



Bipolar disorder

Explains what bipolar disorder is, as well as different diagnoses and treatments. Offers information on how you can support someone with bipolar and tips for self-management.

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About bipolar disorder

To give you an introduction to bipolar disorder, this page covers:

- [What is bipolar disorder?](#)
- [What's it like living with bipolar disorder?](#)
- [Bipolar disorder and stigma](#)

What is bipolar disorder?

Bipolar disorder is a mental health problem that mainly affects your mood. If you have bipolar disorder, you're likely to have times where you experience:

- **Manic or hypomanic episodes**, which means feeling high.
- **Depressive episodes**, which means feeling low.
- **Potentially some psychotic symptoms** during manic or depressive episodes.

You might hear these different experiences called **mood episodes** or **states**. You can read more about them in our page on [bipolar moods and symptoms](#).

Depending on the way you experience these moods, and how severely they affect you, your doctor may diagnose you with a particular [type of bipolar disorder](#).

"It's an emotional amplifier: when my mood is high I feel far quicker, funnier, smarter and livelier than anyone; when my mood is low I take on the suffering of the whole world."

What's it like living with bipolar disorder?

In this video, Laura, Steve and Joe talk about their experiences of living with bipolar disorder.

[Watch on Youtube](#)

[View video transcript as a PDF](#) (opens in new window)

Bipolar disorder – Siobhan's story

In this podcast, Siobhan talks about her experiences of bipolar disorder.

Content warning: this podcast mentions suicide, but it doesn't include details on methods.

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Bipolar disorder and stigma

Many of us have heard of bipolar disorder, but this doesn't mean we all fully understand the diagnosis.

You might find that some people have:

- Misconceptions about you
- A negative or inaccurate image of bipolar disorder

This can feel very upsetting. Especially if the person who thinks this way is a friend, colleague, family member or healthcare professional.

Remember: you are not alone and you don't have to put up with people treating you badly.

You might want to think about the following options:

- **Show people this information.** It might help them better understand what your bipolar disorder diagnosis means.
- **Get more involved in your treatment.** You can have a say in your treatment, make your voice heard, and take steps if you're not happy with your care. For guidance, see our pages on [seeking help for a mental health problem](#).
- **Know your rights.** The law can help you in certain situations. For more information, see our pages on [legal rights](#).
- **Take action with Mind.** For details of ways you can get involved in helping challenge stigma, see our page on [campaigning](#).

For more information, see our page on [stigma and misconceptions](#).

"What helps me the most is the ongoing realisation and acceptance that the way in which my bipolar disorder manifests itself, and the symptoms I display, are not personality traits or 'bad behaviour'."

What does bipolar mean?

The word bipolar has two parts:

- **Bi** meaning 'two'
- **Polar** meaning 'completely opposite'

The term **bipolar** refers to the way your mood can change between two very different states – **mania** and **depression**. In the past, people used to refer to bipolar disorder as **manic depression**. You might still hear people use this older term today.

But both terms can lead to misunderstanding. People can think it means only having mood swings between severe mania and depression. But bipolar disorder is much more complex than this.

[Mood episodes](#) can range from severe depression, to mania and anything in between. Sometimes your episodes may feel intense and other times you may feel stable. And you may never experience certain mood episodes. For example, not everyone with bipolar disorder will experience mania.

Some healthcare professionals may also use the term bipolar affective disorder. 'Affective' means that the disorder relates to mood or emotions.

"The term bipolar can be a little bit misleading actually, because I don't think there are just always two poles of being depressed and being manic."

Bipolar moods and symptoms

We all have changes in our mood, but in bipolar disorder these changes can feel very distressing and have a big impact on your life.

You may feel that your high and low moods are extreme, and that swings in your mood are overwhelming. And you may feel and behave very differently, depending on your mood. This can be difficult and confusing.

These swings in mood are sometimes called **mood episodes** or **mood states**. Not everyone experiences mood episodes in the same way or for the same amount of time.

This page covers:

- [Manic and hypomanic episodes](#)
- [Depressive episodes](#)
- [Mixed episodes](#)
- [Psychotic symptoms](#)
- [Stable or neutral periods](#)
- [How often do bipolar episodes occur?](#)

Manic and hypomanic episodes

Manic and hypomanic episodes – or mania and hypomania – both mean feeling high.

Manic and hypomanic episodes have similarities in how they may make you feel or act. But there are some key differences:

- **Severity of symptoms.** Severe mania is very serious and often requires hospital treatment. Hypomania can noticeably change your mood or behaviour, but it's less severe than mania.
- **Impact on your life.** Manic episodes can impact your ability to do your daily activities – often disrupting or completely stopping them. Hypomanic episodes can disrupt your life, but you may still feel able to work or socialise.
- **Length of episode.** For a mood episode to be classed as mania, it needs to last for a week or more. For hypomania, it needs to last for four days or more. But both manic and hypomanic episodes can last much longer than this.
- **Types of symptoms.** You may be more likely to experience severe symptoms with mania, such as more extreme risk-taking behaviours. Manic episodes can sometimes include [psychotic symptoms](#), like hallucinations or delusions. Hypomanic episodes never include these.

