



Learn How to Manage Your Bipolar Disorder Symptoms

Description

Bipolar Disorder is typically treated with a combination of psychotherapy and medication. Here's a look at some drugs, therapies, and other treatments for bipolar disorder symptoms.

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Bipolar Disorder has a terrible reputation.

Bipolar characters in cinema and television provide a dramatic case for an exciting, out-of-control life. They vacillate between high and low emotions, spend money they don't have, sleep around, and drink and drug whenever they want. They speak too quickly and act rashly, without regard for anything or anyone.

Away from the screen, however, bipolar illness can manifest itself in various ways. People suffering from the illness frequently spend significantly more time either completely good, depressed or in a mix of gloomy and optimistic moods rather than surfing continuous manic highs. Most importantly, many people can live stable and satisfying lives with the right diagnosis, medication, and therapy.

Why do people misunderstand about having a life with dramatic highs and lows? Perhaps because bipolar disorders have gained a romantic allure, unlike other mental illnesses. They have become a stand-in for a heightened, creative life when taken exclusively in their high and low extremities.

After all, many great writers, artists, and musicians, from Alvin Ailey to Catherine Zeta-Jones, have the diagnosis. Not to mention Russell Brand, Kanye West, Carrie Fischer, Kurt Cobain, Lou Reed, Demi Lovato, Mariah Carey, and a long list of others. However, while some research suggests that those

with a hereditary predisposition for Bipolar Disorder may be more creative, this does not apply to everyone. And for many persons with bipolar disease, a constant and predictable routine permits creativity to flow.

Take the Bipolar Test

What Does It Mean to Have Bipolar Disorder?

Bipolar illness, formerly known as manic depression, is a mental health condition marked by unusual swings in mood, energy, activity levels, focus, and an inability to carry out daily duties. Mood swings can range from highs (mania or hypomania) in which you feel excessively stimulated, euphoric, or unusually irritated to lows (depression) in which you feel sad, indifferent, or hopeless.

Although the bipolar illness is a lifelong diagnosis, mood swings and other symptoms can be managed by adhering to a treatment plan that, in most cases, combines medications and psychotherapy.

“Bipolar disorder is considerably better controlled in general if treatment is continuous and individualized to each individual since different people respond to treatment in various ways,” explains Diana Samuel, MD, assistant professor of clinical psychiatry at Columbia University Medical Center. “The combination of psychotherapy and drugs tends to be more effective, with symptoms improving sooner.”

Bipolar Disorder Diagnosis

The majority of bipolar Disorder falls into one of three groups. They are as follows:

Bipolar I is characterized by manic episodes that last at least seven days and require hospitalization. The subsequent depressive bouts can continue for up to two weeks. A mixed episode occurs when these symptoms occur at the same time.

II Bipolar Disorder

A sequence of depressive and hypomanic episodes characterizes this Disorder. Hypomania is a mood elevation characterized by increased energy, excitement, and rushed speech. The mania is not as extreme as in bipolar I, but the depressive episodes are strong and can linger long.

Cyclothymic Disorder (also known as Cyclothymia) is characterized by bouts of hypomanic and depressive symptoms that continue at least two years (1 year in children and adolescents). However, the symptoms do not fulfill the diagnostic criteria for a hypomanic or depressed episode.

People with bipolar Disorder may suffer symptoms that do not fall into one of the three categories listed above, referred to as “other specified and unspecified bipolar and related disorders.”

While these criteria appear to be easily distinguished, determining a diagnosis of bipolar illness can be complex. People with bipolar disease frequently seek help when they are feeling down. Thus a thorough medical history is required to verify that bipolar Disorder is not misdiagnosed as serious

depression.

“More than half of people arrive with depression as their first episode,” says Trisha Suppes, MD, Ph.D., a Stanford University professor of psychiatry and behavioral sciences and the director of the VA Palo Alto Health Care System’s Bipolar Disorders and Depression Research Program. “People with bipolar I or II may not have had any hypomanic or manic episodes or experiences in the early course of the condition.”

Furthermore, while mania is one of the “most recognized syndromes in psychiatry because it is so unique,” adds Dr. Suppes, “bipolar II is typically marked by hypomania, which many patients may not initially identify as a problem.” “They may simply feel a little more energetic or sleep a little less.” They may also be more hyper-productive or hyper-functional. They may not recognize it as a hypomanic symptom because the state can be mixed—both pleasant and negative.”

However, getting a precise diagnosis is critical since it can alter the course of treatment. For example, giving an antidepressant to a bipolar I disease may cause a manic episode.

Bipolar Disorder and Its Comorbid Mental Health Issues

Along with sadness, approximately 92 percent of patients with bipolar Disorder may develop other psychiatric diseases during their lives, complicating diagnosis. These are some examples:

Abuse of Substances

Bipolar Disorder is the most frequent psychiatric condition to co-occur with alcohol or substance misuse.

