

Understanding Bipolar Disorder



Bipolar disorder is a serious psychiatric disorder characterized by periods of mood fluctuations ranging from extreme highs (mania or less severe hypomania) to extreme lows (depression),¹⁻³ and requires lifelong treatment to prevent episodes.¹ People living with bipolar disorder often experience stigma in personal, work, and healthcare settings, loss of self-esteem, and loss of personal and professional relationships.⁴

About 40 million people are diagnosed with bipolar disorder globally⁵; however, the actual figure of those living with the condition is likely higher.^{6,7} Misdiagnosis is common in people with bipolar disorder.⁸⁻¹¹ In fact, it is estimated that up to 60% of patients experiencing bipolar depression are misdiagnosed as having major depressive disorder.¹² Moreover, only 20% of people with bipolar disorder are correctly diagnosed within a year of seeking treatment.¹²

Delays in diagnosis and failure to manage bipolar disorder symptoms with appropriate treatment are associated with worse outcomes, including an increased risk of suicide.^{13,14}

Bipolar disorder is also associated with psychiatric and metabolic disorders:



nearly three in four people diagnosed with bipolar disorder have anxiety³



one in two people have abdominal obesity¹⁵



more than one in three have metabolic syndrome¹⁵



approximately one in 10 have type 2 diabetes globally¹⁶

The cause of bipolar disorder is largely unknown, but contributors may include an interaction of:



genetic factors,



environmental factors,

and

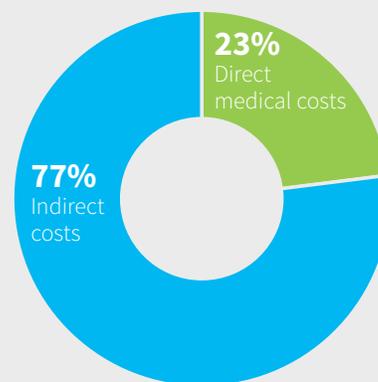


neurochemical factors.¹⁷

With heritability estimates ranging from 70-90%, bipolar disorder is one of the mental health disorders most likely to be inherited from parents to offspring.^{3,13}

Bipolar disorder costs an estimated \$194.8–219.1 billion per year in the U.S.:¹⁸

Approximately 23% goes to direct medical costs and 77% to indirect costs, including substance-use disorder costs, criminal justice involvement, loss of work productivity, premature mortality, and other societal effects.



DID YOU KNOW?

There are three major subtypes of bipolar disorder – bipolar I disorder, bipolar II disorder, and cyclothymic disorder – each with its own symptom patterns. **Bipolar I disorder is the most common worldwide.**¹⁹

Symptoms of Bipolar I Disorder

A diagnosis with bipolar I disorder follows at least one manic episode for at least one week in duration, which may occur before or after a depressive episode.²⁰ Severity and duration of symptoms depend on an individual's lived experience and may include some or all of the following:



Depression

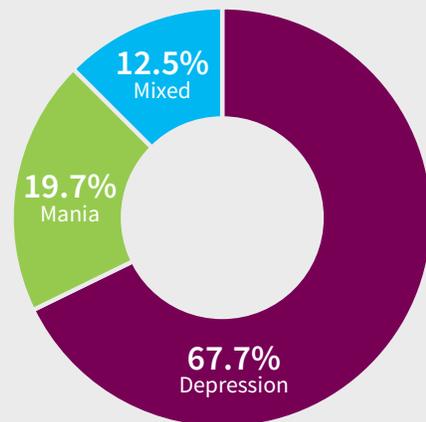
- Depressed mood
- Loss of interest or pleasure
- Significant weight loss or gain
- Insomnia or hypersomnia
- Restlessness or sluggish thoughts or movements
- Fatigue
- Decreased concentration
- Feelings of worthlessness
- Suicidal ideation



Mania

- Increased self-esteem, grandiosity
- Decreased need for sleep
- Racing thoughts
- Easily distracted
- Increased talkativeness
- Engaging in activities that hold potential for painful consequences (i.e., unrestrained spending)
- Can include psychotic features

Average percent of symptomatic time in each state for bipolar I disorder:¹⁰



*People with bipolar I disorder are on average asymptomatic about 50% of the time.¹⁰

Understanding Depressive Episodes Associated with Bipolar I Disorder

On average, those living with bipolar I disorder experience three times as many days with depression than mania, with each depressive episode often lasting 50% longer than manic episodes.⁸⁻¹⁰ Bipolar depression can be the most challenging aspect of bipolar I disorder due to the severity and duration of the depressive episodes and their impact on daily life.^{3,21,22} Relapses into depression are twice as frequent as relapses into mania, and depressive episodes are often what drive people to seek treatment.^{10,23}

Even for patients receiving treatment for bipolar I disorder, bipolar depression can remain a residual symptom and may require adjunctive therapy.^{10,24} Primary treatment options for managing bipolar depression include psychotherapy and medication.^{1,3,13}

While bipolar depression can look a lot like major depressive disorder, antidepressants alone may not adequately address bipolar depression and can, in fact, induce manic symptoms and/or increase the chance of relapses.²⁵ Studies have shown that treatment with medication along with psychotherapy can be more beneficial for patients than treatment with medication alone.^{26,27}

Medicines are available that have been shown to be effective in treating the symptoms of bipolar depression in people with bipolar I disorder. With a combination of adherence to medication, psychotherapy, and the right support system, people living with bipolar depression can live healthy and fulfilling lives.

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