# What’s the Difference Between Manic Depression and Bipolar?

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## Is Bipolar Manic Depression a Correct Diagnosis?

Labels saturate life in 2018. Labels can be used to differentiate one person from another or to lump people into a group built on similarities. Because of this, it is easy to throw a long list of labels at people you know.

Although labels frequently get a bad name, labels can be both positive and negative. They can be helpful and hurtful.

Whenever you label yourself or anyone else, it is of paramount importance to ensure the accuracy of that label. Using incorrect or flawed information to assign a label to someone is inconsiderate, and in some cases, it can be dangerous.

Mislabeling something creates a gap between opinion and fact. Fact is always more valuable.

The need for accurate labeling is exemplified in the case of manic depression and bipolar disorder. Most people can identify that these labels apply to the mental health and wellbeing of an individual, but that is where their understanding ends.

To many people, these are terms that mean two different things. One is manic depression, and the other is not manic depression, it is bipolar disorder. They have two different names, so they must mean two different things.

This leads to people labeling themselves and others as having manic depression, and another group of people labeling themselves and others as having bipolar disorder. A third group will label people as having *both* manic depression and bipolar disorder.

### Outdated and Overdue

Here is the fact of the matter: manic depression and bipolar disorder are the same thing. They are used interchangeably at times, but in reality, manic depression is a completely outdated term. Its removal from the everyday use of professionals and laypeople is long overdue.

The primary reference book that mental health professionals use is called *The Diagnostic and Statistical Manual of Mental Disorder* (usually abbreviated as DSM). This text contains information about every mental health disorder, prevalence, and criteria for diagnosis, which is assembled by a team of mental health specialists and experts in the field.

Due to new research and changing perceptions, the manual is revised with information added or removed based on new findings.

The DSM is now in its fifth edition. In the past, the symptoms that comprise what is now called bipolar disorder

were called manic depression. The term bipolar disorder replaced manic depression in DSM-3.

That was in 1980, which means anyone calling the condition manic depression is using terminology that has been obsolete for more than 35 years! If you are receiving mental health services from a professional or agency that still uses “manic depression” to describe symptoms of bipolar disorder, you may want to seek services elsewhere.

**Why Has Manic Depression Lasted?**

It is impossible to fully say why manic depression continues to be the preferred term for some people. Some options include:

- People who were initially diagnosed before 1980 and never received more contemporary information regarding their condition.
- People who only sought out information regarding their mental health or the mental health of others from outdated or unreliable sources.
- People who still use manic depression because the term is self-explanatory and easier to understand compared to bipolar.

The final item is of particular importance. When people hear manic depression, they have a good understanding of the condition.

Bipolar disorder sounds different. It is less obvious and veiled in mystery. There is no “unipolar disorder,” though that term is sometimes used to describe depression.

So, it is likely that manic depression continues to be a popular word because of its ability to describe the condition that it names.

You may think that it doesn’t matter what you call the condition because it is the same, but this might not be a good road to travel. In a world where people are continuously inundated with information, it can be complex and challenging to discriminate fact from fiction.

There is no condition called manic depression, so knowingly misusing that term is perpetuating fiction. Not only does it mislead people into believing something that is not true, it also keeps them from acquiring the truth. Without the correct information, people are not able to communicate their needs and advocate for themselves properly.

**Setting the Record Straight**

Continuing the topic of spreading accurate information on the topic of bipolar disorder, there is another important item to note regarding what symptoms are needed to meet the criteria for bipolar disorder. Bipolar disorder is the appropriate diagnosis when someone experiences periods of significant depression and periods of significant manic or hypomanic symptoms. These episodes are separated by days, weeks, or months.

A depressive episode needs to be a period of at least two weeks where the person is experiencing symptoms of depression more often than not. These symptoms include:

- Feeling depressed or irritable.
- Having low energy and fatigue.
- Having low motivation.
- Changes in sleep.
- Changes in diet or weight.
- Feeling excessively guilty or worthless.
- Thinking about death.
- Feeling slowed down or sped up.
- Poor concentration and decision-making.

A hypomanic/manic episode will present much differently. Hypomania is typically less severe than a manic episode based on intensity and duration. Manic symptoms include:

- Reduced need for sleep.
- Elevated or irritable mood.
- Increased energy.
- Feeling driven to complete certain behaviors.
- A string of poor decisions involving sexual promiscuity, overspending money, drug use, and other risky behaviors.

