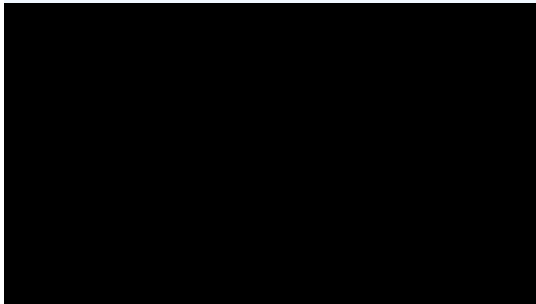


## Bipolar Disorder

### New video



This three minute animation explores the symptoms of Bipolar Disorder, and what help you can get if you think you might be Bipolar. The film was produced by the RCPsych Public Engagement Committee in conjunction with Damn Fine Media.

### Introduction

This leaflet is for anyone who wants to know more about bipolar disorder (sometimes called bipolar affective disorder or manic depression). It is especially helpful for anyone who has bipolar disorder, their friends and relatives. Many patients prefer the term 'bipolar' rather than 'bipolar disorder' as they have an illness not a disorder.

This leaflet describes:

- the disorder
- some of the problems it can create
- ways of coping
- some of the treatments available.



### What is bipolar disorder?

Bipolar disorder used to be called 'manic depression'. As the older name suggests, someone with bipolar disorder will have severe mood swings. These usually last several weeks or months and are far beyond what most of us experience. They are:

**Low or  
'depressive'**

feelings of intense depression and despair

**High or 'manic'**

feelings of extreme happiness and elation

**Mixed**

for example, depressed mood with the restlessness and overactivity of a manic episode

**How common is bipolar disorder?**

About 1 in every 100 adults has bipolar disorder at some point in their life. It usually starts between the ages of 15 to 19 - and it rarely starts after the age of 40. Men and women are affected equally.

**What types are there?****Bipolar I**

- If you have had at least one high or manic episode, which has lasted for longer than one week.
- You may only have manic episodes, although most people with Bipolar I also have periods of depression.
- Untreated, a manic episode will generally last 3 to 6 months.
- Depressive episodes last rather longer - 6 to 12 months without treatment.

**Bipolar II**

- If you have had more than one episode of severe depression, but only mild manic episodes - these are called 'hypomania'.

**Rapid cycling**

- If you have more than four mood swings in a 12 month period. This affects around 1 in 10 people with bipolar disorder, and can happen with both types I and II.

**Cyclothymia**

- The mood swings are not as severe as those in full bipolar disorder, but can be longer. This can develop into full bipolar disorder.

**What causes bipolar disorder?**

We don't understand this well, but research suggests that:

- Bipolar disorder runs in families - it seems to have more to do with genes than with upbringing.
- There may be a physical problem with the brain systems which control our moods - this is why bipolar disorder can often be controlled with medication.
- But - mood swings can be brought on by stressful experiences or physical illness.

**What does it feel like?**

This depends on which way your mood has swung.

- **Depression**

The feeling of depression is something we all experience from time to time. It can even help us to recognise and deal with problems in our lives. In clinical depression or bipolar disorder, the feeling of

depression is much worse. It goes on for longer and makes it difficult or impossible to deal with the normal things of life. If you become depressed, you will notice some of these changes:

### **Emotional**

- feelings of unhappiness that don't go away
- feeling that you want to burst into tears for no reason
- losing interest in things
- being unable to enjoy things
- feeling restless and agitated
- losing self-confidence
- feeling useless, inadequate and hopeless
- feeling more irritable than usual
- thinking of suicide.

### **Thinking**

- can't think positively or hopefully
- finding it hard to make even simple decisions
- difficulty in concentrating.

### **Physical**

- losing appetite and weight
- difficulty in getting to sleep
- waking earlier than usual
- feeling utterly tired
- constipation
- going off sex.

### **Behaviour**

- difficulty in starting or completing things – even everyday chores
- crying a lot – or feeling like you want to cry, but not being able to
- avoiding contact with other people.

### **Mania**

You have an intense sense of well-being, energy and optimism. It can be so strong that it affects your thinking and judgement. You may believe strange things about yourself, make bad decisions, and behave in embarrassing, harmful and - occasionally - dangerous ways.

