

# Bipolar disorder

## Understanding Treatment Options



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building the  
mental wellbeing  
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generation

## What is bipolar disorder?

Bipolar disorder (also called Bipolar Affective Disorder) is a mental health problem which causes you to experience severe mood swings. It used to be called manic-depression, and some people with bipolar disorder still prefer this term.

People with bipolar disorder can experience manic/hypomanic episodes, depressive episodes or mixed episodes. The symptoms of bipolar disorder depend on the type of episode you are experiencing. Between episodes people usually have periods of 'normal mood', that can last for weeks or months.

### Possible symptoms during a 'high' or manic episode

- feeling incredibly happy or 'high' in mood, or very excited (also known as 'euphoria')
- feeling irritable
- being over-talkative
- increased sociability or over-familiarity
- over-confidence about yourself or your abilities (also known as 'grandiose ideas')
- racing thoughts
- difficulty in concentrating, frequent changes of plans
- increased activity and restlessness
- less need for sleep
- not looking after yourself
- increased sex drive, sexual disinhibition
- overspending your money or other types of reckless or extreme behaviour
- at the extreme end, some people also develop psychosis. This involves experiencing hallucinations (hearing or seeing things that aren't there) or delusions (false beliefs, such as thinking you have special powers).

Hypomania is a milder form of mania; it is less severe and lasts for shorter periods. During hypomanic episodes you might feel very productive and creative, and so might see these experiences positive and valuable. However if left untreated, hypomania can become more severe and may be followed by an episode of depression.

### Possible symptoms during a 'low' or depressive episode

- feeling very sad most of the time
- decreased energy and activity
- not being able to enjoy things you normally like doing
- lack of appetite
- disturbed sleep

- thoughts of self-harm or suicide
- psychosis

## Effects of bipolar disorder

The extreme thoughts and feelings that you have during episodes can affect how you behave, and this can make it hard to manage your education or work. You might also find you have difficulties with your relationships with family and friends, or behave in risky ways. You might also think about self-harming or feel suicidal, particularly during depressed or mixed episodes.

During a mixed episode you may experience symptoms of both depression and mania. Often, this involves experiencing a depressed mood, but with the restlessness and overactivity of a manic episode.

## Diagnosis

Bipolar disorder is very rare in childhood, and getting a diagnosis before you've reached puberty is controversial. There are quite a few studies that suggest it might often start in the mid-teens. Bipolar disorder can be difficult to diagnose in young people because it is often only over a period of time that the pattern of your episodes becomes clearer. Milder episodes of hypomania can seem like other problems, or extremes of normal mood and behaviour.

As a young person, bipolar disorder is only diagnosed if you have experienced an episode of mania, and during this episode you experienced euphoria (elated mood or feeling unusually happy) most of the time for at least 7 days, as well as other symptoms of mania.

Your first episodes are often of depression, and so the diagnosis of bipolar disorder only becomes clear later when you experience a definite episode of mania.

There are different types of bipolar disorder, which vary in how severe the symptoms are and how long they last:

- **Bipolar 1** is when you have episodes of depression and mania.
- **Bipolar 2** is when you have episodes of depression and hypomania.
- **Rapid cycling bipolar disorder** is when you experience mood changes over hours to days, instead of the weeks to months which are more typical in bipolar disorder.
- **Cyclothymia** is when you have mood swings which are less severe than in bipolar disorder. This isn't usually diagnosed in young people.

## Other mental health conditions

It is common for people with bipolar disorder to also experience another mental health condition. If you have another mental health condition then your treatment will need to be adapted to make sure you are supported for all your mental health needs.

The most common additional mental health conditions are:

- anxiety
- conduct disorder
- oppositional defiant disorder
- substance misuse

It is also fairly common for people with bipolar disorder to experience ADHD.

## Getting help

If you are experiencing depression or possible mania you should see your GP, who should refer you to Child and Adolescent Mental Health Services (CAMHS). In some areas you might be able to refer yourself to CAMHS. You might also have contact with other professionals, such as school nurses, who could refer you to CAMHS.

