

SO, YOU'VE BEEN TOLD YOU HAVE BIPOLAR DISORDER

Finding out that you have a mental illness like bipolar disorder might feel empowering and enlightening, or it might feel scary and disorienting. Regardless of how you feel right now, learning more about your condition is an important next step

SO, WHAT IS BIPOLAR DISORDER EXACTLY?

Everybody has highs and lows in mood. So, what makes bipolar disorder a medical condition? People who have bipolar disorder experience extreme mood swings that can make it difficult to perform routine tasks, build healthy relationships, and do well at work or school. While a bad mood is usually gone in a few days, elevated mood (mania) and lowered mood (depression) can last for weeks or months in a person with bipolar disorder. These mood swings are caused by changes in brain chemistry and may be unrelated to the events going on in your life. This means bipolar disorder is not your fault: it is a medical condition.

Bipolar disorder can look different from one person to the next. To account for some of these differences, scientists have divided bipolar disorder into different types (see “Types of Bipolar Disorder”, pg 3). Regardless of what bipolar disorder looks like in you, living with bipolar disorder means that you experience some combination of mania, hypomania, and depression. These moods fall along a spectrum, with mania at one end and depression at the other end. Hypomania is a medical term that means “less than mania.” While the symptoms of hypomania are similar to mania, they tend to be less frequent and intense. **Being able to identify your own signs and symptoms of bipolar disorder may help you better understand the diagnosis you were just given by your healthcare provider.** Take a look at the box on the next page and check off any symptoms of mania, hypomania, or depression you recognize in your own life.

WAIT! THIS DOESN'T SOUND LIKE ME...

The symptoms you've learned about so far might sound like the perfect description of you, or they might sound a bit unfamiliar. There is a lot of variation in bipolar disorder, and no two people with bipolar disorder will have the same experience. Your healthcare provider has carefully considered your unique medical history, personality, and life circumstances before giving you a diagnosis of bipolar disorder.

Symptoms of bipolar disorder can be difficult to recognize in yourself, and it may be easier to see some of the consequences of bipolar disorder, rather than the symptoms. Maybe you've had trouble keeping the same job and maintaining healthy relationships, or maybe you've experienced financial difficulties as a result of impulsive spending. Symptoms of mania can also make you feel good and productive at home or at work, so you might not have considered them to be symptoms at all! However, symptoms of mania can become severe and have negative consequences for you and those around you. If you are still questioning the idea that you have bipolar disorder, discuss it further with your healthcare provider.



“I know it's tempting to hinge every experience and feeling you've ever had on the diagnosis, and to an extent, it's a very natural thing to do, but you're still you, you still have your own feelings and thoughts, and your own language and perception of your own life. Try not to adopt an illness identity. You are you. Not bipolar. Get to know yourself.”

– Chris O'Sullivan writing for www.mentalhealth.org.uk

People with bipolar disorder can be at a greater risk for suicide. If you are thinking about suicide or making a plan, the **National Suicide Prevention Lifeline** network is available 24 hours a day, 7 days a week across the United States.

- **English:** 1-800-273-8255
- **Para Español:** 1-888-628-9454
- **For deaf and hard of hearing:** 1-800-799-4889
- **Veterans crisis line:** 1-800-273-8255

For text messaging, text the word “HOME” to 741741. The **Crisis Text Line** connects you to trained crisis counselors for free 24/7 support.

This handout is intended for your education and does not replace proper medical care. Please talk to your healthcare provider with any questions or concerns you might have. Patient quotes reflect each patient's unique experience with bipolar disorder and are not intended to provide advice.

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Please talk to your healthcare provider with any questions or concerns you might have. They will be able to provide a more comprehensive assessment of your symptoms.

If you are experiencing mania or hypomania, you may:

- Feel abnormally self-confident and/or social
- Feel jumpy, wired, or hyperenergetic
- Feel like your thoughts are racing or coming all at once
- Feel more easily distracted than usual and jump from task to task or topic to topic
- Feel irritable or quick to anger
- Need less sleep than usual to feel rested
- Be unusually talkative and speak quickly
- Be more productive at work, school, or home
- Be more interested in pleasurable or risky activities, such as shopping, gambling, or sex

If you are experiencing depression, you may:

- Feel less interested in the activities you normally enjoy
- Feel restless, agitated, or irritable
- Feel sad, empty, or teary nearly every day
- Feel worthless or excessively guilty
- Be unable to think, concentrate, or make decisions
- Feel slowed down, heavy, and otherwise fatigued
- Have thoughts of death or suicide
- Experience changes in eating and/or sleeping habits

REMEMBER, YOU ARE NOT ALONE

Almost 2.5 million adults live with bipolar I disorder in the US, with more than 500,000 adults receiving a bipolar diagnosis each year.^{1,2}

People with bipolar disorder don't all look, talk, or walk the same. Did you know that famous people who were believed to have had bipolar disorder include Winston Churchill, Ludwig von Beethoven, and Carrie Fisher.