Like depression, it can make it difficult or impossible to deal with day-to-day life. Mania can badly affect both your relationships and your work. When it isn't so extreme, it is called 'hypomania'.

If you become manic, you may notice that you are:

### **Emotional**

- very happy and excited

- irritated with other people who don't share your optimistic outlook
- feeling more important than usual.

### Thinking

- full of new and exciting ideas
- moving quickly from one idea to another
- hearing voices that other people can't hear.

### Physical

- full of energy
- unable or unwilling to sleep
- more interested in sex.

### Behaviour

- making plans that are grandiose and unrealistic
- very active, moving around very quickly
- behaving unusually
- talking very quickly - other people may find it hard to understand what you are talking about
- making odd decisions on the spur of the moment, sometimes with disastrous consequences
- recklessly spending your money
- over-familiar or recklessly critical with other people
- less inhibited in general.

If you are in the middle of a manic episode for the first time, you may not realise that there is anything wrong – although your friends, family or colleagues will. You may even feel annoyed if someone tries to point this out to you. You increasingly lose touch with day-to-day issues – and with other people's feelings.

### Psychotic symptoms

If an episode of mania or depression becomes very severe, you may develop psychotic symptoms.

- **In a manic episode** - these will tend to be grandiose beliefs about yourself - that you are on an important mission or that you have special powers and abilities.
- **In a depressive episode** - that you are uniquely guilty, that you are worse than anybody else, or even that you don't exist.

As well as these unusual beliefs, you might experience hallucinations - when you hear, smell, feel or see something, but there isn't anything (or anybody) there to account for it.

### Between episodes

Some people can get back to normal in between their mood swings. But this is not so for many people with bipolar disorder. You may continue to experience mild depressive symptoms and problems in thinking, even when you seem to be better.

Bipolar disorder may result in you having to stop driving for a while. Visit the [DVLA](#) website for further information.

## Treatments

There are some things you can try to control mood swings so that they stop short of becoming full-blown episodes of mania or depression. These are mentioned below, but medication is still often needed to:

- keep your mood stable (prophylaxis)
- treat a manic or depressive episode.

## Medications to stabilise mood

There are several mood stabilisers, some of which are also used to treat epilepsy or schizophrenia. Your psychiatrist may need to use more than one medication to control mood swings effectively.

### Lithium

Lithium has been used as a mood stabiliser for 50 years – but how it works is still not clear. It can be used to treat both manic and depressive episodes.

Treatment with Lithium should be started by a psychiatrist. The difficulty is getting the level of Lithium in the body right – too low and it won't work, too high and it becomes toxic. So, you will need regular blood tests in the first few weeks to make sure that you are getting the right dose. Once the dose is stable, your GP can prescribe your Lithium and arrange the regular blood tests.

The amount of Lithium in your blood is very sensitive to how much, or how little, water there is in your body. If you become dehydrated, the level of Lithium in your blood will rise, and you will be more likely to get side-effects, or even toxic effects. So, it's important to:

- drink plenty of water – more in hot weather or when you are active
- be careful with tea and coffee - they increase the amount of water you pass in your urine.

It can take three months or longer for Lithium to work properly. It's best to carry on taking the tablets, even if your mood swings continue during this time.

### Side-effects

These can start in the first few weeks after starting Lithium treatment. They can be irritating and unpleasant, but often disappear or get better with time.

They include:

- feeling thirsty
- passing more urine than usual
- weight gain.

Less common side-effects are:

- blurred vision
- slight muscle weakness
- occasional diarrhoea
- fine trembling of the hands
- a feeling of being mildly ill.

These can usually be improved by lowering the dose of Lithium.

The following signs suggest that your Lithium level is too high. Contact your doctor immediately if you notice:

- you feel very thirsty
- you have bad diarrhoea or vomiting
- obvious shaking of your hands and legs
- twitching of your muscles
- you get muddled or confused.

### **Blood tests**

At first you will need blood tests every few weeks to make sure that you have the right level of Lithium in your blood. You will need these tests for as long as you take Lithium, but less often after the first few months.