If you are experiencing mania or hypomania it might be other people, often parents or other family members, who notice that there is something wrong. Sometimes you might not agree there is a problem, which could make you feel reluctant to seek help.

If you have symptoms of psychosis and are over 14 you might be referred to an Early Intervention in Psychosis (EIP) Service. These are usually linked to CAMHS, and often work from the same clinic.

## Treatments for bipolar disorder

In the short term, your treatment for bipolar disorder will be aimed at treating symptoms of your current episode: mania, depression or a mixed state. Your longer-term treatment will aim to prevent future episodes.

Your treatment should follow a bio-psycho-social approach, which usually involves:

- **Biological factors:** Different types of medication are used depending on the type of episode (mania, depression or mixed state) you are experiencing. Medication can also be used to prevent future episodes.
- **Psychological factors:** Psychological treatments (such as Cognitive Behavioural Therapy) are used to treat episodes of depression, symptoms of

psychosis and to help prevent future episodes, and are used in combination with medication.

- **Social factors:** This involves identifying any social stresses that might trigger your episodes, and helping you manage these, as well as any social supports you need to help with your recovery.

## Overview of treatments for bipolar disorder

This overview briefly summarises the treatments for bipolar disorder which you could be offered. Each of the treatments described here is covered in more detail in its own individual treatment section.

### *Psychoeducation*

Psychoeducation involves teaching you and your family more about bipolar disorder and how it can be treated. It is an essential part of any treatment for bipolar disorder. It can involve your family, or you could be offered individual psychoeducation.

### *Treatments for mania*

If you're experiencing mania you are likely to need increased supervision by your parents or carers to help you manage your symptoms and reduce risks. During an episode of mania it is important that you have a calming environment, and reduce levels of stimulation. It is often advised that you don't make any major decisions during an episode of mania. Your professional should discuss how to manage these things with you and your parents or carers.

Medication may be the first type of treatment you are offered for mania. The most commonly used medications for mania are called antipsychotic medications. Mood stabilising medications such as lithium or sodium valproate might also be suggested to help with episodes of mania.

If you have manic symptoms and are taking antidepressants, you should talk to your professional as soon as you can. They may advise you to stop taking the medication.

If you have more severe episodes and/or you are at high risk of harm, you might need to be admitted to hospital. You may also need additional sedative medication (e.g., lorazepam) in the short-term to help reduce your levels of agitation and to help with sleep.

### *Treatments for bipolar depression*

You should be offered an individual psychological therapy as a first treatment option for bipolar depression. This could be either cognitive behavioural therapy (CBT) or interpersonal therapy (IPT). If these don't work well for you, you might be offered a different psychological therapy such as family-based therapy, or a different type of individual therapy.

If your bipolar depression is moderate or severe then your professional may suggest that you try medication.

### *Treatments for a mixed episode*

If you have treatment for a mixed episode, the treatments your professional suggests may follow the options for treating mania. However, your professional should keep monitoring you to see whether the episode develops into depression.

### *Longer term treatments to prevent future episodes*

Preventing future episodes involves helping you understand your bipolar disorder. This is sometimes called psychoeducation, and usually involves both you and your family. You should also be offered an individual or family psychological intervention for managing bipolar disorder in the longer term.

If there are any social stressors which have an effect on your mental health, or you or your family need extra support to help manage the impact of your bipolar disorder, your professional should make a plan to help you with these.

Medication to help prevent future episodes of bipolar disorder could also be suggested depending on your circumstances.

## What about my parents or carers?

It can be helpful to involve your parents or carers in your assessment and treatment. Your parents or carers may be able to:

- share any history of bipolar disorder in your family
- help to take a longer-term view of how your symptoms have developed
- help you to spot your early warning signs
- help you to stay safe
- help you to manage your medication.

This doesn't mean that your parents or carers will know everything that happens in your individual sessions.

Depending on your age and whether you are able to make decisions about your treatment yourself, your parents might also be involved in making decisions about your treatment, or supporting you to make these decisions.

