A few months ago Steve felt so low, it was as if he was stuck in a dark tunnel with no light at the end. However, now Steve was at the bar with his friends and found himself to be the center of attention. He couldn’t stop talking if he tried, and he was entertaining everyone. When he got home at 2:00 AM he didn’t go to bed but decided to write his ten-page history paper without doing any research or prior planning. He finished it at 4:00 AM, then decided to play poker online because he knew it was “his night”; however, he ended up losing $300.

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**Bipolar Disorder**
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**What Is Bipolar Disorder?**

Bipolar disorder, also referred to as manic-depressive illness, is a disorder of the brain, resulting in episodes of mania and depression.

**Exploring the Two Sides: Mania and Depression**

<table>
<thead>
<tr>
<th>Mania</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Either experienced as an elated, happy mood, or an irritable, angry mood</td>
<td>Depressed, sad, or apathetic mood</td>
</tr>
<tr>
<td>Increased activity and energy</td>
<td>Decreased activity or energy</td>
</tr>
<tr>
<td>Increased talking w/rapid speech</td>
<td>Insomnia or excessive sleeping</td>
</tr>
<tr>
<td>Poor judgment</td>
<td>Pessimistic outlook</td>
</tr>
<tr>
<td>Increased sexual interest</td>
<td>Decreased sexual interest</td>
</tr>
<tr>
<td>Decreased need for sleep</td>
<td>Feelings of guilt</td>
</tr>
<tr>
<td>Ambitious or grandiose plans</td>
<td>Changes in appetite</td>
</tr>
<tr>
<td></td>
<td>Suicidal ideation</td>
</tr>
</tbody>
</table>

**Facts About Bipolar Disorder**

- Episodes last days to months
- It can begin in childhood, but usually starts in adolescence or early adulthood and continues throughout life
- Subtypes:
  - Bipolar I: occurs when one experiences episodes of mania, often accompanied by episodes of depression. These episodes are typically separated by periods of stable mood
  - Bipolar II: when one experiences hypomania, which is a less severe form of mania, as well as episodes of major depression
  - Dysphoric mania: when symptoms of mania and depression occur together

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Website: www.nami.org/FindSupport/NAMonCampus
**Warnings**

- Use of drugs and alcohol adds an enormous and dangerous risk factor, leading to more frequent relapses, increased suicidal attempts, and death
- Manic episodes can advance into a state of psychosis, with delusions and loss of contact with reality, if the illness is not treated
- Left untreated, the illness tends to get worse, with the occurrence of more frequent, disastrous episodes, in which the symptoms become more pronounced
- There is a large risk of suicide associated with life setbacks experienced as a consequence of depressive episodes
- Mania episodes can be seductive. During these episodes, individuals have exaggerated feelings of being on top of things, productive, sociable, and self-confident; often those with bipolar disorder may be afraid that they will feel flat, be less capable, or be less creative if they seek treatment. **THIS IS NOT TRUE! Treatment is not the end of the possibility for achievement—it is the beginning!**

**What Causes Bipolar Disorder?**

The exact cause is unknown, but some beliefs are that:

- It is the result of a chemical imbalance in certain parts of the brain
- It results from dysfunction in the signalling pathways of certain brain cells
- Research has shown that it may be hereditary
- A serious life event can trigger an episode in some individuals with a predisposition to develop the illness

**What Are the Treatment Options?**

Treatment consists of a combination of medications, psychotherapy, support groups, and education about the illness.

- Medications: antipsychotic medications and mood stabilizers work to effectively prevent episodes and offer maximum periods of symptom-free maintenance coverage during periods of remission
- Psychotherapy generally focuses on understanding the illness, learning how to cope with it, and changing self-defeating patterns of thinking or interacting

**Helpful Coping Strategies**

- **Avoid alcohol and illicit mood-altering substances**: these drugs destroy the emotional balance that can be so hard to maintain, and may interact dangerously with your medications
- **Stay on a regular sleep schedule**: a lack of sleep can trigger symptoms for college students
- **Be an expert on the disorder**: know about medications by reading medication inserts in packaging, reading fact sheets, or by consulting a pharmacist or doctor; keep up with current research and treatment options

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- **Become a partner in treatment**: develop a give-and-take relationship with your doctor or other mental health provider
- **Develop a plan for emergencies with your therapist/doctor**: know what to do in the event of an emergency
- **Join a support group**: it helps to share thoughts, fears, and questions with others who have the same experiences
- **Eat for health**: eat a well-balanced diet, avoid caffeine, and limit sugar intake
- **Develop a personal support system**: find people among your friends and family who are willing to learn about the disorder and support your recovery
- **Follow a regular schedule**: this adds much-needed structure to your life
- **Consider volunteer work or hobbies**: this will give you a sense of purpose and structure

**Continue with life: do not allow your illness to take control—this is your life, live it how you want it**

**Warning**: Regular or heavy alcohol use can worsen most psychological states, such as anxiety, depression, bipolar, schizophrenia, or eating problems. Alcohol can change the way a person feels in the short run; however, the overall effect only worsens a disorder. Marijuana and other drugs can have similar or more serious effects on the brain.

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NAMI Information Helpline: 1-800-950-6264, NAMI Website: [www.nami.org](http://www.nami.org)
National Institute on Mental Health: [www.nimh.nih.gov](http://www.nimh.nih.gov)
STEP-BD: [http://www.stepbd.org](http://www.stepbd.org)
Depression and Bipolar Support Alliance: [http://www.dbsalliance.org](http://www.dbsalliance.org)
McMan’s Depression and Bipolar Disorder Web: [http://www.mcmanweb.com](http://www.mcmanweb.com)
Bipolar World: [http://www.bipolarworld.net/](http://www.bipolarworld.net/)
Screening for Mental Health [www.mentalhealth.org](http://www.mentalhealth.org)
American College Counseling Association [www.collegecounseling.org](http://www.collegecounseling.org)
National Panhellenic Conference [www.npcwomen.org](http://www.npcwomen.org)
National Organization for People of Color Against Suicide (NOPCAS) [www.nopcas.org](http://www.nopcas.org)
National Latino Behavioral Health Association [www.nlbha.org](http://www.nlbha.org)
National Asian American Pacific Islander Mental Health Association [www.naapimha.org](http://www.naapimha.org)
National Hopeline Network: 1-800-SUICIDE (784-2433), 1-877-YOUTHLINE, [www.hopeline.com](http://www.hopeline.com)
American Foundation for Suicide Prevention [www.afsp.org](http://www.afsp.org)

*Updated January 2006*

*Reviewed by Ken Duckworth, MD, Medical Director, NAMI*

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