Following a serious traumatic experience, Post-Traumatic Stress Disorder (PTSD) can develop. People with depression or bipolar illness are more likely to develop PTSD. Having a mood disorder increases the risk of encountering a traumatic incident. Having a mood disorder increases the likelihood that a person experiencing a traumatic event would develop PTSD.

Anxiety

It is very common for those with bipolar disorder to suffer from anxiety.

ADHD (Attention Deficit Hyperactivity Disorder) (ADHD)

“Bipolar illness and ADHD have overlapping symptoms that might make distinguishing between the two difficult,” Dr. Samuel adds. “Both bipolar disorder and ADHD can cause difficulty focusing, being easily distracted, angry, and speaking fast.” In addition, many persons who have bipolar disorder also have ADHD.

Disorders of Eating

Bipolar Disorder may be accompanied by binge eating or bulimia.

Bipolar Disorder Treatment

As previously said, a combination of medicine and treatment works best for persons who have Bipolar Disorder.

Finding the proper meds for you might be a trial-and-error process that requires patience because some medications take weeks or months to take effect. Health practitioners frequently modify only a single medicine to make it easier to identify which medications help reduce symptoms with the fewest irritating side effects. Even if you've found the right balance, age and changing symptoms may necessitate changes.

Never make modifications or stop taking drugs on your own. If you discontinue your medicine, you may suffer withdrawal symptoms, or your symptoms may worsen or recur. For example, you may experience severe depression, suicidal ideation, or a manic or hypomanic episode. Call your doctor if you believe you need to make a change.

Psychotherapy

Several types of therapy may be beneficial in treating Bipolar Disorder. These are some examples:

Therapy for interpersonal and social rhythms (IPSRT). IPSRT focuses on establishing a consistent sleeping, eating, and exercising pattern to control your moods.

Cognitive-behavioral treatment (CBT) (CBT). CBT can assist in determining what triggers your bipolar episodes by recognizing unhealthy, negative attitudes and behaviors and replacing them with healthy, good ones. You will also learn efficient stress management techniques and deal with stressful events.

Dialectical Behavior Therapy (DBT) emphasizes mindfulness and acceptance skills such as “the ability to experience moment-to-moment thoughts, emotions, and their accompanying bodily sensations from an observer’s viewpoint, without negative judgment.” It includes both individual and group therapy.

Psychoeducation. Learning about Bipolar Disorder might help you and your loved ones better comprehend the illness. Knowing what’s going on can help you obtain the best assistance, identify problems, create a plan to avoid relapse, and stay on track with treatment.

Family-centered therapy. Family support and communication can help you stay on your treatment plan and help you and your loved ones notice and handle mood swing warning signs.

Alternative and Future Bipolar Disorder Treatments

“Treatment for bipolar disease frequently necessitates a multipronged strategy,” explains Dr. Samuel. In addition to taking your meds and attending regular treatment sessions, factors like adopting a healthy sleep routine and reducing or eliminating drug and alcohol usage can be beneficial.

Natural Supplements

Some people use herbs (St. John’s Wort), nutritional supplements (vitamin D), hormones (DHEA), and omega-3 fatty acids to treat their symptoms, although evidence is inconsistent. A comprehensive meta-analysis was undertaken in 2013 discovered that some evidence is developing in favor of complementary-alternative treatments (CAM) for those who do not respond well to traditional pharmaceuticals or have terrible side effects. However, a 2018 assessment of data on drug-induced bipolar Disorder identified a causal association between mania and herbal supplements other than cannabis.

If you’re considering going natural, consult with your doctor first. Bipolar Disorder is a progressive illness, and symptoms can worsen if not treated with FDA-approved drugs or therapies.

Bipolar Disorder and Cannabis

Many persons with bipolar Disorder indicate that cannabis improves both depressed and manic symptoms, works better than traditional pharmaceuticals, and helps alleviate troublesome side effects from those prescriptions.

Despite these anecdotal claims, a 2020 assessment of data on cannabis’s medicinal efficacy in bipolar Disorder offered a more complicated picture.

While researchers discovered that medical cannabis provided short-term partial relief of clinical symptoms,¹⁵ another case study found that CBD treatment did not affect manic symptoms in two bipolar types I patients.

Another study found that cannabis use may aggravate manic symptoms and increase the probability of future manic episodes.

With these conflicting outcomes, more clinical trials are needed to understand better the role that marijuana may play in treating Bipolar Disorder. Among the upcoming trials are:

A randomized clinical trial to investigate CBD as an adjuvant treatment for bipolar Disorder has been filed.

