

# UNDERSTANDING BIPOLAR DISORDER

## Young Adult: Get the Facts

What does it mean when a health care professional says “bipolar disorder”?



Hearing a health care professional say you have bipolar disorder can be confusing. The good news is that the emotions and behaviors you have been concerned about are actually symptoms of a treatable disorder. By getting treatment and entering recovery, people with bipolar disorder can manage their symptoms, feel better, and lead productive and meaningful lives. Recovery does not necessarily mean a cure. It does mean that people are actively moving toward wellness.

“ At first, it was quite scary—I didn’t know what to expect, and I didn’t know where to go for support or even if support existed. It felt like a roller coaster that I didn’t sign up to ride. At the same time, it was liberating as I finally had an answer regarding what I had been experiencing. ”

—Hayden, Youth

It is important to talk with a health care provider about treatment options and additional information. Your provider may be a child and adolescent psychiatrist, general psychiatrist, psychologist, pediatrician, social worker, or other health care provider. If you are concerned that you may have bipolar disorder, it is important to seek a thorough evaluation. The evaluation includes talking about your symptoms, blood and urine tests, and perhaps other tests to ensure that there is no underlying medical condition that could be causing the symptoms. It is also important to ensure that you can tolerate medication, if recommended as part of the treatment plan.

### What do we mean by recovery?

*Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.<sup>1</sup>*

*Recovery focuses on wellness and resilience, encouraging [people] to participate actively in their own care.<sup>2</sup>*



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## What is bipolar disorder?

Bipolar disorder refers to a variety of disorders that involve unusual changes in mood, activity, and energy. These changes in mood or behavior are different than the typical “highs” and “lows” that all youth and young adults experience.

In bipolar disorder, the “highs” (also called manic episodes or, in less severe cases, hypomanic episodes) are marked by a combination of symptoms. This may include:

- decreased need for sleep,
- restlessness,
- irritability,
- grandiosity,
- excessive energy and activity,
- rapid, pressured talking and racing thoughts,
- poor judgment and risky behavior,
- and a feeling that nothing can go wrong.

The “lows” (also called depressive episodes) may involve feelings of:

- constant sadness or anxiety,
- changes in appetite or sleep patterns,
- low energy,
- restlessness,
- irritability,
- thoughts about death,
- and loss of interest in favorite or pleasurable activities.

Changes in mood or behavior due to bipolar disorder may be out of character for you and may later be regretted. A diagnosis of bipolar disorder means that the manic episode lasts for one week, but may be shorter. A diagnosis of a hypomanic episode only requires four days of symptoms, and a diagnosis of depression requires two weeks of symptoms.

You may feel these symptoms most of the time, and they may seriously interfere with your regular activities with your family, in school, at work, or in other social situations. In between these episodes, you return to your usual thoughts, feelings, and behaviors.

Bipolar disorder is typically an ongoing and recurrent disorder. However, youth and young adults are resilient. Treatment that involves medications, behavioral therapy, and other elements of an individualized treatment program can help you improve your coping skills, manage your symptoms, improve daily functioning, and help you lead a full, meaningful life. An individualized treatment program can include positive family and peer support.

## What is bipolar disorder?



**Hope lives; remember,  
sometimes "hope"  
can mean  
Hold On, Pain Ends.  
You are NOT alone  
despite how lonely  
and isolated  
you may feel.**

*—Haley, Youth*

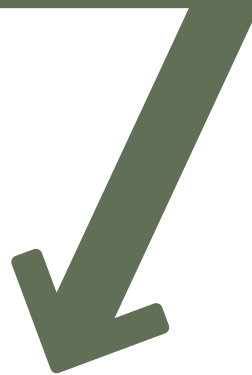


### What caused this?

Researchers and health care professionals do not completely understand the causes of bipolar disorder. It is unlikely that a single factor causes bipolar disorder. It is most likely caused by a combination of things such as genetics, chemical or other changes in the brain, and/or environmental factors. Bipolar disorder often runs in families. Traumatic experiences can also contribute to the development of psychiatric disorders. If you have experienced a traumatic incident, it is critical to share that information with your health care provider.

### How common is this disorder?

Data from the National Comorbidity Survey show that the rate of bipolar disorder among 15- to 29-year-olds is in the range of 3.1 percent to 7.0 percent.<sup>4,5</sup>



### What do we mean by resilience?

*Resilience is the ability to respond to stress, anxiety, trauma, crisis, or disaster. It is critical in recovery [from mental disorders].<sup>3</sup>*

## What are the treatment approaches?

Bipolar disorder can be managed in many ways. This includes medication and various types of psychotherapy. Support from family or friends may be very helpful for some people. If you are of consenting age, you may need to provide written consent for parents or caregivers to participate on the treatment team. It is important to talk to your health care providers about other types of treatment, such as complementary medicine, as well as programs that can provide additional support related to education, employment, housing, and vocation and career development. It is also important to have good self-care, such as a healthy diet, exercise, sleep, and abstinence from illicit drugs. You should collaborate with your family and health care provider to consider treatment options. Decisions should be made that fit your own priorities and goals.

### *Medications*

Medications can help to manage many of the symptoms of bipolar disorder. Each person reacts differently to these medications. For that reason, the prescribing health care professional may try different doses and different kinds of medication before finding the most effective approach for you. Be candid with your prescriber and be patient. Finding the best medication and the most effective dose may take time. Most youth with bipolar disorder will require ongoing medication therapy to prevent relapse. Although medications help with the main symptoms of bipolar disorder, they do not necessarily address the needs you may have for support and building skills.