Both mania and hypomania can be really tough to experience and manage. Whether you experience mania or hypomania, or if you're not sure what you're experiencing, it's always OK to [seek support](#).

"The hardest thing to explain is the racing thoughts when I'm manic. It's like I've got four brains and they're all on overdrive... it can be scary but also euphoric at the same time."

Feelings

During a manic or hypomanic episode, you might feel:

- Happy, joyful or a sense of wellbeing
- Very excited or uncontrollably excited
- Like you can't get your words out fast enough
- Irritable or agitated
- Increased sexual energy
- Easily distracted – like your thoughts are racing or you can't concentrate
- Confident or adventurous
- Like you're untouchable or can't be harmed (more likely in mania)
- Like you can perform physical and mental tasks better than normal
- Like you need less sleep than usual
- Very focused or determined to complete certain tasks or projects

Behaviours

During a manic or hypomanic episode, you might:

- Be more active than usual
- Talk a lot, speak very quickly, or not make sense to other people
- Be very friendly to others
- Say or do things that are inappropriate and out of character
- Sleep very little or not at all
- Act rudely or aggressively
- Misuse drugs or alcohol
- Spend money excessively or in a way that is unusual for you
- Lose social inhibitions
- Take risks with your safety

"On 'up' days I chatter nineteen to the dozen with anyone, to the point it annoys people, and I can't stay still."

What will I feel like afterwards?

After a manic or hypomanic episode you might:

- Feel very unhappy or ashamed about how you behaved
- Have made commitments or taken on responsibilities that now feel unmanageable
- Have only a few clear memories of what happened during your episode, or none at all
- Feel very tired and need a lot of sleep and rest

For more information, see our pages on [hypomania and mania](#).

Depressive episodes

Depressive episodes are periods of feeling low. They last at least two weeks but can last much longer, sometimes for months. Like manic or hypomanic episodes, they can severely disrupt your everyday life. Severe depression may require medication or a stay in hospital.

Some people find that depressive episodes can feel harder to deal with than manic or hypomanic episodes. The contrast between your high and low moods may make your depression seem even deeper.

Feelings

During a depressive episode, you might feel:

- Down, upset or tearful
- Tired or sluggish
- Uninterested in things you usually enjoy
- Low self-esteem and a lack of confidence
- Guilty, worthless or hopeless
- Agitated and tense
- Like you can't concentrate on anything
- [Suicidal](#)

Behaviours

During a depressive episode, you might:

- Not do things you normally enjoy
- Have trouble sleeping, or sleep too much
- Eat too little or too much
- Misuse drugs or alcohol
- Act withdrawn or avoid social situations
- Spend a lot of time thinking about upsetting or difficult things (also called rumination)
- Avoid contacting or responding to people
- Be less physically active than usual
- Try to [self-harm](#) or attempt [suicide](#)

For more information, see our pages on [depression](#).

If you feel unable to keep yourself safe, it's a mental health emergency.

[Get emergency advice](#)

"The lows can be flat and devoid of colour, or intense and torturous. Sometimes it's full of demons, and pain inside so bad that nothing physical could hurt you."

Mixed episodes

A mixed episode, sometimes called a mixed state, is when you feel both high and low.

You may experience [symptoms of depression](#), plus [mania or hypomania](#) at the same time. For example, you may feel very energised and impulsive, while feeling upset or tearful. Or you may feel very agitated or irritable.

You may also experience highs and lows very quickly after the other, within the same day or hour.

A mixed episode can be particularly difficult to cope with, as:

- It can be harder to work out what you're feeling
- It can be harder to identify what help you need
- You might find managing your emotions harder and more exhausting
- Your friends, family or doctor might struggle to know how to best support you
- You may be more likely to act on [suicidal thoughts and feelings](#)

If you feel unable to keep yourself safe, it's a mental health emergency.

[Get emergency advice](#)

"The mixed episodes are the worst. The most unpredictable and most dangerous ones, I find them difficult to explain."

Psychotic symptoms

Not everyone with a diagnosis of bipolar disorder experiences psychosis, but some people do. It's more common during [manic episodes](#), but can also happen during [depressive episodes](#).

These kinds of experiences can feel very real to you at the time, which may make it hard to understand other people's concerns about you.

Psychotic symptoms can include:

- Delusions, such as [paranoia](#)
- Hallucinations, such as [hearing voices](#)

For more information, see our pages on [psychosis](#).

"Then with mania comes the paranoia, the shadows, the voices, the thought someone is behind me following me everywhere I go, ready to get me."

Stable or neutral periods

It's common to have stable or neutral periods in between episodes. This doesn't mean that you have no emotions during this time. It means that you're not currently experiencing [mania](#), [hypomania](#) or [depression](#), or that you're managing your symptoms effectively.

You might find you feel stable for years in between episodes. Or your periods of stability might be much shorter.

Stable periods can feel like a relief. But they can also feel challenging in their own way. You may feel:

- Happy, calm or relieved
- Worried about becoming unwell again
- Embarrassed or guilty about things you did or said when you were unwell
- Like you have lots to sort out or catch up on
- Like you have to 'get back to normal life' straight away
- That you miss elements of your life or personality from when you were unwell
- Unsure about whether to [continue with medication](#) or other treatment

"It's a lot harder coming to terms with being stable than I could have imagined. I've had to struggle with a 'new' identity and way of life after spending so many years thinking the ups and downs of bipolar are 'normal'."

