



VA/DoD CLINICAL PRACTICE GUIDELINE FOR THE MANAGEMENT OF BIPOLAR DISORDER

Department of Veterans Affairs
Department of Defense

Patient Summary

I. Overview of Bipolar Disorder

Bipolar disorder (BD) is a mental health condition in which people might experience sustained episodes of both mania or hypomania and/or depression. Episodes of mania or hypomania last at least four days but are usually much longer. People with mania or hypomania have increased energy and activity. They might have a decreased need for sleep, racing thoughts, fast speech, irritable mood, and risk-taking behavior. They might also participate in many activities or projects at once.

People with depression might lack interest in the normal joys of life and have poor sleep. They might have a loss of appetite or overeat. At times, they might also experience suicidal thinking. Symptoms are not only a bad mood but a group of symptoms that last all day, every day. Symptoms last for at least two weeks and often much longer.

Having BD can make it hard to live a normal life. If not treated, BD can result in a poor quality of life. BD is also linked to an increased risk of death by suicide. However, there are many effective treatments for BD.

II. What Are the Causes of Bipolar Disorder?

Bipolar disorder is likely caused by a mix of genetic, biological, environmental, and psychological factors. Family history, childhood trauma, and problems with drugs and alcohol raise the risk of BD.

Symptoms of BD typically present during young adulthood. However, they can also present earlier or later in life.

III. How Do I Know If I Have Bipolar Disorder?

Sometimes people who have BD do not realize it. They might not know why they are having problems in their life or why they are not successful. They might feel like something is wrong but cannot explain why. Symptoms of BD impact work, daily home responsibilities, and relationships with family and friends. They can also lead to financial stress. If a person has poor functioning in these areas, it might be friends, peers, or family members, who first notice the person's relationship between poor functioning and mood episodes. Identifying such a relationship is important in recognizing BD. Mood episodes that are serious enough to cause problems in these areas might indicate BD. This is in part because the severity and duration of mood episodes impact key areas of functioning (e.g., missing work, resulting in dismissal). Having multiple mood episodes per day, feeling excited after something good happens, or feeling sad after something bad happens, does not mean that someone has BD. People with BD have long-term episodes that cause problems or stress in an individual's life.

People with BD might show mood episodes through periods of irritability or anger. Feelings of frequent irritability might not be a sign of BD. If periods of irritability lead to problems in work, relationships, or with money, it might be a sign of BD. Irritability that happens briefly or during periods of stress (e.g., illness, accident, death of loved one) might not be BD. Talk to your doctor if you think mood episodes are impacting your ability to be successful in important life areas. Examples of mood episodes that could represent bipolar spectrum illnesses include:

- Not being able to behave normally at home or work for a lengthy period (four days or more) due to an excited or irritable mood.
- Taking unusual risks. For example, this may include spending a lot of money, driving unsafely, or practicing unsafe sex.

Frequently Asked Questions:

How do I decide which treatment is best for me?

Discuss medications, talk therapy, and other treatments with your doctor. They will help you decide which treatment is best for you with the least amount of side effects.

Why do I need to see my doctor so often?

It might take several months and many visits for your doctor to find the right treatment to help you manage your symptoms and feel better.

My bipolar disorder is controlled. Can I stop treatment?

You should discuss this with your doctor. Most people who use medication remain on it their whole life. Everyone's treatment plan is different. It is important to continue treatment even if you start to feel better. Stopping treatment too soon can increase your risk of having mood episodes again. Talk to your doctor before making any changes to your treatment plan.

- Persistent depressive symptoms that do not respond to treatment (e.g., low mood, low energy, low interest, poor concentration, inability to make decisions, extreme worry, poor sleep, major change in appetite)

IV. What Can I Expect from My Doctor?

Your doctor will ask questions to see if you have experienced manic or depressive episodes. Your doctor might ask you many questions as part of an interview. This will help them figure out what is causing the symptoms and make a plan for treatment. They might also do blood or laboratory testing. Testing will help see if you have other conditions that can lead to depression (e.g., thyroid, drug use) or mania (e.g., stimulant use). This would also include pregnancy testing for women.

