Fact sheet
Bipolar disorder

CPPE
CENTRE FOR PHARMACY POSTGRADUATE EDUCATION

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NHS
Health Education England
MANCHESTER 1824
The University of Manchester

Definition

Bipolar disorder is a serious, long-term mental illness usually characterised by episodes of depressed mood and episodes of elated mood and increased activity; these are referred to as mania or hypomania (a milder form of mania).[1] Bipolar disorder has previously been known as manic depression, a term which is no longer used.[2]

The *Diagnostic and statistical manual of mental disorders 5th edition* (DSM-5) distinguishes between bipolar I disorder and bipolar II disorder.

- Bipolar I disorder is characterised by at least one manic episode with or without a history of major depressive episodes.
- Bipolar II disorder is characterised by one or more major depressive episodes and by at least one hypomanic episode, but no evidence of mania.[1]

For information on how manic, hypomanic and depressive episodes are defined, and rapid-cycling bipolar disorder, visit the NICE Clinical Knowledge Summary (CKS) page ***Bipolar disorder – Definition, What is it?***.

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Prevalence and incidence

The NICE guidance [CG185] states that *'the most widely accepted lifetime prevalence estimates of bipolar I disorder is 1% and bipolar II disorder is 0.4%.'*

The peak age of onset of bipolar disorder is 15 to 19 years, with the first episode usually occurring before the age of 30. It occurs at the same rates in men and women and in higher rates in black and other minority ethnic groups.

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Signs and symptoms

The NHS website summarises the symptoms of the depression and mania associated with bipolar disorder in the following way:

Symptoms of depression	Symptoms of mania
• *'feeling sad, hopeless or irritable most of the time* • *lacking energy* • *difficulty concentrating and remembering things* • *loss of interest in everyday activities* • *feelings of emptiness or worthlessness* • *feelings of guilt and despair* • *feeling pessimistic about everything* • *self-doubt* • *being delusional, having hallucinations and disturbed or illogical thinking* • *lack of appetite* • *difficulty sleeping* • *waking up early*	• *'feeling very happy, elated or overjoyed* • *talking very quickly* • *feeling full of energy* • *feeling self-important/grandiosity* • *feeling full of great new ideas and having important plans* • *being easily distracted* • *being easily irritated or agitated* • *being delusional, having hallucinations and disturbed or illogical thinking* • *not feeling like sleeping* • *not eating* • *doing things that often have disastrous consequences – such as spending large sums of*

• *suicidal thoughts*[3]	*money on expensive and sometimes unaffordable items* • *making decisions or saying things that are out of character and that others see as being risky or harmful*[3]

Watch Mind's video ***Bipolar Disorder, Talking about mental health – Episode 7*** to hear Laura, Steve and Joe talking about living with bipolar disorder.

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Causes/risk factors

There is likely a combination of factors that can increase the risk of developing bipolar disorder or precipitate it. Suggested factors which increase risk include:

Psychosocial influences

- Childhood trauma, eg, physical or sexual abuse, neglect or bereavement.
- Stressful life events, eg, relationship breakdown, money worries and poverty, or experiencing a traumatic loss.
- Social exclusion.[4,5]

Brain chemistry

- Dysfunction of the hypothalamic-pituitary-adrenal axis (HPA axis – a complex network of signals between the hypothalamus, the pituitary gland and the adrenal cortex) with abnormal secretion of cortisol.
- Neurotransmitters are thought to play a role due to medicines acting on them being shown to treat bipolar symptoms.[4,5]

Genetic inheritance

It is thought that there is a significant genetic component to bipolar disorder. Those with a close family member with bipolar disorder have a five to ten-time greater lifetime risk of developing the illness when compared to the general population.[4,5]

It should be noted that although prescribed medicines, illicit drugs and alcohol do not cause bipolar disorder, they can cause bipolar moods and symptoms.[5] More information can be found on the Mind ***What causes bipolar disorder?*** page.

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Pathophysiology (mechanism of disease)

The pathophysiology of bipolar disorder is still not well understood, despite extensive research. The following article explores the potential causes of bipolar disorder based on brain neuroimaging, genetics, neurophysiological, neurochemical and neuroimmuno-endocrinological approaches.

