

The National Institute of Mental Health: <https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>

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Bipolar Disorder

Overview

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.

There are four basic types of bipolar disorder; all of them involve clear changes in mood, energy, and activity levels. These moods range from periods of extremely “up,” elated, and energized behavior (known as manic episodes) to very sad, “down,” or hopeless periods (known as depressive episodes). Less severe manic periods are known as hypomanic episodes.

Bipolar I Disorder— defined by manic episodes that last at least 7 days, or by manic symptoms that are so severe that the person needs immediate hospital care. Usually, depressive episodes occur as well, typically lasting at least 2 weeks. Episodes of depression with mixed features (having depression and manic symptoms at the same time) are also possible.

Bipolar II Disorder— defined by a pattern of depressive episodes and hypomanic episodes, but not the full-blown manic episodes described above.

Cyclothymic Disorder (also called cyclothymia)— defined by numerous periods of hypomanic symptoms as well numerous periods of depressive symptoms lasting for at least 2 years (1 year in children and adolescents). However, the symptoms do not meet the diagnostic requirements for a hypomanic episode and a depressive episode.

Other Specified and Unspecified Bipolar and Related Disorders— defined by bipolar disorder symptoms that do not match the three categories listed above.

Signs and Symptoms

People with bipolar disorder experience periods of unusually intense emotion, changes in sleep patterns and activity levels, and unusual behaviors. These distinct periods are called “mood episodes.” Mood episodes are drastically different from the moods and behaviors that are typical for the person. Extreme changes in energy, activity, and sleep go along with mood episodes.

People having a manic episode may:	People having a depressive episode may:
<ul style="list-style-type: none"> Feel very “up,” “high,” or elated Have a lot of energy Have increased activity levels Feel “jumpy” or “wired” Have trouble sleeping Become more active than usual Talk really fast about a lot of different things Be agitated, irritable, or “touchy” Feel like their thoughts are going very fast Think they can do a lot of things at once Do risky things, like spend a lot of money or have reckless sex 	<ul style="list-style-type: none"> Feel very sad, down, empty, or hopeless Have very little energy Have decreased activity levels Have trouble sleeping, they may sleep too little or too much Feel like they can’t enjoy anything Feel worried and empty Have trouble concentrating Forget things a lot Eat too much or too little Feel tired or “slowed down” Think about death or suicide

Sometimes a mood episode includes symptoms of both manic and depressive symptoms. This is called an episode with mixed features. People experiencing an episode with mixed features may feel very sad, empty, or hopeless, while at the same time feeling extremely energized.

Bipolar disorder can be present even when mood swings are less extreme. For example, some people with bipolar disorder experience hypomania, a less severe form of mania. During a hypomanic episode, an individual may feel very good, be highly productive, and function well. The person may not feel that anything is wrong, but family and friends may recognize the mood swings and/or changes in activity levels as possible bipolar disorder. Without proper treatment, people with hypomania may develop severe mania or depression.

Diagnosis

Proper diagnosis and treatment help people with bipolar disorder lead healthy and productive lives. Talking with a doctor or other licensed mental health professional is the first step for anyone who thinks he or she may have bipolar disorder. The doctor can complete a physical exam to rule out other conditions. If the problems are not caused by other illnesses, the doctor may conduct a mental health evaluation or provide a referral to a trained mental health professional, such as a psychiatrist, who is experienced in diagnosing and treating bipolar disorder.

Note for Health Care Providers: People with bipolar disorder are more likely to seek help when they are depressed than when experiencing mania or hypomania. Therefore, a careful medical history is needed to ensure that bipolar disorder is not mistakenly diagnosed as major depression. Unlike people with bipolar disorder, people who have depression only (also called unipolar depression) do not experience mania. They may, however, experience some manic symptoms at the same time, which is also known as major depressive disorder with mixed features.

Bipolar Disorder and Other Illnesses

Some bipolar disorder symptoms are similar to other illnesses, which can make it hard for a doctor to make a diagnosis. In addition, many people have bipolar disorder along with another illness such as anxiety disorder, substance abuse, or an eating disorder. People with bipolar disorder are also at higher risk for thyroid disease, migraine headaches, heart disease, diabetes, obesity, and other physical illnesses.

