

Bipolar disorder

This factsheet explains the symptoms of bipolar disorder, treatments and ways to manage the condition. This factsheet is for people affected by mental illness in England who are 18 or over. It is also for their loved ones and carers and anyone interested in this subject.

Key Points.

- Bipolar disorder, also known as bipolar affective disorder, is a mood disorder. It used to be called manic depression.
- Bipolar disorder can cause your mood to swing from an extreme high to an extreme low.
- People with bipolar disorder can experience manic, depressive and psychotic symptoms.
- There are different types of bipolar disorder.
- We do not know what causes bipolar disorder. But it is thought to be a mix of genetic and environmental causes.
- Bipolar disorder is treated with medication and talking therapies.

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1. What is bipolar disorder?

Bipolar disorder can be a life-long mental health condition. It affects how you feel and your mood massively. You can experience episodes of:

- **mania**, and
- **depression**.

You may feel well between these times. When your mood changes, you might see changes in your energy levels or how you act.

Symptoms of bipolar disorder can be severe. They can affect areas of your life such as work, study and relationships.

You usually develop bipolar disorder between the ages of 15 and 19. But it can develop at any age.¹

You could have symptoms of bipolar disorder for some time before a doctor diagnoses you. A doctor might say you have something else, such as depression, before you get a bipolar disorder diagnosis.² This is because diagnosing mental illnesses can sometimes be difficult.

Doctors cannot usually do things like blood tests and scans to help them diagnose you.

Bipolar disorder used to be called manic depression.

2. What are the symptoms of bipolar disorder?

Bipolar disorder symptoms can make it difficult to deal with day-to-day life. It can have a bad effect on your relationships and work. The different types of symptoms are described below.

What is mania?³

Symptoms of mania can include:

- feeling happy or excited, even if things are not going well for you,
- being full of new and exciting ideas,
- moving quickly from one idea to another,
- racing thoughts,
- talking very quickly,
- hearing voices that other people cannot hear,
- being more irritable than normal,
- feeling much better about yourself than usual,
- being easily distracted and struggling to focus on one topic,
- not being able to sleep, or feeling that you do not want to sleep,
- thinking you can do much more than you actually can,

- making unusual or big decisions without thinking them through, and
- doing things you normally would not do which can cause problems. Such as:
 - spending a lot of money,
 - having more of an interest in sex
 - using drugs or alcohol,
 - gambling, or
 - making unwise decisions.

What is hypomania?

Hypomania is like mania, but you will have milder symptoms.

What is depression?⁴

Symptoms of depression can include:

- low mood,
- having less energy and feeling tired,
- feeling hopeless or negative,
- feeling guilty, worthless or helpless,
- being less interested in things you normally like doing,
- difficulty concentrating, remembering, or making decisions,
- feeling restless or irritable,
- sleeping too much, or not being able to sleep,
- eating less or overeating,
- losing or gaining weight when you do not mean to, and
- thoughts of death or suicide, or
- suicide attempts.

What is psychosis?⁵

Sometimes you can have psychotic symptoms during a severe episode of mania or depression. Symptoms of psychosis can include:

- **hallucinations.** This means that you may hear, see, smell or feel things that are not there, and
- **delusions.** This means you may believe things that are not true. Other people will usually find your beliefs unusual.

Psychotic symptoms in bipolar disorder can reflect your mood. For example, if you have a manic episode, you may believe that you have special powers. Or are being monitored by the government.

If you have a depressive episode, you may feel very guilty about something you think you have done. You may feel that you are worse than everybody else or feel that you do not exist.

You can find more information about:

- **Depression**
- **Psychosis**

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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3. What are the different types of bipolar disorder?

There are different types of bipolar disorder.

What is bipolar I disorder?⁶

A diagnosis of bipolar I disorder means you will have had at least 1 episode of mania that lasts longer than 1 week. You may also have periods of depression. Manic episodes will generally last 3-6 months if left untreated. Depressive episodes will generally last 6-12 months without treatment.

What is bipolar II disorder?⁷

A diagnosis of bipolar II disorder means it is common to have symptoms of depression. You will have had at least 1 period of major depression. And at least 1 episode of hypomania instead of mania.

What is bipolar I or II disorder with mixed features?⁸

You will experience symptoms of mania or hypomania and depression at the same time. You may hear this being called 'mixed episodes'. You may feel very sad and hopeless. And at the same time feeling restless and being overactive.

