How Can I Treat Bipolar Blackouts?

by ERIC PATTERSON

Bipolar Blackouts

Bipolar disorder is complicated, challenging, and confusing. The spectrum of symptoms you can attribute to the disorder is vast and cover a broader range than most other mental health issues. Bipolar encapsulates all of the symptoms of depressive disorders and expands by including mania and aspects of attention deficit hyperactivity disorder (ADHD). People with bipolar disorder can experience such a variety of symptoms that diagnosis can be difficult. One symptom people can experience is bipolar blackouts.

The problem compounds when you consider that there is a high rate of comorbidity with bipolar disorder. This means that people diagnosed with bipolar may also have other mental health, physical health, and drug or alcohol disorders. ADHD, post-traumatic stress disorder (PTSD), alcohol dependence, drug dependence, and others are common in people with bipolar. Various symptoms from various diagnoses make treatment puzzling to even the most seasoned professional.

Although bipolar blackouts are not specifically listed in the criteria for bipolar disorder, many people report experiencing this concerning symptom. Before this issue can be discussed in depth, it is important to have a clear understanding of what a blackout is.

For the purpose of this article, a blackout is a period of time when a person is conscious but unable to recall any of the events, situations, or experiences afterward. A blackout is not passing out, as passing out means you are unconscious. During periods of bipolar blackouts, people engage in wild, thoughtless behaviors that they would not typically engage in otherwise.

Blackout Causes

For many, losing time, engaging in risky behaviors, and having to repair the damage done to relationships create feelings of fear, worry, depression, and anger. To address the problems associated with blackouts, you must first understand the mechanisms that cause them. Because blackouts are a widespread subject, there are many connected issues.

Impulsivity

As mentioned earlier, bipolar disorder shares similar symptoms to ADHD. ADHD and bipolar are often both diagnosed in one person. Extreme periods of impulsivity can end in a blackout period. During periods of impulsivity, someone will engage in behaviors without considering the possible repercussions of their actions. In the best-case scenario, someone will eat too much fattening food or get their nose pierced. In the worst case, someone will commit crimes, complete violent acts, or put themselves at risk.

Drugs and Alcohol

People dealing with bipolar disorder tend to seek out self-medication in the form of drugs and alcohol. With the changing symptoms associated with bipolar disorder, people use various drugs to balance out the effects. Is your mood more depressed? People will search for stimulants, cocaine, or other uppers to improve their mood. Is your mood too elevated, irritable, or anxious? In this situation, people will use marijuana, alcohol, opiates, or other downers to return their mood to the desired state.

With the increased usage of drugs and alcohol, people are more likely to overdose or consume more than their body is comfortable receiving. These episodes often end with a blackout period. They may wake up in strange surroundings with unfamiliar people.

Mania

In extreme forms of mania, people can experience psychotic episodes. While in a psychotic episode, the sufferer will be detached from reality. They will see things that are not there, hear things that others cannot, feel things that are not triggered by physical touch, and even smell or taste odors or flavors that are not present. People who are experiencing psychosis associated with mania also tend to become paranoid and disorganized.

They fear that people are out to get them or are spying on them. These periods can last for a few hours or as long as a few days. Many times, when these symptoms end, people have no recollection of these thoughts, feelings and behaviors. In fact, they commonly do not believe what others tell them about their blackout.

Depression

As with mania, depression associated with bipolar disorder can become so strong that you experience psychotic features. While it is possible to have similar symptoms to the manic version, depressed psychosis centers more in isolation, paranoia and delusional thinking. Someone in this situation may feel like God or the devil is speaking to him. They will be shocked that you cannot hear it and will be amazed that you do not believe them.

These periods may last for days or even weeks before symptoms resolve. Comparable to mania, when the period of psychosis ends, they will have no memory of the events and experience the situation as a blackout.

Anger

Anger is highly related to people with bipolar because it can be expressed during periods of depression as well as mania. Many people, especially men, experience depressive episodes that are marked more by irritability than sadness. When very depressed, they may become violent and angry. During mania, people are more likely to act with spontaneous violence. Many people report memory loss associated with anger and refer to this as blind rage or seeing red. Afterward, they cannot recall the acts they committed. These periods can last for seconds or hours.

PTSD

People with PTSD commonly experience periods of blackouts, but they have a different vocabulary to communicate their experience. They discuss dissociative reactions like depersonalization, derealization and amnesia. Depersonalization is a feeling of disconnection from yourself where you may not know who you are. Derealization is a feeling of disconnection from familiar people in your life as well as familiar places. Amnesia is a period of lost memory.

People with a trauma history may be repressing or suppressing old memories leading to blackouts of the past. Additionally, symptoms triggered by flashbacks, depersonalization and derealization can lead to blackouts of the present. The duration of these instances is broad in range.

Bipolar Blackout Treatment

As you can see, there are many factors that contribute to any blackouts you may be experiencing. This variety is matched only by the difficulty in treating these occurrences. If blackouts are a problem for you, seek help. Here’s

how:

Consult Your Doctor

Every treatment needs a starting point. For you, your primary care physician is the best place. Explain your situation to your doctor and express the level of concern you have with your current state to explore physical causes to your blackouts. Your doctor can recommend testing to rule out the physical.

Consult a Psychiatrist

After your doctor has excluded physical causes of your symptoms, move to mental health. Request a psychiatric evaluation to monitor and manage your symptoms. Many of the sources listed above will be greatly reduced if your bipolar can be better controlled. If you only experience blackouts during times of extreme depression or mania, medication can limit your incidents. Take your medication as prescribed and communicate effectively with your prescriber regarding side effects and symptoms.

Consult a Therapist

A therapist can help you gain awareness of your underlying issues that may contribute to blackouts. If your blackouts are related to ADHD impulsivity, a therapist can construct behavioral interventions to lessen risk. If you blackouts are related to PTSD, you therapist can assist in processing the trauma through trauma narratives or trauma timelines. These interventions will reduce the impact that past trauma has on your current life.

Identify and Avoid Triggers

You know that drugs and alcohol greatly influence your bipolar blackouts as well as other aspects of your life. Using to the point of blacking out is not an accomplishment. It is a dangerous situation that could end with death. Understand the role that drugs and alcohol play, and work to reduce or abstain from them. If this seems difficult to you, consult with a drug and alcohol specialist. Chances are good that your use is covering up some type of hurt that will only be resolved when dealt with directly.

In Conclusion

The good news is that few people have to deal with blackouts. The bad news is that those who do will have a difficult road of identification and treatment. Work to achieve awareness and acceptance of your situation before seeking treatment. By starting with the physical before moving to the psychological, you gain a more comprehensive understanding of your situation. By doing so, you give your treatment providers better information to help you.

It’s time to make bipolar blackouts a thing of the past.