Sigitova E, et al. ***Biological hypotheses and biomarkers of bipolar disorder***. *Psychiatry and Clinical Neurosciences* 2017; 71: 77–103.

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Prognosis and complications

The NICE Clinical Knowledge Summary (CKS) *Bipolar disorder* states that, *'For most people, bipolar disorder is a chronic, lifelong illness, with an estimated average of 10 episodes experienced in a person's lifetime.*

The risk of recurrence in the 12 months after an episode is especially high compared with other psychiatric disorders (50 percent at one year and 75 percent at four years).

Recovery may or may not be complete between episodes. Incomplete recovery leads to an increased risk of relapse, greater functional impairment, and reduced quality of life.'[6]

Suicide and deliberate self-harm are the most significant complications of bipolar disorder. Severe, untreated bipolar disorder is associated with a 15 percent lifetime risk for suicide.[7] It is estimated that 25 to 56 percent of people with bipolar disorder present with at least one suicide attempt in their lifetime and 14 to 59 percent have suicidal ideation.[8] Suicide risk is higher earlier in the course of the illness at around 25 percent.[7]

Acute episodes of bipolar disorder can result in difficulty with finances and potentially financial ruin, traumatic injury, sexually transmitted infections and unplanned pregnancy, damage to reputation, occupation, and relationships, self-neglect, exhaustion, and dehydration, exploitation, alcohol and substance misuse and reduced quality of life.[8] There may also be harm to others as a result of neglect, depressive or paranoid delusions, grandiosity (an exaggerated belief of importance), overspending, poor judgement, and erratic or chaotic behaviour and, rarely, violence and aggression.[8]

People with bipolar disorder have an increased risk of cardiovascular disease and are twice as likely to die from it compared to the general population.[8] There are a range of factors that are thought to contribute to this including poor diet and smoking, adverse effects of antipsychotic drugs, such as weight gain, alcohol and illegal drug misuse, reduced use of cardiovascular drugs (for example statins), and reduced likelihood to receive hospital care or operations such as stents. Additionally, those with bipolar disease are at increased risk of chronic kidney disease (CKD), respiratory disease and diabetes.[8]

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Diagnosis/detection

Bipolar disorder may be suspected in those who display a mixture of the symptoms listed above. At this point they should be referred to a specialist for assessment.

NICE clinical guideline ***Bipolar disorder: assessment and management [CG185]*** states that, '*when adults present in primary care with depression, ask about previous periods of overactivity or disinhibited behaviour. If the overactivity or disinhibited behaviour lasted for four days or more, consider referral for a specialist mental health assessment… Refer people urgently for a specialist mental health assessment if mania or severe depression is suspected or they are a danger to themselves or others… Do not use questionnaires in primary care to identify bipolar disorder in adults.*'[9]

And in relation to children and young people, '*diagnosis of bipolar disorder in children or young people should be made only after a period of intensive, prospective longitudinal monitoring by a healthcare professional or multidisciplinary team trained and experienced in the assessment, diagnosis and management of bipolar disorder in children and young people, and in collaboration with the child or young person's parents or carers.*'[9]

NICE recommendations for assessing for bipolar disorder in secondary care include undertaking a full psychiatric assessment and establishing a person's history in terms of their mood, manic and depressive episodes, social history, comorbidities, family history and previous treatment.[9]

For more information on diagnosis access NICE clinical guideline ***Bipolar disorder: assessment and management [CG185]***.

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Parity of esteem

Parity of esteem is the principle by which mental health must be given equal priority and value to physical health. As a pharmacy professional, you are in an ideal position to work with those who have mental health conditions and their carers to ensure that patients receive equal treatment, whether it is for a mental or physical condition. For more information about parity of esteem, access the Mental Health Foundation's ***Parity of esteem*** page.

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Pharmacological treatment

All bipolar treatment should be initiated in secondary care. When symptoms have responded effectively to treatment, individuals should be offered the option to return to primary care for further management.[10] NICE clinical guideline ***Bipolar disorder: assessment and management [CG185]*** which we will refer to throughout this section offers recommendations on initial management in secondary care.

Different pharmacological treatments can be used to help relieve symptoms associated with both of the elements of bipolar disorder: hypomania and mania, and depression.

