

UNDERSTANDING BIPOLAR DISORDER

Have you or someone you know been diagnosed with Bipolar Disorder? Have you heard that someone in your family has this diagnosis and are wondering if you are at risk? Are you concerned that you or someone you care about may have bipolar disorder?

Bipolar disorder is a disorder that affects about 1% of Americans. It usually starts in late adolescence or early adulthood. The term “bi” in “bipolar” reflects the most common presentation in that most people experience both episodes of depression, alternating with periods of euphoria or extreme irritability called manic episodes. During manic episodes, a person also experiences heightened energy and activity level and may experience racing thoughts and reduced need for sleep.

The episodes may last for months at a time or the person may shift quickly back and forth between episodes.

It is important to note that fluctuations in mood and energy level commonly occur in most people’s daily lives. With bipolar disorder, the fluctuations are extreme in nature, last long enough and lead to poor judgment to such an extent as to significantly impact their ability to function successfully at work, school, home, or in social settings.



WHAT IS A MANIC EPISODE?



Critical in understanding Bipolar Disorder is the occurrence of a Manic episode, which is a distinct period of at least a week, in which the person experiences an abnormally elevated, expansive, or irritable mood coupled with increased activity or energy. In a manic state, the person is excessively cheerful, euphoric, as if they were “on top of the world” or high.

Or they may feel irritable and may become easily agitated, especially if his or her desires are thwarted.

The person experiences a burst of energy and may start multiple new projects, often with little or no knowledge of the topic.

Fueled by the feeling of boundless optimism, nothing seems out of the person’s reach. The person may believe that he or she can do anything and even accomplish fantastically great or grandiose things. Grandiose delusional beliefs are not uncommon.

Often the person experiences reduced need for sleep. They may sleep little or not sleep at all for days, yet not feel tired.



Individuals experiencing a manic episode may have one idea after another and may speak rapidly, shifting from one topic to another. They may speak loudly, continuously, and with such intensity that it is difficult to interrupt them.

Their thoughts may race faster than can be communicated in speech. The person may be easily distracted.

In a manic episode, persons may engage in excessive planning and participate in multiple activities. Restlessness may result in pacing, wringing hands, or writing excessive letters, emails or text messages.

They may engage in reckless behaviors, fueled by the expansive mood, excessive optimism, grandiosity, and poor judgment. These may include spending sprees, foolish business investments, reckless driving and sexual promiscuity that is unusual for the person.

RISK FACTORS

A family history of bipolar disorder is one of the strongest and most consistent risk factors for bipolar disorder.

The lifetime risk of suicide in individuals with bipolar disorder is significant and may account for as many as 25% of all suicides in the U.S.



TREATMENT

During a manic episode, individuals often have difficulty accepting the idea that they need help. A combination of medications and psychotherapy, particularly cognitive behavior therapy, is generally viewed as leading to the best outcomes with bipolar disorder. It is important that individuals with the disorder learn about the disorder and how to recognize the signs that they are experiencing a shift in mood. Individuals can learn ways to manage the episodes so that they do not need to feel controlled by their onset or the symptoms they entail.

Dr. Gordon has extensive experience helping individuals with bipolar disorder. If you'd like to consult with Dr. Gordon about bipolar disorder, please call (512) 496-5947.

