Factsheet
Bipolar Disorder

Are my mood swings normal?
Bipolar disorder is characterised by episodes of mania or hypomania and episodes of depression.

Mania and Hypomania
Prolonged periods of increased; mood, activity or energy. Mania differs from hypomania, as hypomania involves a slight impairment of judgement. Mania involves severe delusions and excitement that may be so exhausting that hospitalisation is required. Symptoms include:

- High energy levels
- Exaggerated self-esteem or feelings of grandiosity
- Rapid speech
- Irritability
- Positive mood
- Inappropriate behaviour
- Reduced need for sleep

Depression
Prolonged periods of decreased good mood, activity or energy. Symptoms include:

- Feelings of sadness that lasts for most of the day every day
- Loss of pleasure in activities that were once enjoyable
- Changes in weight
- Trouble concentrating or making decisions
- Thoughts of suicide

What is Bipolar Disorder?
Bipolar disorder refers to severe problems with mood, energy and activity. Bipolar disorder is characterised by the presence of manic or hypomanic episodes, with some types of the disorders also characterised by the presence of depressive disorders.

Psychological guidelines describe three types of bipolar disorder:

Bipolar Disorder I: diagnosed on the basis of a manic episode that may be preceded and/or followed by major depressive or hypomanic episodes.

Bipolar Disorder II: diagnosed on the basis of a single current or past manic episode and current or past major depressive episodes. The symptoms in bipolar II are less severe than bipolar I; however, the symptoms are usually more frequent and chronic.

Cyclothymic Disorder: diagnosed by chronic fluctuating moods with periods of hypomanic symptoms and depressive symptoms. The mood symptoms of Cyclothymic disorder are milder compared to those seen in bipolar 1 and 2. Elevated mood never reaches the definition for mania, and depressive symptoms never meet the criteria for major depression.
How can my Bipolar Disorder be managed?

As like other illnesses, bipolar disorder is chronic and needs to be managed long term. This is done using psychological and pharmacological methods. It is important to note that everyone is different, and numerous skilled medical professionals will determine the particular treatment a person requires. The common psychological and pharmacological treatments for bipolar disorder will be discussed below.

Psychological

A psychologist uses numerous tools to understand the potential factors that contribute to the onset and the maintenance of one’s symptoms. This information will then be used to derive a treatment plan. This treatment will address lifestyle factors that maintain and prevent the symptoms. Coping skills that increase a person’s ability to manage stressors, adhere to medications and reduce symptoms are taught.

Cognitive-Behavioural Therapy (CBT)

This is a type of treatment used by psychologists that teaches those with bipolar disorder how to act in situations that could result in an episode. This could include learning about good sleep behaviour, as lack of sleep is a trigger for many people. CBT ensures individuals have the skills to deal with unhelpful thoughts, feelings and behaviours.

Pharmacological

Medications that treat both mania and depression are used in treating bipolar disorder:

1. Medications that treat mania work by stabilising mood. This includes; lithium, epilim, carbamazepine and lamotrigine
2. Medications that treat depression include selective serotonin reuptake inhibitors (SSRIs), and Dual Action Antidepressants. Caution is taken to ensure the antidepressants are unlikely to result in mania.

Online Resources

**Psychology tools**
www.psychologytools.com

**Black Dog Institute**
www.blackdoginstitute.org.au

**Headspace**
www.headspace.org.au

**Lifeline**
www.lifeline.org.au