive Episode
Feeling very up, high, elated, extremely irritable, or touchy	Feeling very down or sad, or anxious
Feeling jumpy or wired, or being more active than usual	Feeling slowed down or restless
Racing thoughts	Trouble concentrating or making decisions
Decreased need for sleep	Trouble falling asleep, waking up too early, or sleeping too much
Talking fast about a lot of different things ("flight of ideas")	Talking very slowly, feeling unable to find anything to say, or forgetting a lot
Excessive appetite for food, drinking, sex, or other pleasurable activities	Lack of interest in almost all activities
Feeling able to do many things at once without getting tired	Unable to do even simple things
Feeling unusually important, talented, or powerful	Feeling hopeless or worthless, or thinking about death or suicide

Some people with bipolar disorder may have milder symptoms than others. For example, hypomanic episodes may make an individual feel very good and productive; they may not feel like anything is wrong. However, family and friends may notice the mood swings and changes in activity levels as unusual behavior, and depressive episodes may follow hypomanic episodes.

Types of Bipolar Disorder

People are diagnosed with three basic types of bipolar disorder that involve clear changes in mood, energy, and activity levels. These moods range from manic episodes to depressive episodes.

- **Bipolar I disorder** is defined by manic episodes that last at least 7 days (most of the day, nearly every day) or when manic symptoms are so severe that hospital care is needed. Usually, separate depressive episodes occur as well, typically lasting at least 2 weeks. Episodes of mood disturbance with mixed features are also possible. The experience of four or more episodes of mania or depression within a year is termed "rapid cycling."
- **Bipolar II disorder** is defined by a pattern of depressive and hypomanic episodes, but the episodes are less severe than the manic episodes in bipolar I disorder.
- **Cyclothymic disorder** (also called cyclothymia) is defined by recurrent hypomanic and depressive symptoms that are not intense enough or do not last long enough to qualify as hypomanic or depressive episodes.

“Other specified and unspecified bipolar and related disorders” is a diagnosis that refers to bipolar disorder symptoms that do not match the three major types of bipolar disorder.

What causes bipolar disorder?

The exact cause of bipolar disorder is unknown. However, research suggests that a combination of factors may contribute to the illness.

Genes

Bipolar disorder often runs in families, and research suggests this is mostly explained by heredity—people with certain genes are more likely to develop bipolar disorder than others. Many genes are involved, and no one gene can cause the disorder.

But genes are not the only factor. Studies of identical twins have shown that one twin can develop bipolar disorder while the other does not. Though people with a parent or sibling with bipolar disorder are more likely to develop it, most people with a family history of bipolar disorder will not develop it.

Brain Structure and Function

Research shows that the brain structure and function of people with bipolar disorder may differ from those of people who do not have bipolar disorder or other mental disorders. Learning about the nature of these brain changes helps researchers better understand bipolar disorder and, in the future, may help predict which types of treatment will work best for a person with bipolar disorder.

How is bipolar disorder diagnosed?

To diagnose bipolar disorder, a health care provider may complete a physical exam, order medical testing to rule out other illnesses, and refer the person for an evaluation by a mental health professional.

Bipolar disorder is diagnosed based on the severity, length, and frequency of an individual’s symptoms and experiences over their lifetime.

Some people have bipolar disorder for years before it’s diagnosed for several reasons. People with bipolar II disorder may seek help only for depressive episodes and hypomanic episodes may go unnoticed.

Misdiagnosis may happen because some bipolar disorder symptoms are like those of other illnesses. For example, people with bipolar disorder who also have psychotic symptoms can be misdiagnosed with schizophrenia. Some health conditions, such as thyroid disease, can cause symptoms like those of bipolar disorder. The effects of recreational and illicit drugs can sometimes mimic or worsen mood symptoms.

Conditions That Can Co-Occur With Bipolar Disorder

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, such as 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 symptoms over the course of the illness and the person's family history can help determine whether a person has bipolar disorder along with another disorder.

How is bipolar disorder treated?

Treatment helps many people, even those with the most severe forms of bipolar disorder. Mental health professionals treat bipolar disorder with medications, psychotherapy, or a combination of treatments.