The wellbeing of your parents or carers is important, and your professional should help them to access support and advice. This could include:

- group or individual support designed for parents and carers
- psychological support (e.g. a family therapy)
- an assessment to discuss their own needs.

## Transition to adult services

Transition from CAMHS to services for adults usually occurs at about age 18. If you are under the care of Early Intervention in Psychosis (EIP) services they can work with you beyond age 18, although your professional may change to someone who usually works with adults.

If you do need to change service it is important for professionals in adult services to get to know you before your transition. You should get clear information about what to expect from adult services, and your professional should talk with you about how your family can be involved in planning the transition.

You may also transition to another CAMHS service (e.g. if you move house). If this happens, your professional should work with you to make sure that your care can continue smoothly, and that your new service has all the information they need.

## Psychoeducation



### Strong evidence

Psychoeducation involves teaching you and your family more about bipolar disorder and how it can be treated. It is an essential part of any treatment for bipolar disorder. It can involve your family, or you could be offered individual psychoeducation.

Your professional will usually give you information about bipolar disorder when you are diagnosed and when you start any treatment. You might also be offered a more formal psychoeducation programme, which involves several sessions focused on different topics related to bipolar disorder.

Psychoeducation should include information about:

- monitoring your mood
- recognising and managing stressors

- developing a relapse prevention plan
- the role of your daily routines
- stabilising your sleep patterns
- the importance of taking any medication as it was prescribed
- reducing self-stigma
- avoiding alcohol and drug use
- the benefits of a healthy lifestyle (e.g. healthy diet, exercise, and stopping smoking)

Psychoeducation can be delivered as a group programme and these are often run by voluntary organisations such as Bipolar UK. As bipolar disorder in young people is rare, there may not be enough young people in your area who need psychoeducation at the same time to run a group specifically for young people. Some groups for adults will allow 16 and 17 years old to join if they come with a parent or carer, but it is important to remember that adults may have different issues they want information and advice on, and some treatments are different for adults.

## Cognitive behavioural therapy (CBT)

### For bipolar depression



#### Some evidence

Cognitive behavioural therapy (CBT) is based on the idea that your thoughts, feelings, physical sensations and actions (behaviour) are interconnected, and that negative thoughts and feelings can trap you in a vicious cycle. Unlike some other talking therapies, CBT focuses on your current problems, rather than focusing on things from your past.

Your CBT sessions should be designed specifically for a young person with bipolar disorder, and they will usually involve both you and your family.

You should be offered help with:

- building consistent daily routines
- learning how to identify mood changes and triggers
- finding ways of coping with your mood changes
- reducing negative thoughts
- developing a balanced lifestyle
- self-esteem and social skills
- behavioural activation, which involves encouraging activities that improve your mood and reduce social isolation and withdrawal.

Family help includes:



- looking at your family communication patterns and learning how to change any unhelpful patterns
- strengthening your family support networks
- supporting your parents or carers with their self-care, self-esteem, and confidence in coping.

CBT for bipolar depression also includes psychoeducation. You will usually have weekly individual sessions as well as family sessions over at least 3 months.

## CBT to prevent future episodes

### Some evidence

CBT is based on the idea that your thoughts, feelings, physical sensations and actions (behaviour) are interconnected, and that negative thoughts and feelings can trap you in a vicious cycle.

To help prevent future episodes, you could be offered support with:

- building consistent daily routines
- monitoring your mood
- coping with your symptoms and emotion management skills
- reducing negative thoughts
- managing your feelings about things that happened during episodes of mania
- developing a balanced lifestyle
- self-esteem and social skills.

Support for you family could also include:

- social and communication support
- strengthening your family support networks
- supporting your parents or carers with their self-care, self-esteem, confidence in coping and any therapeutic strategies.

## Interpersonal therapy (IPT)

### For bipolar depression

#### Some evidence

Interpersonal therapy (IPT) aims to reduce symptoms of depression by improving the relationships you have with others. IPT focuses on four main categories of relationship problems:

- disagreements you have with others

- adapting to life changes
- grief
- difficulties in your relationships with other people (such as being too dependent on someone, having a fear of intimacy, or being hostile to others).

