

Bipolar Disorder For Dummies Cheat Sheet

To manage bipolar disorder effectively, you first need to know what it is. Then you can develop and follow a treatment plan, which usually includes a combination of medication, therapy, self-help, and support from a network of understanding and committed friends and family members. This Cheat Sheet can help you get up to speed on the basics of bipolar disorder in a hurry.

Recognizing What Bipolar Disorder Is

Bipolar disorder is a physical illness that affects the brain. A bipolar diagnosis requires at least one episode of *mania* (wired thinking and behaviors that negatively affect one's ability to function) or *hypomania* (a less severe form of mania), and the disorder typically includes episodes of depression that alternate with the mania or hypomania. Your specific diagnosis depends on your symptoms.

Bipolar disorder diagnostic categories

In the U.S., doctors refer to the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, which provides several different categories for bipolar disorder:

- * **Bipolar I:** The classic form of bipolar disorder involves clear-cut manic episodes, usually alternating with periods of major depression and *euthymic* (even-mood) periods. A single manic episode, even without depression, is sufficient for a bipolar I diagnosis.
- * **Bipolar II:** People with bipolar II experience depressive episodes that alternate with hypomanic episodes. If mania enters the picture, the diagnosis changes to bipolar I.
- * **Cyclothymic disorder:** Multiple depressive and hypomanic episodes over the course of at least two years that are severe enough to disrupt life but not extreme enough, in intensity or duration, to warrant a diagnosis of bipolar I or II characterize this form of bipolar.
- * **Substance/medication-induced bipolar disorder:** Bipolar symptoms can be attributed to intoxication or withdrawal from drugs or alcohol or medication side effects.
- * **Bipolar and related disorder due to another medical condition:** Bipolar symptoms can be attributed to another medical condition, such as *hyperthyroidism* (overactive thyroid).

- * **Other specified bipolar and related disorder:** Introduced in DSM-5, this diagnosis enables doctors to diagnose bipolar disorder when symptoms characteristic of bipolar disorder significantly impair normal function or cause considerable distress but don't quite meet the full diagnostic criteria for the other bipolar diagnostic classes.
- * **Unspecified bipolar disorder:** This form of bipolar involves variations of cycling moods that resemble manic or depressive episodes and interfere with daily routines but don't fulfill the complete diagnostic requirements for the other classifications of bipolar disorder in this list. This diagnosis is used instead of *other specified bipolar and related disorder* when a doctor, for whatever reason, doesn't want to go into detail about why the criteria for a specific bipolar diagnosis hasn't been met; for example, in emergency room settings.

Bipolar disorder specifiers

The DSM provides *specifiers* that enable doctors to more fully describe the person's condition:

- * **Current or most recent episode:** Manic, hypomanic, or depressed
- * **Severity of illness:** Mild, moderate, or severe
- * **Presence or absence of psychosis:** Delusional thinking, paranoia, or hallucinations that may accompany depression or mania
- * **Course of illness:** Active (with or without psychosis), in partial remission, or in full remission
- * **With anxious distress:** If symptoms include anxiety
- * **With mixed features:** For example, mania with symptoms of depression, such as guilt, hopelessness, or suicidal thoughts; or depression with symptoms of mania, such as physical agitation and racing thoughts
- * **With rapid cycling:** Four or more mood episodes in a 12-month period
- * **With melancholic features:** Extreme depression
- * **With atypical features:** Symptoms that used to be considered less typical of depression but are now recognized as frequent features of depression
- * **With mood-congruent psychotic features:** Hallucinations or delusions that reflect the mood; for example, delusions of grandiosity and power in mania or delusions of guilt and hurting other people in depressed periods
- * **With catatonia:** A state of minimal responsiveness to the environment and abnormal movement
- * **With peripartum onset:** The bipolar mood episode occurs any time during pregnancy or in the four weeks after delivery
- * **With seasonal pattern:** Mood episodes follow a pattern corresponding to the seasons or specific times of year

Treating the Brain: Medications

The primary treatment for bipolar disorder is medication with the goal of restoring normal brain function. The following classes of medications are often used in treating bipolar disorder and related conditions:

