



American Expression E2757 Bipolar disorder

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Bipolar disorder is a mental health condition characterized by major changes in mood, energy, activity, and functioning. These changes exceed ordinary emotional ups and downs. A person may have periods of unusually elevated or irritable mood, called mania or hypomania, and periods of depression. Episodes may last days or longer and affect work, relationships, judgment, sleep, and daily life.

Mania is a period of abnormally elevated, expansive, or irritable mood accompanied by increased energy or activity. During a manic episode, someone may need very little sleep, speak rapidly, have racing thoughts, feel unusually confident, become easily distracted, or pursue risky activities without considering consequences. Severe mania can impair judgment and sometimes include psychotic symptoms. Hypomania involves similar changes but is less severe and does not cause the same degree of impairment.

Depressive episodes involve persistent sadness, emptiness, hopelessness, or loss of interest and pleasure. People may experience fatigue, sleep changes, difficulty concentrating, feelings of worthlessness, appetite changes, slowed or restless behavior, and thoughts about death or suicide. Bipolar depression can resemble major depressive disorder, which is one reason accurate diagnosis may take time. Clinicians therefore carefully consider previous periods of unusually high energy, reduced sleep, or marked behavioral change.

There are several forms of bipolar disorder. Bipolar I disorder involves at least one manic episode, although depressive episodes commonly occur. Bipolar II disorder involves episodes of hypomania and major depression but no full manic episode. Cyclothymic disorder involves recurring periods of hypomanic and depressive symptoms that do not meet the full criteria for hypomanic or major depressive episodes. Symptoms and patterns vary among people.

The exact causes of bipolar disorder are not fully understood. Research suggests that genetics, brain biology, and environmental influences all contribute. Having a close relative with bipolar disorder can increase risk, but family history does not mean someone will necessarily develop it. Stressful experiences, disrupted sleep, substance use, and other factors may contribute to episodes in susceptible people. Bipolar disorder is not simply caused by weak character, poor attitude, or ordinary moodiness.

Treatment commonly combines medication, psychotherapy, education, and healthy daily routines. Mood stabilizers and certain antipsychotic medicines are frequently used, while other medications may be considered depending on symptoms and individual circumstances. Psychotherapy can help people recognize warning signs, manage stress, improve relationships, and maintain routines. Regular sleep is particularly important because disrupted sleep can accompany or contribute to mood episodes. Treatment decisions should be made with qualified healthcare professionals because medications have different benefits, risks, and monitoring requirements.

In conclusion, bipolar disorder is a treatable condition involving episodes of significant mood and energy changes rather than simple everyday mood swings. Its presentation differs among individuals, and proper assessment requires attention to the pattern, severity, and duration of symptoms over time. With appropriate treatment and ongoing support, many people manage symptoms effectively and lead productive, satisfying lives. Anyone experiencing severe mood changes, dangerous behavior, psychosis, or thoughts of suicide should seek prompt professional help, because early intervention can protect health, safety, relationships, and long-term functioning.

Questions for Discussion

1. What is bipolar disorder, and how is it different from ordinary changes in mood?
2. What are the main signs and symptoms of manic, hypomanic, and depressive episodes?
3. What factors may contribute to the development of bipolar disorder?
4. How can medication, psychotherapy, and healthy daily routines help people manage bipolar disorder?
5. How can families, friends, and communities better support people living with bipolar disorder?