Psychosis: Sometimes, a person with severe episodes of mania or depression also has psychotic symptoms, such as hallucinations or delusions. The psychotic symptoms tend to match the person's extreme mood. For example:

Someone having psychotic symptoms during a manic episode may believe she is famous, has a lot of money, or has special powers.

Someone having psychotic symptoms during a depressive episode may believe he is ruined and penniless, or that he has committed a crime.

As a result, people with bipolar disorder who also have psychotic symptoms are sometimes misdiagnosed with schizophrenia.

Anxiety and ADHD: Anxiety disorders and attention-deficit hyperactivity disorder (ADHD) are often diagnosed among people with bipolar disorder.

Substance Abuse: People with bipolar disorder may also misuse alcohol or drugs, have relationship problems, or perform poorly in school or at work. Family, friends and people experiencing symptoms may not recognize these problems as signs of a major mental illness such as bipolar disorder.

Risk Factors

Scientists are studying the possible causes of bipolar disorder. Most agree that there is no single cause. Instead, it is likely that many factors contribute to the illness or increase risk.

Brain Structure and Functioning: Some studies show how the brains of people with bipolar disorder may differ from the brains of healthy people or people with other mental disorders. Learning more about these differences, along with new information from genetic studies, helps scientists better understand bipolar disorder and predict which types of treatment will work most effectively.

Genetics: Some research suggests that people with certain genes are more likely to develop bipolar disorder than others. But genes are not the only risk factor for bipolar disorder. Studies of identical twins have shown that even if one twin develops bipolar disorder, the other twin does not always develop the disorder, despite the fact that identical twins share all of the same genes.

Family History: Bipolar disorder tends to run in families. Children with a parent or sibling who has bipolar disorder are much more likely to develop the illness, compared with children who do not have a family history of the disorder. However, it is important to note that most people with a family history of bipolar disorder will not develop the illness.

Treatments and Therapies

Treatment helps many people—even those with the most severe forms of bipolar disorder—gain better control of their mood swings and other bipolar symptoms. An effective treatment plan usually includes a combination of medication and psychotherapy (also called “talk therapy”). Bipolar disorder is a lifelong illness. Episodes of mania and depression typically come back over time. Between episodes, many people with bipolar disorder are free of mood changes, but some people may have lingering symptoms. Long-term, continuous treatment helps to control these symptoms.

Medications

Different types of medications can help control symptoms of bipolar disorder. An individual may need to try several different medications before finding ones that work best.

Medications generally used to treat bipolar disorder include:

- Mood stabilizers
- Atypical antipsychotics
- Antidepressants

Anyone taking a medication should:

- Talk with a doctor or a pharmacist to understand the risks and benefits of the medication
- Report any concerns about side effects to a doctor right away. The doctor may need to change the dose or try a different medication.
- Avoid stopping a medication without talking to a doctor first. Suddenly stopping a medication may lead to “rebound” or worsening of bipolar disorder symptoms. Other uncomfortable or potentially dangerous withdrawal effects are also possible.
- Report serious side effects to the U.S. Food and Drug Administration (FDA) MedWatch Adverse Event Reporting program online at <http://www.fda.gov/Safety/MedWatch> or by phone at 1-800-332-1088.
- Clients and doctors may send reports.

For basic information about medications, visit the [NIMH Mental Health Medications](#) webpage. For the most up-to-date information on medications, side effects, and warnings, visit the [FDA website](#).

Psychotherapy

When done in combination with medication, psychotherapy (also called “talk therapy”) can be an effective treatment for bipolar disorder. It can provide support, education, and guidance to people with bipolar disorder and their families. Some psychotherapy treatments used to treat bipolar disorder include:

- Cognitive behavioral therapy (CBT)
- Family-focused therapy
- Interpersonal and social rhythm therapy
- Psychoeducation

Visit the [NIMH Psychotherapies webpage](#) to learn about the various types of psychotherapies.

Other Treatment Options

Electroconvulsive Therapy (ECT): ECT can provide relief for people with severe bipolar disorder who have not been able to recover with other treatments. Sometimes ECT is used for bipolar symptoms when other medical conditions, including pregnancy, make taking medications too risky. ECT may cause some short-term side effects, including confusion, disorientation, and memory loss. People with bipolar disorder should discuss possible benefits and risks of ECT with a qualified health professional.

