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Medically reviewed by Timothy J. Legg, PhD, PsyD — By Jaime Herndon, MS, MPH, MFA — Updated on December 9, 2019Screening testDiagnosisResultsTreatmentTakeaway OverviewBipolar disorder was formerly called manic-depressive disorder. It’s a brain disorder that causes a person to experience extreme highs, and in some cases, extreme lows in mood. These shifts can affect a person’s ability to perform everyday tasks.Bipolar disorder is a long-term condition usually diagnosed in late adolescence or early adulthood.According to the National Institute of Mental Health, 4.4 percent American adults and children will experience bipolar disorder at some point in their lives. Experts aren’t sure exactly what causes bipolar disorder. Family history can increase your risk.It’s important to see a healthcare professional if you suspect you may be showing symptoms of bipolar disorder. Doing so will help you get an accurate diagnosis and the appropriate treatment.Read on to see how healthcare providers and mental health professionals diagnose this disorder.Current screening tests for bipolar disorder don’t perform well. The most common report is the Mood Disorder Questionnaire (MDQ).In a 2019 study, results indicated that people who scored positive on the MDQ were as likely to have borderline personality disorder as they were to have bipolar disorder.You can try some online screening tests if you suspect you have bipolar disorder. These screening tests will ask you a variety of questions to determine if you’re experiencing symptoms of manic or depressive episodes. However, many of these screening instruments are “home grown” and may not be valid measures of bipolar disorder.Symptoms for shifts in mood include:experiencing mild to extreme emotional highsdecreased interest in most activitieshaving higher than usual self-esteemchange in weight or appetitereduced need for sleepchange in sleep habitsthinking fast or talking more than usualfatiguealow attention spandifficulty focusing or concentratingbeing goal-orientedfeeling guilty or worthlessengaging in pleasurable activities that may have negative consequenceshaving thoughts of suicidehigh irritabilityhigh irritability most of the dayThese tests should not replace a professional diagnosis. People taking the screening test are more likely to be experiencing symptoms of depression than a manic episode. As a result, a bipolar disorder diagnosis is often overlooked for a depression diagnosis.It should be noted that a diagnosis of bipolar 1 disorder only requires a manic episode. A person with bipolar 1 may or may not ever experience a major depressive episode. A person with bipolar 2 will have a hypomanic episode preceded or followed by a major depressive episode.Seek emergency medical attention right away if you or someone else is experiencing behavior that could lead to self-harm or harm to others, or having thoughts of suicide.Sample questions from a screening test for bipolar disorderSome screening questions will include asking if you’ve had episodes of mania and depression, and how they affected your day to day activities:Within the last 2 weeks, were you so depressed that you were unable to work or work only with difficulty and felt at least four of the following?loss of interest in most activitieschange in appetite or weighttrouble sleepingirritabilityfatiguehopelessness and helplessnessstrouble focusingthoughts of suicideDo you have changes in mood that cycle between periods of high and low, and for how long do these periods last? Determining how long the episodes last is an important step in figuring out whether a person is experiencing true bipolar disorder or a personality disorder, such as borderline personality disorder (BPD).During your high episodes, do you feel more energetic or hyper than you would during moments of normality?A healthcare professional can provide the best evaluation. They’ll also look at a timeline of your symptoms, any medications you’re taking, other illnesses, and family history to make a diagnosis.When getting a diagnosis for bipolar disorder, the usual method is to first rule out other medical conditions or disorders.Your healthcare provider will perform a physical examorder tests to check your blood and urineask about your moods and behaviors for a psychological evaluationIf your healthcare provider doesn’t find a medical cause, they may refer you to a mental health professional, such as a psychiatrist. A mental health professional may prescribe medication to treat the condition.You may also be referred to a psychologist who can teach you techniques to help recognize and manage shifts in your mood.The criteria for bipolar disorder are in the new edition of the Diagnostic and Statistical Manual of Mental Disorders. Getting a diagnosis may take time — even multiple sessions. The symptoms of bipolar disorder tend to overlap with those of other mental health disorders.The timing of bipolar mood shifts isn’t always predictable. In the case of rapid cycling, moods may shift from mania to depression four or more