Long-term use of Lithium can affect the kidneys or the thyroid gland. It is wise to have blood tests every few months to make sure that they are working properly. If there is a problem, you may need to stop Lithium and consider an alternative.

### **Taking care of yourself**

- Eat a well-balanced diet.
- Drink unsweetened fluids regularly. This helps to keep your body salts and fluids in balance.
- Eat regularly - this will also help to maintain your fluid balance.
- Watch out for caffeine – in tea, coffee or cola. This makes you urinate more, and so can upset your Lithium level.

### **Other mood stabilisers**

There are other medications, apart from Lithium, that can be used to help.

- **Anti-epileptic medications/anticonvulsants:** it is possible that Sodium Valproate, an anti-convulsant, works just as well as Lithium, but we don't yet have enough evidence to be sure. It should not be prescribed to women of child-bearing age.
- **Carbamazepine and Lamotrigine** are also effective for some people.
- **Antipsychotic medications:** Olanzapine or Quetiapine.

### **What is the best treatment for me?**

You need to discuss this with your doctor, but some general principles are:

- Lithium, Sodium Valproate and Olanzapine will usually be recommended for long-term treatment.
- Lamotrigine may be suggested for bipolar II disorder or bipolar depression.
- Sometimes a combination of drugs is needed.

Much depends on how well you get on with a particular medication. What suits one person may not suit

another, but it makes sense to first try the medications for which there is better evidence.

## What will happen without medication?

Lithium reduces your chance of relapse by 30–40%, but the more manic episodes you've had, the more likely you are to have another one.

Number of previous manic episodes	Chance of having another episode in the next year	
	Not taking Lithium	Taking Lithium
1-2	10% (10 in 100)	6-7% (6-7 in 100)
3-4	20% (20 in 100)	12% (12 in 100)
5+	40% (40 in 100)	26% (26 in 100)

As you get older, the risk of getting further episodes stays much the same. Even if you have been well for a long time, you still run the risk of having another episode.

## When to start a mood stabiliser

After just one episode, it's difficult to predict how likely you are to have another. You may not want to start medication at this stage – unless your episode was very severe and disruptive.

If you have a second episode, there is a strong chance of further episodes – so most psychiatrists would usually recommend a mood stabiliser at this point.

## For how long should a mood stabiliser be continued?

For at least two years after one episode of bipolar disorder, and for up to five years if there have been:

- frequent previous relapses
- psychotic episodes
- alcohol or substance misuse
- continuing stress at home or at work.

If you continue to have troublesome mood swings, you may need to continue medication for longer.

More information about other mood stabilisers can be found in our online leaflet [Medications for Bipolar Disorder](#).

## Psychological treatments

In between episodes of mania or depression, psychological treatments can be helpful. Treatment usually involves around 16 one-hour sessions over a period of 6 to 9 months.

Psychological treatment should include:

- psycho-education – finding out more about bipolar disorder
- mood monitoring – helps you to pick up when your mood is swinging
- help to develop general coping skills
- cognitive behavioural therapy (CBT) to prevent a full-blown or depressive episode.

(More information about CBT can be found in our leaflet [Cognitive Behavioural Therapy](#).)

## Pregnancy

You should discuss any pregnancy plans with your psychiatrist. Together, you can arrange how to manage your mood during the pregnancy and for the first few months after the baby arrives.

If you are pregnant, it's best to discuss with your psychiatrist whether or not to stop Lithium. Although Lithium is safer in pregnancy than the other mood stabilisers, the risk to the baby needs to be weighed against the risk of you becoming depressed or manic. The risk is greatest during the first three months of pregnancy. Lithium is safe after the 26th week of pregnancy, although you should not breastfeed your baby if you are taking Lithium.

During pregnancy, everyone involved - the obstetrician, midwives, health visitors, GP, psychiatrist, and community psychiatric nurse – need to stay in close touch with each other.

