

understanding bipolar

Bipolar disorder is a type of mood disorder where people experience times of excessive low mood (a depressive episode) and high mood (a manic episode). These episodes affect the way people think, feel and act and this can interfere with all aspects of life like relationships, work or study and day-to-day living.

It's normal to experience a range of emotions in our lives. Emotions can be affected by the things going on around us e.g., with family or friends, stressful events, or sometimes by nothing at all. These ups and downs are common and generally don't cause too many problems. They can build our resilience and help us to learn how to manage difficult situations.

Bipolar disorder is different to general mood changes or anger outbursts. Mood changes associated with bipolar disorder are more extreme, last longer and have a significant impact on someone's ability to engage in their day-to-day activities. With support, people diagnosed with bipolar disorder can lead lives they want to live.

Symptoms and experiences

The experience of bipolar disorder is different for everyone. Some people will have one or two episodes and then never have another one, while others have several episodes close together. Many people diagnosed with bipolar disorder lead full productive lives and have years without symptoms between episodes.

Bipolar episodes

What is a depressive episode?

A depressive episode is a period of lowered mood, with changes in thinking and behaviour that usually last for at least two weeks. It has a significant impact on a person's day-to-day life.

Often a depressive episode (or episodes) happen before a manic episode is experienced, but it depends on the individual.

Changes include:

- feeling in a low mood sadness, irritability, tearfulness
- losing interest in enjoyable activities
- changes in appetite and weight

 eating more or less than usual,
 gaining or losing weight rapidly
- changes in sleeping patterns

 trouble falling or staying asleep,
 or sleeping much more than usual
- lowered energy and lack of motivation
- feelings of hopelessness and worthlessness
- poor concentration and memory problems
- thoughts about suicide.

What is a manic episode?

A manic episode (also called mania) is a period of constant and unusually elevated ('high') or irritable mood and a noticeable increase in energy or activity.

This generally lasts at least one week and is very different from someone's normal state. It leads to a range of difficulties that have a big impact on a person's daily life.

When someone is having a manic episode, they may experience:

- Elevated mood. Feeling euphoric, 'high' or 'on top of the world', or very irritable.
- Less need for sleep. Sleeping very little without feeling tired.
- More energy, activity and drive. Having lots of projects or plans, always being 'on the go'.
- Racing thoughts and rapid speech. Thoughts speeding from topic to topic, speech that's difficult for others to follow.
- Being disinhibited. Engaging in high-risk behaviours that are out

of character, like sexual risk-taking, abusing alcohol or other drugs, or spending large amounts of money.

- Inflated self-esteem. Ranging from uncritical self-confidence to 'grandiose' beliefs (e.g., the person saying they have special powers or talents).
- Psychotic symptoms. E.g., hearing or seeing things that are not real (i.e., hallucinations) or having intensely strong beliefs about something that's not real (i.e., delusions). These usually match the person's elevated mood.

What is a hypomanic episode?

A hypomanic episode is a milder form of mania that lasts for at least four days.

The symptoms are less severe and there are no psychotic symptoms. Hypomanic episodes may feel enjoyable (i.e., more confidence/elevated mood). Some individuals will manage to keep functioning without any significant difficulties, but others will progress to experience a full manic episode.

Types of bipolar disorder

A person with bipolar I disorder will have had at least one episode of mania. Usually the mania is so severe that they will need admission to hospital to keep them safe. They'll usually have had depression at some time as well.

A person with bipolar II disorder will have had at least one episode of hypomania as well as at least one depressive episode. Depressive episodes can be severe and the instability of mood can cause a great amount of disruption to their lives.

A person with cyclothymia (or

cyclothymic disorder) experiences changes in mood that are less severe than those in bipolar I or II. Although the symptoms may be less severe, it can have a significant impact on a person's functioning and can be challenging to manage.



If someone is experiencing symptoms, it's important to take them seriously and ensure they access professional support.

^{Getting} support

A diagnosis from a health professional, a local general practitioner (GP) or a psychiatrist is important in getting the right treatment. Getting professional treatment early can help to limit the impact of bipolar disorder on the things you want to do in your life. Treatment can also reduce the risk that you will have challenges with your mood in the future.

Your mental health practitioner will work with you and the important people in your life to help you understand your experiences and develop the most appropriate support plan.

A support plan often involves a combination of medication and psychological therapies. Your GP or psychiatrist can help you find a medication that works for you. Psychological therapies can help you to understand your mood patterns, manage difficult thoughts and feelings, and develop a plan to help minimise the impact bipolar disorder has on your life.

These strategies usually include:

- sleeping and eating well
- staying active
- learning to manage stress
- limiting use of alcohol and other drugs
- connecting with trusted friends, family, mob and supportive people in your life
- getting a good balance of rest and activities
- learning to recognise 'warning signs' that you may be becoming unwell.

Approximately 2 in 100 people experience bipolar disorder sometime during their lives. (Merikangas KR, 2011)

1. Merikangas KR, et al. Prevalence and Correlates of Bipolar Spectrum Disorder in the World Mental Health Survey Initiative. Arch Gen Psychiatry. 2011;68(3):241–51.



If you or someone you know is going through a tough time you can get help and support from headspace, your school, TAFE or university wellbeing service or your local health provider. For more information, to find your nearest headspace centre, or for online and telephone support, visit headspace.org.au If you need immediate assistance call OOO or to speak to someone urgently, please call Lifeline on 13 11 14 or Suicide Call Back Service on 1300 659 467.



headspace National Youth Mental Health Foundation is funded by the Australian Government.

The headspace Clinical Reference Group have approved this clinical resource. Fact sheets are for general information only. They are not intended to be and should not be relied on as a substitute for specific medical or health advice. While every effort is taken to ensure the information is accurate, headspace makes no representations and gives no warranties that this information is correct, current, complete, reliable or suitable for any purpose. We disclaim all responsibility and liability for any direct or indirect loss, damage, cost or expense whatsoever in the use of or reliance upon this information. 03 October 2022