The 4 Stages of Receiving a Bipolar Disorder Diagnosis

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How Do You Get a Bipolar Disorder Diagnosis?

Mental and physical health sciences have come a long way in the last 100 years. From researching the root causes to defining parameters for diagnosis, advances have been made in almost every branch of scientific understanding. And while there are still plenty of areas in which we can further improve, we can still say that (most of the time) diagnoses, such as bipolar and schizophrenia, are no longer confused with one another.

But how do you go about receiving a bipolar disorder diagnosis in the first place?

What is Bipolar Disorder?

Bipolar disorder is a mental disorder that is both lifelong and episodic. In other words, the symptoms come and go in waves. It's characterized by extreme, unprecedented shifts in mood, energy levels, and concentration. If you have ever heard of manic-depressive disorder or manic depression, these are also (outdated) terms for bipolar disorder.

The difference between bipolar disorder and regular mood swings is how severely said changes can affect an individual.

Manic episodes often come with extreme happiness, irritability, and potentially unsafe life choices. These can range from spending too much money or having unsafe sex, to consuming drugs and alcohol. Hypomanic episodes, or "up" episodes with less severe extremes, are also possible.

Depressive episodes are just the opposite. These often present as periods of sadness, hopelessness, inordinate levels of guilt, and a lack of interest and activity. An individual in a depressive swing may also experience suicidal thoughts or behaviors or thoughts of self-harm.

How is Bipolar Diagnosed?

Bipolar disorder is a clinical diagnosis. This means that a qualified professional – like a psychiatrist – diagnoses an individual based on observed and reported behaviors and symptoms. However, the journey to a bipolar diagnosis often begins before the initial visit to a psychiatrist.

Although bipolar is not always dangerous to an individual, it is usually a lifelong, incurable diagnosis. However, it can be managed successfully. Thus, it is important for individuals with bipolar disorder to seek out mental health services as soon as they suspect there is something wrong.

How to Seek Medical Help

Typically, the first step in receiving a bipolar diagnosis is realizing that you need help, or have someone else in

your life tell you that they are worried about you. This may come after years of battling manic and depressive symptoms. It may also come suddenly, such as the first time you have an unprecedented string of unsafe one-night stands.

Unfortunately, some people do not realize they need help until they hit rock-bottom. This may include calling a crisis helpline or committing acts of self-harm. For some, the turning point comes upon admission to the ER, after which an ER doctor will often issue a psych referral. If you or someone you know is in crisis, there are plenty of available options, including:

- Calling 911 or a going to the nearest emergency room
- A same-day emergency visit to your PCP
- The SAMHSA website's Behavioral Health Treatment Services Locator
- The SAMHSA's Treatment Referral Helpline at 800-662-HELP (4357)
- The National Suicide Prevention Lifeline at 800-273-TALK (8255)

For those who are not in crisis, the journey to a diagnosis often begins with a visit to a primary care physician. If you go this route, your doctor may first conduct a physical exam, including lab work, to ensure you are otherwise healthy. Then, they will likely refer you for a mental health evaluation by a psychiatrist.

Alternatively, you may decide to opt in for private-pay telehealth or other mental health services. If this is the case, you can skip the visit to the doctor's office and get started with a psychiatrist right away. Sites such as Betterhelp, Talkspace, Teladoc Health, and others provide mental health services at varying price points.

The Stages of a Bipolar Diagnosis

Regardless of how you come to find yourself talking to a mental health professional, once you are there, they will get to work confirming – or ruling out – your suspicions. It may be helpful to prepare a list of symptoms and behaviors before you go so you do not forget any important details. In addition to the usual symptoms of mania, depression, and hypomania, you should also take note of:

- Changes in energy levels
- Worrying or changing thought patterns
- Unusual speech patterns
- Any differences in your sleeping habits
- Any recreational or "medicinal" substance use or abuse
- Causes of stress in your life
- Difficulties making or keeping relationships

1. The Assessment

One of the first steps a psychiatrist will take with you is a full mental health assessment. This includes taking both a family and personal history of physical and mental illnesses. They may ask questions about your moods, patterns or changes in behaviors, and if any close friends or family have expressed concerns. If you feel up to it, bringing a friend who can corroborate your symptoms or explain them from a third-party perspective can also be helpful.

Your psychiatrist may also request that you start keeping a mood or behavior chart between visits. This is where you write down your mood swings, sleeping patterns, concerning thoughts or impulses, and other day-to-day behaviors. Having this additional data on hand can help lead to a diagnosis, as well as determine the best treatments.

During this process, your psychiatrist may try to rule out (or in) other mental health diagnoses. Several mental health disorders share overlapping symptoms and similarities with bipolar, including:

- Borderline personality disorder

- Conduct or impulse control disorders
- Substance abuse, especially long-term
- Schizophrenia
- ADHD
- PTSD and other severe anxiety disorders

2. Lab Work

If you did not undergo labs through your regular doctor, your psychiatrist may also request that you undergo blood or urine tests. These can help to rule out any physical illnesses that share overlapping symptoms. Potential concerns that may show up include:

- Thyroid disorders
- Lupus
- Bacterial or viral infections
- Some STDs, such as HIV and syphilis

Labs can also detect any type of medications that may be causing depressive or manic symptoms, such as steroids.

3. Brain Scans

Brain scans, unfortunately, are not an exact science (yet). However, they can still be helpful in ruling out physical neurological causes. Therefore, your psychiatrist may also order an MRI or CT scan.

4. Consulting the DSM-5

If all the lab work comes back clean, your psychiatrist will look at your mental health history to see if you qualify for a bipolar diagnosis using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). This manual is the official “yardstick” by which psychiatrists measure if a person has a specified mental illness, as well as which variant.

The main qualifier to receive a bipolar diagnosis is that a person must have experienced at least one episode of mania or hypomania. The DSM-5 also details the types of bipolar disorder:

- Bipolar I comes with severe manic episodes lasting one week or more that is interspersed with depressive episodes. (However, depressive episodes are not required to receive a bipolar I diagnosis.)
- Bipolar II cycles back and forth between depression and hypomania. However, the symptoms never get so severe as to qualify as a “full” manic episode.
- Cyclothymic disorder (cyclothymia) comes with hypomania and mild depression for at least two years. Cyclothymia may also lead to brief periods of “normal” moods, usually lasting less than eight weeks.
- Bipolar disorder NOS (not otherwise specified) is when a person does not qualify for any of the above diagnoses but still presents with “clinically significant” mood swings.

Getting Treatment

The road to a bipolar diagnosis, even in the care of a mental health specialist, can take several months. But even if your diagnosis is not officially confirmed yet, your psychiatrist may start you on various treatment courses. Depending on the individual, therapies may include one or more of the following:

- Medications, such as mood stabilizers, antidepressants, and antipsychotics
- Cognitive behavioral therapy (CBT)
- Interpersonal and social rhythm therapy (IPSRT) to build a daily routine
- Day treatment programs to manage symptoms
- Substance abuse treatment

- Family therapy, including psychoeducation (learning about bipolar)
- 24/7 psychiatric treatment, such as in a rehab, hospitalization, or being placed in another clinical environment