What is bipolar I or II disorder with rapid cycling?

Rapid cycling means you have had 4 or more depressive, manic or hypomanic episodes in a 12-month period.⁹

What is bipolar I or II with seasonal pattern?

Seasonal pattern means that either your depression, mania or hypomania is regularly affected in the same way by the seasons. For example, you may find that each winter you have a depressive episode. But your mania does not regularly follow a pattern.¹⁰

There can be some similarities between bipolar I or II with seasonal pattern and another condition. That condition is called seasonal affective disorder (SAD).¹¹

What is cyclothymia?¹²

A diagnosis of cyclothymic disorder means you'll have similar symptoms to bipolar. You will experience low mood or an emotional high at least every 2 months.

You will not be diagnosed with bipolar because your symptoms will be milder. But they can last longer. Cyclothymia can develop into bipolar disorder.

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4. What causes bipolar disorder?

Experts do not know for sure why some people experience bipolar disorder. Your genetics can play a part, and your experiences too.

You have more chance of developing bipolar disorder if any of your family members have experienced it. But scientists say no single gene can be linked to bipolar disorder.¹³

Someone in your immediate family might live with bipolar disorder. Like a parent, brother, or sister. If they do, there is a 13 in 100 chance you will develop it too. The risk is higher if both of your parents, or your twin, live with the condition.¹⁴

For some people, symptoms of bipolar disorder can be triggered by stressful things in their lives. These things can include:

- relationship problems,
- physical, sexual or emotional abuse,
- the death of a loved one,
- physical illness,
- losing your job or other work issues,
- problems with sleep,
- being in debt, or
- other money issues.

You can find more information about **Does mental illness run in families?** at www.rethink.org. Or call our General Enquires team on 0121 522 7007 for more information.

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5. How do I get help if I think I have bipolar disorder?

Your first step would usually be to speak to your GP.

It can help to keep a record of your moods. This can help you and your GP to understand your mood swings.¹⁵ Bipolar UK have a mood diary and a mood scale on their website. You can find their details in the [Useful contacts](#) section at the end of this factsheet.

Your GP cannot diagnose bipolar disorder. Only a psychiatrist can make a formal diagnosis. Your GP may arrange an appointment with a psychiatrist if you have:

- depression, and
- ever felt very excited or not in control of your mood or behaviour for at least 4 days in a row.¹⁶

They might refer you to a psychiatrist at your local NHS community mental health team (CMHT).

Your GP might think that you have mania or severe depression. Or there is a chance that you are a danger to yourself or someone else. If so, they should make an urgent referral to the CMHT for you.¹⁷

You may have an episode of psychosis for the first time. If so, your GP should refer you to your local NHS early intervention team.¹⁸

Bipolar disorder can be difficult to diagnose because it affects everyone differently. Also, the symptoms of bipolar disorder can be experienced by people who have other mental illnesses.¹⁹

It can take a long time to get a diagnosis of bipolar disorder.

You can find more information about:

- **GPs and your mental health**
- **NHS mental health teams**

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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6. What is the treatment for mania, hypomania, and depression?

NICE produce guidelines for how health professionals should treat certain conditions. NICE stands for **National Institute for Health and Care Excellence**.

On the NICE website you can get their guidance for **Bipolar disorder: assessment and management**: www.nice.org.uk/guidance/cg185

The NHS does not have to follow these recommendations. But they should have a good reason for not following them.

What medications are recommended?

Mood stabilisers are usually used to manage mania, hypomania and depressive symptoms.

The mood stabilisers we talk about in this factsheet are:

- Lithium
- Certain antipsychotic medication
- Certain anticonvulsive medication
- Certain benzodiazepine medication

Mania and hypomania

You should be offered a mood stabiliser to help manage your mania or hypomania. Your doctor may refer to your medication as 'antimanic' medication.²⁰

If you are taking antidepressants, your doctor may advise you to withdraw from taking them.²¹

You will usually be offered an antipsychotic first. The common antipsychotics used for the treatment of bipolar disorder are:²²

- Haloperidol
- Olanzapine
- Quetiapine
- Risperidone

The first antipsychotic you are given may not work. If so, you should then be offered a different antipsychotic medication from the list above.²³

If a different antipsychotic does not work, then you may be offered lithium to take alongside it.²⁴ If the lithium does not work, you may be offered sodium valproate to take with an antipsychotic.²⁵ Sodium valproate is an anticonvulsive medication.

