Bipolar Disorder or Manic Depression is a mood disorder, and is the name given to the experience of abnormal moods or exaggerated mood swings. This illness is characterised by the experience of extremely “high” moods where one becomes extremely euphoric or elated, and the experience of extremely “low” moods where one becomes extremely sad and finds it difficult to experience pleasure. The high moods are called manic episodes and the low moods are called depressive episodes. These episodes can range from mild to severe and affect how a person thinks, feels, and acts. However, it is important to remember that some people may experience different patterns associated with their disorder. For example, some people may experience only one episode of mania but more frequent episodes of depression.

Bipolar Disorder occurs in approximately 1% of the population, that is, about 1 in every 100 will experience an episode that will probably require hospital care. This illness affects men and women equally, and typically begins in their early to late 20s.

Features of Bipolar Disorder

Manic Episodes

**Mania** is an extreme mood state of this disorder. It describes an abnormally elevated, euphoric, driven and/or irritable mood state. **Hypomania** is the term given to the more moderate form of elevated mood. It can be managed often without the need for hospitalisation as the person remains in contact with reality. However, it is very easy to move rapidly from hypomania into a manic episode. Symptoms of mania include:

- **Irritability**: Irritability as described in the Oxford dictionary means “quick to anger, touchy.” Many people, when in an elevated mood state, experience a rapid flow of ideas and thoughts. Because of this rapid thought process, they become easily angered when people don’t seem to comprehend their ideas or enthusiasm for some new scheme.

- **Decreased need for sleep**: One of the most common symptoms of mania and often an early warning sign is the increased experience of energy and lack of need for sleep.

- **Rapid flow of ideas**: People who are becoming manic experience an increase in the speed at which they think. They move more quickly from one subject to another. Sometimes thoughts can become so rapid that they begin to make no sense, developing into a jumbled, incoherent message that the listener can no longer understand.

- **Grandiose ideas**: It is common for people who are manic to think that they are more talented than others, or have unique gifts. As the person’s mood becomes more elevated, these beliefs can become delusional in nature, with people.

- **Uncharacteristically poor judgement**: A person’s ability to make rational decisions can become impaired and they may make inappropriate decisions or decisions that are out of character.

- **Increased sexual drive**: People when they become manic often experience increased libido, and may make less well-judged decisions about the sexual partners.

Depressive Episodes

**Depression** is a mood state that is characterised by a significantly lowered mood. Its severity, persistence, duration, and the presence of characteristic symptoms can distinguish a major depressive episode, the other extreme mood state of bipolar disorder, from a milder episode of depression. The most common symptoms of depression include:

- **Persistent sad, anxious, or empty mood**: People often describe depression as an overwhelming feeling of sadness and hopelessness. They may experience a loss of enjoyment in the activities of everyday life that they used to take a lot of pleasure in.

- **Poor or disrupted sleep**: A person when they are depressed often experience sleep disturbances, and this can be due to increased anxiety. They then find it difficult to fall asleep, or wake up frequently during the night worrying about day-to-day events or wake early in the morning and are unable to get back to sleep.
Individuals may experience a different course of the illness. Many physicians refer to bipolar I disorder as a relapsing and remitting illness, where symptoms come and go. It is therefore, important to ensure that treatment is continued even if the symptoms are no longer present, to prevent an episode relapse.

**Bipolar II Disorder** is characterised by the experience of full-blown episodes of depression and episodes of hypomania (i.e., with mild manic symptoms) that almost never developed into full-fledged mania.

**Cyclothymic Disorder** is characterised by frequent short periods of mild depressive symptoms and hypomania, mixed in with short periods of normal mood. Though a patient with cyclothymic disorder does not experience major depression or mania, they may go on to develop bipolar I or II disorder.

Patients with bipolar I or bipolar II may experience frequent mood cycling. Patients who experience more than four episodes of hypomania, mania, and/or depression in a year are said to experience **Rapid Cycling**. These patients tend to alternate between extreme mood states separated by short periods of being well, if at all.

**Diagnosis of Bipolar Disorder**

Correctly identifying an illness can help you begin to explore the various treatment options available to you so that you can better manage your illness. As such, having an accurate diagnosis is the **beginning** of becoming well.

The following diagnoses are based on the definitions and criteria used in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) by the American Psychiatric Association, 1994.

**Bipolar I Disorder** is the most common and prevalent of the different bipolar mood disorders. It is characterised by the experience of full-blown manic episodes and severe depressive episodes. The patterns of abnormal mood states are very varied and different individuals may experience a different course of the illness. Many physicians refer to bipolar I disorder as a relapsing and remitting illness, where symptoms come and go. It is therefore, important to ensure that treatment is continued even if the symptoms are no longer present, to prevent an episode relapse.

**Bipolar II Disorder** is characterised by the experience of full-blown episodes of depression and episodes of hypomania (i.e., with mild manic symptoms) that almost never developed into full-fledged mania.

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**Note:** A proper diagnosis should only be made by a medical doctor or psychiatrist, or a trained mental health practitioner. The information provided in this handout is not enough for an accurate diagnosis to be made by anyone who is not a trained mental health professional or physician. Please speak to an appropriate professional if you have any concerns or questions regarding the information provided here.

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**Feelings of worthlessness or hopelessness:** Sometimes people become overwhelmed with a sense of their own inability to be of use to anyone, and can become convinced that they are useless and worthless. Thoughts may revolve around the hopelessness of the situation and the future.

**Decreased interest in sex:** As the person becomes more depressed, they gradually become less interested in social activities and sex.

**Poor concentration:** Thinking can become slowed and the person can have difficulty in making decisions. They find it difficult to concentrate on reading a book or on the day to day tasks such as shopping. This can often create anxiety or agitation in a person.

**Thoughts of suicide, or suicide attempts:** When a person becomes overwhelmed by their feelings of hopelessness and despair, they may have thoughts of ending their lives or make plans to commit suicide.

**Mixed Episodes**

A mixed episode is characterised by the experience of both depressive and manic symptoms nearly everyday for a period of time. The person experiences rapidly alternating moods, eg, irritability, euphoria, sadness, and there may be insomnia, agitation, hallucinations and delusions, suicidal thoughts, etc.

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