If you are offered IPT, it should be adapted for you and include psychoeducation about bipolar depression. You will usually have weekly individual sessions, with some sessions involving your family. IPT for bipolar depression usually takes place over at least 3 months.

## Interpersonal and social rhythm therapy to prevent future episodes

### Some evidence

Interpersonal and social rhythm therapy is a type of interpersonal therapy designed specifically for bipolar disorder. Its effectiveness has mostly been studied in adults, as part of longer-term treatment to prevent future episodes.

This therapy aims to help you to improve relationships and develop a balanced lifestyle. In adults interpersonal and social rhythm therapy is typically involves around 40 sessions over 2 years. The therapy focuses on:

managing problems in relationships with other people, such as losses, disagreements or adapting when your relationships with other people change (e.g. how your relationship with your parents can change as you get older)

developing a balanced life style and daily routines (social rhythm), such as your sleep-wake cycle, work-life balance and daily routines

Additionally, interpersonal and social rhythm therapy includes psychoeducation about bipolar disorder. It is likely that as part of the therapy there will be some sessions involving your family.

## Family-based therapy

### For bipolar depression

#### Some evidence

Family-based therapy is recommended as a second psychological therapy for bipolar depression. This means you should be offered family-based therapy if you have already tried cognitive behavioural therapy (CBT) or interpersonal therapy (IPT), but they did not help with your symptoms.

There are different types of family-based therapy, with evidence suggesting that attachment-based family therapy can be helpful for young people experiencing depression.

## Family-based therapy to prevent future episodes

### Some evidence

Family-based therapy will support your whole family to reduce conflict and boost self-esteem. Family-based therapy for bipolar disorder will also include psychoeducation.

Your professional will help your family with consistent and predictable routines. For example, that you have meals at consistent times and have a regular sleep routine. These routines will help you and your family to become more aware of your moods, and your professional will help you and your family find ways to manage them.

You may only need a few sessions if you feel that you have a good understanding of bipolar disorder and already feel confident in managing your mood. If you feel less confident in managing your mood and routines and understanding your bipolar disorder, you could be offered more support over a longer time.

## Dialectical behaviour therapy (DBT)

### To prevent future episodes

#### Some evidence

Dialectical behaviour therapy (DBT) aims to help you understand the triggers for self-harm and suicidal thinking, and to learn different ways of coping. DBT has been adapted for young people with a diagnosis of bipolar disorder, and shows some promise as a treatment.

Standard dialectical behaviour therapy for adolescents includes:

- weekly skills training groups
- weekly individual therapy
- parent groups
- telephone coaching to help you use the skills learnt in therapy in day-to-day situations
- weekly consultation team for DBT therapists

There is greater focus on mood changes, including monitoring of mood-changes using diary cards. Your family would usually be involved and you should also receive psychoeducation about bipolar disorder.

As bipolar disorder in young people is relatively rare, there may not be enough young people with bipolar disorder in any one area to run group-based skills training or parent groups. In this case, you could be offered individual skills training and sessions with your parents or carers instead.

## Medication

### For manic episodes



Some evidence

#### Antipsychotic medication

The first medication your professional is likely to suggest is called aripiprazole, which is a type of antipsychotic medication.

If you cannot have aripiprazole for some reason, or it hasn't been helpful, your professional might suggest medications such as olanzapine, risperidone or quetiapine. These are also types of antipsychotic medication which are safe and effective, but are not used as often for young people.

Medication is usually started at a low dose and gradually increased depending on how you respond to it (whether you are improving, and whether you are experiencing any side-effects). If the first antipsychotic medication you try has not helped enough, your professional may offer you a different one. With treatment, episodes of mania should improve in about 3 months.

#### Mood stabilising medication

You might be offered a mood stabilising medication such as lithium. You could also be offered sodium valproate, but it isn't usually prescribed if there's a chance you might become pregnant.

#### Sedative medication

If you have high risk manic symptoms you may need to be admitted to hospital, and in the short-term you may be prescribed additional sedative medication (e.g. lorazepam).

