

Bipolar disorder in adults

What is bipolar disorder?

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

While everyone experiences fluctuations in mood, the episodes of high and low mood experienced in bipolar disorder significantly impact on the person's relationships, work or education, and day-to-day life.

Bipolar disorder can look quite different in different people. 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 2.2% of the population has a form of bipolar disorder. Symptoms usually start in early adulthood and for most people the disorder is a lifelong diagnosis; however, with appropriate treatment and support, bipolar disorder symptoms 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.

Bipolar I disorder

Bipolar I disorder is characterised by one or more manic episodes (which last at least one 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, people with bipolar I disorder may require hospitalisation during an episode.

Bipolar II disorder

Bipolar II disorder is characterised by both hypomanic and depressive episodes but unlike bipolar I disorder, no manic episodes are experienced. Hypomania represents a change to the person's usual functioning (noticeable by others) but is not, by definition, associated with impairment. Although bipolar II disorder is less severe than bipolar I disorder in terms of symptoms, it can be more chronic as depressive symptoms are often more frequent and longer-lasting.

Cyclothymic disorder

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

Symptoms

Bipolar disorder is characterised by episodes of mania or hypomania and episodes of depression.

Mania and hypomania

Mania and hypomania are unusual and persistent periods of elevated mood ('highs') 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, impulsive or inappropriate behaviour
- agitation, restlessness, and feeling on edge.

The core features of mania and hypomania are almost identical. However, manic episodes are more severe and last longer (episodes last at least seven days), cause severe problems in the person's relationships 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 shorter in duration (at least four days), there are no psychotic features, and the severity of symptoms does not require hospitalisation.

Depression

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

- feelings of sadness, emptiness or low mood that lasts for most of the day, nearly every day
- loss of interest or pleasure in almost all activities, even those usually enjoyed.

These symptoms are experienced most of the time for at least two weeks, along with several other symptoms over the same period that include:

- changes to appetite and sleep
- worry and negative thinking (e.g. hopelessness, guilt)
- agitation and restlessness
- fatigue or loss of energy
- thoughts about suicide
- trouble concentrating or making decisions.

Causes

While the cause of bipolar disorder is not understood, a number of risk factors probably interact in the development of the disorder.

Genes

There is a strong genetic link in bipolar disorder, however, there is no single gene or set of genes responsible. It is thought that there are a number of genes involved in the inheritance of bipolar disorder, and that other personal, environmental and social factors also play a role.

Environmental and social factors

There is growing research into the possible influence of environmental factors, adverse life events (e.g., childhood abuse) and other types of stress, which are now thought to play a significant role.

Health-related factors

Bipolar disorder symptoms can also be related to certain medical conditions (e.g., a traumatic brain injury) or be triggered by substance use or some medications.

Treatment

Medication which helps to stabilise mood (e.g. Lithium) 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 research has found to be effective are:

Cognitive-Behavioural Therapy (CBT)

CBT is a type of psychotherapy which helps people with bipolar disorder prepare for and respond appropriately and effectively to circumstances which might trigger a manic, hypomanic, or depressive episode. For example, for some people with bipolar disorder, stress or lack of sleep can act as a trigger, and so learning ways to manage stress and to improve sleep can help prevent an episode. 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 people 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 to take medication as prescribed.

Psychoeducation

Psychoeducation aims to provide individuals and families with important information about bipolar disorder to improve illness awareness, help with picking up on early signs of the disorder, and empower them to cope with their symptoms. Psychoeducation is a component of all evidence-based psychological interventions, including those mentioned above.

More information

Australian Psychological Society

Australia's largest professional association for psychologists
www.psychology.org.au

Black Dog Institute

Provides up to date information and resources on bipolar and related disorders

www.blackdoginstitute.org.au

CREST.BD

A collaborative research team which studies psychosocial issues in bipolar disorder

www.crestbd.ca

Lifeline

A 24-hour counselling, suicide prevention and mental health support service
Telephone: 13 11 14
www.lifeline.org.au

SANE Australia

Provides support, training, and education for Australians affected by mental illness

Seeking help

Psychologists are highly trained and qualified professionals, skilled in diagnosing and treating a range of mental health concerns. In treating bipolar disorder, the psychologist will work as part of a team of professionals, including a GP or psychiatrist, as medication is usually an important part of treatment.

The psychologist takes time to develop an understanding of the potential factors relevant to understanding the client's symptoms and concerns.

Treatment involves addressing lifestyle factors and coping skills which may increase the person's capacity to better manage difficulties, take their medications as prescribed, reduce their symptoms and their impact and improve quality of life. The psychologist may also suggest involving a supportive family member or friend to assist in the understanding of the person's situation and to support treatment.

If you are referred to a psychologist by your GP, you might be eligible for a Medicare rebate. You may also be able to receive psychology services via telehealth so you don't need to travel to see a psychologist. Ask your psychologist or GP for details. There are number of ways to access a psychologist. You can:

- use the Australia-wide APS Find A Psychologist™ service. Go to findapsychologist.org.au or call 1800 333 497.
- ask your GP or another health professional to refer you.

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