

# Bi-polar Disorder



Condition characterised by mood swings: periods of depression and mania or hypomania.

Bipolar type 1: experience depressive and manic episodes.

Bipolar type 2: experience depressive and hypomanic episodes (milder form of mania)

Onset tends to be adolescence/young adulthood

## **Incidence**

About 1% of population – men and women equally

## **Symptoms**

- Depressive symptoms: low mood, decreased interest in activities, weight loss or gain, insomnia, impaired psychomotor activity, fatigue, despair, guilt/feel unworthy, recurrent thoughts of death, hypersomnia (increased need for sleep)
- Manic episodes (bipolar type 1): symptoms include feelings of euphoria, inflated self esteem, full of ideas, racing thoughts, loudly talkative, sleep less, irritable, distracted, increased activity, undergo pleasurable and risky activities (eg foolish business investments, spend lots of money, build up debts).
- Hypomanic episodes (bipolar type 2): some manic symptoms experienced, but fewer and less severe.

Individuals experiencing mania or hypomania may be unaware that their actions are distressing to others but may realise later leading to feelings of guilt, shame and self-hatred. The condition may also have psychotic features.

## **Profile of condition**

- Chronic, recurring condition
- Variations in how often mood swings occur. Some experience mood swings every few days, others have long periods with no mood swings
- There may be a period of stability between episodes

## **Treatments**

- Mood stabilising drugs eg lithium and valproate
- Anti-depressants can relieve depressive symptoms but may cause mania (the symptoms of which can be addressed by anti-psychotics).
- Talking treatments such as counselling or psychotherapy can help individuals develop skills to recognise and control mood swings, identify and remove sources of stress, learn to recognise triggers for and symptoms of an episode.