Another trial has been registered but is not currently recruiting to assess the cognitive and psychophysiological effects of THC (given via vaporizer at doses of 2 and 4 mg) in bipolar illness.

A trial is now recruiting individuals to assess the effects of dronabinol and CBD on cognitive domains important to bipolar Disorder, such as arousal, decision making, cognitive control, inhibition, and temporal perception (sense of timing).

Psychedelics

Several hallucinogenics, which have long been used as party drugs to get high, are being researched to combat drug-resistant depression. Because depression plays such a big role in bipolar disorders, these medications may help some patients.

So far, the only one that has received FDA approval for legal use is ketamine, which was licensed in 2019 to treat treatment-resistant depression. Ketamine is being studied to see if it may be used to treat depression in patients with bipolar illness who are taking a mood stabilizer and an antipsychotic in addition to getting intranasal or intravenous ketamine.

Psilocybin, the main chemical in magic mushrooms, is also being researched to treat treatment-resistant depression and suicide prevention. The FDA has twice designated the medication as a possible breakthrough medicine and expedited research. A study is now recruiting individuals to examine the efficacy of 25 mg of psilocybin under supportive conditions to adult participants with bipolar II. They are currently depressed in the hope of alleviating depressive symptoms. To learn more, go to [ClinicalTrials.gov](https://clinicaltrials.gov) and enter the identifier NCT04433845.

Despite its potential benefits, the FDA warns that psilocybin is not licensed for any therapeutic application and that hallucinogens are unsafe to consume recreationally. Psilocybin can produce psychosis in susceptible persons and other acute unpleasant psychological effects, such as severe disorientation, paranoia, and high anxiety, depending on the individual, the amount, and the situation in which the substance is taken. While the FDA has approved ketamine, it is only available through a limited distribution system. It must be delivered to a qualified medical office to monitor the patient.

Lifestyle changes, such as increasing aerobic exercise regularly, may help some people cope with sadness and anxiety. Anaerobic exercise, such as weightlifting, yoga, and Pilates, may also aid in the reduction of stress, which can cause mood swings.

Tracking your moods, medicines, sleep patterns, and life events might help you and your doctor treat your bipolar disease over time. Self-reporting, self-rating, and activity data collected by smartphone apps can be easily shared with therapists and health care providers.

TMS and ECT

Depending on your needs, other therapies may be added to your depression therapy.

Electrical currents are passed through the brain to cause a brief seizure in the hopes of causing changes in brain chemistry that will correct symptoms of some mental diseases. In circumstances when drugs fail to function, antidepressants are contraindicated (for example, during pregnancy), or there is a high risk of suicide, ECT may be an alternative for bipolar treatment.

Transcranial magnetic stimulation (TMS) is being researched as a treatment option for people who haven't responded to antidepressants. Research of TMS in bipolar Disorder concluded in 2018 that the treatment did not produce cognitive deficits. In addition, a small, sham-controlled trial in bipolar patients

who were not currently in a manic or depressive mood revealed that TMS improved cognitive measures.

What Else Can You Do?

“Treatment for bipolar disorder frequently necessitates a multifaceted strategy,” Dr. Samuel explained. In addition to taking your meds and attending regular treatment sessions, factors like adopting a healthy sleep routine and reducing or eliminating drug and alcohol usage can be beneficial.

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Tracking your moods, medicines, sleep patterns, and life events might help you and your doctor treat your bipolar disease over time. Self-reporting, self-rating, and activity data collected by smartphone apps can be easily shared with therapists and health care providers. In addition, information about your emotions, mood swings, anxiety, and depression might assist you, and your doctor in identifying triggers and patterns that can aid in treatment. **Some of the best apps include:**

Daylio: An award-winning app, Daylio is a self-care bullet journal that allows you to track your emotions without writing a single word. Users can select from various mood videos to find the ones that best suit their current mental state. The software also records what makes you happier or more productive, then accumulates your data so you may learn from your behaviors and identify patterns.

eMoods Bipolar Mood Tracker: Specifically created for bipolar Disorder, this program allows you to monitor daily highs and lows, sleep, medications, and other symptoms. After the month, you can email a printed PDF report to your doctor or therapist to identify triggers or other situations that might contribute to an episode or relapse.

Good Journal: Another award-winning software that keeps track of everything from mood to meds to energy levels. It contains automatic journaling reminders and a clever hashtag system to assist you in establishing links between moods and events.

Moodkit: Created by two clinical psychologists, this program assists users in applying successful CBT (cognitive behavior therapy) principles to daily life. Over 200 mood-improvement activities are included in the app, as well as guidance for monitoring stressful thoughts and a logbook to document your moods.

Category

1. Lifestyle

Date Created

December 2021

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