

## **BIPOLAR DISORDER**

**Basic description of the disorder** - Also called ‘manic-depressive illness’, bipolar disorder is characterized by unusual shifts in mood, energy and activity levels, sometimes so much so that there may be difficulties carrying one’s day-to-day tasks. Everyone faces ups and downs in life but in bipolar disorder, the ups are higher and the lows are lower than what would normally expect.

**Symptoms** – Symptoms usually appear in late teens or early adulthood. Bipolar disorder has two phases of intensely emotional states called ‘mood episodes’ – this may go from an excessively joyous state called ‘manic’ episode to one that is unusually sad called a ‘depressive’ episode. What happens between manic and depressive states? Sometimes, the patient can be free of any symptoms, whereas other times there can be lingering episodes. The Diagnostic and Statistical Manual of Mental Disorders (DSM) is used to diagnose bipolar disorder. Patients with bipolar disorder may have suicidal thoughts in which case they should contact a suicide hotline and make an appointment with the mental healthcare provider as soon as they can. Major life changes and intensely traumatic events can precipitate bipolar disorder.

**Treatments** - Bipolar disorder doesn’t get better by itself, but can be managed effectively with drugs or behavioral therapies. Presently, bipolar disorder cannot be cured. Bipolar disorder usually requires lifelong therapy, and it is most important to stick to the drug regimen as prescribed. Usually the drugs prescribed are mood stabilizers, antipsychotics, antidepressants and anti-anxiety medication. Other options are psychotherapy, electroconvulsive therapy (ECT) and transcranial magnetic stimulation (TMS). Bipolar disorder can be better managed by quitting smoking and using illegal drugs. Also make sure to get regular physical exercise, eat well and get plenty of sleep.

**What we know about bipolar disorder** – As far as the causes of bipolar disorder, we do know that genetics may play a role; having a first degree relative may increase the chances of having bipolar disorder. However, it doesn’t explain everything, as the environment and alterations in neurotransmitter signaling potentially play a role. There may also be issues with the way the brain develops (i.e. neuronal development) also.

**What we don’t know about bipolar disorder** – There is no single cause of bipolar disorder, and how exactly traumatic events lead to an increased susceptibility to bipolar disorder is not fully understood. Some studies have shown the role of the prefrontal cortex in the disorder; however its exact role isn’t well understood. Issues with connectivity between brain structures may also play a role. One issue with

studying bipolar disorder is that it is difficult to simulate it in animal models; and as with any disorder, the biological variability also makes it a challenge.

**Current knowledge of causes, disease progression, etc; current directions in research** – Scientists are trying to find the genetic causes of bipolar disorder. In the [Bipolar Disorder Phenome Database](#) that is funded by the National Institutes of Mental Health, researchers are linking signs of the disorder with genes that may influence them.

**Links to other sites (Good sites providing information, resources, personal experience, more research info)**

<http://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml>

<http://www.mayoclinic.org/diseases-conditions/bipolar-disorder/basics/definition/con-20027544>

<http://www.helpguide.org/articles/bipolar-disorder/bipolar-disorder-signs-and-symptoms.htm>

**Video: interview with clinician or researcher and a person with the disorder who can talk about their own experience**

There is no one I know who studies bipolar disorder in the lab or the clinic.