Recognizing the Symptoms of Bipolar for Proper Treatment

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A Guide to Understanding Bipolar Symptoms

Bipolar disorder has the ability to transform your life. Its symptoms can range from mild to severe, while influencing many facets of who you are, how you behave and what you enjoy. When bipolar symptoms are mild, you can function relatively well and maintain your routines. When symptoms are severe, they leave you feeling like someone else, in a highly depressed or manic state.

Bipolar disorder is one of the most known and recognizable mental health issues. It may seem like this is a good thing, but that's not always the case. The more popularized something becomes, the greater the risk of skewed, biased and false information on the subject. Though there are many that have a firm grasp on bipolar disorder, there are even more that misunderstand or have been misled.

Ordinarily, this misinformation would not be a problem. After all, labeling something does not really change it. But with bipolar disorder, there are hazards associated with lack of appropriate recognition. If you do not understand your disorder, your bipolar symptoms (including the lesser-known symptoms of bipolar) or your triggers, you cannot treat them effectively. Also, people that incorrectly think they have bipolar could be wasting valuable resources inefficiently.

What Bipolar Isn’t

To know what something is, it can be helpful to begin with what it is not. Bipolar disorder is not:

- Being happy one minute and sad the next. This is probably the most common misconception of the disorder. People have typical changes in moods. Even if they are frequent or intense, this does not necessarily mean bipolar.
- Adult ADHD. There is a lot of confusion between people with bipolar and people who have adult attention-deficit/hyperactivity disorder combined with depression. It is true that the symptoms overlap, but the treatment is very different.
- Only caused by alcohol and drug use. Many people with bipolar, especially before it is diagnosed, will self-medicate with drugs and alcohol. When they become drug-free, they may be diagnosed with bipolar disorder, but this does not mean that the drug use caused the illness.
- A sign the someone will become violent. It is true that some people with bipolar disorder are aggressive or violent, just as people with depression, diabetes or cancer can be violent. This does not mean that every person with bipolar should be feared.

What Bipolar Is

Bipolar disorder was formerly called manic-depressive disorder. This is a very accurate description of what the disorder is. In many ways, it is a combination of depression and mania. The difference in diagnosis depends on the degree of symptoms and how long they are experienced.

There are three primary types of bipolar disorders listed in the Diagnostic and Statistical Manual (DSM). This is the text that mental health professionals use to diagnosis disorders. The first is bipolar I disorder. To receive the diagnosis, you must meet the criteria for a major depressive episode as well as a manic episode.

The second is bipolar II disorder where you must meet the major depressive episode criteria as well as a hypomanic episode. The third is called cyclothymic disorder. With this, you will experience depressive symptoms and manic symptoms but never fully enough to meet full criteria for depressive or manic episodes.

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What Is Bipolar I?

To meet the criteria for bipolar I, a major depressive episode must occur. During this episode, you must have at least five out of the nine depression symptoms during the same 2-week period. Symptoms include:

- Feeling depressed most of the day, almost every day. This tends to be the biggest indication to people that they are depressed. Having a depressed mood means that you do not feel happy; you feel sad, empty or hopeless. Teenagers with depression may express this mood as irritability and anger. Additionally, men are more likely to show their depressed mood is the form of anger and aggression.
- Less interest or pleasure in activities that were previously enjoyable. Did you always love going for walks or watching the football game with your friends, but now the thought of it is unappealing? Whenever there is less interest and pleasure, people tend to stay at home more because nothing seems worthwhile.
- Losing weight when not dieting. The DSM states that a significant weight loss is more that 5% of your total weight in a month. If you weigh 200 lbs, you would have to lose 10 lbs in a month to meet this criterion. Some people report increased interest in eating and weight gain during depression but the DSM only focuses on the weight loss.
- Insomnia or hypersomnia almost every day. This item can be a bit confusing as it covers both ends of the spectrum. If you are sleeping too much, you might have depression. If you are not sleeping enough, you might have depression. There is no set number of hours given to say how much is too much. The best you can do is look for changes to your typical patterns. If you usually sleep eight hours and now you're sleeping up to 12, take note. Similarly, if you used to sleep 10 hours and now it is down to four, contact a professional. People with depression also tend to have difficulty falling asleep (DFA), difficulty staying asleep (SCD) and early morning awakening (EMA).
- Motor agitation or retardation almost every day. What this means is that your behaviors are either sped up or slowed down. People with psychomotor retardation will feel like they are moving in slow motion while people with psychomotor agitation will experience feelings of restlessness, fidgeting and moving quickly. These changes can affect speech to be faster or slower.
- A loss of energy almost every day. The second item on the list refers to lacking interest to complete activities, where this item involves feeling that you do not have the energy to accomplish the behaviors that you wish. If you find yourself unable to get out of bed or move from the couch while important tasks that you want to complete are left undone, this applies to you.
- Feeling excessively worthless or guilty almost every day. Do you beat yourself up over past behaviors or experiences? Do you think that you do not matter or that other people wouldn’t care if you weren’t alive? Shame is another contributor to this part of the criteria. Guilt is feeling bad for something that you did or did not do. Shame is feeling bad about who you are as a person. Shame is a more dangerous feeling because it is challenging to change. People that do not like themselves or have low self-esteem fit into this category.
- Decreased ability to be decisive, think clearly and maintain concentration. This item becomes difficult when trying to determine between depression and attention-deficit/hyperactivity disorder since poor attention and concentration are present in each. People with depression are usually distracted due to negative thinking and dwelling on issues of the past and this impacts their attention.
- Frequent thoughts of death, thinking you would be better off dead or making a plan to attempt suicide. Again, it can be difficult to know what “frequent” means, but use your best judgment when deciding whether or not to check this box.