People who can get pregnant should not take sodium valproate. If you become pregnant while taking sodium valproate, you should speak to your doctor.²⁶ This is because taking sodium valproate during pregnancy can lead to a higher risk of developmental disorder or birth defects in babies.

People assigned male at birth should also use contraception if they take sodium valproate. And for at least 3 months after stopping sodium valproate.²⁷

There may be a risk of developmental disorders in babies where the father was taking sodium valproate

Your doctor should think about giving you benzodiazepine medication in the short term.²⁸

Your doctor will suggest different dosages and combinations to you depending on what works best for you. Your personal preferences should also be listened to.

Depression

Your doctor should offer you medication to treat depressive symptoms. You may be offered:²⁹

- fluoxetine with olanzapine,
- quetiapine,
- olanzapine, or
- lamotrigine.

Fluoxetine is an antidepressant. Lamotrigine is an anticonvulsant medication.

Your doctor can prescribe the above medication alongside:³⁰

- lithium, and
- sodium valproate.

If you would like to take medication, doctors will use different dosages and combinations. Depending on what works best for you. Your personal preferences should also be listened to.

What about interactions with other medication?

You should mention any medication you already take when speaking to your doctor about medication for bipolar disorder. Some people find it helpful to bring a list of the medications they take to the appointment.

Can contraceptive medication interact with medication for bipolar disorder?

Not all medications used to treat bipolar disorder affect, or are affected by, all contraceptives.³¹

But lamotrigine can affect, or be affected by, some contraceptives.

The following contraceptives may reduce the amount of lamotrigine in your blood:

- Combined oral contraceptive pill, also known as 'the pill'
- Contraceptive patch
- Vaginal ring

Usually, you take or use these contraceptives for 21 days. You then have a week's break, before starting them again. During that week's break, your dose of lamotrigine could become too high.³² This could increase your risk of mood changes.³³

The progestogen-only pill, known as 'POP' or 'mini-pill', may increase the amount of lamotrigine in your blood. This could increase your risk of side effects. Like problems with balance and co-ordination, dizziness and double vision.³⁴

Lamotrigine could also reduce the effectiveness of the hormonal contraceptives mentioned above. If you notice any bleeding or spotting between periods, tell your doctor.

You can find more information about:

- **Mood stabilisers**
- **Antipsychotics**
- **Antidepressants**
- **Benzodiazepines**
- **Medication – Choice and managing problems**

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

What psychological treatments are recommended?

If you have an episode of depression, you should be offered medication. And a high intensity talking therapy, such as:³⁵

- cognitive behavioural therapy (CBT), or
- interpersonal therapy.

What is CBT?

CBT is a talking therapy that can help you manage your problems by changing the way you think and behave.³⁶

What is interpersonal therapy?

Interpersonal therapy is a talking therapy that focuses on you and your relationships with other people.³⁷

You can find more information about **Talking therapies** at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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7. What are the long-term treatments for bipolar disorder?

Bipolar disorder is a life-long and often recurring illness. You may need long term support to help manage your condition.³⁸

What medication options are there?

Your doctor will look at what medication worked for you during episodes of mania or depression. They should ask you whether you want to continue this treatment. Or if you want to change to lithium.³⁹

Lithium usually works better than other types of medication for long-term treatment.⁴⁰ Your doctor should give you information about how to take lithium safely.

If lithium does not work well enough or causes you problems, you may be offered:⁴¹

- valproate,
- olanzapine, or
- quetiapine.

Your doctor should monitor your health. Physical health checks should be done at least once a year. These checks will include:⁴²

- measuring your weight,
- blood and urine tests,
- checking your liver and heart, and
- checking your pulse and blood pressure.

What psychological treatments are recommended?

You should be offered a psychological therapy that is specially designed for bipolar disorder. You could have individual or group therapy.⁴³

The aim of your therapy is to stop you from becoming unwell again. This is known as 'relapse.' Your therapy should help you to:⁴⁴

- understand your condition,
- think about the effect that your thoughts and behaviour have on your mood,
- monitor your mood, thoughts and behaviour,
- think about risk and distress,
- make plans to stay well,
- make plans to follow if you start to become unwell,
- be aware of how you communicate, and
- manage difficulties you may have in daily life.

If you live with your family, or are in close contact with them, you should also be offered 'family intervention'.

