FAQ

Bipolar disorder

Frequently asked questions about bipolar disorder

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1. What is bipolar disorder?[1]

Bipolar disorder is a mental health condition characterised by mood swings and periods of changes in energy and activity levels including highs (mania or hypomania) and lows (depression). These mood episodes can last for days, weeks, or even months. Bipolar disorder is generally classified into two main types: Bipolar I (characterised by manic episodes lasting at least seven days) and Bipolar II (involving at least one hypomanic episode and a major depressive episode). While occurrence of manic/hypomanic episodes is required to make the diagnosis, depressive episodes and symptoms predominate the course of illness in both disorders.

2. What causes bipolar disorder?[2,3]

The exact causes are not fully understood. Bipolar disorder is thought to result from a combination of genetic, biological, and environmental factors. Individuals with a family history of bipolar disorder are more likely to develop the condition. Additionally, imbalances in brain chemicals (neurotransmitters) and stressful life events may also contribute to the onset of the disorder.

3. How common is bipolar disorder?[2-4]

Bipolar disorder affects approximately 1-3% of the global population. The condition typically begins in late adolescence or early adulthood but can also be diagnosed in children or older adults. Bipolar disorder appears to affect men and women at similar overall rates.

4. What are the symptoms and signs of bipolar disorder?[3,5]

The symptoms of bipolar disorder depend on the type of mood episode. During a manic or hypomanic episode, symptoms can include increased energy, a reduced need for sleep, an inflated sense of self, excessive talking, racing thoughts, impulsive or risky behaviour, and irritability. In a depressive episode, symptoms may involve feelings of sadness, hopelessness, fatigue, difficulty concentrating, changes in sleep and appetite, and thoughts of death or suicide.

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5. How is bipolar disorder diagnosed?[3]

Bipolar disorder is diagnosed by a healthcare professional, such as a psychiatrist or a general practitioner, based on a thorough clinical evaluation. This will generally include a comprehensive psychiatric history, physical examination, as well as mood charting to confirm diagnosis in some cases. The diagnosis is generally guided by the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or International Classification of Diseases-11 (ICD-11) and will include an assessment of the criteria for manic episodes, hypomanic episodes, and/or major depressive episodes.

6. What treatment options are available for bipolar disorder?[6]

The treatment of bipolar disorder has two phases: acute treatment and maintenance treatment. Acute treatment is used to reduce immediate symptoms, while maintenance treatment helps prevent future mood episodes. Common maintenance treatments include medications, such as mood stabilisers (e.g. lithium), to keep moods balanced and prevent both highs (mania) and lows (depression). Other medications, such as antipsychotics, can be used to treat acute mood episodes and may also be used to prevent relapse of mood episodes. Antidepressants may be used cautiously due to the potential to trigger mania. Therapy, such as talking with a therapist (for example, through cognitive-behavioural therapy or family therapy), can also be helpful in managing the symptoms and challenges of living with bipolar disorder.

7. What strategies can support management and quality of life in bipolar disorder?[7]

There are several ways to improve quality of life while managing bipolar disorder. Following the prescribed treatment plan, including taking medications as directed, is essential for preventing mood episodes. Mood, sleep, and potential triggers can be recorded to identify patterns that inform care. Support from family, friends, and mental health professionals is often helpful. Maintaining healthy habits such as adequate sleep, regular exercise, and a balanced diet

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also plays a key role in emotional stability. It's important to avoid abusing alcohol and recreational drugs, as they can trigger mood episodes. If symptoms worsen, prompt contact should be made with a healthcare professional to consider treatment adjustments.

Lexicon[8,9]

Antidepressants: Medications used to treat symptoms of depression. They are sometimes used with mood stabilizers but need to be monitored to avoid triggering manic episodes.

Antipsychotics: Medications that can help manage severe mood swings, especially during manic or mixed episodes.

Cognitive-behavioural therapy (CBT): Therapy that targets unhelpful thoughts and behaviours to reduce distress and improve functioning.

Diagnostic and Statistical Manual of Mental Disorders (DSM-5): A guide used by healthcare professionals to diagnose mental health conditions, including mood disorders.

Family therapy: A therapy approach that involves family members working together to improve communication and support for a person experiencing mental health challenges.

Fatigue: A feeling of extreme tiredness and lack of energy, often experienced during depressive episodes.

Hypomania: A milder form of mania, marked by increased energy, reduced need for sleep, talkativeness, and impulsive behaviour, but less disruptive than full mania.

ICD-11 (International Classification of Diseases, Eleventh Revision): A global standard for diagnosing health conditions and diseases, maintained by the World Health Organization.

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Lithium: A mood stabilizer commonly prescribed to help control mood swings and prevent both manic and depressive episodes.

Major depressive episodes: Extended periods of deep sadness, hopelessness, and lack of energy that interfere with daily functioning.

Mania: A severe mood state involving high energy, little need for sleep, grandiose thoughts, impulsive behaviour, and sometimes irritability.

Mood charting: The practice of recording daily moods, sleep patterns, and triggers to help identify patterns and manage symptoms.

Mood stabilizers: Medications, such as lithium, used to balance mood and prevent extreme highs (mania) and lows (depression).

Neurotransmitters: Chemicals in the brain that regulate mood and behaviour. Imbalances in these chemicals can contribute to mood disorders.

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