- * **Antimanics:** Medications that target mania include lithium; certain anticonvulsants, such as valproate (Depakote); and certain newer or atypical antipsychotics, such as olanzapine (Zyprexa). Antimanics are often referred to as *mood stabilizers*, even though very few of them — namely, lithium and some of the atypical antipsychotics — reduce symptoms of both mania and depression.
- * **Antidepressants:** Medications that target depression include Selective Serotonin Reuptake Inhibitors (SSRIs), such as paroxetine (Paxil) and fluoxetine (Prozac), and bupropion (Wellbutrin). Antidepressants must be used carefully in bipolar depression because they can be less effective or even trigger manic symptoms in some people. Lithium, the anticonvulsant lamotrigine (Lamictal), and certain atypical antipsychotics, such as aripiprazole (Abilify), also have antidepressant effects, typically without the risks of triggering mania.
- * **Antipsychotics:** Antipsychotics were originally developed to help treat schizophrenia, but they're often useful in treating psychosis that sometimes accompanies acute mania or depression. Many of the newer antipsychotics are also used to treat acute mania, and some are used for treatment-resistant depression, but they're still referred to as "antipsychotics."
- * **Maintenance/prevention medications:** These are medications that are continued after an acute mood episode to reduce the likelihood that another mood cycle will occur. Lithium is the most common medicine used for this, but certain anticonvulsants such as lamotrigine (Lamictal) and some atypical antipsychotics such as olanzapine (Zyprexa) can be used this way as well.
- * **Antianxiety medications:** Antianxiety medications (sometimes called *anxiolytics*, pronounced ang-zy-oh-lit-ics) include alprazolam (Xanax) and clonazepam (Klonopin). Some medications in this category may also be used as sedatives. Antianxiety medications aren't used to treat the bipolar disorder itself but to help with the commonly co-occurring symptoms of anxiety or agitation.
- * **Sedatives:** Because sleeplessness often accompanies mania or depression and may exacerbate it, doctors often prescribe sedatives (sleep aids), such as zolpidem (Ambien), eszopiclone (Lunesta), and zaleplon (Sonata). These aren't used to treat bipolar symptoms but rather to help manage sleep issues that often affect people with bipolar and that can complicate the illness.

Note: Other treatments target the biology of the brain, including light therapy, electroconvulsive therapy (ECT), repetitive transcranial magnetic stimulation (rTMS), and deep brain stimulation (DBS). These therapies, like medication, are designed to treat bipolar from the inside out via the brain. Other therapies and self-help strategies, including interpersonal and social rhythm therapy (IPSRT), mindfulness training, and dialectical behavioral therapy (DBT), help manage bipolar from the outside in.

Maintaining Mood Stability

The overall treatment plan for helping a person with bipolar disorder achieve and maintain mood stability is fairly straightforward:

- * Take your medications as prescribed, even when you're feeling well, and consult your doctor before making any medication changes.
- * Establish routines that ensure a regular sleep-wake schedule. Lack of quality sleep is related to mood instability and is often a warning sign of an impending mood episode.
- * Ingest healthy stuff and avoid the bad stuff, including alcohol and marijuana, which may interfere with medications and/or disrupt mood regulation.
- * Exercise. Even a relaxing 30-minute walk or 1–5 minutes of intensive exercise a few times a week can help health and mood.
- * Monitor your moods and seek help sooner rather than later. Early intervention can prevent major mood meltdowns.

Ten Things You Can Do to Help a Loved One with Bipolar Disorder

If a loved one has bipolar disorder, you're probably wondering what you can do to help. Although your loved one ultimately decides what your level of involvement will be, the two of you may want to consider the following ways you can help:

- * **Get educated.** Knowing what your loved one is dealing with leads to understanding and empathy, which are essential to becoming an effective support person.
- * **Establish a structured schedule.** Daily routines, especially consistent sleep-wake cycles, are important for mood stability and are much easier for your loved one to maintain in a supportive, structured household.
- * **Tone down the volume and emotions.** Intense emotional reactions, in particular criticism and hostility may contribute to mood instability, so try to maintain a relatively calm atmosphere.
- * **Avoid the four big communication no-nos.** Criticism, blame, judgment, and demand are likely to drive a wedge between you and your loved one. Ban them from your interactions.
- * **Hone your communication skills.** How you say something is often as important as what you say when talking with others. Establish a receptive forum by using effective communication techniques.

- * **Establish expectations and responses.** Define expectations clearly and be specific about what is unacceptable. Be sure everyone is aware of outcomes if expectations are not met or unacceptable situations occur. Respond consistently without criticism, blame, judgment, or demand.
- * **Become a problem solver.** When conflict arises, approach the issue as a mutual problem to be solved together instead of as a disagreement in which one person is right and the other is wrong. Work together to find ways to meet everyone's needs.
- * **Reschedule when discussion becomes unproductive.** Take a timeout when discussion begins to heat up and then return to the negotiating table when emotions have cooled.
- * **Take care of yourself.** One of the burdens that your loved one with bipolar carries is seeing how miserable it makes you. Feeling sorry for yourself is natural and understandable, but try as much as possible to focus on more pleasant aspects of your life, such as friends, hobbies, and managing your own well-being.
- * **Have fun together.** At times, bipolar disorder may be your life, but it doesn't always have to be. When symptoms subside, make it a point to have some enjoyable times together.

<Tip>

Ask your loved one for specific ways you can help, such as sitting in on doctor visits, assuming management of the family finances, or even cooking or doing the laundry. You don't want to do everything for your loved one; daily chores provide routine and a sense of accomplishment. But try to ease the burden, especially during times of mood instability.