

Understanding Bipolar Disorder



What is bipolar disorder?¹



Bipolar disorder is a serious mental health condition that is marked by fluctuations in mood, thought, energy, behavior, and social functioning. While bipolar disorder is a lifelong mental health condition, long-term, ongoing treatment can help manage symptoms and enable an individual to live a healthy life.

Fast Facts¹



- Bipolar disorder is a serious mental health condition that affects over 40 million people worldwide
- Exposure to childhood trauma and stressful life events are associated with an increased likelihood of bipolar disorder
- Medical conditions that have been found to be associated with the onset of bipolar disorder include asthma, migraines, multiple sclerosis, prior traumatic brain injury, and irritable bowel syndrome
- The most common co-occurring mental health disorder in veterans with bipolar disorder is posttraumatic stress disorder

What are the symptoms of bipolar disorder?²

Bipolar disorder includes either episodes of mania or hypomania that alternate with depressive episodes.

Mania is a type of mood episode marked by some combination of elevated, expansive, or irritable mood and increased goal-directed activity, or energy lasting at least one week. These symptoms need to be present most of the day, nearly every day, for at least one week and result in significant impairment or negative consequences (e.g., hospitalization, arrest, psychotic features, harm to others, loss of a job, or important relationships). Three to four of the following symptoms need to occur and represent a noticeable change from usual behavior:

- Inflated self-esteem
- Decreased need for sleep
- More talkative than usual or pressure to keep talking
- Flight of ideas or racing thoughts
- Distractibility
- Increase in goal-directed activities (socially, work-related, or sexually) or psychomotor agitation
- Engagement in risky activities such as reckless spending or risky sexual behaviors

Hypomania may feature many of the same symptoms as mania and represents a marked change in behavior when compared to a person's normal functioning but does not involve the same level of negative consequences. Hypomania lasts at least four consecutive days and be present most of the day, nearly every day.

Depressive Episodes are marked primarily by depressed mood or a loss of interest or pleasure in activities lasting at least two weeks. Depression can also include:

- Decreased interest or pleasure in all or nearly all activities
- Significant weight loss or increased appetite
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue
- Feeling worthless or inappropriate guilt
- Decreased ability to concentrate or indecisiveness
- Reoccurring thoughts of death

Three types of bipolar disorder can impact an individual's mood, energy, and activity levels:

- A diagnosis of bipolar 1 disorder (BD 1) requires a history of at least one manic episode, with or without a history of depression
- A diagnosis of bipolar 2 disorder (BD 2) requires a history of at least one hypomanic episode and at least one depressive episode, without a history of mania
- A diagnosis of cyclothymic disorder is assigned to individuals who experience frequent mood fluctuations over a period of two years or more, but who do not meet criteria for BD 1, BD 2, or a full depressive episode

When to seek help?

If you are experiencing symptoms of mania or depression, see a health care provider. If you or a loved one are experiencing thoughts of death or suicide, immediately call or text 988, the Suicide & Crisis Lifeline.



How is bipolar disorder treated?¹

- **Medication:** Your provider will partner with you to determine the medication that is most effective for treating and preventing symptoms of mania and depression.
- **Family Psychoeducation and Support:** Involving social support may help! Evidence suggests that caregiver support programs improve health and mental health outcomes in both caregivers and individuals with bipolar disorder.
- **Evidence-Based Psychotherapy:** Evidence suggests that several types of psychotherapies are effective when used with medication. Psychotherapies for bipolar disorder include cognitive behavioral therapy, family therapy, interpersonal and social rhythm therapy, and multi-session psychoeducation.



The goal of treatment is recovery and optimal functioning.

Resources



Military OneSource provides 24/7 support and information on housing, financial, legal, medical, and psychological services.

- State-side: 800-342-9647
- Overseas: 800-342-9647
- Collect: 484-530-5908

<https://www.militaryonesource.mil>



988 Suicide and Crisis Lifeline and the associated **Military/Veterans Crisis Line** provide free and confidential support for individuals in crisis. If you or someone you know is struggling or in crisis, call or text 988 or <https://988lifeline.org>; you can also press 1 or text 838255 to chat live with a counselor focused on military and veteran callers (<https://www.veteranscrisisline.net>).



inTransition offers specialized coaching and assistance for active duty service members, National Guard members, reservists, veterans, and retirees to help callers with their mental health care as they transition between systems of care.

- State-side: 800-424-7877
- Overseas: 800-748-81111 (in Australia, Germany, Italy, Japan, and South Korea only)

<https://www.health.mil/inTransition>

References

1 Department of Veterans Affairs & Department of Defense. (2023). *VA/DOD clinical practice guideline for management of bipolar disorder*. (Version 2.0). <https://www.healthquality.va.gov/guidelines/MH/bd/index.asp>

2 American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>

Note: This content is derived from the 2023 VA/DOD clinical practice guideline for management of bipolar disorder.