Sleep Medications: People with bipolar disorder who have trouble sleeping usually find that treatment is helpful. However, if sleeplessness does not improve, a doctor may suggest a change in medications. If the problem continues, the doctor may prescribe sedatives or other sleep medications.

Supplements: Not much research has been conducted on herbal or natural supplements and how they may affect bipolar disorder.

It is important for a doctor to know about all prescription drugs, over-the-counter medications, and supplements a client is taking. Certain medications and supplements taken together may cause unwanted or dangerous effects.

Keeping a Life Chart: Even with proper treatment, mood changes can occur. Treatment is more effective when a client and doctor work closely together and talk openly about concerns and choices. Keeping a life chart that records daily mood symptoms, treatments, sleep patterns, and life events can help clients and doctors track and treat bipolar disorder most effectively.

Finding Treatment

A family doctor is a good resource and can be the first stop in searching for help.

For general information on mental health and to find local treatment services, call the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline at 1-800-662-HELP (4357).

The SAMHSA website has a [Behavioral Health Treatment Services Locator](#) that can search for treatment information by address, city, or ZIP code.

Visit the [NIMH's Help for Mental Illnesses](#) webpage for more information and resources.

For Immediate Help

If You Are in Crisis: Call the toll-free National Suicide Prevention Lifeline at **1-800-273-TALK (8255)**, available 24 hours a day, 7 days a week. The service is available to anyone. All calls are confidential.

If you are thinking about harming yourself or thinking about suicide:

- Tell someone who can help right away
- Call your licensed mental health professional if you are already working with one
- Call your doctor
- Go to the nearest hospital emergency department

If a loved one is considering suicide:

- Do not leave him or her alone

Try to get your loved one to seek immediate help from a doctor or the nearest hospital emergency room, or call 911

Remove access to firearms or other potential tools for suicide, including medications

Join a Study

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions, including bipolar disorder. During clinical trials, treatments might be new drugs or new combinations of drugs, new surgical procedures or devices, or new ways to use existing treatments. The goal of clinical trials is to determine if a new test or treatment works and is safe. Although individual participants may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Please Note: Decisions about whether to apply for a clinical trial and which ones are best suited for a given individual are best made in collaboration with your licensed health professional.

How Do I Find Clinical Trials at NIMH/NIH?

Scientists at NIMH study many subjects including cognition, genetics, epidemiology, and psychiatry. The studies take place at the National Institutes of Health (NIH) Clinical Center in Bethesda, Maryland, and require regular visits. After the initial phone interview, participants come to an appointment at the clinic and meet with a clinician. Visit [Join a Study: Bipolar Disorder – Adults](#) or [Join a Study: Bipolar Disorder – Children](#) for more information.

How Do I Find a Clinical Trial Near Me?

To find a clinical trial anywhere in the world, visit [ClinicalTrials.gov](#). This is a searchable database of federally and privately supported clinical trials conducted in the United States and around the globe. ClinicalTrials.gov has information about a trial's purpose, who may participate, locations, and phone numbers for more details. Anyone interested in joining a clinical trial should consult a health professional before making a commitment.

Learn More

Free Booklets and Brochures

Bipolar Disorder: A brochure on bipolar disorder that offers basic information on signs and symptoms, treatment, and finding help. Also available [en Español](#).

Bipolar Disorder in Children and Teens: A brochure on bipolar disorder in children and teens that offers basic information on signs and symptoms, treatment, and finding help. Also available [en Español](#).

Research and Clinical Trials

Antipsychotic Medicines for Treating Schizophrenia and Bipolar Disorder – A Review of the Research for Adults and Caregivers: This summary talks about one type of medicine—antipsychotics—used to treat schizophrenia and bipolar disorder.

Bipolar Disorder Statistics – Adults: This webpage provides information on trends in prevalence of and use of treatments/services by adults with bipolar disorder.

Bipolar Disorder Statistics – Children: This webpage provides information on trends in prevalence of and use of treatments/services by children with bipolar disorder.

Join a Study: Bipolar Disorder – Adults: This webpage lists NIMH bipolar disorder clinical trials that are recruiting adults.

Join a Study: Bipolar Disorder – Children: This webpage lists NIMH bipolar disorder clinical trials that are recruiting children.

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