How often do bipolar episodes occur?

Bipolar episodes happen at different times for different people. The frequency can depend on a lot of things, such as:

- Your exact [bipolar disorder diagnosis](#).
- How well you're able to manage your symptoms.
- How you'd personally define an episode.
- Whether certain situations or experiences can trigger episodes. For example, you might find that sleeping very little or going through a stressful life event could trigger a manic episode.

The length of mood episodes can also vary. They can last for a few weeks or much longer. What's normal for you can also change over time.

These experiences can be extremely difficult to cope with while going through them. While you're feeling stable, it can be helpful to think about the future.

To help you with this, see our pages on [looking after yourself](#), [treatment for bipolar disorder](#) and [planning for a crisis](#).

What types of bipolar disorder are there?

Bipolar disorder is often broken down into types and subtypes.

Your doctor may [diagnose](#) you with a particular type of bipolar disorder. This will depend on how you experience different [bipolar moods and symptoms](#), and how severely they affect you.

Not all medical professionals agree on how to classify or diagnose bipolar disorder. More research in this area is needed.

You may hear several different words or phrases used to describe types of bipolar. This can be confusing and frustrating. Especially if you feel that your experiences are not being fully understood. Or if you are being told different things by different people.

This page covers:

- [Bipolar 1](#)
- [Bipolar 2](#)
- [Cyclothymia](#)
- [Rapid cycling bipolar](#)
- [Bipolar with mixed features](#)
- [Bipolar with seasonal pattern](#)
- [Unspecified bipolar](#)

Bipolar 1

You may get a diagnosis of bipolar 1 if you have experienced:

- At least one episode of [mania](#) which has lasted longer than a week.
- Some [depressive episodes](#) too, although not everyone does.

Bipolar 2

You may get a diagnosis of bipolar 2 if you have experienced both of the following:

- At least one [depressive episode](#).
- Symptoms of [hypomania](#) that have lasted at least four days.

Cyclothymia

You may get a diagnosis of cyclothymia if:

- You've experienced both [hypomanic](#) and [depressive](#) mood episodes over the course of two years or more.
- Your symptoms aren't severe enough to meet the diagnostic criteria of bipolar 1 or bipolar 2.

Cyclothymia can sometimes develop into bipolar 1 or bipolar 2.

Cyclothymia can be a difficult diagnosis to receive. You may feel as though someone is saying your symptoms are 'not serious enough', but this isn't the case. Cyclothymia can seriously impact your life. And mental health is a spectrum that covers lots of different experiences.

"I have cyclothymia. It can make you feel more like it must be all in your head as the symptoms are often not as extreme as bipolar."

Rapid cycling bipolar

You may be told you have bipolar 1 or 2 'with rapid cycling' if you've experienced four or more [depressive](#), [manic or hypomanic](#) or [mixed episodes](#) within a year.

This might mean:

- You experience episodes of mania or hypomania, followed by episodes of depression.
- You feel stable for a few weeks between episodes. For example, you may cycle between manic episodes and stable periods.
- You experience episodes that last months, weeks or days.

If you have bipolar disorder, you may experience rapid cycling at certain times in your life and not others.

Currently, rapid cycling is not officially considered a separate type of bipolar disorder. More research is needed about rapid cycling and how best to treat it.

For more information on rapid cycling, see the [Bipolar UK website](#).

If your mood changes quickly within the same day, or the same hour, this is usually classed as a [mixed episode](#), rather than rapid cycling. But some people use the term rapid cycling to describe this experience.

Bipolar with mixed features

You may be told that you have bipolar 1 or 2 'with mixed features' if you experience [mixed episodes](#). This is when you experience [depression](#) and [mania or hypomania](#) at the same time, or very quickly after each other.

This is sometimes called mixed bipolar state or mixed affective bipolar.

Bipolar with seasonal pattern

You may be told that you have bipolar 1 or 2 'with seasonal pattern'. This means that the time of year or seasons regularly affect your [mood episodes](#).

Unspecified bipolar

You may hear this if your symptoms don't quite fit into the diagnostic categories for other types of bipolar disorder.

But this **doesn't mean that:**

- Your symptoms are any less difficult
- You don't need treatment or support

Using any of these terms can help both you and health professionals discuss your diagnosis and treatment more specifically. If they ever use words or phrases you don't understand, you can ask them to explain.

How is bipolar disorder diagnosed?

This page covers:

- [What will my doctor ask me?](#)
- [How long will diagnosis take?](#)
- [Challenges with getting a diagnosis](#)

What will my doctor ask me?

To make a diagnosis of bipolar disorder, your doctor will ask you about:

- How many symptoms you experience
- Which types of [mood episodes](#) you experience
- How long your mood episodes last for
- How many mood episodes you've had
- How often your mood episodes occur
- How your symptoms impact your life
- Your family history

They may also:

- Ask you to keep a diary of your moods to help you both identify patterns and triggers.
- Check up on your physical health. For example, some conditions like thyroid problems can cause mania-like symptoms.

