Bipolar disorder, also known as manic-depressive illness, is a psychiatric disease that causes unusual shifts in mood, energy, activity levels and the ability to conduct daily life activities. Severe bipolar disorder was estimated in 2020 to affect 2.3 percent of the population or approximately 5.9 million adults in the United States aged 18 or older. An estimated 51% of individuals with this condition are untreated in any given year. Suicide is the number one cause of premature death among people with bipolar disorder, with 15 percent to 17 percent taking their own lives.

The National Institute of Mental Health (NIMH) describes bipolar disorder as "a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out daily tasks. Symptoms of bipolar disorder can be severe. They are different from the normal ups and downs that everyone goes through from time to time. Bipolar disorder symptoms can result in damaged relationships, poor job or school performance, and even suicide. But bipolar disorder can be treated, and people with this illness can lead full and productive lives.

"Bipolar disorder often appears in the late teens or early adult years. At least half of all cases start before age 25. Some people have their first symptoms during childhood, while others may develop symptoms late in life." The condition may not be easily identified when it starts. "Some people suffer for years before they are properly diagnosed and treated. Like diabetes or heart disease, bipolar disorder is a long-term illness that must be carefully managed throughout your life."

From the NIMH: "Bipolar Disorder in Adults: What is bipolar disorder?"

**Signs and Symptoms of bipolar disorder**

"People with bipolar disorder experience unusually intense emotional states that occur in distinct periods called "mood episodes." Each mood episode represents a drastic change from a person's usual mood and behavior. An overly joyful or overexcited state is called a manic episode, and an extremely sad or hopeless state is called a depressive episode. Sometimes, a mood episode includes symptoms of both mania and depression. This is called a mixed state. People with bipolar disorder also may be explosive and irritable during a mood episode. Extreme changes in energy, activity, sleep, and behavior go along with these changes in mood."

"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, you may feel very good, be highly productive, and function well. You may not feel that anything is wrong, but family and friends may recognize the mood swings as possible bipolar disorder. Without proper treatment, people with hypomania may develop severe mania or depression."

"Bipolar disorder may also be present in a mixed state, in which you might experience both mania and depression at the same time. During a mixed state, you might feel very agitated, have trouble sleeping, experience major changes in appetite, and have suicidal thoughts. People in a mixed state may feel very sad or hopeless while at the same time feel extremely energized."

"Sometimes, a person with severe episodes of mania or depression has psychotic symptoms too, such as hallucinations or delusions. The psychotic symptoms tend to reflect the person's extreme mood."

From the NIMH: Bipolar Disorder in Adults. Visit "What are the signs and symptoms of bipolar disorder?" at the NIMH for more about symptoms.

**Diagnosing bipolar disorder**

"Bipolar disorder usually lasts a lifetime. Episodes of mania and depression typically come back over time. Between episodes, many people with bipolar disorder are free of symptoms, but some people may have lingering symptoms."

"Doctors diagnose bipolar disorder using guidelines from the Diagnostic and Statistical Manual of Mental Disorders (DSM). To be
diagnosed with bipolar disorder, the symptoms must be a major change from your normal mood or behavior. There are four basic types of bipolar disorder:

**Bipolar I Disorder**—defined by manic or mixed episodes that last at least seven 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 two weeks.

**Bipolar II Disorder**—defined by a pattern of depressive episodes and hypomanic episodes, but no full-blown manic or mixed episodes.

**Bipolar Disorder Not Otherwise Specified (BP-NOS)**—diagnosed when symptoms of the illness exist but do not meet diagnostic criteria for either bipolar I or II. However, the symptoms are clearly out of the person's normal range of behavior.

**Cyclothymic Disorder, or Cyclothymia**—a mild form of bipolar disorder. People with cyclothymia have episodes of hypomania as well as mild depression for at least two years. However, the symptoms do not meet the diagnostic requirements for any other type of bipolar disorder.

*A severe form of the disorder is called Rapid-cycling Bipolar Disorder. Rapid cycling occurs when a person has four or more episodes of major depression, mania, hypomania, or mixed states, all within a year. Rapid cycling seems to be more common in people who have their first bipolar episode at a younger age....

