

Bipolar disorder is best described as a disorder of the energy of the brain. People with bipolar disorder experience unusual and intense changes in mood and behavior. There are two extremes in bipolar disorder: mania and depression.

During a manic episode, people feel “up,” and may be much more energetic than usual. Mania is much more extreme than a sudden burst of energy or a good mood. Manic episodes may be associated with high-risk behaviors including substance abuse, sexual promiscuity, excessive spending, and even violence. During a depressive episode, people feel “down,” have low energy, and neglect obligations. Bipolar disorder often causes problems in work, school, and relationships and may require hospitalization.



The frequency of bipolar disorder ranges. For the more serious form of the illness, bipolar I disorder, it is 1 out of 100 (1%). When all subtypes are included, it is around 4.5 out of 100 (4.5%). Bipolar disorder affects men and women equally, and typically begins in early adulthood. When bipolar disorder begins in later life, it is often a result of physical changes in the brain.

What are the different types of bipolar disorder?

There are several types of bipolar disorder, based on the specific duration and pattern of manic and depressive episodes.

Bipolar disorder actually refers to two different disorders – **bipolar I disorder** and **bipolar II disorder**.

Bipolar I:

Characterized by one or more extreme manic episodes or mixed episodes. Typically, a person will experience periods of depression as well.

Bipolar II:

Characterized by episodes of hypomania (a milder form of mania) and depression that may not seem as extreme as in Bipolar I or may not last as long.

Bipolar Disorder, unspecified:

A type of bipolar disorder that does not follow a particular pattern (for example, very rapid shifts between some symptoms of mania and some symptoms of depression).

Cyclothymia:

A milder form of bipolar disorder characterized by several hypomanic episodes and less severe episodes of depression that alternate for at least 2 years. The severity of this illness may change over time.

Bipolar disorder with rapid cycling:

Diagnosed when a person experiences 4 or more manic, hypomanic, or depressive episodes in any 12-month period. Rapid cycling can occur with any type of bipolar disorder, and may be a temporary condition for some people.

How is bipolar disorder diagnosed?

Bipolar disorder is not easy to diagnose. Some people have bipolar disorder for years before the illness is diagnosed. A doctor needs to diagnose you with bipolar disorder by evaluating the nature and severity of your symptoms to

determine, based on clinical experience and judgement, if you reach the threshold for a clinical disorder. The current manual that doctors use to diagnose and classify mental disorders (DSM-5) highlights the importance of energy change in making a formal diagnosis. People with bipolar disorder experience episodes of extremely low moods that meet the criteria for major depression as well as extremely high moods (mania). It is unwise to try to diagnose yourself based on the presence or absence of a “list” of symptoms. If you are concerned that you may have symptoms suggestive of bipolar disorder, you should talk with a doctor.

How is bipolar disorder treated?

For most patients with bipolar disorder, ongoing treatment is required to continually monitor and adjust medications and manage symptoms.

- **“Mood stabilizing” medications** such as lithium, certain anticonvulsant medications and **antipsychotics** can be effective in preventing episodes of either depression or mania. Antidepressants should be used cautiously as they may worsen the mood swings.
- **Psychotherapy** is used along with medications to help patients cope with stressful life experiences that can bring about episodes. Certain kinds of therapy, such as those that focus on ways that thoughts and behaviors affect mood, how relationships are affecting mood, and monitoring daily structure are thought to be the most effective kinds of psychotherapy. Learning how to recognize early warning symptoms of a relapse is a key skill for preventing relapses. However, psychotherapy can never replace medication.
- **Exercise and nutrition** are important lifestyle strategies for managing bipolar disorder.
- **Support** of family members, friends and co-workers is crucial.

For more information:

- University of Michigan Depression Center
- 1-800-475-MICH or 734-936-4400
- <http://www.depressioncenter.org/toolkit>

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