Only a mental health professional like a psychiatrist can give you a bipolar disorder diagnosis – not your GP.

However, if you're experiencing [bipolar moods and symptoms](#), discussing it with your GP can be a good first step. They can refer you to a psychiatrist, who will be able to assess you.

For more information see our pages on [seeking help for a mental health problem](#).

"Once properly diagnosed, I knew the cause. I understood that I was someone with an illness. I was not a failure, not a bad person."

How long will diagnosis take?

As bipolar disorder involves changes in your moods over time, your doctor may want to observe you for a while before making a diagnosis.

Your doctor will want to be careful that they give you the correct diagnosis. Bipolar disorder has some symptoms in common with other mental health problems, such as:

- [Depression](#)
- [Borderline personality disorder \(BPD\)](#)
- [Post-traumatic stress disorder \(PTSD\)](#)
- [Schizoaffective disorder](#)
- [Schizophrenia](#)

Because of this, it might take a long time to get a correct diagnosis – sometimes it can take years.

"The trouble with bipolar is that sometimes it can go undiagnosed. You don't go to the doctor to tell them you are feeling extremely happy. That you've got so much energy and can conquer the world (quite literally)."

If you drive, you need to tell the [Driver & Vehicle Licensing Agency \(DVLA\)](#) that you have been diagnosed with bipolar disorder.

For more information on your right to drive, including when and how to contact the DVLA, see our legal pages on [fitness to drive](#).

Challenges with getting a diagnosis

The symptoms of bipolar disorder can overlap with other mental health problems. Different people may experience or express their symptoms in different ways. And professionals do not always get it right.

Because of this, you might:

- Not get a diagnosis of bipolar disorder when you feel you should have one.
- Get a diagnosis of a different mental health problem, which you don't agree with.
- Get a diagnosis of bipolar disorder that you think is incorrect.

Even if you think your diagnosis is correct, you may still feel that it doesn't completely fit your experiences.

If you are unhappy or concerned about your diagnosis, it's important to discuss this with your doctor.

You can make sure your voice is heard, seek a second opinion and take steps if you're not happy with your doctor. For more information see our pages on:

- [Advocacy](#)
- [Seeking help for a mental health problem](#)
- [Facing and overcoming barriers](#)

"I was diagnosed with BPD first because of the overlap in symptoms between bipolar 2 and BPD."

What causes bipolar disorder?

No one knows exactly what causes bipolar disorder. Research suggests that a combination of factors could increase your chance of developing it. This includes physical, environmental and social conditions.

This page covers:

- [Childhood trauma](#)
- [Stressful life events](#)
- [Brain chemistry](#)
- [Family links](#)
- [Medication, drugs and alcohol](#)

Childhood trauma

Some experts believe that experiencing a lot of emotional distress as a child can cause bipolar disorder to develop. This could be because childhood trauma and distress can have a big effect on your ability to manage your emotions.

This can include experiences like:

- Neglect
- Sexual, physical or emotional abuse
- Traumatic events
- Losing someone very close to you, such as a parent or carer

Stressful life events

You may be able to link the start of your symptoms to stressful experiences or situations in your life.

Some people also find that stress can trigger a [mood episode](#). Or it may make symptoms feel more intense or difficult to manage.

Things that can cause stress include:

- A relationship breakdown
- [Money worries](#) and poverty
- Experiencing [trauma](#)
- [Losing someone](#) close to you
- Being abused, bullied or harassed, including experiencing [racism](#)
- Feeling [lonely](#) or isolated
- Lots of change or uncertainty
- Feeling under [pressure while working](#), studying or looking for work
- Big events, such as weddings or holidays

For more information on the links between stress and mental health, see our pages on [managing stress](#).

"Doing too much, or going to extremes, in any aspect of my life, is a recipe for a mood episode."

Brain chemistry

Evidence shows that you can treat bipolar symptoms with certain [psychiatric medications](#) which act on the neurotransmitters. These are the 'messenger chemicals' in your brain.

This suggests that bipolar disorder may relate to functional problems of the neurotransmitters. While some research supports this, no one knows for sure how these neurotransmitters work. And we don't know whether problems with these are a cause of bipolar disorder, or a result of it.

Family links

If you experience bipolar disorder, you're more likely to have a family member who also experiences [bipolar moods and symptoms](#). But they might not have an official diagnosis. This suggests that bipolar disorder can be passed on genetically through families.

However, this doesn't strictly mean that there is one 'bipolar gene'. Family links are likely to be much more complex.

For example, researchers think that social factors can also trigger experiences of bipolar disorder symptoms. And family members can be an influential part of your environment as you grow up.

Medication, drugs and alcohol

Medication, drugs and alcohol may cause you to experience some [bipolar moods and symptoms](#). For example:

- **Medication.** Some medications can cause [hypomania or mania](#) as a side effect. This can happen when you're taking them or as a withdrawal symptom when you [stop taking them](#). This includes medications for physical conditions and psychiatric medications – including some [antidepressants](#). Depression can also be a side effect of a lot of different medications. It's important to discuss any concerns about medication side effects with your doctor.
- **Alcohol or recreational drugs.** Using these can cause you to experience symptoms similar to mania, hypomania or [depression](#). It can often be difficult to distinguish the effects of alcohol and drugs from mental health symptoms.

