Bipolar disorder, formerly called manic-depression, is characterized by moods that swing between two opposite poles:

- periods of mania with exaggerated euphoria, irritability, or both
- episodes of depression

Although chemical imbalances in the brain are a key component of bipolar disorder, it is a complex condition that involves genetic, environmental, and other factors.

Bipolar Disorder Categories: Bipolar disorder is classified according to the pattern and severity of the symptoms as bipolar disorder I, bipolar disorder II, or cyclothymic disorder. Patients with one type may develop another. Nevertheless, they are distinct enough to merit separate classifications. Some doctors believe these conditions are actually separate disorders with different biologic factors that account for their differences.

Bipolar Disorder I: Bipolar disorder I is characterized by at least one manic episode or mixed episode (symptoms of both mania and depression occurring simultaneously), and one or more depressive episodes, that lasts for at least 7 days. In most cases, manic episodes precede or follow depressive episodes in a regular pattern. Episodes are more acute and severe than in the other two categories. Without treatment, patients average four episodes of dysregulated mood each year. With mania, either euphoria or irritability may mark the phase. In addition, there are significant negative effects (such as sexual recklessness, excessive and impulsive shopping, and sudden traveling) on a patient's social life, performance at work, or both. Untreated mania lasts at least a week, and it can last for months. Typically, depressive episodes tend to last 6 - 12 months, if left untreated.

Bipolar Disorder II: Bipolar disorder II is characterized by episodes of predominantly major depressive symptoms, with occasional episodes of hypomania, which last for at least 4 days. Hypomania is similar to mania, but the symptoms (typically euphoria) are less severe and do not last as long. Patients with bipolar disorder do not experience manic or mixed episodes, and most return to fully functional levels between episodes. However, bipolar II patients have a more chronic course, significantly more depressive episodes, and shorter periods of being well between episodes than patients with type I. Bipolar II disorder is highly associated with the risk for suicide.

Cyclothymic Disorder: While cyclothymic disorder is not as severe as either bipolar disorder II or I, the condition is more chronic. Hypomanic symptoms tend toward irritability as compared to the more euphoric symptoms of bipolar II. The disorder lasts at least 2 years, with single episodes persisting for more than 2 months. Cyclothymic disorder may be a precursor to full-blown bipolar disorder in some people or it may continue as a low-grade chronic condition.

Bipolar Disorder Not Otherwise Specified *(NOS)*: Bipolar disorder that does not meet one the above criteria is classified as Bipolar Disorder NOS.

Bipolar Disorder with Rapid Cycling: Bipolar disorder with rapid cycling involves four or more manic, hypomanic, or depressive episodes within a 12-month period. Mood swings can

shift rapidly from mania to depression over the course of several days or hours. Rapid cycling can occur with any type of bipolar disorder. The condition is usually temporary.

Causes: Doctors do not know what causes bipolar disorder, but it is likely a combination of biochemical, genetic, and environmental factors. Neurotransmitters (chemical messengers in the brain) that may be associated with bipolar disorder include dopamine, serotonin, and norepinephrine. Multiple genes, involving several chromosomes, have been linked to the development of bipolar disorder. Research increasingly indicates that bipolar disorder may also share genetic factors with other disorders, including schizophrenia, epilepsy, and anxiety disorders. It is not clear if some of these disorders are variations of a single disease or separate disorders. For people who have a genetic or biochemical predisposition for bipolar disorder, environmental factors (such as stressful life events or emotional trauma) may play a role (in combination with other factors) in triggering this disorder.

Risk Factors:

Age: Bipolar disorder usually first occurs between the ages of 15 - 30 years, with an average age of onset at 25 years. However, bipolar disorder can affect people of all ages, including children. Bipolar disorder that occurs late in life often accompanies medical and neurological problems (particularly cerebrovascular disease, such as stroke). It is less likely to be associated with a family history of the disorder than earlier-onset bipolar disorder.

Gender: Bipolar disorder affects both sexes equally, but there is a higher incidence of rapid cycling, mixed states, and cyclothymia in women. Early-onset bipolar disorder tends to occur more frequently in men and it is associated with a more severe condition. Men with bipolar disorder also tend to have higher rates of substance abuse (drugs, alcohol) than women.

Family History: Bipolar disorder frequently occurs within families. Family members of patients with bipolar disorder are also more likely to have other psychiatric disorders. They include schizophrenia, schizoaffective disorder, anxiety disorders, ADHD, and major depression.

Complications: Many patients with bipolar disorder often have accompanying psychiatric disorders.

Prognosis: Bipolar disorder can be severe and long-term, or it can be mild with infrequent episodes. Patients with the disease may experience symptoms in very different ways. A typical patient with bipolar disorder averages 8 - 10 manic or depressive episodes over a lifetime. However, some people experience more and some fewer episodes. Medical evidence has shown that patients with bipolar disorder have higher death rates from suicide, heart problems, and death from all causes than those in the general population. Patients who get treatment, however, experience great improvement in survival rates.

Symptoms: Symptoms of bipolar disorder tend to fluctuate dramatically between two extremes: mania and depression. Sometimes a patient may have an episode in which both symptoms of mania and depression are present at the same time. This is called a “mixed state”. Symptoms

vary among patients. The type of symptoms experienced also depend on the type of bipolar disorder. Patients with bipolar I disorder typically have severe manic episodes that alternate with shorter bouts of depressive symptoms. Patients with bipolar II disorder, experience longer periods of depression that alternate with manic episodes that are shorter in duration and less severe (hypomania) than those associated with bipolar I disorder.

Symptoms associated with manic episodes include:

- exaggerated euphoria - a feeling of great happiness or well-being
- irritability - can include aggressive behavior and agitation
- distractibility - characterized by the inability to concentrate on or pay attention to any activity for very long
- insomnia - having high energy and difficulty sleeping
- grandiosity - patients with this symptom have an inflated sense self-esteem, which, in severe cases, can be delusional
- patients may experience feelings of being all-powerful or feel that they are godlike or have celebrity status
- flight of ideas - thoughts literally race
- increased activity - the patient may show an increase in intensity in goal-directed activities related to social behavior, sexual activity, work or school
- rapid speech - the patient may talk quickly and excessively
- poor judgment - excessive involvement in high-risk activities may occur (such as unrestrained shopping, promiscuity).
- impulsivity and poor judgment may be severe enough to damage workplace or social functioning or relationships with others
- some patients require hospitalization to prevent harm to others or to themselves

Symptoms associated with depression include: (The symptoms of depression experienced in bipolar disorder are almost identical to those of major depression, the primary form of unipolar depressive disorder.) They include:

- sad mood
- fatigue or loss of energy
- sleep problems such as insomnia, excessive sleeping, or shallow sleep with frequent awakenings
- appetite changes
- diminished ability to concentrate or to make decisions
- agitation or markedly sedentary behavior
- feelings of guilt, pessimism, helplessness, or low self-esteem
- loss of interest or pleasure in life
- thoughts of or attempts at suicide

Treatment: Treatment includes medication, psychotherapy, lifestyle changes, electroconvulsive therapy, cognitive-behavioral therapy, family therapy, interpersonal and social rhythm therapy.