Bipolar disorder involves clear changes in a person's thinking, feeling and behavior that are more persistent and extreme than the usual ups and downs we all experience. These changes are usually recurrent and affect the way the person functions at home, socially or at work. To be diagnosed with bipolar disorder the person will have experienced an episode of mania (see Box 1), hypomania (see Box 2) or a mixed episode (see Box 3). People with bipolar disorder also commonly experience depression (see Box 4).

**What is bipolar disorder?**

**Box 1: A manic episode**

A manic episode involves **excessively happy, elevated, or irritable mood** that lasts at least a week (or any length of time if the person needs to be hospitalized) and at least 3 or 4 of the following symptoms:

- Excessive confidence or grandiose ideas
- Decreased sleep (appear to need much less sleep)
- More talkative than usual
- Very easily distracted
- Very active (e.g. in carrying out work, social or other goals) or restless and agitated
- Pursues lots of pleasurable, but risky activities (e.g. buying sprees, gambling, sexual indiscretions or reckless driving)
- Racing thoughts or speech is continuous, rapid and goes off topic so it is hard to follow

These symptoms disrupt the person's work, relationships or daily functioning. In addition, mania can involve **psychotic symptoms** such as hallucinations (when people perceive things that are not actually there) or delusions (strong beliefs that are not based on reality) or disordered and racy thinking.

**Box 2: A hypomanic episode**

A hypomanic episode involves noticeable changes in mood that are similar to mania, only much milder and less disruptive. Also, people who are hypomanic do not have psychotic symptoms or need hospitalization. Hypomania can be diagnosed if the person has symptoms for at least 4 days.

**Box 3: A mixed episode**

A mixed episode occurs when the person has **symptoms of both mania and depression** at the same time for at least a week. Symptoms cause significant disruption to the person’s daily life and hospitalization may be necessary. For example, the person may be restless, racy or overactive, unable to sleep, and feel guilty and suicidal.

**Box 4: A depressive episode**

A depressive episode occurs when for most of the time over at least 2 weeks, the person experiences:

1. **Depressed mood** (sadness or flatness) or this is observed by others (e.g. person is tearful)
   OR
2. **Loss of interest or pleasure** in things

   AND at least 4 of the following symptoms:

   - Lack of energy and tiredness
   - Being noticeably slowed down or much more agitated
   - Noticeable changes in appetite and weight
   - Sleep problems (e.g. sleep too much or can’t fall asleep)
   - Feelings of worthlessness and excessive guilt
   - Difficulty in concentrating, thinking or making decisions
   - Recurrent thoughts about suicide or death.

   These symptoms cause personal distress or disrupt the person’s social, occupational or other daily activities. Some people experience **psychotic symptoms** (e.g. delusions, which are strong beliefs that are not based on reality).

Some people with bipolar disorder remain well for long periods of time and others relapse more frequently. Patterns of illness can change.
Different types of bipolar disorder can occur (see Box 5).

**Box 5: Different types of bipolar disorder**

- **Bipolar I disorder**: involves one or more manic or mixed episodes. Most people experience symptoms of depression as well.
- **Bipolar II disorder**: involves at least one episode of hypomania and an episode of depression.
- **Cyclothymia**: involves hypomania and mild symptoms of depression (not an episode of depression) experienced most of the time over at least a two-year period.
- **When bipolar disorder does not fit into the above categories**: for example, mild depressive or hypomanic symptoms lasting less than the two years specified for cyclothymia, or depressive episodes with mood elevation that is too mild or brief to be diagnosed as mania or hypomania.

Many people with bipolar disorder, especially those with bipolar II, spend far more time with various degrees of depressive symptoms than in elevated moods.

**Causes and Triggers**

Bipolar symptoms result from biological changes in brain chemicals and hormone and immune systems of the body. These changes are influenced by a person’s genes and may be triggered by environmental or personal factors (e.g. lack of sleep or major life changes such as a divorce or promotion). Abusing alcohol or other drugs can also make bipolar disorder worse.

**Patterns of illness**

Some people with bipolar disorder remain well for long periods of time and others relapse more frequently. Patterns of illness can change (e.g. the person who was ill a lot of the time can become well for long periods of time). Mild symptoms sometimes occur between episodes and these symptoms can affect the person’s daily functioning (e.g. the person with mild depressive symptoms may find it harder to get things done).

**Managing and treating bipolar disorder**

Managing their illness, taking ongoing prescribed medications and engaging in life enables many people with bipolar disorder to keep well. However, bipolar disorder is complex and sometimes relapse occurs despite good treatment and management. For this reason the person needs to find ways to both prevent relapse and deal with episodes if they occur. Both the person with bipolar disorder and their close family and friends need time to adjust to the illness and find what works to deal with it.