

# *Bipolar Disorder Explained*

## *I Hate Being Bipolar, it's Absolutely Awesome*

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### *Welcome and Hello*

This is a guide for anyone who has been diagnosed with bipolar disorder or has a relative or friend with Bipolar Disorder. This is only meant as a guidance and if anyone is concerned with the welfare of someone please contact the NHS on 101 or 999. <https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline>

There are also some links to the NHS website embedded within the text.

These are the blue parts of the text. If you click on these it will take you to the website and explain whatever it is with a little more detail.

Bipolar disorder is a mental health condition that affects your moods, which can swing from 1 extreme to another. It used to be known as manic depression.

## Symptoms of Bipolar Disorder

People with bipolar disorder have episodes of:

- depression – feeling very low and lethargic
- mania – feeling very high and overactive

[Symptoms of bipolar disorder](#) depend on which mood you're experiencing. Unlike simple mood swings, each extreme episode of bipolar disorder can last for several weeks (or even longer)

## Depression

You may initially be diagnosed with [clinical depression](#) before you have a manic episode (sometimes years later), after which you may be [diagnosed with bipolar disorder](#).

During an episode of depression, you may have overwhelming feelings of worthlessness, which can potentially lead to thoughts of [suicide](#). If you're feeling very depressed, contact a GP, your care co-ordinator or speak to a local mental health crisis team as soon as possible.

During a period of depression, your symptoms may include:

- feeling sad, hopeless or irritable most of the time
- lacking energy
- difficulty concentrating and remembering things
- loss of interest in everyday activities
- feelings of emptiness or worthlessness
- feelings of guilt and despair
- feeling pessimistic about everything
- self-doubt
- being delusional, having hallucinations and disturbed or illogical thinking
- lack of appetite
- difficulty sleeping
- waking up early
- suicidal thoughts

## Mania

During a manic phase of bipolar disorder, you may:

- feel very happy
- have lots of energy, ambitious plans and ideas
- spend large amounts of money on things you cannot afford and would not normally want

It's also common to:

- not feel like eating or sleeping
- talk quickly
- become annoyed easily

You may feel very creative and view the manic phase of bipolar as a positive experience.

But you may also experience symptoms of [psychosis](#), where you see or hear things that are not there or become convinced of things that are not true.

## Patterns of Depression and Mania

If you have bipolar disorder, you may have episodes of depression more regularly than episodes of mania, or vice versa.

Between episodes of depression and mania, you may sometimes have periods where you have a “normal” mood.

The patterns are not always the same and some people may experience:

- rapid cycling – where a person with bipolar disorder repeatedly swings from a high to a low phase quickly without having a “normal” period in between
- mixed state – where a person with bipolar disorder experiences symptoms of depression and mania together; for example, overactivity with a depressed mood

If your mood swings last a long time but are not severe enough to be classed as bipolar disorder, you may be diagnosed with a mild form of bipolar disorder called [cyclothymia](#). Cyclothymia, or cyclothymic disorder, causes mood changes – from feeling low to emotional highs.

Cyclothymia has many similarities to [bipolar disorder](#).

Most people's symptoms are mild enough that they do not seek mental health treatment, or the emotional highs feel nice, so they do not realise there's anything wrong or want to seek help.

This means cyclothymia often goes undiagnosed and untreated.

But the mood swings can affect daily life, and cause problems with personal and work relationships.

If you think you have cyclothymia, it's important to seek help from a GP.

People with cyclothymia are at risk of developing bipolar disorder, so it's important to get help before reaching this stage.

Men and women of any age can get cyclothymia, but it's more common in women.

## Living with Bipolar Disorder

The high and low phases of bipolar disorder are often so extreme that they interfere with everyday life.

But there are several options for [treating bipolar disorder](#) that can make a difference. They aim to control the effects of an episode and help someone with bipolar disorder live life as normally as possible.

The following treatment options are available:

- medicine to prevent episodes of mania and depression – these are known as mood stabilisers, and you take them every day on a long-term basis
- medicine to treat the main symptoms of depression and mania when they happen
- learning to recognise the triggers and signs of an episode of depression or mania
- psychological treatment – such as talking therapy, which can help you deal with depression, and provides advice about how to improve your relationships
- lifestyle advice – such as doing [regular exercise](#), planning activities you enjoy that give you a sense of achievement, as well as advice on [improving your diet](#) and [getting more sleep](#)

It's thought using a combination of different treatment methods is the best way to control bipolar disorder.

Help and advice for people with a long-term condition or their carers is also available from charities, support groups and associations.

This includes self-help and learning to deal with the practical aspects of a long-term condition.

