UNDERSTANDING YOUR DIAGNOSIS

Bipolar Disorder (Type 1)

Also called Bipolar I Disorder

Your mood can climb into a high that takes over your judgment and then drop into deep lows. Both parts can be treated.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 in 100 adults	Late teens to early 20s	Yes - very manageable	Millions of US adults

What this is

- Type 1 means you have had at least one **manic** episode - a week or more of high, wired, or very irritable mood.
- It is not simply moodiness. Mania changes your sleep, judgment, and speed of thought in ways other people can see.
- Most of the time people spend unwell is actually the low side, so treating depression matters as much as calming highs.
- This is a long-term condition, much like diabetes. It is managed rather than cured, and the management works well.

What it can look and feel like

- In a high, you need far less sleep than usual and still feel full of energy for days on end.
- Your thoughts race and your speech speeds up, and the people around you struggle to get a word in.
- You feel powerful, special, or unstoppable, and plans that sound wild to others feel obviously right to you.
- You take risks you would not normally take with money, driving, sex, or big life decisions.
- During a high, some people see or hear things others do not, or believe things that are not true.
- In a low, you feel heavy, hopeless, and slowed down, and you may lose interest in everything you care about.
- Mixed days happen too: revved up and miserable at the same time. Those days carry the highest risk of all.

What is happening in your brain and body

- During a high, dopamine - a brain chemical tied to drive and reward - signals far too strongly for too long.
- The alarm center of your brain reacts hard while the steadying front part holds back less, in highs and lows alike.
- Your body clock is central here. Losing sleep can start a high, and a high then destroys even more of your sleep.
- Bipolar disorder runs strongly in families. It is among the most heritable conditions in all of mental health.
- It also raises heart and weight risks, so regular checks of blood pressure, blood sugar, and weight are part of care.

What can make it more likely

- Genes carry most of the risk. If a close relative has bipolar disorder, your own chance is considerably higher.
- Stress, lost sleep, shift work, and jet lag can all trigger an episode in someone who is already at risk.
- Some substances and medicines - stimulants, steroids, heavy alcohol use - can set off a high on their own.
- Antidepressants taken alone can tip some people into a high, which is why your whole history matters so much.

What to expect

- Episodes come and go. With steady treatment they become less frequent, shorter, and far less damaging.
- Staying on medicine between episodes is what prevents the next one. Stopping is the most common cause of relapse.
- Sleep is your early warning system. Two bad nights in a row is a reason to call your team, not a reason to wait.
- Most people work, study, parent, and build good lives with this. Treatment plus routine does the heavy lifting.

What helps

Treatment works. Most people get better.

Talking therapies

- Therapy works alongside medicine here, not instead of it, especially for the low side and for staying well.
- **Psychoeducation** teaches you your own warning signs and what to do in the first 48 hours. It cuts relapse.
- **IPSRT** helps you hold steady sleep, meal, and activity times, which keeps your body clock from tipping over.
- **Family-focused therapy** brings your household into the plan and lowers the conflict that speeds up relapse.
- **CBT** helps with lingering low mood and with the harsh beliefs about yourself that often follow an episode.

Medicines

- **Mood stabilizers** are the backbone. **Lithium** is a first choice and is the one medicine shown to cut suicide risk.
- Lithium needs regular blood tests for its level, your kidneys, and your thyroid. Those checks make years of use safe.
- **Antipsychotics** such as quetiapine or aripiprazole can calm a high within days and also help with the lows.
- **Lamotrigine** helps prevent the low side. It has to be raised slowly over weeks because of a rash risk.
- Doses are set with your prescriber and adjusted over time. Tell them early if you are planning a pregnancy.

Everyday things that help

- Guard your sleep like medicine. Same bedtime, same wake time, and no all-nighters, even for good reasons.
- Chart your mood and sleep daily. Patterns show up on paper long before you can notice them from inside.
- Cut out street drugs and go easy on alcohol. They trigger episodes and blunt the medicines you are taking.
- Give a trusted person permission to tell you when they notice a shift, and agree in advance what happens next.
- Write a plan for a high while you are well: who to call, who holds the credit cards, and when to go in.

Get help right away if

- If you are thinking about ending your life, call or text **988** (Suicide and Crisis Lifeline) now.
- Go to the emergency room if you have not slept for days or feel out of control of your own behavior.
- Call your team if you feel unusually great and sped up - that can be the beginning of a high.

Questions to ask your care team

- *Which medicine here prevents episodes, and which one treats a low?*
- *What blood tests do I need, and how often will they be checked?*
- *What are my personal warning signs, and who do I call when I spot one?*
- *How would this plan change if I wanted to get pregnant?*

Where this information comes from

988 Suicide and Crisis Lifeline. (n.d.). *988 Suicide and Crisis Lifeline*. https://988lifeline.org/

American Psychiatric Association. (n.d.). *What are bipolar disorders?* https://www.psychiatry.org/patients-families/bipolar-disorders

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

Depression and Bipolar Support Alliance. (n.d.). *Depression and Bipolar Support Alliance*. https://www.dbsalliance.org/

MedlinePlus. (2024). *Bipolar disorder*. National Library of Medicine. https://medlineplus.gov/bipolardisorder.html

National Institute of Mental Health. (n.d.). *Bipolar disorder*. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/topics/bipolar-disorder

NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.