"Bipolar disorder can worsen if left undiagnosed and untreated. Episodes may become more frequent or more severe over time without treatment. Also, delays in getting the correct diagnosis and treatment can contribute to personal, social and work-related problems. Proper diagnosis and treatment help people with bipolar disorder lead healthy and productive lives. In most cases, treatment can help reduce the frequency and severity of episodes."

From the NIMH: Bipolar Disorder in Adults. Visit "How is bipolar disorder diagnosed?" at the NIMH for more about diagnosis.

**Treating bipolar disorder**

Although there is no cure for bipolar disorder, it can be treated effectively. "Proper treatment helps many people with bipolar disorder—even those with the most severe forms of the illness—gain better control of their mood swings and related symptoms," according to the NIMH. "But because it is a lifelong illness, long-term, continuous treatment is needed to control symptoms.

"However, even with proper treatment, mood changes can occur. In the NIMH-funded Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) study—the largest treatment study ever conducted for bipolar disorder—almost half of those who recovered still had lingering symptoms. Having another mental disorder in addition to bipolar disorder increased one's chances for a relapse. See STEP-BD for more information."

**Medications**

"Different types of medications can help control symptoms of bipolar disorder. Not everyone responds to medications in the same way. You may need to try several different medications before finding ones that work best....The types of medications generally used to treat bipolar disorder include mood stabilizers, atypical antipsychotics, and antidepressants." Up-to-date information on medication use and side effects can be found on the U.S. Food and Drug Administration (FDA) website.

**Mood stabilizers** are the mainstay of long-term preventive treatment for both mania and depression. They are used to improve symptoms during acute manic, hypomanic and mixed episodes and may also may reduce symptoms of depression. Lithium was the first mood stabilizer approved by the FDA for treating manic and depressive episodes and remains widely used under trade names such Eskalith, Lithobid, Lithonate and others.

Anticonvulsants also are approved for use as mood stabilizers. Valproic acide or divalproex (trade name Depakote) was approved for treating mania in 1995. Lamotrigine (Lamictal) has been approved for maintenance treatment and is often effective in treating depressive symptoms.

Atypical antipsychotic medications also are sometimes used to treat symptoms of bipolar disorder, often in combination with other medications. Atypical antipsychotics include Olanzapine (Zyprexa), which may be prescribed for severe mania or psychosis; Aripiprazole (Abilify), for symptoms manic or mixed episodes; and Quetiapine (Seroquel), risperidone (Risperdal) and ziprasidone (Geodon), for symptoms of mania.
**Antidepressants** may be prescribed to treat symptoms of depression in bipolar disorder. Because antidepressants can increase the risk of mania or hypomania or of developing rapid-cycling symptoms, they typically are prescribed only in combination with mood stabilizers.

Commonly prescribed antidepressants include bupropion (Wellbutrin); selective serotonin reuptake inhibitors such as fluoxetine (Prozac); fluvoxamine (Luvox); paroxetine (Paxil), and sertraline (Zoloft). There are many other choices if these do not work, or if they cause unpleasant side effects, including: mirtazapine (Remeron), monoamine oxidase inhibitors such as phenelzine (Nardil) and tranylcyromine (Parnate); nefazodone (Serzone); tricyclic antidepressants such as amitriptyline (Elavil), desipramine (Norpramin, Pertofrane), imipramine (Tofranil), nortriptyline (Pamelor); and venlafaxine (Effexor). Anti-anxiety medications such as lorazepam (Ativan) and clonazepam (Klonopin) are prescribed in some cases for insomnia, agitation or other symptoms, especially during a manic phase.

Visit "Medications" at the NIMH website for information about medication risks and side effects.

**Other Treatments**

A number of non-pharmaceutical treatments may be combined with medication to treat bipolar disorder. These include:

- **Psychotherapy** such as cognitive behavioral therapy (CBT), family therapy, interpersonal therapy and/or psychoeducation.
- **Electroconvulsive therapy (ECT)** in cases when medication and psychotherapy do not work

Visit "Other treatments" at the NIMH for details about these and other treatments.