Some studies suggest that using certain recreational drugs can increase your risk of developing bipolar disorder. But the evidence is very limited.

If you're worried about the effects of medication, alcohol or recreational drugs on your mental health, it's important to discuss it with your doctor.

For more information, see our pages on [antidepressants](#) and the [mental health effects of alcohol and recreational drugs](#).

Treatment for bipolar disorder

The two main types of treatment for bipolar disorder are **medication** and **talking therapies**.

The exact combination of treatments offered will depend on whether you're managing a current mood episode, or your mental health in the long term.

This page covers:

- [What treatment could help me manage a current episode?](#)
- [What treatment could help me in a crisis?](#)
- [What treatment could help me in the longer term?](#)
- [Talking therapies for bipolar disorder](#)
- [Electroconvulsive therapy for bipolar disorder](#)

For more detailed information on medication, see our page on [medication for bipolar disorder](#).

What treatment could help me manage a current episode?

Your treatment for a bipolar usually depends on what kind of episode you're experiencing.

During **depressive episodes**:

- Your doctor is likely to offer you medication. This might be new medication or a change to your current [bipolar medication](#).
- Your doctor might offer you a structured psychological treatment that's used to treat depression, such as [cognitive behavioural therapy \(CBT\)](#).

For more information on treatments and self-care tips, see our pages on [depression](#).

During **manic or hypomanic episodes**:

- Your doctor is likely to offer you medication. This might be new medication or a change to your current [bipolar medication](#).
- Your doctor is unlikely to offer a talking treatment if you're currently experiencing a manic or hypomanic episode.

For more information on treatments and self-care tips, see our pages on [hypomania and mania](#).

"When my mood dips, CBT helps me to cope to some extent, but it doesn't really help me get out of this state and it doesn't prevent the mood swings – that's what my medication does."

What treatment could help me in a crisis?

You may need to access crisis services if:

- You start to feel very unwell
- A mood episode is lasting for a long time
- Your regular treatment isn't helping

Crisis services may include:

- [Emergency support](#), such as going to A&E
- Support from a [crisis resolution and home treatment \(CRHT\) team](#)
- [Hospital admission](#)

For more information about your options in a crisis, see our pages on [crisis services](#).

What treatment could help me in the longer term?

Long-term treatment aims to help you maintain stable moods and manage your symptoms. As you start to feel more stable, most of your support could come from a community mental health team or your GP. But your GP should also put you in touch with a mental health specialist.

Health professionals should work with you to help you identify:

- **Clear emotional and social recovery goals.** You can work towards these, regularly reflect on them and revise them with your doctor.
- **A crisis plan.** This helps you know what to do if you experience any of your early warning signs or triggers, or start feeling very distressed.
- **How you feel day-to-day.** It helps to be aware of how best to manage your mood and notice any changes.
- **A medication plan.** This includes dates where you can review your dose, how well the [medication](#) is working and any side effects.

If you're receiving a [talking therapy](#), you might set some of these goals with your therapist. You should share these goals with your GP. You may also want to share them with your family, friends, partner or carer if you have one.

"It has been 13 years since I was hospitalised or sectioned, and I've done so well. My medication is working."

Talking therapies for bipolar disorder

Your doctor might offer one of several talking therapies to help you manage bipolar disorder in the long term. These could include:

- **Cognitive behavioural therapy (CBT).** Looks at how your feelings, thoughts and behaviour influence each other and how you can change these patterns.
- **Interpersonal therapy.** Focuses on your relationships with other people. Looks at how your relationships affect your thoughts, feelings and behaviour – and how they affect your relationships.
- **Behavioural couples therapy.** Focuses on recognising and trying to resolve emotional problems between partners.
- **Individual psychoeducation.** Involves a brief intervention helping you to identify triggers, spot warning signs and develop coping strategies.
- **Group psychoeducation.** Involves working in a group of people with shared experiences. Aims to build knowledge about bipolar disorder and self-management. It's led by a trained therapist.
- **Family-focused therapy.** Involves working as a family to look at behavioural traits, identify risks and build communication and problem-solving skills.

Some of these treatments are more widely available than others. It can also depend on what you and your doctor agree would be most useful for you.

For more information, see our pages on [talking therapies](#).

How can talking therapies help in the long term?

In the long term, talking therapies for bipolar disorder can help you to:

- Understand, make sense of, or find meaning in your bipolar disorder
- Reflect on the impact of bipolar disorder throughout your life
- Identify early warning signs and symptoms
- Develop strategies to cope with early symptoms, triggers and [episodes](#)
- Make a crisis plan
- Set goals and plans for staying well

"In a lot of ways being so in tune with my brain is very useful; I can often spot a mood shift pretty early on which can help me try to prevent it spiralling out of control."

Electroconvulsive therapy for bipolar disorder

Doctors should only consider electroconvulsive therapy (ECT) as a treatment option for bipolar disorder in extreme circumstances.

The [National Institute for Health and Care Excellence \(NICE\)](#) produces guidelines on best practice in healthcare. It advises that doctors could consider ECT if you meet both the following criteria:

- You're experiencing a long and severe period of depression, or a long period of mania.
- Other treatments have not worked, or the situation is life-threatening.