## Treating a manic or depressive episode

### Depressive episodes

- If your depression is moderately severe, your doctor may well recommend an [SSRI antidepressant](#).
- If you are already on Lithium or Sodium Valproate, then sometimes adding Quetiapine can help.
- If you have had a recent manic episode or have a rapid-cycling disorder, an antidepressant may push you into a manic swing. It may be safer to increase the dose of the mood stabiliser, without an antidepressant.
- Antidepressants can take between 2 and 6 weeks to improve your mood, but sleep and appetite often improve first. Antidepressants should be continued for at least 8 weeks after the depression has improved, and then consider stopping them by tailing off the dose slowly.
- If you have repeated depressive episodes, but have never switched to mania on antidepressants, you can continue on both a mood stabiliser and an antidepressant to prevent further episodes.



- If you have had manic episodes, you should not continue antidepressants long-term.

## **Mania and mixed depressive episodes**

Any antidepressant should be stopped. Lithium, Sodium Valproate, Olanzapine, Quetiapine or Risperidone are most often used to treat a manic episode.

Once the treatment has started, symptoms usually improve within a few days, but it may take several weeks for a full recovery. You should check with your doctor if you want to drive while taking this sort of medication.

**Other help:** If you run into trouble from, say, spending too much when you are high, your mental health team will help you to negotiate with your bank or people you owe money to. If this has happened, it may be worth thinking about giving power of attorney over your affairs to a carer or relative whom you trust.

## **Stopping the mood swings - helping yourself**

### **Self-monitoring**

Learn how to recognise the signs that your mood is swinging out of control so you can get help early. You may be able to avoid both full-blown episodes and hospital admissions. Keeping a mood diary can help to identify the things in your life that help you – and those that don't.

### **Knowledge**

Find out as much as you can about your illness - and what help there is. There are sources of further information at the end of this leaflet. See [support groups and caring organisations](#).

### **Stress**

Try to avoid particularly stressful situations - these can trigger off a manic or depressive episode. It's impossible to avoid all stress, so it may be helpful to learn ways of handling it better. You can do relaxation training with CDs or DVDs, join a relaxation group, or seek advice from a clinical psychologist.

### **Relationships**

- Depression or mania can cause great strain on friends and family - you may have to rebuild some relationships after an episode.
- It's helpful if you have at least one person that you can rely on and confide in. When you are well, try explaining the illness to people who are important to you. They need to understand what happens to you - and what they can do for you.

### **Activities**

Try to balance your life and work, leisure, and relationships with your family and friends. If you get too busy you may bring on a manic episode.

Make sure that you have enough time to relax and unwind. If you are unemployed, think about taking a

course, or doing some volunteer work that has nothing to do with mental illness.

### **Exercise**

Reasonably intense exercise for 20 minutes or so, three times a week, seems to improve mood.

### **Fun**

Make sure you regularly do things that you enjoy and that give your life meaning.

### **Continue with medication**

You may want to stop your medication before your doctor thinks it is safe – unfortunately this often leads to another mood swing. Talk it over with your doctor and your family when you are well.

## **Have your say in how you are treated**

If you have been admitted to hospital for bipolar disorder, you may want to write an 'advance directive' with your doctor and family to say how you want to be treated if you become ill again.

## **What can I expect from my GP? (England & Wales only)**

If you are taking Lithium or any other medication for your bipolar disorder, your GP is now expected to give you an annual physical health check. This will check your:

- a blood pressure
- weight
- smoking and alcohol use
- blood sugar levels
- lipid levels - for all patients over the age of 40.

If you are taking Lithium, you will need a Lithium level check every 3-6 months, and a blood test for thyroid and kidney function at least every 15 months.

## **Advice for family and friends**

Mania or depression can be distressing – and exhausting - for family and friends.

### **Dealing with a mood episode**

#### **▪ Depression**

It can be difficult to know what to say to someone who is very depressed. They see everything in a negative light and may not be able to say what they want you to do. They can be withdrawn and irritable, but at the same time need your help and support. They may be worried, but unwilling or unable to accept advice. Try to be as patient and understanding as possible.

## ▪ **Mania**

At the start of a manic mood swing, the person will appear to be happy, energetic and outward-going - the 'life and soul' of any party or heated discussion. However, the excitement of such situations will tend to push their mood even higher. So try to steer them away from such situations. You can try to persuade them to get help, or get them information about the illness and self-help.