If your doctor thinks you might hurt yourself or others, they will refer you to a specialist for emergency treatment.

V. How Can I Treat My Bipolar Disorder?

Research has found effective BD treatments. These include medications, counseling, collaborative team-based care, and technology-based interventions. If you think you might have BD, talk to your doctor to get confirmation of this diagnosis. Receiving treatments for BD with a false diagnosis might expose you to harmful treatment side effects. Receiving treatments for depression when BD is present can make BD worse. Progress in BD research has provided doctors with treatment options that can be tailored to patients' needs. Usually, more than one type of treatment (e.g., medications and counseling) is used until the right combination is found.

VI. Medications

Many medication classes have been found to be helpful in managing BD. These might sound familiar to patients as social media is reporting more openly about them. Medications are divided into classes based on how they work in the brain and the conditions they treat. Classes might include “mood stabilizers,” “anti-psychotics,” or “anti-depressants.” Certain medications for seizure prevention, known as “anticonvulsants,” also work as mood stabilizers. Each medication class has been studied in BD and has research to support its use in the separate phases of BD (e.g., mania, depression, normal mood).

Medication classes might be started, stopped, or changed by your doctor depending on your response to treatment. Do not change your medication without talking to your doctor. Each medication class has different benefits and side effects that need close monitoring. Getting feedback on your mood from your social support can also help. Medications for BD require blood work to check for drug levels, side effects, or pregnancy for women of childbearing potential. Please be ready to discuss these issues with your doctor if a diagnosis of BD is made.

VII. Psychotherapy

Psychotherapy or talk therapy can help treat depression but does not help treat mania. Patients can meet with doctors one-on-one or in a group. The choice and type of therapy can be based on a patient's needs and preferences. Some approaches to therapy might focus on learning skills, self-awareness, or your relationships with others.

VIII. Other Treatments

Your doctor might suggest medications with or without talk therapy first. Yet other treatments (e.g., light therapy) can also help individuals with BD. Electroconvulsive therapy is an option for patients with symptoms that have not improved with other treatments, or with more severe symptoms.

These other treatment options might be useful in your treatment journey. Talk to your doctor to see if these treatment options are right for you.

IX. Precautions

Taking antidepressants without being diagnosed with BD is thought to increase the risk of a manic episode. Thus, the questions asked by a patient's doctor are important to help choose medications. Some medications for BD should not be taken during pregnancy. Pregnancy tests are almost always performed before starting these prescriptions. Women with BD who want to become pregnant should talk to a psychiatrist before taking medication.

X. Maintenance

Maintenance of treatments is important when seeking a successful life with BD. Compared to other mental health conditions, there are unique challenges with BD. Patients with BD sometimes start to feel better and stop taking medications or going to therapy (e.g., counseling, exercise, sleep hygiene). Feeling better could be the beginning of a BD mood episode or the result of positive feedback from social support. Continuing treatments is essential to reduce the chance of symptoms worsening. Patients should talk to their doctor before they change or stop treatment.

XI. What Can I Do to Improve My Health?

In addition to getting help and continuing treatment, there are things you can do to help yourself feel better. These include:

- Exercising
- Eating healthy
- Sleeping well
- Reading books that promote skills to help with mood episodes and depression, and improve your well-being (your doctor can recommend some)

- Limiting use of tobacco, alcohol, and caffeine
- Reaching out to friends and family for support and company
- Calling your doctor, social support, or a hotline immediately if you are feeling worse or thinking about hurting yourself (Veterans' Suicide and Crisis Lifeline: 988, press 1)

Where Can I Find More Information?

National Institute of Mental Health:

<https://www.nimh.nih.gov/health/topics/bipolar-disorder>

Substance Abuse and Mental Health Services Administration:

<https://www.samhsa.gov/serious-mental-illness/bi-polar>

Bipolar Treatment for Veterans:

<https://www.mentalhealth.va.gov/bipolar/index.asp>