

What is Bipolar Disorder?

Bipolar Disorder is the name used to describe a set of 'mood swing' conditions, the most severe form of which used to be called 'manic depression'.

Bipolar Disorder I is the more severe disorder - with individuals being more likely to experience *mania*, have longer 'highs', be more likely to have *psychotic* experiences and be more likely to be hospitalised.

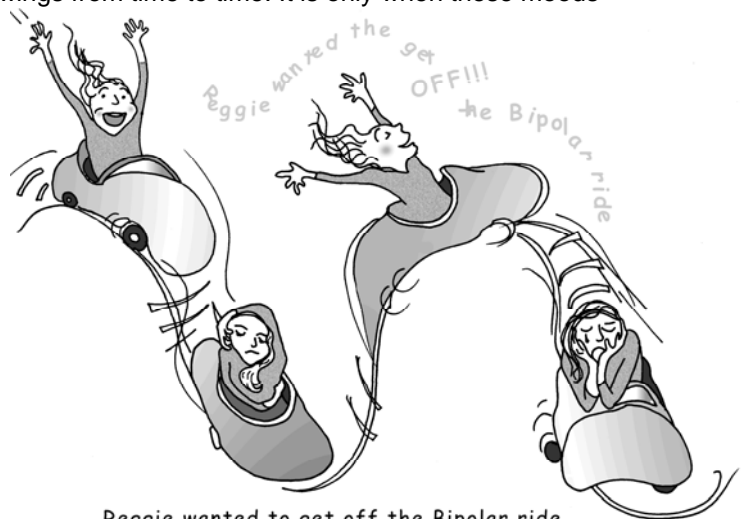
Bipolar Disorder II is generally viewed as less severe, with no psychotic experiences, and with episodes tending to last only hours to a few days, but longitudinal studies suggest impairment is often as severe as in Bipolar I Disorder.

The high moods are called *mania* or *hypomania* and the low mood is called *depression*.

It is important to note that everyone has mood swings from time to time. It is only when these moods become extreme and interfere with personal and professional life that Bipolar Disorder may be present and medical assessment may be warranted.

Other key points about Bipolar Disorder

- Occasionally people can experience a mixture of both highs and lows at the same time, or switch during the day, giving a *mixed* picture.
- A small number of people with Bipolar Disorder (5%) experience only the 'highs', whereas the vast majority of Bipolar sufferers alternate between highs and lows.
- Some people may only have one episode of mania once a decade, while others may have daily mood swings. For each individual the pattern is quite distinct.
- People with Bipolar Disorder experience normal moods in between their swings.
- Women and men develop *Bipolar I Disorder* at equal rates while the rate of *Bipolar II* is somewhat higher in females.
- **Bipolar Disorder can commence in childhood, but onset is commoner in the teens or early 20s.** Some people develop their first episode in mid-to-late adulthood. Many people go for years before it is accurately diagnosed or treated (see [How to tell if you have Bipolar Disorder](#))
- Women with Bipolar Disorder have a very high chance of a significant mood disturbance both during pregnancy and in the post-partum period - most commonly in the first four weeks. (Most will have a depressive episode, a significant proportion will have highs, and 10% will have *mixed* highs and lows.)
- With the right treatment, the vast majority of people with Bipolar Disorder are able, to varying extents, to live normal and productive lives.
- **Some people with Bipolar Disorder can become suicidal. It is very important that talk of suicide be taken seriously and for such people to be treated immediately by a mental health professional or other appropriate person.** See [Getting Help](#) and [Emergency Help](#).



Reggie wanted to get off the Bipolar ride

Bipolar depression

Bipolar depression is the name given to the depression experienced in those who have Bipolar Disorder (in other words, they experience depression as well as manic and hypomanic episodes).

This is in contrast to those who experience unipolar depression, the form of depression where there are episodes of depression only (and no episodes of mania).

The depression that people with Bipolar Disorder experience is generally of a *melancholic* or *psychotic* type - therefore more biological in its nature.

The features of *melancholic depression* are:

- a more severely depressed mood (see [signs of depression](#)) than is the case with *non-melancholic* depression
- *psychomotor disturbance* - where movements are slowed and/or agitated, and concentration impaired. Many people describe an inability at such times to get out of bed, to fire up and do basic chores - thus, a very physical state.

Melancholic depression has a low *spontaneous remission* rate. It responds best to physical treatments (for example antidepressant drugs) and only minimally (at best) to non-physical treatments such as counselling or psychotherapy.

Depression and Bipolar I and II

The depression experienced by sufferers of Bipolar Disorder is equally as severe for people with Bipolar II as for people with Bipolar I, and with a similar psychomotor disturbance component. However, younger people with Bipolar II are more likely to report increased sleep and food cravings rather than insomnia and appetite/weight loss as usually experienced in melancholia. Some recent studies have gone further by showing that depression can be both more frequent and more chronic in the case of Bipolar II than with Bipolar I, and that there is a comparable suicide risk between Bipolar I and II sufferers, (with some researchers even reporting a higher risk for Bipolar II sufferers). Therefore, for people with Bipolar II, treating depression becomes a vitally important issue. Also, *rapid cycling* tends to be far more common among sufferers of Bipolar II than Bipolar I, leading both to difficulties in diagnosis and missed treatment opportunities.

Treatment

Bipolar Disorder involves episodes of *depression* and episodes of *mania* or *hypomania*. Therefore its management usually involves two parts:

- Treating the current episode of mania or depression, and
- Preventing the long-term recurrence of mania and depression.

In this section we cover the main treatment approaches for Bipolar Disorder.

Key points about treatments

- Bipolar Disorder is an illness which can require long-term treatment.
- Everyone is different and therefore the appropriate treatment for a particular individual is a matter for a skilled medical practitioner
- Physical treatments are necessary for Bipolar Disorder - psychological approaches by themselves are not sufficient but, alongside drug treatments, serve a valuable complementary role.
- With the right medical management people with Bipolar Disorder can achieve stability and live successful lives.
- While the great majority of people with Bipolar Disorder will benefit from treatment, it is difficult to know beforehand;
 - which drug regime will be of most benefit to any particular individual, and
 - how long it will take to bring the mood swings under control.
- Therefore, keeping a [Daily Mood Graph](#) can be of fundamental importance to your clinician in assessing the impact of differing treatments on your mood swings over time, and will be of great benefit to you.

Source: www.blackdoginstitute.org.au