times a year. Someone may also be experiencing a “mixed episode,” where the symptoms of mania and depression are present at the same time.When your mood shifts to mania, you may experience a sudden abatement of depressive symptoms or suddenly feel incredibly good and energetic. But there will be clear changes in mood, energy, and activity levels. These changes aren’t always as abrupt, and may happen over the course of several weeks.Even in the case of rapid cycling or mixed episodes, a bipolar diagnosis requires someone to experience a week for an episode of mania (any duration if hospitalized)4 days for an episode of hypomaniaa distinct intervening episode of depression that lasts for 2 weeksThere are four types of bipolar disorder, and the criteria for each is slightly different. Your psychiatrist, therapist, or psychologist will help you identify which type you have based on their exams.The best way to manage bipolar disorder and its symptoms is long-term treatment. Healthcare providers usually prescribe a combination of medication, psychotherapy, and at-home therapies.MedicationsSome medications can help with stabilizing moods. It’s important to report back often to your healthcare providers if you experience any side effects or don’t see any stabilization in your moods. Some commonly prescribed medications include:mood stabilizers, such as lithium (Lithoid), valproic acid (Depakene), or lamotrigine (Lamictal)antipsychotics, such as olanzapine (Zyprexa), risperidone (Risperdal), quetiapine (Serquel), and aripiprazole (Abilify)antidepressants, such as Paxilantidepressant-antipsychotics, such as Symbyax, a combination of fluoxetine and olanzapineanti-anxiety medications, such as benzodiazepines (e.g., valium, or Xanax)Other medical interventionsWhen medication doesn’t work, your mental health professional may recommend:Electroconvulsive therapy (ECT). ECT involves electrical currents being passed through the brain to induce a seizure, which can help with both mania and depression.Transcranial magnetic stimulation (TMS). TMS regulates mood for people who aren’t responding to antidepressants, however it’s use in bipolar disorder is still evolving and additional studies are needed.PsychotherapyPsychotherapy is also a key part of treating bipolar disorder. It can be carried out in an individual, family, or group setting.Some psychotherapies that may be helpful include:Cognitive behavior therapy (CBT). CBT is used to help replace negative thoughts and behaviors with positive ones, learn how to cope with symptoms, and better manage stress.Psychoeducation. Psychoeducation is used to teach you more about bipolar disorder to help you make better decisions about your care and treatment.Interpersonal and social rhythm therapy (IPSRT). IPSRT is used to help you create a consistent daily routine for sleep, diet, and exercise.Talk therapy. Talk therapy is used to help you express your feelings and to discuss your issues in face to face setting.At-home therapiesSome lifestyle changes can lessen the intensity of moods and frequency of cycling.Changes include trying to:Talk to your healthcare provider if your medication and therapies aren’t relieving your symptoms. In some cases, antidepressants can make symptoms of bipolar disorder worse. There are alternative medications and therapies to help manage the condition. Your healthcare provider can help you create a treatment plan that works well for you. Last medically reviewed on December 9, 2019 Do you have periods of time when you feel unusually “up” (happy and outgoing, or irritable), but other periods when you feel “down” (unusually sad or anxious)? During the “up” periods, do you have increased energy or activity and feel a decreased need for sleep, while during the “down” times you have low energy, hopelessness, and sometimes suicidal thoughts? Do these symptoms of fluctuating mood and energy levels cause you distress or affect your daily functioning? Some people with these symptoms have a lifelong but treatable mental illness called bipolar disorder. Bipolar disorder is a mental illness that can be chronic (persistent or constantly reoccurring) or episodic (occurring occasionally and at irregular intervals). People sometimes refer to bipolar disorder with the older terms “manic-depressive disorder” or “manic depression.” Everyone experiences normal ups and downs, but with bipolar disorder, the range of mood changes can be extreme. People with the disorder have manic episodes, or unusually elevated moods in which the individual might feel very happy, irritable, or “up,” with a marked increase in activity level. They might also have depressive episodes, in which they feel sad, indifferent, or hopeless, combined with a very low activity level. Some people have hypomanic episodes, which are like manic episodes, but not severe enough to cause marked impairment in social or occupational functioning or require hospitalization. Most of the time, bipolar disorder symptoms start during late adolescence or early adulthood. Occasionally, children may experience bipolar disorder symptoms. Although