Bipolar disorder is treated and managed in several ways:

- Medications, such as mood stabilizers, antipsychotic medications and antidepressants
- Psychotherapy, such as cognitive behavioral therapy and family-focused therapy
- Electroconvulsive therapy (ECT)
- Self-management strategies and education
- Complementary health approaches such as meditation, faith and prayer.

### Related Conditions

Common conditions that people with bipolar disorder also experience include:

- Anxiety disorders, including Generalized and Social.
- Attention-deficit hyperactivity disorder (ADHD)
- Posttraumatic Stress Disorder (PTSD)
- Substance abuse. Many people use alcohol or drugs to try to control their moods or treat their symptoms. Using drugs makes the illness worse and can lead to more frequent relapses and increased suicide attempts.

These other illnesses can make it hard to diagnose and treat bipolar disorder. For example, the antidepressants used to treat obsessive-compulsive disorder and the stimulants used to treat ADHD may worsen symptoms of bipolar disorder and may even trigger a manic episode. Successfully treating bipolar disorder almost always improves these related illnesses. And successful treatment of PTSD, ADHD or substance abuse usually improves the symptoms of bipolar disorder.

**Source:**

- See more at: http://www.nami.org/Learn-More/Mental-Health-Conditions/Bipolar-Disorder#sthash.Pn3j492e.dpuf

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**New York State**

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Bipolar disorder is a chronic mental illness that causes dramatic shifts in a person's mood, energy and ability to think clearly. People with bipolar have high and low moods, known as mania and depression, which differ from the typical ups and downs most people experience. If left untreated, the symptoms usually get worse. However, with a strong lifestyle that includes self-management and a good treatment plan, many people live well with the condition.

With mania, people may feel extremely irritable or euphoric. People living with bipolar may experience several extremes in the shape of agitation, sleeplessness and talkativeness or sadness and hopelessness. They may also have extreme pleasure-seeking or risk-taking behaviors.

People's symptoms and the severity of their mania or depression vary widely. Although bipolar disorder can occur at any point in life, the average age of onset is 25. Every year, 2.9% of the U.S. population is diagnosed with bipolar disorder, with nearly 83% of cases being classified as severe. Bipolar disorder affects men and women equally.

Symptoms
A person with bipolar disorder may have distinct manic or depressed states. A person with mixed episodes experiences both extremes simultaneously or in rapid sequence. Severe bipolar episodes of mania or depression may also include psychotic symptoms such as hallucinations or delusions. Usually, these psychotic symptoms mirror a person's extreme mood. Someone who is manic might believe they have special powers and may display risky behavior. Someone who is depressed might feel hopeless, helpless and be unable to perform normal tasks. People with bipolar disorder who have psychotic symptoms may be wrongly diagnosed as having schizophrenia.

Mania. To be diagnosed with bipolar disorder, a person must have experienced mania or hypomania. Hypomania is a milder form of mania that doesn't include psychotic episodes. People with hypomania can often function normally in social situations or at work. Some people with bipolar disorder will have episodes of mania or hypomania many times; others may experience them only rarely. To determine what type of bipolar disorder people have, doctors test how impaired they are during their most severe episode of mania or hypomania.

Depression. Depression produces a combination of physical and emotional symptoms that inhibit a person's ability to function nearly every day for a period of at least two weeks. The level of depression can range from severe to moderate to mild low mood; which is called dysthymia when it is chronic.

The lows of bipolar depression are often so debilitating that people may be unable to get out of bed. Typically, depressed people have difficulty falling and staying asleep, but some sleep far more than usual. When people are depressed, even minor decisions such as what to have for dinner can be overwhelming. They may become obsessed with feelings of loss, personal failure, guilt or helplessness. This negative thinking can lead to thoughts of suicide. In bipolar disorder, suicide is an ever-present danger, as some people become suicidal in manic or mixed states. Depression associated with bipolar disorder may be more difficult to treat.

Early Warning Signs of Bipolar Disorder in Children and Teens
Children may experience severe temper tantrums when told "no." Tantrums can last for hours while the child continues to become more violent. They may also show odd displays of happy or silly moods and behaviors. A new diagnosis, Disruptive Mood Dysregulation Disorder (DMDD), was added to the DSM-5 in 2014.

Teenagers may experience a drop in grades, quit sports teams or other activities, be suspended from school or arrested for fighting or drug use, engage in risky sexual behavior or talk about death or even suicide. These kinds of behaviors are worth evaluating with a health care provider.

Causes
Scientists have not discovered a single cause of bipolar disorder. They believe several factors may contribute to the condition:

Genetics. The chances of developing bipolar disorder are increased if a child's parents or siblings have the disorder. But the role of genetics is not absolute. A child from a family with a history of bipolar disorder may never develop the disorder. And studies of identical twins have found that even if one twin develops the disorder the other may not.

Stress. A stressful event such as a death in the family, an illness, a difficult relationship or financial problems can trigger the first bipolar episode. Thus, an individual's style of handling stress may also play a role in the development of the illness. In some cases, drug abuse can trigger bipolar disorder.

Brain structure. Brain scans cannot diagnose bipolar disorder in an individual. Yet, researchers have identified subtle differences in the area size or gray matter weight of some brain structures in people with bipolar disorder. While brain structure alone may not cause it, there are some conditions in which damaged brain tissue can predispose a person. In some cases, concussions and traumatic head injuries can increase the risk of developing bipolar disorder.

Diagnosis
To diagnose bipolar disorder, a doctor may perform a physical examination, conduct an interview and order lab tests. While bipolar disorder cannot be identified through a blood test or body scan, these tests can help rule out other illnesses that can resemble the disorder, such as hypothyroidism. If no other illnesses (or other medicines such as steroids) are causing the symptoms, the doctor may recommend the person see a psychiatrist. To be diagnosed with bipolar illness, a person has to have had at least one episode of mania or hypomania.

The Diagnostic and Statistical Manual of Mental Disorders (DSM) defines four types of bipolar illness:

- Bipolar I Disorder is an illness in which people have experienced one or more episodes of mania. Most people diagnosed with bipolar I will have episodes of both mania and depression, though an episode of depression is not necessary for a diagnosis. To be diagnosed with bipolar I, a person's manic or mixed episodes must last at least seven days or be so severe that he requires hospitalization.

- Bipolar II Disorder is a subset of bipolar disorder in which people experience depressive episodes shifting back and forth with hypomanic episodes, but never a full manic episode.

- Cyclothymic Disorder or Cyclothymia, is a chronically unstable mood state in which people experience hypomania and mild depression for at least two years. People with cyclothymia may have brief periods of normal mood, but these periods last less than eight weeks.

- Bipolar Disorder "other specified" and "unspecified" is diagnosed when a person does not meet the criteria for bipolar I, II or cyclothymia but has had periods of clinically significant abnormal mood elevation. The symptoms may either not last long enough or not meet the full criteria for episodes required to diagnose bipolar I or II.

People can describe symptoms in a variety of ways. How a person describes symptoms often depends on the cultural lens she is looking through. In Western cultures, people generally talk about their moods or feelings, whereas in many Eastern cultures, people refer to physical pain. Research has shown that African Americans and Latinos are more likely to be misdiagnosed, so people who have been diagnosed with bipolar disorder should look for a health care professional who understands their background and shares their expectations for treatment.