Medications

Certain medications can help control the symptoms of bipolar disorder. Some people may need to try several different medications before finding the ones that work best. The most common types of medications that doctors 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. While bipolar depression is often treated with antidepressant medication, a mood stabilizer must be taken as well, as an antidepressant alone can trigger a manic episode or rapid cycling in a person with bipolar disorder. Medications that target sleep or anxiety are sometimes added to mood stabilizers as part of a treatment plan.

Talk with your health care provider to understand the risks and benefits of each medication. Report any concerns about side effects to your health care provider right away. Avoid stopping medication without talking to your health care provider first. Read the latest medication warnings, patient medication guides, and information on newly approved medications on the Food and Drug Administration (FDA) website at www.fda.gov/drugsatfda.

Psychotherapy

Psychotherapy (sometimes called “talk therapy”) is a term for various treatment techniques that aim to help a person identify and change troubling emotions, thoughts, and behaviors. Psychotherapy can offer support, education, skills, and strategies to people with bipolar disorder and their families.

Some types of psychotherapy can be effective treatments for bipolar disorder when used with medications, including interpersonal and social rhythm therapy, which aims to understand and work with an individual's biological and social rhythms. Cognitive behavioral therapy (CBT) is an important treatment for depression, and CBT adapted for the treatment of insomnia can be especially helpful as a component of the treatment of bipolar depression. Learn more about psychotherapy at www.nimh.nih.gov/psychotherapies.

Other Treatments

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

- **Electroconvulsive therapy (ECT)** is a brain stimulation procedure that can help relieve severe symptoms of bipolar disorder. ECT is usually only considered if an individual's illness has not improved after other treatments such as medication or psychotherapy, or in cases that require rapid response, such as with suicide risk or catatonia (a state of unresponsiveness).
- **Transcranial Magnetic Stimulation (TMS)** is a type of brain stimulation that uses magnetic waves, rather than the electrical stimulus of ECT, to relieve depression over a series of treatment sessions. Although not as powerful as ECT, TMS does not require general anesthesia and presents little risk of memory or adverse cognitive effects.
- **Light Therapy** is the best evidence-based treatment for seasonal affective disorder (SAD), and many people with bipolar disorder experience seasonal worsening of depression in the winter, in some cases to the point of SAD. Light therapy could also be considered for lesser forms of seasonal worsening of bipolar depression.

Complementary Health Approaches

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 at www.nccih.nih.gov.

Coping With Bipolar Disorder

Living with bipolar disorder can be challenging, but there are ways to help yourself, as well as your friends and loved ones.

- Get treatment and stick with it. Treatment is the best way to start feeling better.
- Keep medical and therapy appointments and talk with your health care provider about treatment options.
- Take medication as directed.
- Structure activities. Keep 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 is healthy for your heart and brain.
- Keep a life chart to help recognize your mood swings.
- Ask for help when trying to stick with your treatment.
- Be patient. Improvement takes time. Social support helps.

Remember, bipolar disorder is a lifelong illness, but long-term, ongoing treatment can help manage symptoms and enable you to live a healthy life.

Are there clinical trials studying bipolar disorder?

NIMH supports a wide range of research, including clinical trials that look at new ways to prevent, detect, or treat diseases and conditions—including bipolar disorder. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge to help others in the future. Researchers at NIMH and around the country conduct clinical trials with patients and healthy volunteers. Talk to a health care provider about clinical trials, their benefits and risks, and whether one is right for you. For more information, visit www.nimh.nih.gov/clinicaltrials.

Finding Help

Behavioral Health Treatment Services Locator

This online resource, provided by the Substance Abuse and Mental Health Services Administration, can help you locate mental health treatment facilities and programs. Find a facility in your state at <https://findtreatment.samhsa.gov>. For additional resources, visit www.nimh.nih.gov/findhelp.

Talking to a Health Care Provider About Your Mental Health

Communicating well with a health care provider can improve your care and help you both make good choices about your health. Find tips to help prepare for and get the most out of your visit at www.nimh.nih.gov/talkingtips. For additional resources, including questions to ask a provider, visit the Agency for Healthcare Research and Quality website at www.ahrq.gov/questions.

If you or someone you know is in immediate distress or is thinking about hurting themselves, call the National Suicide Prevention Lifeline toll-free at 1-800-273-TALK (8255). You also can text the Crisis Text Line (HELLO to 741741) or use the Lifeline Chat on the National Suicide Prevention Lifeline website at <https://suicidepreventionlifeline.org>. If you suspect a medical emergency, seek medical attention or call 911 immediately.