These behaviors will last for at least four consecutive days but can last for much longer with consistency.

Often, bipolar disorder is confused with moodiness or irritability. If someone is happy one minute and angry the next they are not necessarily someone with bipolar disorder. This only means that they have moods that change.

In most cases, this is perfectly normal and expected behavior. There is no need to pathologize it into being a severe mental health condition. If it is extreme and consistent, seek out an evaluation from a mental health professional to see if it is part of a larger problem.

It is time to put this myth to bed: manic depression and bipolar disorder are not two separate conditions. They are one and the same.

*Next page: Spreading the word about bipolar disorder.*

## Spreading the Word About Bipolar Disorder

If you still use the outdated term or know people that do, take time to change your terminology or give others the proper information. Accuracy always matters.

Share your newfound education with the important people in your life. By giving them knowledge on the topic of bipolar disorder, they are actually gaining knowledge about you.

No longer must they be confused, angered, and surprised by your symptoms. With the right information, they can know what you are going through and how to respond.

## Moving Towards Treatment

Once your condition is established, you can move towards finding effective and lasting treatments to reduce your symptoms and improve your functioning in the world. Treating bipolar disorder requires patience, perseverance, and the understanding that it will always be more challenging than you thought.

### Start with Self-Awareness

Whether you call it self-awareness, insight, or self-monitoring, paying attention to yourself is an essential component of any bipolar disorder treatment. How can you answer questions from a therapist or psychiatrist if you don’t even know yourself?

To start the process, think about your thoughts. What are you thinking about, and why are you thinking about that?

Pay particular attention to thoughts that are very pessimistic or thoughts that are overly optimistic. Any ideas of death, suicide, or flawed perceptions of your abilities will be important pieces of information to track and report.

Your behaviors will be another key to your self-awareness. What are you doing, who are you doing it with, and

how long are you doing it for?

Your sleep, diet, and exercise will be a worthwhile focus on your behavior tracking. If you notice that you are sleeping 20 hours per day, getting no exercise, and eating only pretzels on the couch, you've just discovered a problem.

Feelings are the final section of your tracking. When tracking your feelings, try to avoid words like "depressed" or "manic" and replace with more specific ways of feeling.

Good options for feeling words include:

- Sad
- Angry
- Elated
- Happy
- Frustrated
- Confused
- Irritated
- Annoyed

Study online lists of feeling words to expand your feeling vocabulary.

Information from your friends and family will aid your self-awareness. How do they see you? What do they think of your symptoms?

**Put your Awareness to Work**

With your data on thoughts, feelings, and behaviors, you will have information on your trends and triggers. With luck, some tendencies will emerge from your data that you can use to adjust the outcomes.

If you notice you always feel sadder and have more negative thoughts after you speak to your sister on the phone, maybe you need to adjust the conversation or limit contact for a time. If you always have better optimism and moods when you leave the house, perhaps you should seek out every opportunity to get out of your home.

When you try to make small and subtle changes to your routines, stick to the adjustments for a week while continuing to track and observe the effects. Of course, improvements will not happen overnight, so you must stick to the program with the belief that your hard work will pay off eventually.

This situation is the perfect opportunity to continue employing your loved ones to help your cause. Let them know how they can help and point them in the direction you need them.

Their assistance can help you feel better and improve your relationships. As they gain a better understanding of your condition and your symptoms, their loved and patience will grow.

**Involve the Professionals**

Knowing your trends and taking measures to improve your symptoms at home are great ways to invest your energy, but perhaps more than any other mental health condition, bipolar is hard to treat at home. If your symptoms persist, call in the professionals.

Mental health treatment is available everywhere across the county in countless forms. For adults with bipolar disorder, seeing a medical professional capable of prescribing medications like a psychiatrist or nurse practitioner is a wonderful starting point.

These professionals work exclusively with mental health disorders, which make them experts in medications and

how people will react. Primary care physicians (PCP) will often prescribe medications for mental health conditions, but if your symptoms persist, try consulting a prescriber with a refined focus.

Attending individual or group therapy is going to be a welcome addition to any bipolar treatment plan. Medications will help the physiological changes in the brain while therapy can improve thoughts and behaviors.

Therapist is a general term that includes social workers, counselors, and psychologists. Each therapist will have a unique combination of education and experience to create their professional orientation and their recommended interventions.

Mental health professionals can identify and treat your symptoms in ways you didn’t know existed. Professional treatment is a great decision for anyone with bipolar disorder or changing moods.