Family intervention is where you and your family work with mental health professionals to help to manage your relationships. This should be offered to people who you live with or who you are in close contact with.

The support that you and your family are given will depend on what problems there are. And what preferences you all have. This could be group family sessions or individual sessions.

Your family should get support for 3 months to 1 year and should have at least 10 planned sessions.⁴⁵

Is there any other support?

Your mental health team should give you advice about exercise and healthy eating.⁴⁶

If you want to return to work, you should be offered support with that. This includes training. You should get this support regardless of whether your care is managed by your GP or by your community mental health team.⁴⁷

You might not be able to work, or to find any suitable employment. Your healthcare professionals should think about other activities that could help you get back to employment in the future.⁴⁸

Your healthcare team should help you to make a recovery plan. The plan should help you to identify early warning signs and triggers that may make you unwell again. And ways of coping. Your plan should also have people you can call if you become very distressed.⁴⁹

You should be encouraged to make an '**advance statement**'.⁵⁰ This is an instruction to health professionals. It is what you would like to happen with your care if you ever lack mental capacity to make your own decisions.⁵¹

You can find more information about:

- **GPs and your mental health**
- **NHS mental health teams**
- **Advance statements and advance decisions - Planning your future care**

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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8. What if I am not happy with my care and treatment?

If you are not happy with your care or treatment you can talk to your healthcare professional about your concerns.

If you are still not happy you can:

- ask for a second opinion,
- try to get an advocate,
- contact Patient Advice and Liaison Service (PALS) www.nhs.uk/service-search/other-health-services/patient-advice-and-liaison-services-pals, or
- make a complaint.

You can find out more about these things in our information on:

- **Second opinions - About your mental health diagnosis or treatment**
- **Advocacy for mental health - Making your voice heard**
- **Complaining about the NHS or social services**

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

9. What can I do to manage my symptoms?

You can learn to manage your symptoms by looking after yourself. Self-care is how you take care of your diet, sleep, exercise, daily routine, relationships, and how you are feeling.

What lifestyle changes can I make?

Making small lifestyle changes can improve your wellbeing and can help your recovery.

Routine helps many people with their mental wellbeing. It will help to give a structure to your day and may give you a sense of purpose. This could be a simple routine. Such as eating at the same time each day, going to bed at the same time each day, and buying food once per week.

Your healthcare professionals should offer you a combined healthy eating, exercise and sleep programme.⁵²

You can find more information about wellbeing any physical health at: www.rethink.org/advice-and-information/living-with-mental-illness/wellbeing-physical-health/.

What are support groups?

You could join a support group. A support group is where people come together to share information, experiences and give each other support.

You might be able to find a local group by searching online.

The charity **Bipolar UK** have an online support group. They also have face-to-face support groups in some areas of the country. Their contact details are in the [Useful contacts](#) at the end of this factsheet.

Rethink Mental Illness have support groups in some areas. You can find out what is available in your area if you follow this link: www.rethink.org/help-in-your-area/support-groups.

What are recovery colleges?

Recovery colleges are part of the NHS. They offer free mental health courses to help you manage your symptoms. They can help you to take control of your life and become an expert in your own wellbeing and recovery.⁵³

You can usually self-refer to a recovery college. The college may inform your care team.

Unfortunately, recovery colleges are not available in all areas. Search online to see if there is a recovery college in your area.

What is a wellness action plan (WAP)?

Learning to spot early signs of mania or depression is important in self-management. The idea of a WAP is to help you stay well and achieve what you would like to.

A WAP looks at things like how you are affected by your illness. And what you could do to manage your symptoms.

There are guides that can help with this. You can ask your healthcare professional to make one with you. Or ask them for a template.

You can read more about wellness action plans here: <https://mentalhealth-uk.org/blog/wellbeing-workplan>.

You can see an example of a wellness action plan here:

<https://mhukcdn.s3.eu-west-2.amazonaws.com/wp-content/uploads/2021/04/26122110/MHUK-My-Wellbeing-plan.pdf>.

What is Rethink Mental Illness' Staying well with bipolar guide?

Rethink Mental Illness has created a guide called '**Staying well with bipolar**'.

This is a guide based on information from people who have or support someone with bipolar disorder.

You can download it here www.rethink.org/advice-and-information/living-with-mental-illness/treatment-and-support/staying-well-with-bipolar/.

You can find more information about **Recovery and mental illness** at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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10. What risks and complications can bipolar disorder cause?