symptoms may come and go, bipolar disorder usually requires lifelong treatment and does not go away on its own. Bipolar disorder can be an important factor in suicide, job loss, ability to function, and family discord. However, proper treatment can lead to better functioning and improved quality of life. Symptoms of bipolar disorder can vary. An individual with the disorder may have manic episodes, depressive episodes, or “mixed” episodes. A mixed episode has both manic and depressive symptoms. These mood episodes occur as well, typically lasting at least 2 weeks. Episodes of mood disturbance with mixed features are also possible. The experience of four or more episodes of mania or depression within a year is termed “rapid cycling.” Bipolar II disorder is defined by a pattern of depressive and hypomanic episodes, but the episodes are less severe than the manic episodes in bipolar I disorder. Cyclothymic disorder (also called cyclothymia) is defined by recurrent hypomanic and depressive symptoms that are not intense enough or do not last long enough to qualify as hypomanic or depressive episodes. “Other specified and unspecified bipolar and related disorders” is a diagnosis that refers to bipolar disorder symptoms that do not match the three major types of bipolar disorder outlined above. The exact cause of bipolar disorder is unknown. However, research suggests that a combination of factors may contribute to the illness. Genes Bipolar disorder often runs in families, and research suggests this is mostly explained by heredity—people with certain genes are more likely to develop bipolar disorder than others. Many genes are involved, and no one gene can cause the disorder. But genes are not the only factor. Studies of identical twins have shown that one twin can develop bipolar disorder while the other does not. Though people with a parent or sibling with bipolar disorder are more likely to develop it, most people with a family history of bipolar disorder will not develop it. Brain Structure and Function Research shows that the brain structure and function of people with bipolar disorder may differ from those of people who do not have bipolar disorder or other mental disorders. Learning about the nature of these brain changes helps researchers better understand bipolar disorder and, in the future, may help predict which types of treatment will work best for a person with bipolar disorder. To diagnose bipolar disorder, a health care provider may complete a physical exam, order medical testing to rule out other illnesses, and refer the person for an evaluation by a mental health professional. Bipolar disorder is diagnosed based on the severity, length, and frequency of an individual’s symptoms and experiences over their lifetime. Some people have bipolar disorder for years before it’s diagnosed for several reasons. People with bipolar II disorder may seek help only for depressive episodes and hypomanic episodes may go unnoticed. Misdiagnosis may happen because some bipolar disorder symptoms are like those of other illnesses. For example, people with bipolar disorder who also have psychotic symptoms can be misdiagnosed with schizophrenia. Some health conditions, such as thyroid disease, can cause symptoms like those of bipolar disorder. The effects of recreational and illicit drugs can sometimes mimic or worsen mood symptoms. Conditions That Can Co-Occur With Bipolar Disorder Many people with bipolar disorder also have other mental disorders or conditions such as anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), misuse of drugs or alcohol, or eating disorders. Sometimes people who have severe manic or depressive episodes also have symptoms of psychosis, such as hallucinations or delusions. The psychotic symptoms tend to match the person’s extreme mood. For example, someone having psychotic symptoms during a depressive episode may falsely believe they are financially ruined, while someone having psychotic symptoms during a manic episode may falsely believe they are famous or have special powers. Looking at symptoms over the course of the illness and the person’s family history can help determine whether a person has bipolar disorder along with another disorder. Treatment helps many people, even those with the most severe forms of bipolar disorder. Mental health professionals treat bipolar disorder with medications, psychotherapy, or a combination of treatments. Medications Certain medications can help control the symptoms of bipolar disorder. Some people may need to try several different medications before finding the ones that work best. The most common types of medications that doctors prescribe include mood stabilizers and atypical antipsychotics. Mood stabilizers such as lithium or valproate can help prevent mood episodes or reduce their severity. Lithium also can decrease the risk of suicide. While bipolar depression is often treated with antidepressant medication, a mood stabilizer must be taken as well, as an antidepressant alone can trigger a manic episode or rapid cycling in a person with bipolar