

Bipolar Disorder



National Institute
of Mental Health

What is bipolar disorder?

Bipolar disorder is a mental illness that can be chronic (persistent or constantly recurring) or episodic (occurring occasionally and at irregular intervals). People sometimes refer to bipolar disorder with the older terms manic-depressive disorder or manic depression.

Everyone experiences ups and downs, but with bipolar disorder, the range of mood changes can be extreme. People with the disorder have manic episodes or unusually elevated moods in which the person might feel excessively happy, irritable, or “up,” with a marked increase in activity level compared to their usual self. They might also have depressive episodes, in which they feel sad, indifferent, or hopeless, combined with a very low activity level and an inability to function. Some people have hypomanic episodes, which are like manic episodes but are less severe, and don’t interfere as much with daily life.

Most of the time, bipolar disorder symptoms start during late adolescence or early adulthood. Occasionally, children may experience bipolar disorder symptoms.

Although symptoms may come and go, bipolar disorder usually requires lifelong treatment and does not go away on its own. Bipolar disorder can be an important factor in suicide, job loss, ability to function, and family discord. However, proper treatment can lead to better functioning and improved quality of life.

What are the symptoms of bipolar disorder?

Symptoms of bipolar disorder can vary. An individual with the disorder may have manic episodes, depressive episodes, or “mixed” episodes. A mixed episode has both manic and depressive symptoms.

These mood episodes cause symptoms that last a week or two, or sometimes longer. During an episode, the symptoms last every day for most of the day. Feelings are intense and happen with changes in behavior, energy levels, or activity levels that are noticeable to others. In between episodes, mood usually returns to a healthy baseline. But in many cases, without adequate treatment, episodes occur more frequently as time goes on.

Some people with bipolar disorder may have milder symptoms than others. For example, hypomanic episodes may make an individual feel very good and productive; they may not feel like anything is wrong. However, family and friends may notice mood swings and changes in activity levels as unusual behavior, and depressive episodes may follow hypomanic episodes.

Symptoms of a Manic Episode	Symptoms of a Major Depressive Episode
Feeling very up, high, elated, extremely irritable, or touchy	Feeling very down, sad, or anxious
Feeling jumpy or wired, or being more active than usual	Feeling slowed down or restless
Racing thoughts	Trouble concentrating or making decisions
Decreased need for sleep	Trouble falling asleep, waking up too early, or sleeping too much
Talking fast about a lot of different things (“flight of ideas”)	Talking very slowly, feeling unable to find anything to say, or forgetting a lot
Excessive appetite for food, drinking, sex, or other pleasurable activities	Lack of interest in almost all activities
Feeling able to do many things at once without getting tired	Unable to do even simple things
Feeling unusually important, talented, or powerful	Feeling hopeless or worthless, or thinking about death or suicide
Difficulty maintaining work responsibilities, social activities, or relationships	

Types of bipolar disorder

People are diagnosed with three basic types of bipolar disorder that involve clear changes in mood, energy, and activity levels. These moods range from manic episodes to depressive episodes.

- **Bipolar I disorder** is defined by manic episodes that last at least 7 days (most of the day, nearly every day) or when manic symptoms are so severe that hospital care is needed. Usually, separate depressive episodes occur as well, typically lasting at least 2 weeks. Episodes of mood disturbance with mixed features are also possible. The experience of four or more episodes of mania or depression within a year is termed “rapid cycling.”
- **Bipolar II disorder** is defined by a pattern of depressive and hypomanic episodes, but the hypomanic episodes are less severe than the manic episodes in bipolar I disorder. Many people with bipolar II disorder spend extended periods in a persistent, low-grade depressive state.
- **Cyclothymic disorder** (also called cyclothymia) is defined by recurrent hypomanic and depressive symptoms that are not intense enough or do not last long enough to qualify as hypomanic or depressive episodes.

“Other specified and unspecified bipolar and related disorders” is a diagnosis that refers to bipolar disorder symptoms that do not match the three major types of bipolar disorder outlined above.

What causes bipolar disorder?

The exact cause of bipolar disorder is unknown. However, research suggests that a combination of factors may contribute to the illness.

Genetics

Bipolar disorder often runs in families, and research suggests this is mostly explained by heredity—people with certain genes are more likely to develop bipolar disorder than others. Many genes are involved, and no one gene can cause the disorder.

But genes are not the only factor. Studies of identical twins have shown that one twin can develop bipolar disorder while the other does not. Though people with a parent or sibling with bipolar disorder are more likely to develop it, not everyone with a family history of bipolar disorder will develop it. Research also suggests that people with a genetic risk of having bipolar disorder may be more likely to develop it after experiencing trauma or other stressful life events.