If you feel like you're in this situation, you should discuss it with your doctor. They must explain ECT in a clear and accessible way before you make any decisions.

For more information, see our pages on [ECT](#).

For information about treatment and your rights, see our legal pages on [consent to treatment](#) and the [Mental Capacity Act 2005](#).

Medication for bipolar disorder

If you get a diagnosis of bipolar disorder, it's likely that your psychiatrist or GP will offer you medication.

This page covers:

- [What will my doctor need to know?](#)
- [Antipsychotics](#)
- [Lithium](#)
- [Anticonvulsants](#)
- [Antidepressants](#)

What will my doctor need to know?

To help decide which medication to offer, your doctor might need to look into factors such as:

- **Your current symptoms.** For example, if you're currently experiencing a manic, hypomanic, depressive or mixed episode.
- **Your past symptoms.** Such as the types of [mood episodes](#) you have experienced, and how long they have lasted.
- **How you've responded to treatments in the past.**
- **The risk of another episode.** This could include what has triggered episodes in the past.
- **Your physical health.** In particular if you have kidney problems, weight problems or diabetes.
- **How likely you are to stick to a medication routine.**
- **Your sex and age.** In particular whether you are able to become pregnant.
- **In older people, a test of mental processes.** For example, the test used to diagnose dementia.

Before you take any medication

Before you decide to take any medication, make sure you have all the facts you need to feel confident about your decision.

For guidance on what you might want to know before taking any medication, see our pages on:

- [What you should know before taking any psychiatric medication](#)
- [Receiving the right medication for you](#)
- [Your right to refuse medication](#)

Antipsychotics for bipolar disorder

If you're currently experiencing a [manic or hypomanic episode](#), your doctor is likely to prescribe you an antipsychotic.

Your doctor is also likely to prescribe antipsychotics if you experience [psychotic symptoms](#) in an episode of mania or severe depression.

The [National Institute for Health and Care Excellence \(NICE\)](#) – the organisation that produces guidelines on best practice in healthcare – recommends the following antipsychotics:

- **Haloperidol** – also called Dozic, Haldol, Haldol Decanoate, Serenace
- **Olanzapine** – also called Zalasta, Zyprexa, ZypAdhera
- **Quetiapine** – also called Atrolak, Biquelle, Ebesque, Seroquel, Tenprolide, Zaluron
- **Risperidone** – also called Risperdal, Risperdal Consta

If your first antipsychotic doesn't work, your doctor might offer another from the list above. If the second doesn't work, your doctor might offer [lithium](#) to take together with an antipsychotic.

If you take an antipsychotic, you'll need to have regular health checks with your doctor.

For more information, see our pages on [antipsychotics](#).

Lithium for bipolar disorder

Your doctor might prescribe lithium as a long-term treatment for bipolar disorder. It can help to:

- Prevent [mood episodes](#)
- Reduce the risk of experiencing severe mania or recurring depression
- Reduce the risk of experiencing [suicidal feelings](#) or [self-harm](#)

It's typically a long-term treatment, usually prescribed for at least six months.

For lithium to be effective, the dosage must be correct. You'll need regular blood and health checks while taking lithium, to make sure the levels are right for you.

For more information, see our page on [lithium](#).

"I was really quite unwell. Then my psychiatrist changed my medication. I began taking lithium and it really worked for me. I started feeling better pretty quickly."

Anticonvulsants for bipolar disorder

Three anticonvulsant drugs, used as mood stabilisers, are licensed to treat bipolar disorder:

- **Carbamazepine** – also called Tegretol. This is sometimes prescribed to treat episodes of mania. It can be prescribed if lithium is ineffective or unsuitable for you. For more information, see our page on [carbamazepine](#).
- **Valproate** – also called Depakote, Epilim. This can be used to treat episodes of mania and is typically a long-term treatment. It can be prescribed if lithium is ineffective or unsuitable for you. Your doctor is unlikely to prescribe you valproate if you're able to become pregnant. This is because it can lead to significant risks in pregnancy. For more information, see our page on [valproate](#).
- **Lamotrigine** – also called Lamictal. This is licensed to treat severe depression in bipolar disorder, but NICE does not recommend it for treating mania. If you're pregnant and taking lamotrigine, NICE recommends regular check-ups. For more information, see our page on [lamotrigine](#).

For more information, see our pages on [mood stabilisers](#).

"Medication can help keep your moods on an even keel, but it is trial and error."

Antidepressants for bipolar disorder

Your doctor might offer you a type of antidepressant medication, such as [selective serotonin reuptake inhibitors \(SSRIs\)](#). Antidepressants might be offered in combination with one of the medications described above.

Remember: always check with your doctor or pharmacist before taking any medications together, or closely following one another. The medications could interact badly with each other.

For example, combining lithium with SSRIs can increase the risk of side effects like [serotonin syndrome](#).

For more information, see our pages on [antidepressants](#).

"It took me almost 11 years of living with the disorder before I found the right medication to keep my episodes at bay, and my moods properly stabilised."

Self-management for bipolar disorder

Bipolar disorder can make you feel like you have little control. However, there are lots of things you can do to manage your symptoms and increase your wellbeing.

