

## Bipolar Disorder

### What is an Bipolar Disorder?

Bipolar disorder (sometimes called manic depression) refers to a group of related conditions which are characterised by cycles of extreme low and high moods. The periods of low mood are referred to as 'depressive episodes' whereas periods of high mood are referred to as 'manic' or 'hypomanic' episodes.

While everyone experiences fluctuations in mood, the depressive, manic or hypomanic episodes experienced by individuals with bipolar disorder significantly impact on the person's relationships, work or education, and day-to-day life.

Bipolar disorder can vary greatly amongst individuals. For some people, episodes can last for three to six months and occur every few years while others may experience shorter but more frequent episodes over the course of one year.

In Australia, approximately 1.3% of the population has a form of bipolar disorder. Symptoms usually arise in early adulthood and for most individuals the disorder is a lifelong diagnosis; however, with appropriate treatment and support, bipolar disorder can be well managed and individuals are able to maintain a good quality of life.

### **Types of bipolar and related disorders**

There are a number of bipolar and related disorders, including:

**Bipolar I disorder**, characterised by one or more manic episodes (which last at least a week). Episodes of either depression or hypomania may also occur prior to or following a manic episode. Due to the severe nature of these symptoms, individuals with bipolar I disorder may require hospitalisation during an episode.

Bipolar II disorder, characterised by the occurrence of hypomanic and depressive episodes but unlike bipolar I disorder, no manic episodes are experienced. Although bipolar II disorder is less severe than bipolar I disorder in terms of symptoms, it is seen as a more chronic form of the disorder due to the frequent and longer-lasting depressive symptoms which are usually experienced.

Cyclothymic disorder, characterised by persistent and unpredictable changes in mood but without the extreme highs and lows of bipolar I and II disorder.

Bipolar disorder symptoms can also be caused by a medical condition (e.g., a traumatic brain injury) or they can be brought on by substance use or medication.

## **What causes Bipolar Disorder?**

While the cause of bipolar disorder is not understood, a number of risk factors probably interact in the development of the disorder. There is a strong genetic loading for bipolar disorder, with around 60-80% of risk attributable to genes. However, there is no single gene or set of genes that determines a person will have bipolar disorder; rather the genetic risk is built up across many genes of small effect, plus interactions between these genes and a number of environmental factors. There is growing research into what these environmental factors are and adverse life events (e.g., childhood abuse) and other types of stress are thought to play a significant role. Bipolar disorder symptoms can also be related to certain medical conditions (e.g., a traumatic brain injury) or be caused by substance use or some medications.

## **Do I have Bipolar Disorder?**

Bipolar disorder is characterised by episodes of mania or hypomania and episodes of depression. The common signs and symptoms that are displayed by people who experience such episodes are outlined below.

### **Manic and hypomanic episodes**

Mania and hypomania are unusual and persistent periods of elevated mood and increased activity or energy which may also involve:

- exaggerated self-esteem or feelings of grandiosity
- reduced need for sleep
- rapid thought and speech, which is often difficult to follow
- high distractibility
- increased activity
- risky or inappropriate behaviour
- agitation, restlessness, and feeling on edge.

The core features of mania and hypomania are almost identical. However, manic episodes are greater in severity and duration (episodes last at least seven days), cause severe disruptions to an individual's social or work life, can lead to highly risky behaviours, and may involve psychotic experiences such as delusions and hallucinations. Due to the risks associated with a manic episode, hospitalisation is often necessary. Hypomania is described as a milder form of mania as it is associated with a shorter duration (at least four days) and although it can negatively impact a person's functioning, the severity of symptoms does not require hospitalisation.

### **Depressive episodes**

Depressive episodes are characterised by one or both of the following:

- feelings of sadness, emptiness or lowered mood that lasts for most of the day, nearly every day
- loss of interest or pleasure in activities that were previously enjoyable, like going out, seeing friends, or pursuing interests and hobbies.

These symptoms are experienced persistently for at least two weeks, along with several other symptoms over the same period. These symptoms vary from person to person, but can include:

- significant changes in appetite and/or weight in the absence of dieting
- difficulty sleeping or excessive sleeping
- slowed speech or physical movements
- agitation or restlessness
- fatigue or loss of energy
- feelings of worthlessness, helplessness or hopelessness, or excessive guilt
- trouble concentrating or making decisions
- thoughts of suicide or a feeling that life is not worth living.

## What can I do?

### **Evidence-based psychological approaches and strategies**

Mood stabilising medication is the first line of treatment for the acute phases of bipolar disorder (mania and hypomania), as well as relapse prevention. However, we now know that providing psychological support and intervention alongside treatment with prescribed medication, improves treatment outcomes. Psychological approaches which have been found to be effective are:

- **Cognitive-Behavioural Therapy (CBT):** CBT is a type of psychotherapy which helps individuals with bipolar disorder respond appropriately and effectively to circumstances which might trigger a manic, hypomanic, or depressive episode (e.g., lack of sleep). This type of therapy also equips individuals with the skills and strategies needed to modify unhelpful thoughts, feelings and behaviours so they can better cope with their symptoms and gain more control over their lives.
- **Family-Focused Therapy (FFT):** FFT involves the person and their caregivers (parents or spouse) in communication and problem-solving training. It grows out of the strong evidence that criticism and hostility in families are a risk for relapse in people with schizophrenia and mood disorders.
- **Interpersonal and Social Rhythm Therapy (IPSRT):** IPSRT helps individuals with mood disorders, such as bipolar disorder, to develop skills and techniques to cope with life stressors, maintain regular daily routines (e.g., healthy sleep patterns), manage important relationships, and adhere to prescribed medication.
- **Psychoeducation:** Psychoeducation aims to provide individuals and families with important information about bipolar disorder to enhance their illness awareness, help with early detection of episodes, and empower them to cope effectively with their symptoms. Psychoeducation is a component of all evidence-based psychological interventions, including those mentioned above.

## **How a psychologist can help**

Through discussion with you and the possible use of questionnaires and monitoring tools, your psychologist develops an understanding of the potential factors involved in the onset and maintenance of the symptoms of bipolar disorder. A treatment plan is then developed by your psychologist together with you, and in collaboration with other health professionals who might be involved in the overall treatment program.

Treatment involves addressing lifestyle factors and coping skills which may increase your capacity to better manage difficulties, adhere to prescribed medications, and reduce bipolar disorder symptoms and their impact. Your psychologist may also suggest involving a supportive family member or friend to assist in the understanding of your situation and to support treatment.

## **Other professionals who might be involved**

A psychologist often forms part of a multidisciplinary team involved in the assessment and treatment of bipolar disorder. As medication is usually the main form of treatment, a psychologist often works in collaboration with a GP or psychiatrist to make sure that an effective treatment plan is in place and the individual's symptoms are being well managed.

## **When to seek professional help**

If some of the signs and symptoms mentioned in this information sheet are affecting your work, school, home life, or relationships, psychological assistance should be considered. You can access sessions privately without a referral immediately or a GP can organise a referral to a psychologist under the Better Access to Mental Health Care items.

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