Brain structure and function

Research shows that the brain structure and function of people with bipolar disorder may differ from those of people who do not have bipolar disorder or other mental disorders. Learning about the nature of these brain changes helps researchers better understand bipolar disorder and, in the future, may help predict which types of treatment will work best for a person with bipolar disorder.

How is bipolar disorder diagnosed?

To diagnose bipolar disorder, a health care provider may complete a physical exam, order medical testing to rule out other illnesses, and refer the person for an evaluation by a mental health professional.

Bipolar disorder is diagnosed based on the severity, length, and frequency of an individual's symptoms and experiences over their lifetime, and their family history.

Some people have bipolar disorder for years before it is diagnosed for several reasons. People with bipolar II disorder may seek help only for depressive episodes, and hypomanic episodes may go unnoticed.

Misdiagnosis may happen because some bipolar disorder symptoms are like those of other illnesses. For example, people with bipolar disorder who also have psychotic symptoms can be misdiagnosed with schizophrenia. To avoid such misdiagnosis, it is important to consider the course of the disorder over the past days and weeks, rather than focusing solely on the current symptoms. Some health conditions, such as thyroid disease, can cause symptoms like those of bipolar disorder. The effects of some prescribed, recreational, or illicit drugs can sometimes mimic or worsen mood symptoms.

If subtle signs of bipolar disorder are missed and an initial depressive episode is treated with antidepressant medication alone (without a mood stabilizer), a manic episode or rapid cycling may be triggered.

Conditions that can co-occur with bipolar disorder

Many people with bipolar disorder also have other mental disorders or conditions, such as anxiety disorders, attention-deficit/hyperactivity disorder (ADHD), misuse of drugs or alcohol, or eating disorders. Sometimes people who have severe manic or depressive episodes also have symptoms of psychosis, such as hallucinations or delusions. The psychotic symptoms tend to match the person's extreme mood. For example, someone having psychotic symptoms during a depressive episode may falsely believe they are financially ruined, while someone having psychotic symptoms during a manic episode may falsely believe they are famous or have special powers.

Looking at symptoms over the course of the illness and the person's family history can help determine whether a person has bipolar disorder along with another disorder.

How is bipolar disorder treated?

Treatment helps many people, even those with the most severe forms of bipolar disorder. Mental health professionals treat bipolar disorder with medications, psychotherapy, or a combination of treatments.

Medications

Certain medications can help control the symptoms of bipolar disorder. Some people may need to try several different medications before finding the ones that work best. Different medications may be used to treat an acute mood episode compared to those used to help manage symptoms over the long term. The most common types of medications that doctors prescribe include mood stabilizers and atypical antipsychotics. Mood stabilizers such as lithium or valproate can help prevent mood episodes or reduce their severity. Lithium also can decrease the risk of suicide.

Bipolar depression is often treated with a mood stabilizer or an atypical antipsychotic. For some people experiencing a depressive episode, antidepressants may be added to these medications. However, antidepressants are not used alone because they can trigger a manic episode or rapid cycling in a person with bipolar disorder. Medications that target sleep or anxiety are sometimes added to mood stabilizers as part of a treatment plan.

Talk with your health care provider to understand the risks and benefits of each medication. Report any concerns about side effects to your health care provider right away. Avoid stopping medication without talking to your health care provider first. Learn more about mental health medications at www.nimh.nih.gov/medications. Read the most up-to-date information on medications, side effects, and warnings on the U.S. Food and Drug Administration (FDA) website at www.fda.gov/drugsatfda.

Psychotherapy

Psychotherapy (sometimes called talk therapy) is a term for various treatment techniques that aim to help a person identify and change troubling emotions, thoughts, and behaviors. Psychotherapy can offer support, education, skills, and strategies to people with bipolar disorder and their families.

Some types of psychotherapy can be effective treatments for bipolar disorder when used with medications, including interpersonal and social rhythm therapy, which aims to understand and work with an individual's biological and social rhythms. Interpersonal relationships are at the heart of family-focused therapy, which has been shown to help adolescents and adults when introduced with mood-stabilizing medication following an episode of bipolar depression or mania. Cognitive behavioral therapy (CBT) is an important treatment for depression, and CBT adapted for the treatment of insomnia can be especially helpful as a component of the treatment of bipolar depression. Learn more about psychotherapy at www.nimh.nih.gov/psychotherapies.