This page covers how you can:

- [Get to know your moods](#)
- [Take practical steps](#)
- [Look after your physical health](#)
- [Build a support network](#)

Get to know your moods

Monitor your mood

You might find it helps to keep track of your moods over a period of time. You could try noting down mood patterns in a diary or on your phone. Bipolar UK has a [mood scale](#), [mood diary](#) and [mood tracker app](#), which are free to use.

"People assume that it's highly manic, highly depressive. And although there are episodes, it's not as easy to track as that."

Understand your triggers

You might find it helps to understand what can trigger changes in your mood. Triggers are different for different people. Some examples include:

- Feeling overwhelmed or busy
- Stressful periods
- Significant life events, like weddings, having a child or losing a loved one
- Periods of change or uncertainty
- Lack of sleep
- Other physical or mental health issues
- Changes or problems with your [treatment for bipolar disorder](#)

It can help to recognise these patterns. Then you can take action to avoid the trigger or minimise its impact.

Learn your warning signs

You may start to notice a pattern to how you feel before an episode. This could be changes in your:

- Sleeping pattern
- Eating patterns or appetite
- Behaviour

Being aware that you're about to have a change in mood can help you make sure that:

- You have support systems in place
- You can focus on looking after yourself
- You're able to share warning signs with [family and friends who can help you](#)

"I have to be careful how much social contact I have – too much can send me high. I have to start saying 'no' to demands."

Take practical steps

Stick to a routine

Having a routine can help you feel calmer if your mood is high, motivated if your mood is low, and generally more stable. Your routine could include:

- Day-to-day activities, such as the time you eat meals and go to sleep.
- Making time for [relaxation](#), [mindfulness](#), hobbies and social plans.
- Taking any [medication](#) at the same time each day. This can also help you manage side effects and make sure there's a consistent level in your system.

"I have an alarm set on my phone so I take my meds at the same time every day."

Manage stress

Stress can trigger [mood episodes](#). There are lots of things you can try which might help you to:

- Avoid stress
- Manage stress
- Look after yourself when you feel stressed

For more information, see our pages on [managing stress](#).

Try to manage your finances

It can be very scary and stressful when your finances feel out of control. If you're struggling, try talking to someone you trust about practical steps you can take. There are also organisations that may be able to help.

You can:

- Contact the [National Debtline](#) for free financial advice, without judgement.
- Read money and debt guidance from [Bipolar UK](#) and [Citizens Advice](#).

For more information, see our pages on [money and mental health](#), [financial decisions and capacity](#) and [claiming benefits](#).

Plan ahead for a crisis

When you're in the middle of a crisis, it can be difficult to tell people what kind of support you'd find most helpful. While you're well, it can be useful to make a plan for how you want to be treated when you're unwell.

For more information, see our pages on [crisis services](#).

Look after your physical health

Get enough sleep

For lots of us with bipolar disorder, disturbed sleep can be both a trigger and a symptom of episodes. Getting enough sleep can help you keep your mood stable or shorten an episode.

For more information, see our pages on [coping with sleep problems](#).

Eat a healthy diet

Eating a balanced and nutritious diet can help you feel well, think clearly and calm your mood. You can read more in this [blog on Bipolar UK](#).

Exercise regularly

Gentle exercise, like yoga or swimming, can help you relax and manage stress. Regular exercise can help by:

- Using up energy when you're feeling high.
- Releasing endorphins – the 'feel-good' chemicals in the brain – when you're feeling low.

For more information, see our pages on [physical activity](#).

"The trick for me is not to be seduced by the 'high' and to look after myself – get enough sleep, good nutrition."

Build a support network

To help you manage your mood, it can be really valuable to build a support network. This might include friends, family or other people in your life who you trust and can talk to. The kind of support they can offer includes:

- Being able to recognise signs that you may be experiencing a [mood episode](#).
- Helping you look after yourself by keeping a routine or a healthy diet.
- Listening and offering their understanding.
- Helping you reflect on and remember what happened during a manic episode.
- Helping you [plan for a crisis](#).

Try to tell those around you what you find helpful and what you don't find helpful. For example, you can agree together what things you'd like their help with and what you would like to manage by yourself.

"When I tip the balance by going too high or low, I approach people for support."

Peer support for bipolar disorder

Connecting with people who have similar or shared experiences of bipolar disorder can be really helpful. You could try talking to other people to share your feelings, experiences and ideas for looking after yourself. For example:

- **Mind.** Contact [Mind's Infoline](#) or visit a [local Mind](#) to see what support is in your area.
- **Online forums.** Try an online peer support community, such as [Mind's Side by Side](#) and [Bipolar UK's eCommunity](#).
- **Local groups.** Find a local support group through an organisation such as [Bipolar UK](#).
- **Recovery colleges.** Check if your local area has a recovery college. Recovery colleges offer courses about mental health and recovery in a supportive environment. You can find local providers from [Mind Recovery Net](#).

If you're seeking peer support on the internet, it's also important to [know how to stay safe online](#).

For more information and tips, see our page on [peer support](#).

"No two people's experience is the same but there's a peace and joy in not having to explain. Of shared understanding. Of coming home."