If you met at least five of the symptoms, you can move on to the manic symptoms. To meet the criteria for a manic episode, you must experience an elevated or irritable mood, a sharp increase in energy and three of the seven symptoms for at least a week. The symptoms include:

- Inflated self-esteem or feelings of grandiosity. You will feel self-assured, confident and like you are incapable of being wrong.
- Decreased need for sleep. You will sleep less while not being bothered by the decrease. You will feel rejuvenated after only two or three hours rest.
- More talkative. You will find yourself speaking more, being more open with what you say and speaking at a quicker rate.

- Flight of ideas or racing thoughts. Flight of ideas means that your thoughts will bounce from subject to subject quickly with little follow through. Racing thoughts means that your thoughts are circling around quickly in your mind. They are difficult to slow down or understand.
- Your attention will be poor and any new stimulus will divert your actions or thought process.
- Increased goal-directed behaviors. Here, you will do whatever it takes to accomplish the goal. You will study three days straight for an exam, stay at the office for the weekend or go to every bar in town to meet someone to take home.
- Increased involvement in risky behaviors. Mania has a lot to do with pleasure-seeking behaviors. You may spend all of your money, have unsafe sex with strangers, use drugs or other dangerous behaviors in attempts to “have fun.”

An interesting note about bipolar I is that you only need one occurrence of a manic episode to qualify. Even if your last manic episode was 20 years ago, you will still meet these criteria.

Next page: What is bipolar disorder II? And more.

What Is Bipolar II?

You can take what you know about depressive episodes and manic episodes and apply it to bipolar II disorder. In bipolar II, you must meet the criteria for a major depressive episode and a hypomanic episode.

Manic episodes and hypomanic episodes differ only slightly. In a manic episode, you must experience an elevated or irritable mood, a sharp increase in energy and three of the seven symptoms for at least a week. In a hypomanic episode, you only have to experience these symptoms for four days.

Understanding What Cyclothymic Disorder Is

During any year in the U.S., about 0.6% of the population currently has bipolar I disorder and about 0.8% currently has bipolar II disorder. Cyclothymic disorder occurs at a much lower prevalence and is measured by lifetime diagnosis rather than yearly. In the U.S., between 0.4% and 1% of people will have cyclothymic disorder during their lifetime.

Though the rates of cyclothymic disorder are low, the diagnosis remains relevant. To be diagnosed with cyclothymic disorder, an adult must have multiple occasions of hypomanic symptoms and depressive symptoms over a two year period. Although the symptoms create issues, they are not to the degree that meets the full criteria for a hypomanic or depressive episode.

In children, the period of time is shortened to only one year. During the period, symptoms must be presents for at least half the time. There cannot be a symptom-free period lasting more than two months.

Excluding Addiction With Bipolar

Sometimes it is easy to confuse bipolar and addiction. At all, both conditions affect many facets of an individual’s

overall well-being. When someone is using alcohol and other drugs, their entire life including their mood, energy, and irritability will shift dramatically on a daily basis.

Someone abusing cocaine, meth, and other stimulants could have boundless energy for days on end, only to come crashing down in a massive state of depression when the drugs run out. The shocking realization of their poor choices can even result in significant suicidal thoughts or actions.

Someone abusing alcohol could have an inflated sense of self-worth and believe they are able to accomplish impossible feats and actions. This state could be confused for a manic high.

Someone abusing depressants like sedatives or opioids could seem to be in the grips of a depressive episode as the drugs make motivation, energy, and interest in activities extremely low. When the effects wear off, the difference in presentation may look like a manic episode, even though it is only their normal state.