Mania and hypomania
NICE clinical guideline ***Bipolar disorder: assessment and management [CG185]*** recommends treatment options for those who develop mania or hypomania in Section ***1.5 Managing mania or hypomania in adults in secondary care***.

Advance statements
Section 1.5 of NICE *Bipolar disorder: assessment and management [CG185]* states to *'Encourage people with bipolar disorder to develop advance statements while their condition is stable, in collaboration with their carers if possible.*
For information about advance statements and the difference between advance statements and advanced decisions, visit the Rethink Mental Illness ***Planning for your care – Advance statements and advance decisions*** page.

Depression
NICE's *Bipolar disorder: assessment and management [CG185]* recommends treatment options for both those who are not already taking medicine to treat their bipolar disorder and those who are in section ***1.6 Managing bipolar depression in adults in secondary care***.

A key section of this guideline for pharmacy professionals is ***1.10 How to use medication***. This section contains information on starting and monitoring antipsychotics in general and specific information relating to lithium, valproate and lamotrigine.

Lithium and sodium valproate are medicines where there are differences in equivalent doses of oral formulations. The Specialist Pharmacy Service (SPS) document ***Which medicines require extra care when switching between liquid and tablet/capsule formulations?*** considers which medicines may require dose adjustment when switching between oral formulations and presents information on dose adjustment in a summary table.[11]

It should be noted that a National Patient Safety Agency (NPSA) alert on safer lithium therapy was issued in 2009. Information about this alert and related resources can be found on the SPS ***NPSA Alert – Safer lithium therapy 2009*** page.

Women and pregnancy
There is guidance on the use of valproate in women of childbearing potential and during pregnancy. Further information can be found on the Medicines and Healthcare products Regulatory Agency (MHRA) guidance for ***Valproate use by women and girls*** page.

College of Mental Health Pharmacists (CMHP) leaflets
The CMHP has produced four leaflets which look at antipsychotics, anxiety, antidepressants/depression and mood stabilisers which can be found in the CPPE mental health hub under ***Mental health hub leaflets***. Each leaflet contains information about pharmacological treatment options and their indications, pharmacology, side effects (and their management), monitoring, interactions, key information to offer those who use them and their carers and referral information. Although these leaflets are aimed at community pharmacy, the information that they contain can be used in all areas of practice.

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Non-pharmacological treatment

Non-pharmacological treatments for treating an episode of depression include psychological treatments similar to those offered to people with depression. NICE clinical guideline ***Bipolar disorder: assessment and management [CG185]*** recommends a psychological intervention that has been developed specifically for bipolar disorder or a high-intensity psychological intervention.[12]

High-intensity psychological interventions include cognitive behavioural therapy (CBT) which looks at ways to change negative patters in feelings, thoughts and behaviour, interpersonal therapy which focuses on relationships with others and how these relationships relate to feelings, thoughts and behaviour, or behavioural couples therapy which looks at how to recognise and resolve emotional problems between partners.[12,13] These high-intensity psychological interventions are also referred to as talking therapies.

During an episode of mania or hypomania psychological treatments are not usually offered.[13] NICE recommends that *'people with mania or hypomania have access to calming environments and reduced stimulation. Advise them not to make important decisions until they have recovered from mania or hypomania and encourage them to maintain their relationships with their carers if possible.'*[14]

If people are experiencing a long and severe period of depression or a long period of mania and other treatments have not worked, or the situation is life-threatening electroconvulsive therapy may be considered.[15] Mind has a page, ***Electroconvulsive therapy (ECT)*** which provides information on this potentially controversial treatment.

Visit Mind's ***Bipolar disorder – What treatments can help?*** page for an overview of talking therapies and longer-term management.

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Patient support

Mind is a charity that provides advice and support to empower anyone experiencing a mental health problem. The following video by Mind – ***We are Mind*** – explores the work that Mind does to support people with mental health problems.

Bipolar UK is the national charity dedicated to supporting individuals with bipolar disorder and their families and carers. Bipolar UK offers support groups that can be found on the ***Find a Support Group*** page, a ***support line***, an ***eCommunity*** and ***employment support***.

Resources for people with bipolar disorder
The Royal College of Psychiatrists' ***Learning disabilities*** page contains easy-to-read leaflets on a variety of topics including bipolar disorder, depression and medicines commonly used by those with bipolar disorder.