## Stopping medication and preventing future episodes

If you have been taking antipsychotic medication to treat mania, your professional should usually aim to stop the medication after about 12 weeks. Your professional is likely to recommend stopping the medication gradually, by first reducing the dose.

Within 4 weeks of recovery from an episode of mania your doctor should discuss with you how to prevent future episodes. This might include using a longer term medication (such as lithium or sodium valproate), as well as a psychological intervention and social supports. You might also be offered antipsychotic medication for longer than 12 weeks to help prevent a future episode.

## Medication for moderate or severe bipolar depression

### Some evidence

For people experiencing bipolar depression, there is a risk that antidepressant medication can trigger an episode of mania, so bipolar depression is treated differently to depression which is not part of bipolar disorder.

If you are not already taking medication to treat bipolar disorder, your professional could suggest that you try taking both fluoxetine and olanzapine together, or other medications on their own, such as quetiapine or olanzapine.

If you don't find these medications helpful, your doctor might suggest lamotrigine. However, lamotrigine can cause a serious rash in children and young people so your dose has to be increased very slowly, meaning it's slow to have an effect on your bipolar depression.

If you are already taking medication to treat your bipolar disorder (e.g. lithium or sodium valproate), your professional might suggest increasing your dose of lithium or trying one of the other medications mentioned here.

## Medication to prevent future episodes

### Some evidence

It can be difficult to predict the risk of future episodes in young people, as you are in an early stage of the illness. This can make balancing the benefits and risks of treatment to prevent future episodes more difficult. Your professional should discuss this with you and your parents or carers, and whether they would recommend using a longer-term medication.

The British National Formulary for Children (BNF-C) produces guidance for health professionals about medication for children and young people. The choices they

recommend for longer-term medication for young people are similar to those for adults.

## Lithium

There is strong evidence that lithium can be helpful as a longer-term treatment in adults with bipolar disorder to prevent further episodes. Lithium can be used as a long-term treatment for episodes of mania and depression.

## Sodium valproate

There is also good evidence that sodium valproate can be helpful as a longer-term treatment for bipolar disorder in adults. It is thought to be less effective than lithium, and usually your doctor would only prescribe it if you cannot take lithium. Sodium valproate tends not to be prescribed if there's a chance you might become pregnant, because it can harm an unborn baby. If you are prescribed sodium valproate and there is a chance you could become pregnant, you should be given advice about contraception. Sodium valproate can also cause polycystic ovary disease if used longer term.

## Antipsychotic medication

If you cannot take lithium or sodium valproate, then olanzapine would usually be offered as a longer-term treatment for bipolar disorder in adults. Quetiapine is also recommended as a longer-term treatment if you have found it to be effective during an episode of mania or bipolar depression.

## Carbamazepine

Carbamazepine can be used as a longer-term treatment in bipolar disorder to prevent future episodes. It is commonly used to treat epilepsy in children and young people, and there is good evidence that it is safe in young people. There is less evidence however on its effectiveness in bipolar disorder.

## Lamotrigine

Lamotrigine is used as a longer-term treatment in adults who have repeated episodes of bipolar depression, and there is evidence it is helpful. Lamotrigine is commonly used as a treatment for epilepsy in children and young people, and there is good evidence that it is relatively safe for young people. However, lamotrigine can cause a skin rash which can be serious. Lamotrigine is recommended if it has been effective for you in the treatment of an acute episode of depression, and if you have a pattern of repeated episodes of depression.

## Nutritional approaches

### Insufficient evidence

There is no evidence that nutritional approaches such as supplements or special diets are useful as a treatment for bipolar mania or bipolar depression in adults, and there has been little research in children and young people.

There is some emerging evidence in adults about using a specific diet to reduce mood variability while also taking medication. However, there is little evidence in young people, and it is important to keep in mind that children and young people have different nutritional requirements to adults.

However, a healthy diet is important for your general health and recovery. Dietary advice is especially important if you are taking medication that might cause weight gain.