Practical help is very important – and much appreciated. Make sure that your relative or friend is able to look after themselves properly.

### **Helping your loved ones stay well**

In between mood episodes, find out more about bipolar disorder. It may be helpful to go with your friend or loved one to any appointments with the GP or psychiatrist.

### **Staying well yourself**

Give yourself space and time to recharge your batteries. Make sure that you have some time on your own, or with trusted friends who will give you the support you need. If your relative or friend has to go into hospital, share the visiting with someone else. You can support your friend or relative better if you are not too tired.

### **Dealing with an emergency**

- In severe mania, a person can become hostile, suspicious and verbally or physically explosive.
- In severe depression, a person may start to think of suicide.

If you find that they are:

- seriously neglecting themselves by not eating or drinking
- behaving in a way that places them, or others, at risk
- talking of harming or killing themselves

### **Get medical help immediately.**

Keep the name of a trusted professional (and their telephone number) for any such emergency. A short admission to hospital may sometimes be needed.

### **Looking after children**

If you become manic or depressed, you may temporarily not be able to look after your children properly. Your partner, or another family member, will need to organise the children's care while you are unwell. It can be helpful to make plans for this in advance when you are well.

You may find that your child may feel anxious and confused when you are not well. If they cannot express their distress in words, toddlers can become difficult or clingy, and older children will show it in other ways.

Children will find it helpful if the adults around them are sensitive, understanding, and can respond to their difficulties in a calm, consistent and supportive way. Adults can help them to understand why their parent is behaving differently. Questions will need to be answered calmly, factually and in language they can understand. They will feel better if they can keep to their usual daily routine.

## **Explaining bipolar disorder to children**

Older children may worry that they have caused the illness – that it is their fault. They need to be reassured that they are not to blame, but also to be shown what they can do to help. When an older child takes responsibility for caring for a sick parent, they will need particular understanding and practical support.

More information about helping children cope with a sick parent is provided in our factsheet '[Parental mental illness - the problems for children](#)'.

## **Support groups and caring organisations**

### **Bipolar UK**

**Support line:** 0333 323 3880

**Website:** [www.bipolaruk.org](http://www.bipolaruk.org)

Provides support, advice and information for people with bipolar disorder, their friends and carers.

### **Bipolar Fellowship Scotland**

Tel: 0141 560 2050. Provides information, support and advice for people affected by bipolar disorder and all who care for them. Promotes self-help throughout Scotland, and informs and educates about the illness and the organisation.

### **Depression Alliance**

Tel: 0845 123 23 20; email: [information@depressionalliance.org](mailto:information@depressionalliance.org). Information, support and understanding for people who suffer with depression, and for relatives who want to help. Self-help groups, information, and raising awareness for depression.

## Journeys - towards recovery from depression

Tel: 029 2069 2891; email: [info@journeysonline.org.uk](mailto:info@journeysonline.org.uk)

Welsh organisation which supports people affected by depression.

### Samaritans

Tel: 08457 90 90 90 (ROI 1850 60 90 90); email: [jo@samaritans.org](mailto:jo@samaritans.org). Confidential, non-judgmental support 24 hours a day by telephone and email for anyone who is worried, upset, or suicidal.

### Further reading

- *An unquiet mind* by Kay Redfield Jamison.
- *Loving someone with bipolar disorder: understanding and helping your partner* by Julia A Fast and John Preston.
- *The Mind: a user's guide*: Consultant Editor Raj Persaud

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[NICE CG185: Bipolar Disorder: the assessment and management of bipolar disorder in adults, children and adolescents, in primary and secondary care \(2014\)](#)

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A range of materials for carers of people with mental health problems has also been produced by the

Partners in Care campaign. These can be downloaded from [www.partnersincare.co.uk](http://www.partnersincare.co.uk)

For a catalogue of public education materials or copies of our leaflets contact: [Leaflets Department](#), The Royal College of Psychiatrists, 21 Prescot Street, London E1 8BB. Telephone: 020 7235 2351 x 2552

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*Please note that we are unable to offer advice on individual cases. Please see our [FAQ](#) for advice on getting help.*