When Bipolar Disorder Leads to Psychosis

by ERIC PATTERSON

Understanding and Managing Bipolar Psychosis

In the world of psychology and mental illness, bipolar disorder stands out from the crowd. Compared to many other conditions, bipolar disorder is more complex, more confusing, and more frustrating to sufferers and clinicians alike.

A major contributor to the complexity is that one person's presentation and symptoms of bipolar disorder can vary greatly from those of another. Additionally, the complications increase because bipolar symptoms can fluctuate regularly, which means the symptoms of today may not match the symptoms of tomorrow.

Bipolar is pervasive. It has the ability to negatively impact all phases of your life, including your mood, energy levels, relationships, and work status.

In the best situations, bipolar disorder can be managed well with effective treatment. In the worst situations, symptoms are rarely controlled, leading to many hardships that affect you and your loved ones.

In the best situations, symptoms are mild; but in the worst situations, they swing wildly and include bipolar psychosis.

Not everyone with bipolar disorder will experience bipolar psychosis, but some will experience the condition that leads to flawed perceptions of reality. This situation can be challenging to identify if you are unfamiliar with it and difficult to manage if you are unprepared to take the needed steps.

By learning all you can about the condition, you can improve the outcome of bipolar disorder if needed in the future.

Defining Bipolar Disorder

For all the media coverage and common use in everyday language, there continue to be multiple misconceptions about what bipolar disorder actually means. If you are in a "good mood" one minute and a "bad mood" the next, you do not have bipolar disorder, contrary to popular conceptions.

Instead, you have normal emotional changes that come with reactions to stressful situations. If your child refuses to go to school, it does not mean they are bipolar — it only means they are engaging in an unwanted behavior.

To be diagnosed with bipolar disorder, you must be evaluated by a mental health professional. Avoid any self-diagnosis measures or online tests that claim to offer a diagnosis — these can be flawed and often make false claims.

A professional will ask many questions about your life, the history of your symptoms, and the mental health of

your family members, since bipolar disorder has a strong familial component.

Your evaluator will look for symptoms of a major depressive episode that include:

- Depressed or irritable moods.
- Lower interest or pleasure in activities.
- Significant weight loss or weight gain.
- Changes in sleep habits.
- Feeling slowed down or sped up.
- Low energy.
- Feeling worthless with low self-esteem.
- Lower concentration and decisiveness.
- Thoughts of death or suicide.

If you meet the minimal criteria for having a major depressive episode at some point in your life, the evaluator will begin looking at symptoms of a manic or hypomania episode.

These symptoms include a mood that is persistently elevated or irritable, behaviors that are hyper-focused on achieving goals, and a combination of the following:

- Very high self-esteem.
- Lower need for sleep.
- Being very talkative.
- Bouncing from ideas quickly.
- Being distractible.
- Spending a lot of time with potentially dangerous activities, like spending money, using drugs, or having promiscuous sex.

Before the term bipolar disorder was used, manic depression was the common term for this mental health condition. It was a descriptive name because the individual must have both manic and depressive symptoms in their lifetime to qualify for the diagnosis.

The rate and intensity of the episodes will vary, as will the periods of low or absent symptoms. Some people are diagnosed with bipolar II disorder because their symptoms are only intense enough to meet the criteria for a hypomanic episode rather than manic.

Study the Specifiers

Once the bipolar diagnosis is given, your mental health clinician may ask more questions about the course of the illness, other symptoms, and developing trends and patterns of the condition.

For example, if someone with bipolar disorder consistently has depressive episodes in the fall and winter, and manic episodes in the spring and summer, they might qualify as having bipolar I disorder with seasonal pattern.

The “with seasonal pattern” is called a specifier. It is a way to fine-tune the disorder and tailor it to the individual.

Next page: a closer look at bipolar specifiers.

Study the Specifiers

There are nine specifiers:

- With anxious distress
- With mixed features

- With rapid cycling
- With melancholic features
- With atypical features
- With catatonia
- With peripartum onset
- With seasonal pattern
- With psychotic features

Psychotic Features

The final specifier is the focus here. When someone says, “bipolar psychosis,” they are likely referring to bipolar disorder with psychotic features.

The term “psychotic features” is a fancy way of saying that someone is having hallucinations and/or delusions. Hallucinations are when your brain is misperceiving or creating stimulation that is not present.

Many people think of hearing voices or seeing random things as hallucinations. In fact, each of your senses is at risk for hallucinations. There are:

- Visual hallucinations – seeing things.
- Auditory hallucinations – hearing things.
- Tactile hallucinations – feeling touches.
- Olfactory hallucinations – smelling things.
- Gustatory hallucinations – tasting things.

Although the first two are the most common, each one is possible.

When someone is having hallucinations, they often feel certain their senses are accurate, and there is something wrong with you or anyone who cannot share their experience.

Someone with active hallucinations may appear distracted or disinterested in their surroundings as they are reacting to other stimuli.

Delusions can be more complicated to describe. A delusion is a flawed way of thinking; it will involve you arriving at a conclusion or decision based on evidence that is not real.

Delusions commonly share themes like:

- Paranoia – fear of persecution from others.
- Grandeur – believing you possess talents and abilities far beyond reality.
- Jealousy or love – believing someone is cheating on you or someone is in love with you.
- Illness – fear there is a medical or mental health emergency.

