Dispelling Myths and Uncovering the Truth About Bipolar Disorder

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8 Bipolar Myths Busted

With rates of bipolar disorder being diagnosed on the rise, it is becoming more vital than it ever that fact is separated from fiction about the condition.

TV and films often portray bipolar in a very extreme way, and often these portrayals are full of inaccuracies. Such inaccuracies have the potential to further the stigma and misconceptions surrounding bipolar, and mental illness in general.

Throughout this article are examples of inaccuracies that are often believed about bipolar disorder, and discussion of the real facts behind these misleading ideas.

1. Bipolar Disorder is Just Mood Swings

A person with bipolar disorder will experience mood swings very differently to somebody who does not have it. Bipolar mood swings are much more intense and will last a lot longer than the average mood swing.

A key difference between a normal mood swing and a bipolar one is the impact it has on a person's life and everyday well-being. For example, a bipolar mood episode has the potential to stop someone being able to continue with employment, prevent them from sustaining a relationship, or have serious effects on their financial situation.

Bipolar mood swings can also be unrelated to a person's environment or current situation, unlike a standard mood swing which could be a reflection of an achievement not being met, a problem with their work or education, or even something as simple as the weather.

2. Someone Having a Manic Episode is Very Happy

While a person with bipolar disorder may enter mania in a happy mood, and for some this may be the case for the duration of the episode, assuming that mania is characterized by a happy mood is incorrect.

It is important for a manic episode to be monitored carefully and a medical professional to be made aware of the situation as soon as possible, as an episode has the potential to progress into something that could cause a significant impact on someone's life.

A manic episode could also result in irritability, insomnia, and a lack of good judgment which could lead to dangerous and risky behaviors such as the use of drugs or alcohol, or uncontrollable spending sprees.

Next page: work and moodiness.

3. Bipolar Disorder is Rare

This is a very important myth to dispel, as it will help raise awareness of bipolar disorder. Increased awareness may result in more people being able to catch the disorder in the early stages, which can lead to a better prognosis in the long run.

Around 2.4% of the world has a diagnosis of bipolar disorder. Experts estimate the actual number of people with bipolar is far greater, as this does not include those who have not received medical attention.

Shedding light on the disorder will help lower stigma, and help people who would not have sought help before to express their concerns and feelings to a medical professional.

4. Every Mood is Because of the Bipolar Disorder

Having bipolar disorder does not mean every mood change and feeling is a part of the condition. People with a diagnosis of bipolar often feel as though they are being scrutinized for every slight change in mood, which can often lead to feelings of resentment.

Just as someone without the disorder does, a person with bipolar can simply have a bad day or be sad about something. This does not necessarily mean they are heading into an episode, or that they are becoming unwell again.

5. People With Bipolar Disorder Cannot Work

A bipolar episode can impact a person's ability to work at a specific time, and they may need to take some time off in order to achieve stability again.

However, it is vital to note that this does not mean someone who has bipolar disorder is unable to work at all. In fact, over 75% of people with a bipolar diagnosis are able to work successfully.

Maintaining this ability is important, and can be helped with a solid support structure and correct medical treatment.

6. Bipolar Disorder Can Be Caused By Drug or Alcohol Abuse

While someone who has bipolar disorder is more likely to use street drugs or drink alcohol (particularly during an episode), it is not possible for these to cause the disorder itself. Bipolar disorder is a chemical imbalance in the brain, and not something that starts as the result of drugs or alcohol.

However, it is important to note that someone with bipolar might turn to alcohol or drugs in order to control some of their issues, self-medicating as a form of escape. This will often result in symptoms being exacerbated, and increases the risk of another period of illness.

Next page: taking medication and extreme mood swings.

7. Once Someone With Bipolar is Stable, They Can Stop Taking Medication

It is essential to understand that medication has been prescribed for a reason. Someone with bipolar disorder may feel that since their symptoms have improved or disappeared they can stop their medication, but it is often that medication that largely contributes toward this stability. Stopping medication runs the risk of another episode, and should not be attempted at all unless under the attention of a relevant medical professional**.**

8. Bipolar Disorder is Always Characterized By Extreme Mood Swings

Bipolar disorder is not one single diagnosis, but rather refers to a spectrum of disorders, which vary in characteristics and severity. Generally, bipolar is divided up into type I, type II and cyclothymic. Some people with bipolar may also be categorized as ‘rapid cycling’ alongside their basic type.

The main difference between types I and II is the intensity of manic episodes; someone with type I will have episodes of hypomania that often develop into full mania – which some might describe as an ‘extreme mood swing’ – whereas someone with bipolar II will experience only the hypomania.

Full mania often causes significant damage to someone's life, and is likely to result in the need for an inpatient stay. A full manic episode may also include psychotic symptoms such as delusions or hallucinations.

There is also a chance that someone with bipolar disorder may experience a mixed episode, which is diagnostically defined as an episode meeting most or all of the symptoms of both a manic and depressive episode for more than a week.

If someone only experiences mild hypomanic symptoms such as a heightened mood, excitability or spending sprees, then there is a chance that they may not receive the correct diagnosis for many years.

Conclusion

These are only a few of the myths and misconceptions surrounding bipolar disorder; there are many more believed by a great deal of people. The most important and effective way to battle stigma surrounding bipolar disorder and mental illness in general is education.

Education brings with it better treatment of those with bipolar as those around them better understand the condition. It also ensures more people exhibiting symptoms are reached and diagnosed before the disorder can have a devastating impact.