disorder. Medications that target sleep or anxiety are sometimes added to mood stabilizers as part of a treatment plan. Talk with your health care provider to understand the risks and benefits of each medication. Report any concerns about side effects to your health care provider right away. Avoid stopping medication without talking to your health care provider first. Read the latest medication warnings, patient medication guides, and information on newly approved medications on the Food and Drug Administration (FDA) website. Psychotherapy Psychotherapy (sometimes called “talk therapy”) is a term for various treatment techniques that aim to help a person identify and change troubling emotions, thoughts, and behaviors. Psychotherapy can offer support, education, skills, and strategies to people with bipolar disorder and their families. Some types of psychotherapy can be effective treatments for bipolar disorder when used with medications, including interpersonal and social rhythm therapy, which aims to understand and work with an individual’s biological and social rhythms. Cognitive behavioral therapy (CBT) is an important treatment for depression, and CBT adapted for the treatment of insomnia can be especially helpful as a component of the treatment of bipolar depression. Learn more on NIMH’s psychotherapies webpage. Other Treatments Some people may find other treatments helpful in managing their bipolar disorder symptoms. Electroconvulsive therapy (ECT) is a brain stimulation procedure that can help relieve severe symptoms of bipolar disorder. ECT is usually only considered if an individual’s illness has not improved after other treatments such as medication or psychotherapy, or in cases that require rapid response, such as with suicide risk or catatonia (a state of unresponsiveness). Transcranial Magnetic Stimulation (TMS) is a type of brain stimulation that uses magnetic waves, rather than the electrical stimulus of ECT, to relieve depression over a series of treatment sessions. Although not as powerful as ECT, TMS does not require general anesthesia and presents little risk of memory or adverse cognitive effects. Light Therapy is the best evidence-based treatment for seasonal affective disorder (SAD), and many people with bipolar disorder experience seasonal worsening of depression in the winter, in some cases to the point of SAD. Light therapy could also be considered for lesser forms of seasonal worsening of bipolar depression. Complementary Health Approaches Unlike specific psychotherapy and medication treatments that are scientifically proven to improve bipolar disorder symptoms, complementary health approaches for bipolar disorder, such as natural products, are not based on current knowledge or evidence. For more information, visit the National Center for Complementary and Integrative Health website. Coping With Bipolar Disorder Living with bipolar disorder can be challenging, but there are ways to help yourself, as well as your friends and loved ones. Get treatment and stick with it. Treatment is the best way to start feeling better. Keep medical and therapy appointments and talk with your health care provider about treatment options. Take medication as directed. Structure activities. Keep a routine for eating, sleeping, and exercising. Try regular, vigorous exercise like jogging, swimming, or bicycling, which can help with depression and anxiety, promote better sleep, and is healthy for your heart and brain. Keep a life chart to help recognize your mood swings. Ask for help when trying to stick with your treatment. Be patient. Improvement takes time. Social support helps. Remember, bipolar disorder is a lifelong illness, but long-term, ongoing treatment can help manage symptoms and enable you to live a healthy life. NIMH supports a wide range of research, including clinical trials that look at new ways to prevent, detect, or treat diseases and conditions—including bipolar disorder. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge to help others in the future. Researchers at NIMH and around the country conduct clinical trials with patients and healthy volunteers. Talk to a health care provider about clinical trials, their benefits and risks, and whether one is right for you. For more information, visit the NIMH clinical trials webpage. Behavioral Health Treatment Services Locator This online resource, provided by the Substance Abuse and Mental Health Services Administration (SAMHSA), can help you locate mental health treatment facilities and programs. Find a facility in your state by searching SAMHSA’s online Behavioral Health Treatment Services Locator. For additional resources, visit NIMH’s Help for Mental Illnesses webpage. Talking to a Health Care Provider About Your Mental Health If you or someone you know is in immediate distress or is thinking about hurting themselves, call or text the 988 Suicide & Crisis Lifeline at 988 or chat at 988lifeline.org. You can also contact the Crisis Text Line (text HELLO to 741741). For medical emergencies, call 911. 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