Other treatments

Some people may find other treatments helpful in managing their bipolar disorder symptoms.

- **Electroconvulsive therapy (ECT)** is a brain stimulation procedure that can help relieve severe symptoms of bipolar disorder. ECT is usually considered if an individual's illness has not improved after other treatments, such as medication or psychotherapy, or in cases that require rapid response, such as with suicide risk or catatonia (a state of unresponsiveness).
- **Transcranial magnetic stimulation (TMS)** is a type of brain stimulation that uses magnetic pulses, rather than the electrical stimulation of ECT, to relieve depression symptoms over a series of treatment sessions. Although not as powerful as ECT, TMS does not require general anesthesia and presents less risk of memory loss or adverse cognitive effects.

Learn more about ECT and TMS at www.nimh.nih.gov/braintherapies.

- **Light therapy** is the best evidence-based treatment for seasonal affective disorder (SAD), and many people with bipolar disorder experience seasonal worsening of depression in the winter, in some cases to the point of SAD. Morning light therapy could also be considered for lesser forms of seasonal worsening of bipolar depression.

Complementary health approaches

The FDA has not approved any complementary health approaches for treating bipolar disorder. However, some individuals with bipolar disorder may explore options like dietary supplements, herbs, yoga, massage, acupuncture, tai chi, exercise, and relaxation techniques to support overall wellness and manage stress. Unlike specific psychotherapy and medication treatments that are scientifically proven to improve bipolar disorder symptoms, complementary health approaches have not been comprehensively studied.

Some complementary health approaches may be used safely alongside standard treatments for bipolar disorder. It is important to talk to a health care provider to determine a treatment plan. For more information, visit the National Center for Complementary and Integrative Health website at www.nccih.nih.gov.

How can I find help?

If you have concerns about your mental health, talk to a primary care provider. They can refer you to a qualified mental health professional, such as a psychologist, psychiatrist, or clinical social worker, who can help you figure out the next steps. Find tips for talking with a health care provider about your mental health at www.nimh.nih.gov/talkingtips.

You can learn more about getting help at www.nimh.nih.gov/findhelp. The Substance Abuse and Mental Health Services Administration (SAMHSA) also provides information about finding support at <https://findsupport.gov> and locating mental health services in your area at <https://findtreatment.gov>.

How can I help myself?

- Get treatment and stick with it. Treatment is the best way to start feeling better.
- Keep medical and therapy appointments.
- Take medication and treatment as directed.
- Structure activities. Keep a routine for eating, sleeping, and exercising.
- Try exercise like jogging, swimming, or bicycling, which can help with depression and anxiety, promote better sleep, and support heart and brain health.
- Avoid using drugs and alcohol.
- Keep a life chart or mood journal to help recognize your mood swings.
- Ask for help when trying to stick with your treatment.
- Be patient. Improvement takes time. Social support helps.

Remember, bipolar disorder is a lifelong illness, but long-term, ongoing treatment can help manage symptoms and enable you to live a healthy life.

How can I help a loved one with bipolar disorder?

It can be difficult to know how to help a friend or family member with bipolar disorder. Here are some things you can do:

- Offer emotional support, understanding, patience, and encouragement.
- Listen and be open to their experiences.
- Understand triggers and be alert to any major mood changes.
- Include your loved one in fun activities.
- Remind the person that getting better is possible with the right treatment.
- Offer practical help, such as driving your loved one to health care appointments or picking up prescriptions.
- Take care of yourself, too.

If you or someone you know is struggling or having thoughts of suicide, call or text the 988 Suicide and Crisis Lifeline at **988** or chat at **988lifeline.org**. In life-threatening situations, call **911**.

Clinical trials

Clinical trials are research studies that look at ways to prevent, detect, or treat diseases and conditions. These studies help show whether a treatment is safe and effective in people. Some people join clinical trials to help doctors and researchers learn more about a disease and improve health care. Other people, such as those with health conditions, join to try treatments that aren't widely available.

NIMH supports clinical trials across the United States. Talk to a health care provider about clinical trials and whether one is right for you. For more information, visit www.nimh.nih.gov/clinicaltrials.

For more information

Learn more at www.nimh.nih.gov/health. For information about various health topics, visit the National Library of Medicine's MedlinePlus resource at <https://medlineplus.gov>.

Contact us

National Institute of Mental Health

Office of Science Policy, Planning, and Communications

6001 Executive Boulevard, MSC 9663

Bethesda, MD 20892-9663

866-615-6464

nimhinfo@nih.gov

www.nimh.nih.gov

www.nimh.nih.gov/espanol

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