Peer-support groups are a great way to find other people who know what you are going through. Support groups can offer a safe and confidential environment to share your concerns, ask any questions, and learn about potential new coping strategies.

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TYPES OF BIPOLAR DISORDER

To help provide more personalized diagnosis and treatment, scientists have divided bipolar disorder into different types. The two main types, known as “bipolar I” and “bipolar II,” are defined by the kinds of moods you experience, as well as their frequency and duration. Your healthcare provider will explain which type they think you have.

If you have **bipolar I** disorder, you have had at least one manic episode. You may also experience episodes of hypomania or depression, but this is not required for a diagnosis.

If you have **bipolar II** disorder, you experience both hypomania and depression.

For more information about the types of bipolar disorder, please visit the Depression and Bipolar Support Alliance website at www.dbsalliance.org.

WHAT'S NEXT?

Your healthcare provider will help you develop a treatment plan that works for you. Learning to manage your bipolar disorder is important, but it's equally important that you don't let your illness define you. You are the same person today that you were before your diagnosis, and you can still set goals for the future. With time, you can find a new balance and thrive with bipolar disorder.

WHAT DO I TELL MY FAMILY AND FRIENDS?

Now that your healthcare provider has diagnosed you with bipolar disorder, you might be wondering what, if anything, you need to share with your family and friends. The short answer is that it's up to you, and there is no wrong decision. Telling people about your diagnosis is your choice, and it's up to you if or when you do it.

Family and friends can play an important role in your treatment, so you might choose to tell people who you have identified as potential sources of support. In some cases, family and friends may have noticed things about your behaviors and moods that concerned them. Sharing your diagnosis may provide them with a sense a relief that you are getting help.

In other cases, you might be afraid that a friend or family member will react poorly. Some people have misperceptions about mental illness and its causes, so you might choose not to confide in them. Use your judgment. While it is not your responsibility to educate others, if you do share your diagnosis with someone who reacts poorly, consider sharing educational resources. Information and first-hand experience are often the keys to reducing stigma.

Though it is important to put your own well-being first when it comes to your mental health, your network of family and friends who act as caregivers may also need their own support. There are caregiver support groups and other resources specifically targeted toward the loved ones of people with bipolar disorder.

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“I have finally, for once in my life, had my feelings and emotions validated. I understand better why I am the way I am, and for the first time, I can actually work towards a proper plan to treat it...”

– Personal story from a person with bipolar disorder

<https://www.nami.org/Personal-Stories/How-Invalidating-My-Bipolar-Disorder-Invalidates-M>



TAKING IT ALL IN...

“I’ve never been manic before—I can’t possibly have bipolar disorder!”

“Everything makes so much sense now!”

“I’ll never live a normal life. My life is over.”

“I don’t have bipolar disorder. This doesn’t sound like me at all...”

You might be thinking one or more of these things, or you might be thinking something else entirely. Whatever you are thinking or feeling right now, know that your feelings are understandable. Take the time to identify your feelings and name them. Maybe try writing them down or journaling about them. At some point, you may choose to talk to a family member, therapist, or healthcare provider, but for now, remember that it’s okay to have feelings. Feelings aren’t facts.

While it’s okay to keep your private thoughts to yourself, please reach out if you have any thoughts of suicide or self-harm, no matter the time or place.

If you are thinking about suicide or making a plan, the **National Suicide Prevention Lifeline** network is available 24 hours a day, 7 days a week across the United States.

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References:

- 1 Cloutier, M et al. *J Affect Disord.* 2018;226:45-51.
- 2 Substance Abuse and Mental Health Services Administration, CFBHSAQ. (ed Substance Abuse and Mental Health Services Administration (SAMHSA)) (Rockville, MD, 2019).