Supporting someone with bipolar disorder

This page is for friends, partners and family who want to help someone with bipolar disorder.

Seeing someone you care about going through the [moods and symptoms of bipolar disorder](#) can feel distressing. But you can offer support in lots of ways, while also looking after your own wellbeing.

This page covers how you can:

- [Be open about bipolar disorder](#)
- [Make a plan for manic episodes](#)
- [Discuss behaviour you find challenging](#)
- [Learn their warning signs and triggers](#)
- [Try not to make assumptions](#)
- [Look after yourself](#)

Be open about bipolar disorder

If you're open to talking to someone about their experiences, it can help them feel supported and accepted. You can learn more about these experiences by reading blogs by family and friends on the [Bipolar UK website](#).

Make a plan for manic episodes

When your friend, partner or family member is feeling well, try talking to them about the support you can offer during a [hypomanic or manic episode](#). This can help you both feel more stable and in control of what's happening.

You could discuss ideas such as:

- Enjoying being creative together.
- Offering a second opinion about projects or commitments, to help them consider whether they're taking too much on.
- Helping to manage money while they're unwell, if they'd like you to.
- Helping them keep a routine, including regular meals and sleeping patterns.

Discuss behaviour you find challenging

If someone is hearing or seeing things that you don't, they might feel angry, annoyed or confused if you don't share their beliefs.

What feels real for them is real in those moments. It might be helpful if you try to:

- Stay as calm as you can.
- Let them know that, although you don't share the belief, you understand that it feels real for them.
- Focus on supporting them with how they are feeling, if possible, rather than confirming or challenging their reality.

During a manic episode, they may do things that feel embarrassing, strange or upsetting to you. It can be helpful if you try to:

- Calmly discuss your feelings with them when they're more stable.
- Try not to be judgemental or overly critical.
- Explain how specific things they've done make you feel, rather than making general statements about their actions.

For more information, see our pages on [psychotic experiences](#). We also have a page for [friends and family](#).

"What feels real is real for him in that moment. It helps when I respect that and comfort him rather than trying to explain it's not 'real' for everyone else."

Learn their warning signs and triggers

Most people have some warning signs that they're about to experience a [mood episode](#).

Many people will also have triggers, such as [stress](#), which can bring on an episode. Try to:

- Talk to your friend, partner or family member about their warning signs, exploring what they may be.
- Gently let them know if you've noticed certain behaviours that normally happen before an episode.
- Understand what their triggers are and how you can help avoid or manage them.

"Having a father with bipolar is definitely a worry; you ride the highs and lows with them. Looking out for patterns, talking, remaining calm and supportive is essential."

Try not to make assumptions

You might find yourself always looking out for signs that your friend, partner or family member is starting a bipolar episode. This is completely understandable. But this might not be the most helpful way to support them. You can:

- Remember that it's possible for anyone to display a range of emotions and behaviour, while still feeling stable overall.
- Try not to assume that any change in mood is a sign that someone is unwell. If you're not sure, talking to your friend or family member is the best way to check.

"If those around me are concerned about whether changes are symptomatic of relapse, I encourage them to ask, not assume."

Look after yourself

It's important to spend time and energy looking after yourself. You may feel very worried about your friend, partner or family member, but looking after your own wellbeing means you can keep supporting them.

For more information on looking after yourself, see our pages on [how to cope when supporting someone else](#) and [improving and maintaining your wellbeing](#). You can also visit the [Carers UK website](#).

"My husband and I both have bipolar disorder so it seemed inevitable that we'd have to rely on each other at times."

Useful contacts for bipolar disorder

Mind's services

- [Mind's helplines](#) provide information and support by phone and email.
- [Local Minds](#) offer face-to-face services across England and Wales. These services include talking therapies, peer support and advocacy.
- [Side by Side](#) is Mind's support online community for anyone experiencing a mental health problem.

Other organisations for bipolar disorder

Bipolar UK

bipolaruk.org

Information and support for people affected by bipolar disorder, hypomania and mania. Offers telephone and online peer support services.

Bipolar UK eCommunity

bipolaruk.org/ecomunity

Supportive online community for everyone affected by bipolar disorder.

Carers UK

[0808 808 7777](tel:0808808777)

[029 2081 1370](tel:02920811370) (Carers Wales)

advice@carersuk.org

carersuk.org

Advice and support for anyone who provides care.

National Debtline

nationaldebtline.org

Information and advice about debt, including a helpline, online webchat and sample letters for writing to creditors.

National Institute for Health and Care Excellence (NICE)

[nice.org.uk](https://www.nice.org.uk)

Produces guidelines on best practice in healthcare.

NHS UK

[nhs.uk](https://www.nhs.uk)

Information about health problems and treatments, including details of local NHS services in England.

Samaritans

[116 123](tel:116123) (freephone)

jo@samaritans.org

Chris, Freepost RSRB-KKBY-CYJK

PO Box 90 90

Stirling FK8 2SA

[samaritans.org](https://www.samaritans.org)

Samaritans are open 24/7 for anyone who needs to talk. You can [visit some Samaritans branches in person](#). Samaritans also have a Welsh Language Line on [0808 164 0123](tel:08081640123) (7pm–11pm every day).

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References are available on request.