There can be complications and risks for people who live with bipolar disorder. But these risks can be reduced with the right support and treatment.

What about suicide and self-harm?

You might have a condition where you experience psychosis, such as bipolar disorder. If so, your risk of suicide is around 5-6% higher than the general population.⁵⁴

You are more likely to try to take your own life if you have a history of attempted suicide and depression.⁵⁵ It is important that you get the right treatment for your symptoms. And have an up-to-date crisis plan.

Some research suggests you are 30-40% more likely to self-harm if you live with bipolar disorder.⁵⁶ So it is important that you get the right support for self-harm.

What about financial risk?

If you have mania or hypomania you may struggle to manage your finances. You may spend lots of money without thinking about the effect that it may have on your life.⁵⁷

You could make a '**Lasting Power of Attorney**'. This is a legal process. It means that you pick someone you trust to manage your finances if you lack mental capacity to manage them by yourself.⁵⁸

You can work with your carer and mental health team to make an action plan. This can say what they can do if you have a period of mania or hypomania, and you start to make poor financial decisions.

You can find more information about '**How mental health affects managing money**' at: www.mentalhealthandmoneyadvice.org/en.

What about physical health risk?

People with bipolar disorder have a higher rate of physical illnesses such as diabetes and heart disease. You should have a physical health check at least once every year to help manage these risks.⁵⁹

What about alcohol and drugs risk?

Over 40 in 100 people with bipolar disorder have lifetime alcohol or substance misuse issues.⁶⁰ Drinking alcohol, smoking or taking other drugs while taking medication could stop your medication from working properly.⁶¹

If you want advice or help with alcohol or drug use, contact your GP.

What about driving risk?

You must tell the Drivers and Vehicle Licensing Agency (DVLA) that you have bipolar disorder.⁶² You must stop driving if you have an episode of severe depression, hypomania, mania or psychosis.⁶³

You can find out more about:

- Suicidal thoughts – How to cope
- Self-harm
- Mental capacity and mental illness
- Cannabis and mental health
- Drugs, alcohol and mental health
- Driving and mental illness

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

11. Information for family, carers, and friends

How can I get support?

You can speak to your GP. You should be given your own assessment through NHS mental health services to work out what effect your caring role is having on your health. And what support you need. Such as practical support, and emergency support.⁶⁴

These are some other options for you:

- Join a carers service
- Join a carers support group
- Ask your local authority for a carer's assessment
- Read about the condition
- Apply for welfare benefits for carers

Rethink Mental Illness run carer support groups in some areas. You can also search for groups on the Carers Trust website:

- **Rethink Mental Illness:** www.rethink.org/help-in-your-area/support-groups
- **Carers Trust:** carers.org/help-for-carers/carer-services-near-you

How can I support the person I care for?

There are things you can do which might make it easier to support someone with bipolar disorder. For example, you can try to understand their symptoms, treatment and self-management skills.

You should be aware of what you can do if you are worried about their mental state. It can be helpful to know the contact information for their mental health team or GP.

You could find out from your relative if they have a crisis plan. You could help them to make one if they have not already.

As a carer, you should be involved in decisions about care planning. But you do not have a legal right to this. Medical teams should encourage the person that you care for to allow information to be shared with you.⁶⁵

You can find out more information about:

- Supporting someone with a mental illness
- Carer's assessments – Under the Care Act 2014
- Getting help for someone in a mental health crisis
- Suicidal thoughts - How to support someone
- Responding to unusual behaviour linked to mental illness

- Confidentiality, information and your loved one - For loved ones of people living with a mental illness

at www.rethink.org. Or call our General Enquiries team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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Further Reading

Bipolar UK – e-learning course

A free resource for anyone who wants to learn more about bipolar. It will help you understand what bipolar is and is not. It will also help you understand how to support anyone you know who's living with the condition.

Website: www.bipolaruk.org/elearning

Useful Contacts

Bipolar UK

This is a user led charity working to enable people affected by bipolar disorder to take control of their lives.

Telephone: 0333 323 3880

Address: 32 Cubitt Street, London, WC1X 0LR

Email: info@bipolaruk.org.uk

Website: www.bipolaruk.org.uk

The Hearing Voices Network

This service gives support and understanding for those who hear voices or experience other types of hallucination.

Address: 86-90 Paul Street, London, EC2A 4NE

Email: info@hearing-voices.org

Website: www.hearing-voices.org

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