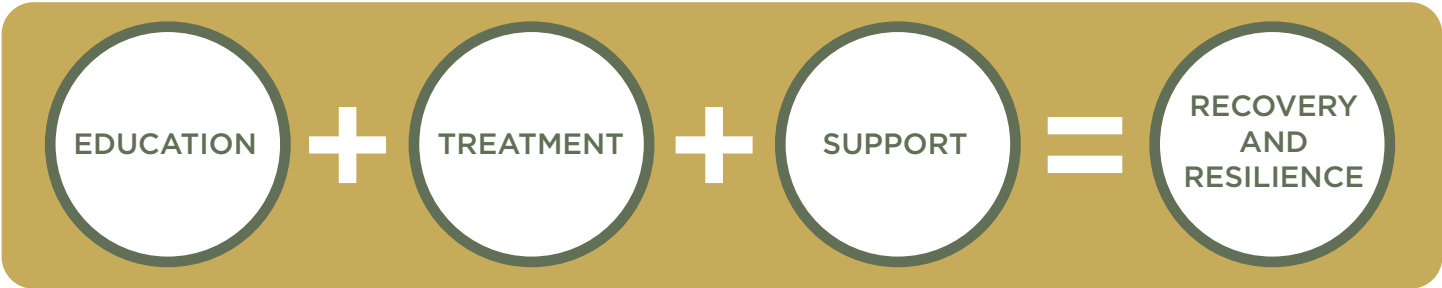
### *Therapy*

Behavioral therapy, cognitive behavioral therapy, or other forms of psychotherapy, (e.g., dialectical behavioral therapy, or DBT, has shown evidence of being effective for some of the symptoms associated with bipolar disorder) may be used alone or in combination with medications. These types of treatments help you understand, identify, and choose behaviors in situations that could trigger manic or depressive episodes. Learning information about bipolar disorder and lifestyle modification, such as sticking to a sleep schedule or reducing caffeine/energy drinks, can also be tools to support the treatment process.

### *Support*

Your family or peers that have managed similar challenges can be an important part of your treatment team for bipolar disorder. Talking with peers lets you learn from others who have bipolar disorder and are further along in recovery. As part of your treatment team, these individuals can help you recognize mood changes before they become a greater problem. These partners can be an important source of support and encouragement, helping you to stay focused on your recovery and life goals.

It is important to tell your health care provider(s) about all of your symptoms, such as any particular fears, your feelings in social situations, or persistent/worsening low mood that may be bothering you. Be sure to report any problems or lifestyle changes to your prescriber, including any use of drugs or medications, smoking, excessive caffeine (energy drinks), or alcohol. Self-medicating yourself with alcohol or drugs can complicate your treatment and make your symptoms worse. If you have thoughts or plans of harming yourself or others, contact your prescriber or the **National Suicide Prevention Lifeline, 1-800-273-LIFE (8255)** or via the web chat function at <http://www.suicidepreventionlifeline.org> immediately.



Where can I learn more and get support?



- American Academy of Child and Adolescent Psychiatry**  
[http://www.aacap.org/AACAP/Families\\_and\\_Youth/Resource\\_Centers/Bipolar\\_Disorder\\_Resource\\_Center/Home.aspx](http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Bipolar_Disorder_Resource_Center/Home.aspx)
- Depression and Bipolar Support Alliance**  
<http://www.dbsalliance.org>
- Find Youth Info**  
<http://www.findyouthinfo.gov>
- Mental Health America**  
<http://www.mentalhealthamerica.net>
- National Alliance on Mental Illness**  
[http://www2.nami.org/Content/NavigationMenu/Mental\\_Illnesses/Bipolar1/Home\\_-\\_What\\_is\\_Bipolar\\_Disorder\\_.htm](http://www2.nami.org/Content/NavigationMenu/Mental_Illnesses/Bipolar1/Home_-_What_is_Bipolar_Disorder_.htm)
- National Center for Complementary & Integrative Health**  
<http://nccih.nih.gov/health/integrative-health>
- National Institute of Mental Health**  
<http://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>
- National Suicide Prevention Lifeline**  
<http://www.suicidepreventionlifeline.org>  
 1-800-273-LIFE (8255)
- Ok2Talk**  
<http://ok2talk.org>
- Substance Abuse and Mental Health Services Administration**  
<http://www.samhsa.gov/disorders/mental>
- Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline**  
<http://www.samhsa.gov/find-help/national-helpline>
- Teen Mental Health**  
<http://teenmentalhealth.org/learn/mental-disorders/bipolar-disorder-2>
- The Storm in My Brain**  
<http://www.dbsalliance.org/pdfs/storm.pdf>
- Youth Motivating Others through Voices of Experience**  
<http://www.youthmovenational.org>

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- <sup>1</sup> (2012). *SAMHSA's Working Definition of Recovery*. SAMHSA.
- <sup>2</sup> American Psychiatric Association. (2005). *Position Statement on Use of the Concept of Recovery*.
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- <sup>4</sup> Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 593-602.
- <sup>5</sup> Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime Prevalence of Mental Disorders in US Adolescents: Results from the National Comorbidity Study - Adolescent Supplement (NCS-A). *Journal of Child and Adolescent Psychiatry* 49(10), 980-989.

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