

Causes

Scientists have not yet discovered a single cause of bipolar disorder. Currently, they believe several factors may contribute, including:

Genetics. The chances of developing bipolar disorder are increased if a child's parents or siblings have the disorder. But the role of genetics is not absolute. A child from a family with a history of bipolar disorder may never develop the disorder.

Stress. A stressful event such as a death in the family, an illness, a difficult relationship, divorce or financial problems can trigger a manic or depressive episode.

Brain structure and function. Brain scans cannot diagnose bipolar disorder, yet researchers have identified subtle differences in the average size or activation of some brain structures in people with bipolar disorder.

For more information on Bi-Polar and other mental illnesses visit:

NAMI Flagstaff at www.namiflagstaff.org

NAMI Arizona at www.namiarizona.org

NAMI National at www.nami.org

National Institute on Mental Health at: www.nimh.nih.gov

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BIPOLAR DISORDER

Bipolar disorder is a mental illness that causes dramatic shifts in a person's mood, energy and ability to think clearly. People with bipolar experience high and low moods—known as mania and depression—which differ from the typical ups-and-downs most people experience. The average age-of-onset is about 25, but it can occur in the teens, or more uncommonly, in childhood. The condition affects men and women equally, with about 2.8% of U.S. adults experiencing bipolar disorder each year. If left untreated, bipolar disorder usually worsens. However, with a good treatment plan including psychotherapy, medications, a healthy lifestyle, a regular schedule and early identification of symptoms, many people live well with the condition.

Symptoms

Symptoms and their severity can vary. A person with bipolar disorder may have distinct manic or depressed states but may also have extended periods—sometimes years—without symptoms. A person can also experience both extremes simultaneously or in rapid sequence. Severe bipolar episodes of mania or depression may include psychotic symptoms such as hallucinations or delusions. Usually, these psychotic symptoms mirror a person's extreme mood. People with bipolar disorder who have psychotic symptoms can be wrongly diagnosed as having schizophrenia.

Mania. To be diagnosed with bipolar disorder, a person must have experienced at least one episode of mania or hypomania. Hypomania is a milder form of mania that doesn't include psychotic episodes. Some people with bipolar disorder will have episodes of mania or hypomania many times throughout their life; others may experience them only rarely. Although someone with bipolar may find an elevated mood of mania appealing - especially if it occurs after depression - the "high" does not stop at a comfortable or controllable level. Moods can rapidly become more irritable, behavior more unpredictable and judgment more impaired. During periods of mania, people frequently behave impulsively, make reckless decisions and take unusual risks. Most of the time, people in manic states are unaware of the negative consequences of their actions. Signals or "red flags" of manic behavior can help manage the symptoms of the illness.

Depression. The lows of bipolar depression are often so debilitating that people may be unable to get out of bed. Some people experiencing a depressive episode have difficulty falling and staying asleep, while others sleep far more than usual. When people are depressed, even minor decisions such as what to eat for dinner can be over-whelming. They may become obsessed with feelings of loss, personal failure, guilt or helplessness; this negative thinking can lead to thoughts of suicide. The depressive symptoms that obstruct a person's ability to function must be present nearly every day for a period of at least two weeks for a diagnosis. Depression associated with bipolar disorder may be difficult to treat and require a customized treatment plan.

Treatment

Bipolar disorder is treated and managed in several ways:

- **Psychotherapy**, such as cognitive behavioral therapy and family-focused therapy.
- **Medications**, such as mood stabilizers, antipsychotic medications and, to a lesser extent, antidepressants.
- **Self-management strategies**, like education and recognition of an episode's early symptoms.
- **Complementary health approaches**, such as aerobic exercise, meditation, faith and prayer can support, but not replace, treatment.

Four Types of Bipolar Disorder

Bipolar I Disorder To be diagnosed with bipolar I, a person's manic episodes must last at least seven days or be so severe that hospitalization is required.

Bipolar II Disorder is a subset of bipolar disorder in which people experience depressive episodes shifting back and forth with hypomanic episodes, but never a "full" manic episode.

Cyclothymic Disorder or Cyclothymia is a chronically unstable mood state in which people experience hypomania and mild depression for at least two years.

Bipolar Disorder "unspecified" is when a person does not meet the criteria for Bipolar I, II or Cyclothymia.