For most people, [exercise](#) can have a positive effect on their mood. When you exercise, your body releases [endorphins](#), which are known as the brain's "feel-good"

chemicals. Over time, higher levels of endorphins can make you feel better. This is why exercise is often recommended for people with [depression](#). Exercise can also help you combat [stress](#).

Because of these benefits, it's easy to assume that working out might help people with bipolar disorder. A [review of studies in 2015](#) found that this is not always the case. For instance, one study in the review found that for some people with bipolar disorder, exercise helped ease [hypomanic symptoms](#), which are less severe than manic symptoms. It also helped people [sleep better](#). In addition, the study showed that certain exercises could provide a calming effect for some people. These exercises include walking, running, and swimming.

However, that same study noted that for other people with bipolar disorder, exercise could exacerbate [manic symptoms](#). It could cause a worsening "spiraling" effect for both manic and hypomanic episodes.

Other studies have found similar results. In one [study from 2013](#), researchers created a program that combined exercise, nutrition, and wellness training for overweight people with bipolar disorder. They noted that the program did result in improvements to health and weight. It also reduced [symptoms of depression](#) in participants, and improved their overall functioning. However, they noted that their results also indicated that exercise could worsen manic symptoms.

## *What Causes Bipolar Disorder?*

The exact [cause of bipolar disorder](#) is unknown, although it's believed a number of things can trigger an episode.

These include:

- extreme stress
- overwhelming problems
- life-changing events
- genetic and chemical factors

Bipolar disorder is widely believed to be the result of chemical imbalances in the brain.

The chemicals responsible for controlling the brain's functions are called neurotransmitters, and include noradrenaline, serotonin and dopamine.

There's some evidence that if there's an imbalance in the levels of 1 or more neurotransmitters, a person may develop some [symptoms of bipolar disorder](#). For example, there's evidence that episodes of mania may occur when levels of noradrenaline are too high, and episodes of depression may be the result of noradrenaline levels becoming too low.

It's also thought bipolar disorder is linked to genetics, as it seems to run in families.

The family members of a person with bipolar disorder have an increased risk of developing it themselves.

But no single gene is responsible for bipolar disorder. Instead, a number of genetic and environmental factors are thought to act as triggers.

Medication, drugs or alcohol can't cause you to develop bipolar disorder, but they can cause you to experience some [bipolar moods and symptoms](#).

For example:

- Some antidepressants can cause mania or hypomania as a side effect when you are taking them or as a withdrawal effect when you are coming off them. If you begin to experience mania after taking or after coming off antidepressants for depression, this might lead your doctor to give you an incorrect diagnosis of bipolar disorder, or prescribe you more medication. But in this case it's usually worth waiting to see if your symptoms pass without treatment first.
- Alcohol or street drugs can cause you to experience symptoms similar to both mania and depression. It can often be difficult to distinguish the effects of alcohol and drugs from your mental health symptoms.

If you're concerned about the effects of medication, alcohol or street drugs on your mental health, it's important to discuss it with your doctor.

## *Medicines for Bipolar Disorder*

Several medicines are available to help stabilise mood swings.

These are commonly called mood stabilisers and include:

- lithium
- anticonvulsant medicines
- antipsychotic medicines

If you're already taking medicine for bipolar disorder and you develop depression, your GP will check you're taking the correct dose. If you're not, they'll change it.

Episodes of depression are treated slightly differently in bipolar disorder, as taking antidepressants alone may lead to a relapse.

Most guidelines suggest depression in bipolar disorder can be treated with just a mood stabiliser.

But antidepressants are commonly used alongside a mood stabiliser or antipsychotic.

The medication that is prescribed for you is a lottery I've found. There are so many different types of antidepressants for example;

SSRIs – Selective Serotonin Re-Uptake Inhibitors

SNRIs – Serotonin Noradrenaline Re-Uptake Inhibitors

NaSSa – Noradrenaline and Specific Serotongerig Antidepressants

These are only three that I have experienced and have been prescribed. The SSRI & SNRI weren't as effective for me so I am on Mirtazipine, a NaSSa, and have been for 8 years.

If your GP or psychiatrist recommends you stop taking bipolar disorder medicine, the dose should be gradually reduced over at least 4 weeks, and up to 3 months if you're taking an antipsychotic or lithium.

If you have to stop taking lithium for any reason, talk to your GP about taking an antipsychotic or valproate instead.

In the UK, lithium is the main medicine used to treat bipolar disorder.

Lithium is a long-term treatment for episodes of mania and depression. It's usually prescribed for at least 6 months.