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Further resources

Visit CPPE's ***Mental health*** gateway page for further learning on mental health in general.

NICE guideline ***Mental health problems in people with learning disabilities: prevention, assessment and management [NG54]*** *'covers preventing, assessing and managing mental health problems in people with learning disabilities in all settings (including health, social care, education, and forensic and criminal justice). It aims to improve assessment and support for mental health conditions, and help people with learning disabilities and their families and carers to be involved in their care.'*[16]

Read the *British Medical Journal* clinical review article for further details about bipolar disorder and its management:
Anderson I, Haddad P, Scott J. ***Bipolar disorder***. *British Medical Journal.* 2012; 345:e8508.

Mental health awareness e-learning from e-Learning for Healthcare can be accessed via CPPE's website on the ***e-Learning for Healthcare learning modules*** page.

Read the Progress in neurology and psychiatry review article, Sie M, ***Mood stabilisers in the management of bipolar affective disorder***. *Progress in neurology and psychiatry journa*l. 2014;18.03.

The following studies explore the use of neuroimaging to try and determine the changes in the brain of someone with bipolar disease in order to try and determine its pathophysiology:

- Kempton MJ, Salvador Z, Munafò MR, et al. ***Structural Neuroimaging Studies in Major Depressive Disorder: Meta-analysis and Comparison With Bipolar Disorder***. *Archives of General Psychiatry*. 2011;68(7):675-90.
- Adler CM, DelBello MP, Jarvis K, et al. Voxel-Based Study of Structural Changes in First-Episode Patients with Bipolar Disorder. *Biololgical Psychiatry*. 2007;61(6):776-81
- Hibar DP, Westlye LT, Doan NT, et al. ***Cortical abnormalities in bipolar disorder: an MRI analysis of 6503 individuals from the ENIGMA Bipolar Disorder Working Group***. *Molecular Psychiatry*. 2018;23(4):932-42.
- Selvaraj S, Arnone D, Job D, et al. ***Grey matter differences in bipolar disorder: a meta-analysis of voxel-based morphometry studies***. *Bipolar Disorders*. 2012;14(2):135-45.
- Phillips ML, Ladouceur CD, Drevets WC. ***A neural model of voluntary and automatic emotion regulation: implications for understanding the pathophysiology and neurodevelopment of bipolar disorder***. *Molecular Psychiatry*. 2008;13(9):829, 833-57.

- Kraguljac NV, Reid M, White D, et al. ***Neurometabolites in schizophrenia and bipolar disorder – A systematic review and meta-analysis***. *Psychiatry Research*. 2012;203(2-3):111-25.

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External websites

CPPE is not responsible for the content of any non-CPPE websites mentioned on this page or for the accuracy of any information to be found there.

All web links were accessed on 23 April 2020.

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References

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7. BMJ. Best Practice. ***Bipolar disorder in adults. Complications***. December 2020.
8. The National Institute for Health and Care Excellence. Clinical Knowledge Summaries. ***Bipolar disorder. Complications***. June 2019.
9. The National Institute for Health and Care Excellence. Clinical guideline 185: ***Bipolar disorder: assessment and management***. February 2020.
10. The National Institute for Health and Care Excellence. Clinical guideline 185: ***Bipolar disorder: assessment and management. 1.9 Promoting recovery and return to primary care***. February 2020.
11. Specialist Pharmacy Service. ***Which medicines require extra care when switching between liquid and tablet/capsule formulations?*** 19 July 2021.
12. The National Institute for Health and Care Excellence. Clinical guideline185: ***Bipolar disorder: assessment and management. 1.6 Managing bipolar depression in adults in secondary care***. February 2020.
13. Mind. ***Bipolar disorder. Treatments.*** May 2018.
14. The National Institute for Health and Care Excellence. Clinical guideline185: ***Bipolar disorder: assessment and management. 1.5 Managing mania or hypomania in adults in secondary care***. February 2020.
15. The National Institute for Health and Care Excellence. Technology appraisal guidance 59: ***Guidance on the use of electroconvulsive therapy***. 1 October 2009.
16. The National Institute for Health and Care Excellence. NICE guideline54: ***Mental health problems in people with learning disabilities: prevention, assessment and management***. September 2016.

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