The challenge of identifying drug use or bipolar disorder is incredibly compounded when you take multiple drugs into account. Some people will use stimulants for a people before switching to depressants to level the effects, or start with depressants before moving to stimulants.

In either case, the substance abuse clouds the overall picture of someone's mental health. Only when the individual has achieved abstinence for some time can experts accurately assess their symptoms to note the presence of any bipolar disorder.

Next page: Looking more closely at what bipolar is.

Looking More Closely at Bipolar

Being diagnosed with one of the three forms of bipolar disorder can help put your thoughts, feelings, and behaviors into a context that helps you understand yourself and the world around you. Fortunately, bipolar disorders have additional levels that further explain and separate one form of the disorder from others.

Called specifiers, these diagnosis additions describe the presence of specific conditions related to your bipolar. The important thing to remember is that specifiers only happen when bipolar symptoms are present, so they are not separate conditions.

There are nine bipolar specifiers including:

With Anxious Distress

This specifier signifies that, during your periods of mania, hypomania, or depression, you also have anxious symptoms marked by:

- Feeling tense or keyed up
- Restlessness
- Trouble concentrating
- Fear of bad things happening
- Fear of losing control

With anxious distress is an important specifier to note because it is associated with negatives like poor treatment response, longer duration of symptoms, and even higher suicidality.

With Rapid Cycling

As mentioned earlier, being happy one minute and sad the next is not bipolar, but people will often state "rapid cycling" as a justification for their sudden mood changes. Rapid cycling, as a bipolar specifier, is not well

understood by the public.

Having bipolar disorder with rapid cycling does not mean you will be in a full manic episode one day and depressive episode the next. The cycling is not that rapid.

With rapid cycling only means you will have at least four separate mood episodes during a 12-month stretch. Since each episode must last the required amount of time, you cannot have multiple episodes in a one-week period.

With Seasonal Pattern (Seasonal Affective Disorder)

Though this is a common problem, seasonal affective disorder is not a separate bipolar disorder. With seasonal pattern is, though, recognized as a specifier of bipolar I or II. Therefore, you can have bipolar I disorder with seasonal pattern to better describe your symptoms.

Seasonal affective disorder (SAD) or bipolar disorder with seasonal pattern is when your symptoms are influenced heavily by the time of year. Typically, people with the condition will become depressed in the winter and manic in the summer.

This specifier adds its own unique sets of challenges and advantages. If you know your symptoms are ready to change, you can employ a set of strategies to soften the blow.

You can also work with your psychiatrist to adjust your medications in a preventative, rather than reactionary, way.

With Psychotic Features

You may only link symptoms like hallucinations, paranoia, and delusional thinking to psychotic disorders like schizophrenia, but these may be linked to bipolar disorders as well.

The “with psychotic features” specifier is used anytime someone shows these signs and symptoms only during a time of a mood episode whereas people with schizophrenia will have psychotic symptoms no matter their mood.

Hallucinations and delusions can present during mania or depression. As these symptoms can pose danger to the person and their loved ones, it is important to recognize and treat these symptoms as quickly as possible.

With Mixed Features

As if the entire diagnosis of bipolar disorders wasn’t already tricky enough, there is the with mixed features specifier. With mixed features essentially means that the manic or hypomanic episodes are not typical of other similar episodes.

Even though these people will meet the criteria for mania or hypomania, they will have depressive symptoms like:

- Low or depressed mood
- Less interest and pleasure in activities
- Feeling or looking slowed down
- Loss of energy
- Feeling worthless
- Thoughts of death

So, rather than being manic exclusively, the person will have all of the normal mania symptoms with several depression symptoms overlapping. The same can be true of someone in a depressed episode having manic symptoms overlapping.

Not only does this make identifying the condition very challenging, but treating the symptoms becomes a delicate situation.

Other Specifiers

Along with these specifiers, one could have bipolar disorder:

- With melancholic features
- With atypical features
- With catatonia
- With peripartum onset

Of this group, with peripartum onset is perhaps the most common and concerning. Like postpartum/ peripartum depression, bipolar with peripartum onset represents bipolar depressive or manic episodes that emerge during or soon after pregnancy.

These symptoms can cause obvious harm to the mother and child is left unidentified and untreated.

Conclusion

Knowing your symptoms and how they fit into a psychological framework is useful universally. Do your best not to jump to conclusions. No mental health disorder is simple or clear-cut. Your depressive or manic symptoms will distort your perceptions and self-monitoring.

Gather information from trusted supports to get a well-rounded picture of your bipolar symptoms and take your findings to a mental health professional. If you think bipolar disorder may be part of your life, an expert is the best person to assess, diagnose, and treat your bipolar symptoms. It’s time to make the call.