If you're prescribed lithium, stick to the prescribed dose and do not stop taking it suddenly unless told to by your doctor.

For lithium to be effective, the dosage must be correct. If it's incorrect, you may get side effects such as diarrhoea and getting sick.

Tell your doctor immediately if you have side effects while taking lithium.

You'll need regular blood tests at least every 3 months while taking lithium. This is to make sure your lithium levels are not too high or too low.

Your kidney and thyroid function will also need to be checked every 2 to 3 months if the dose of lithium is being adjusted, and every 12 months in all other cases.

While you're taking lithium, avoid using [non-steroidal anti-inflammatory drugs \(NSAIDs\)](#), such as [ibuprofen](#), unless they're prescribed by your GP.

In the UK, lithium and the antipsychotic medicine aripiprazole are currently the only medicines that are officially approved for use in teenagers with bipolar disorder.

But the Royal College of Paediatrics and Child Health says that other bipolar medicines may be prescribed for children if recommended by their doctor.

Anticonvulsant medicines include:

- valproate
- carbamazepine
- lamotrigine

These medicines are sometimes used to treat episodes of mania. They're also long-term mood stabilisers.

Anticonvulsant medicines are often used to treat [epilepsy](#), but they're also effective in treating bipolar disorder.

A single anticonvulsant medicine may be used, or they may be used in combination with lithium when bipolar disorder does not respond to lithium on its own.

Sodium valproate is an anticonvulsant (or anti-epileptic) medicine. It prevents epileptic fits by reducing excessive electrical activity in your brain.

We do not fully understand how this medicine works for treating bipolar disorder. However, sodium valproate is thought to reduce or prevent manic episodes by increasing the amount of a chemical called gamma-aminobutyric acid (GABA) in the brain. GABA blocks transmission across nerves in the brain and has a calming effect.

It's not really clear how sodium valproate prevents migraine. It may limit how your nerves transmit pain signals in the brain.

[Valproate](#) is not usually prescribed for women of childbearing age because there's a risk of physical defects in babies, such as spina bifida, heart abnormalities and cleft lip. There may also be an increased risk of developmental problems, such as lower intellectual abilities, poor speaking and understanding, memory problems, autistic spectrum disorders, and delayed walking and talking.

I'm currently on 1,500mg per day of Sodium Valproate. I had 3 epileptic type seizures 12months ago (which I believe was the Sertraline and Tramadol I was on), so this was the option for me. So far so good but I am definitely more docile and my cognitive abilities are not really what they were. I have to go for blood tests every 3 months for my lipid, renal, hepatic, white blood count etc etc and I was also in the high risk group for Covid so I had my jab at the start of February.

There's also reports of mental illness medication having a more severe effect than smoking to life expectancy. I wasn't made aware of this and there's no mention in the literature

<https://www.ox.ac.uk/news/2014-05-23-many-mental-illnesses-reduce-life-expectancy-more-heavy-smoking>

Antipsychotic medicines are sometimes prescribed to treat episodes of mania.

They include:

- aripiprazole
- olanzapine
- quetiapine
- risperidone



They may also be used as a long-term mood stabiliser. Quetiapine may also be used for long-term bipolar depression.

Antipsychotic medicines can be particularly useful if symptoms are severe or behaviour is disturbed.

As antipsychotics can cause side effects, such as blurred vision, a dry mouth, constipation and weight gain, the initial dose will usually be low.

If you're prescribed an antipsychotic medicine, you'll need to have regular health checks at least every 3 months, but possibly more often, particularly if you have diabetes.

If your symptoms do not improve, you may be offered lithium and valproate as well.

You may be prescribed a combination of lithium and valproate if you experience rapid cycling, where you quickly change from highs to lows without a "normal" period in between.

If this does not help, you may be offered lithium on its own, or a combination of lithium, valproate and lamotrigine.

But you will not usually be prescribed an antidepressant unless an expert in bipolar disorder has recommended it.

## *Learning to Recognise Triggers*

If you have bipolar disorder, you can learn to recognise the warning signs of an approaching episode of mania or depression.

A community mental health worker, such as a psychiatric nurse, may be able to help you identify your early signs of relapse from your history.

This will not prevent the episode occurring, but it'll allow you to get help in time.

This may mean making some changes to your treatment, perhaps by adding an antidepressant or antipsychotic medicine to the mood-stabilising medication you're already taking.

Your GP or specialist can advise you on this.

## *Further Information*

These two videos give you a great insight and explanation of the basics <https://youtube.com/playlist?list=PLb557Kn9MneIp4BCHr2zXCHgVqnRtiiO>