Some delusions can be quite distressing, causing a great deal of anxiety and depression. Other delusions can be very comfortable and even pleasant. With enough time, though, delusions usually result in negative consequences.

Someone with delusions of grandeur might imagine they can run faster or jump farther than they actually can. To display their abilities, they attempt to jump a far gap that results in bodily injury.

Like with hallucinations, the individual having delusions will be certain their perceptions are correct, and it is you, not them, that has the problem.

Other Psychosis

When someone has psychotic symptoms like hallucinations or delusions, bipolar disorder might be a good explanation of their present state, but there are other options. Several mental health conditions share the ability to create psychotic symptoms:

- Schizophrenia
- Schizoaffective disorder
- Delusional disorder

There are major differences between these and bipolar disorder with psychotic features, though. The psychosis of bipolar will only present during periods of extreme depression or extreme mania in most cases. With the conditions listed above, the symptoms will be steady.

It is also possible to have psychotic features attached to another depressive diagnosis, like major depressive disorder. These psychotic symptoms would only present during the course of the depressive episode and vanish when symptoms improved.

Other people will have psychotic symptoms that are not due to a mental health condition at all — these symptoms will be brought on by substance abuse.

Alcohol and many drugs can produce hallucinations and delusions when used excessively. Some drugs produce intense, psychotic symptoms any time they are used.

Even a substance that carries a perception of safety, like marijuana, can lead to high levels of paranoia and delusions of persecution.

Next page: Preventing and treating bipolar psychosis.

Other Psychosis

There is an entire group of drugs called hallucinogens that are known for their ability to distort reality. Drugs in this category include:

- PCP
- LSD
- Peyote
- Mushrooms
- Ketamine
- Salvia

Not only can these substances trigger psychotic symptoms during the high, but they can also induce a condition called persistent psychosis. This condition is marked by continued hallucinations or delusions that last for years, even after substance use has ended, which makes accurate diagnosis very challenging.

Again, symptoms of bipolar psychosis will typically emerge only during extreme lows or highs. If substances are associated with the symptoms, the drugs are the likely trigger.

Preventing and Treating Bipolar Psychosis

A major force for preventing bipolar psychosis is seeking treatment early. If you have noted the symptoms of bipolar disorder in yourself or a loved one, make your way to a trustworthy, experienced mental health specialist for evaluation and treatment recommendations.

By keeping bipolar symptoms low, bipolar psychosis will not have an opportunity to materialize.

Medications

For some, the process of finding helpful medications for bipolar disorder is a long and frustrating journey. Many times, medications will be changed, adjusted, started, and stopped to find the best combination for you and your symptoms.

Other mental health concerns frequently respond well to just one medication, but bipolar disorder seems to require a combination of several types to stabilize moods and manage the other symptoms.

Depending on your location, various providers can prescribe the medications to aid your treatment:

- Psychiatrists are medical doctors with specialized training and experience in mental health.
- Certified nurse practitioners and psychologists can also prescribe medications in some states.
- Although primary care physicians have the ability to prescribe medications for bipolar disorder, they will regularly lack the specific training and experience to do so with good results.

To improve your medication results, always keep the lines of communication open with your prescriber regarding symptoms and potential side effects of the medications. Ensure you take your medication as prescribed; changing doses or using inconsistently will make it impossible to track your progress.

Therapy

Medication or therapy can be done independently, but they work better when done concurrently.

Just like with medication, many types of clinicians with various educations and experiences can provide therapy. Look for ones that are licensed by your state, which indicates a certain level of knowledge, education, and experience.

Good therapy will investigate the people, places, things, and situations that seem to spark your bipolar psychosis. Then you'll practice strategies and interventions that reduce the impact in an attempt to restore control to you, rather than the bipolar.

By building a strong ability to self-monitor, you can learn signs that show that psychotic features are imminent and take steps to reduce the risk.

Bipolar Psychosis Self-Help

Outside of a professional office, there are many steps you can take to prevent, understand, and treat bipolar disorder with psychotic feature. The best options include:

- **Always follow the recommendations of your treatment team.** Also ensure you're staying consistent and patient.
- **Pay attention to your symptoms.** Track the changes as they occur.
- **Improve your physical health.** By eating well, getting plenty of exercise, and gaining restful sleep, you can manage your symptoms and prevent psychosis. These behaviors help to regulate the neurotransmitters in your brain that influence your symptoms.
- **Avoid alcohol and other drugs.** Although they may seem like effective coping skills, they make it more difficult to understand your symptoms and the efficacy of treatment.
- **Share your condition with people you trust.** By letting them know your status, they can look for signs of hallucinations and delusions.
- **Build a safety plan.** This plan will include information related to your symptoms, how you should respond, and how you would like other people to respond. This will help to avoid emotional conflicts when symptoms are high.
- **Know your limits.** If you know your psychotic symptoms are beginning, seek a higher level of treatment like inpatient hospitalization. This step may be uncomfortable, but it can avoid future problems like

financial or legal issues that result from periods of psychosis.

Bipolar psychosis is an issue that affects many people each day. By understanding the basics of bipolar, the influence of specifiers, and the needed steps for prevention and treatment, you can put yourself in a position to reduce or eliminate psychotic features from your life, now and forever.