



mental health  
association  
nsw inc

# BIPOLAR

## (manic depression)

*A fact sheet produced by the Mental Health Information Service*

### WHAT IS BIPOLAR DISORDER?

Bipolar disorder, which used to be called manic depression, is a disorder of mood. It is characterised by extreme mood swings. The mood swings are episodic - in between episodes the person is usually completely well. Bipolar affective disorder is a mental illness, but it is more appropriately described as a neurobiological brain disorder. A person fluctuates between periods of high mood "mania" and low mood "depression".

### WHAT IS MANIA?

Mania can range from elation (hypomania) through to manic illness.

#### **Hypomania**

Activity and thought speeds up; there is less need to sleep, mood is high and self confident, with a sense of well being but there is often irritation and intolerance towards other people. Ideas flow quickly and thought processes are relatively intact. The person feels wonderfully well and in control - but in fact may not be able to see the consequences of his or her behaviour and may react angrily if confronted. Few people who are hypomanic feel "ill" so they tend to refuse medication or any suggestions that they should seek help. Perception is heightened - many people are very creative in this phase of mania. The person is easily distracted and will move quickly from one idea to another. Libido often increases and the person may form sexual relationships without considering the consequences.

#### **Acute Mania**

If hypomania is not treated, the lack of sleep and the high level of activity may lead to the person developing acute mania after a few days. In mania, thinking is disjointed and distorted and may not make sense to other people. The person may be talking so fast that other people cannot understand the flow of thoughts. Hallucinations and delusions are common and may appear very real to the person. Religious ideas are common eg: being a messenger of God or in touch with a higher being. The person is at risk of accidental injury and is usually not capable of looking after him/herself. People with heart problems may be at high risk of heart attacks during acute mania. While in this acute phase a person may spend excessive amounts of money (which they usually don't have) and go into serious debt or they delve into risky ventures or increase gambling risks due to an increased sense of optimism.

#### **Delirious Mania**

The person appears confused and bewildered and appears very disturbed. This stage often follows some days or weeks of not eating or sleeping, so the symptoms may be caused by poor nutrition and physical exhaustion. Without treatment, people can and do die in this stage of manic illness. This stage is often mistakenly diagnosed as a schizophrenic illness.

## WHAT IS DEPRESSION?

Depression is the opposite of mania - there is a general slowing down of activity. Thoughts are slower; mood is low and there may be feelings of sadness and emptiness. Thinking is difficult and it is hard to make decisions. The person may be unable or uninterested in performing everyday tasks. They may lose interest even in activities that were previously much enjoyed such as hobbies and sports. Sleeping is disturbed - it may be difficult to get to sleep with periods of wakefulness in the early hours of the morning followed by oversleeping into the late morning. The person may have an increase in appetite or a total inability to be interested in or even swallow food. There is a decrease or loss of libido. Self-confidence is low and there is a generally pessimistic outlook regarding self and others.

The pattern of mood disorder can vary from time to time and person to person:

**Bipolar I** - the person has episodes of mania and depression which are severe.

**Bipolar II** - the person has episodes of mild mania (hypomania) which generally do not disrupt normal activities. People often only seek help for the episodes of severe depression in this type of disorder.

**Unipolar Depression** - the person has depressive episodes only, but treatment with antidepressant medication may trigger mild mania.

**Unipolar Mania** - uncommon; the person has only episodes of mania but does not experience episodes of depression.

**Schizoaffective Disorder** - the person has symptoms of mood disorder and also has some symptoms of schizophrenia. The episodes are distinct mood changes and the person is often completely well between episodes.

**Mixed States** - sometimes mania and depression happen at the same time: the person may be laughing and crying at the same time or feel sad but driven to high levels of activity.

**Rapid Cycling Disorder (4 or more episodes per year)** - many more women than men develop rapid cycling moods after a number of years of mood disorder.

**Euthymia** - a period of being well: most people with mood disorder have long periods of being completely well between episodes of mood disorder.

## IS IT IN THE GENES?

Bipolar mood disorder is thought to have a genetic component. In families where one person has manic depressive illness, there are often other family members who have episodes of depressive illness or hypomania. It is not known if there is a "gene" for bipolar or if it is a *vulnerability* to severe mood swings that is passed on through families.

## OTHER POSSIBLE CAUSES OF MOOD SWINGS

Some physical illnesses, recreational drugs and medications can have an impact on mood swings. Depression is common after viral illnesses such as the flu and glandular fever. Mood swings can also be caused by viral or bacterial infection in the brain. If there is no history of mood disorder in your family then you should have a full physical check up to find out why you are having mood swings. A number of medications for other illnesses (eg: hormone preparations and medication to lower blood pressure) can trigger mood swings in some people.

**SAD (Seasonal Affective Disorder) Syndrome** - some people have distinct mood swings at particular seasons of the year. Depression is more common in winter and mania more common in spring and summer.

**Alcohol Abuse** - Alcohol is a depressant drug and also prevents the body using vitamin B properly. Many people with mood swings use alcohol to change the way they are feeling but

alcohol use can make the mood swings worse - for example, alcohol drunk in the evening can worsen the depression the following day.

## MEDICATION

### Mania

Major tranquillisers are used to treat manic illness. Lithium is also used to treat mania. It is not a tranquilliser and does not prevent the normal range of emotions - it is a mood stabiliser. Some anticonvulsant drugs have also been shown to prevent manic and depressive episodes from recurring.

### Depression

Antidepressant drugs are used to relieve the symptoms of depression. There are a number of different types of antidepressant drugs; some may work very well for one person but not for another. It may take a number of trials to find out which antidepressant drug works well for a particular person. For people who have bipolar disorder, antidepressant drugs may cause hypomania or mania. For this reason, antidepressant drugs are often taken with a mood stabiliser such as lithium. It is important to have your medication monitored so that if it does not seem to be working or it is causing other problems the dosage or drug can be changed.

## COUNSELLING AND THERAPY

Counselling and therapy involves working with a therapist on developing inner strengths, capabilities, resources and potential. There are many forms of therapy and many types of therapists. It can therefore be very confusing when starting to look for a therapist. G.P.s, local community health centres, local newspapers and telephone books and word of mouth are a few ways of finding a therapist.

## FOR HELP

- See your Community Health Centre (see white pages or call Mental Health Information Service)
- See your local GP
- MENTAL HEALTH INFORMATION SERVICE- Ph: (02) 9816 5688 / 1800 674 200 (outside Sydney Metro) for support groups, reading lists and other information.
- Write to the Depression and Mood Disorders Association 41 Ilka Street Lilyfield NSW 2040 for information about how to subscribe to MANDA, the newsletter of the DMDA.
- Reading: Manic Depressive Illness by Frederick Goodwin and Kay Redfield Jamison, Oxford University Press.
- Look under "Counselling" in the Yellow Pages.

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