UNDERSTANDING YOUR DIAGNOSIS

Bipolar Disorder (Type 2)

Also called Bipolar II Disorder

You get long, deep lows and shorter revved-up highs that never fully take over - and both of them respond to treatment.

HOW COMMON	OFTEN STARTS	MOST UNWELL TIME	TREATABLE
About 1 in 100 adults	Mid-20s, low mood first	Spent on the low side	Yes - the lows respond

What this is

- Type 2 means you have had at least one **hypomanic** period - a shorter, milder high - plus deep depressions.
- A hypomanic period lasts **4 days** or more, and other people can see the change even when you feel great.
- It is not a lighter version of type 1. The depressions run longer, and the risks here are just as serious.
- Most people come in for the lows and never mention the highs, so this often goes unrecognized for years.

What it can look and feel like

- In a high, you sleep less but still feel rested, and you get an unusual amount done in a short time.
- You talk faster, jump between ideas, and feel more confident and social than you normally are.
- The people close to you notice the change first, and they often mention it before you would yourself.
- You spend more, start projects, or make quick decisions that you would question later on.
- The lows are long and heavy: no energy, sleeping too much, eating more, and feeling like lead.
- In the low, you may feel deeply guilty about things you did or said during the high before it.
- Antidepressants alone can leave you agitated or sleepless, which is often the first clue that this is bipolar.

What is happening in your brain and body

- The genetics here are close to those of type 1. This is a family-linked condition, not a habit or a choice.
- Your body clock runs unstable. Sleep timing and length shift ahead of an episode, even when you feel fine.
- Your brain's reward system fires hard after a win, which is one reason success can tip you into a high.
- The alarm center and the steadying front part of your brain talk to each other less smoothly than usual.
- Thyroid problems show up more often here, and left untreated they make the mood swings come faster.

What can make it more likely

- Family history is the biggest single factor. The tendency is inherited, though the pattern differs person to person.
- Lost sleep, shift work, and travel across time zones are among the most reliable triggers for a high.
- Alcohol, stimulants, and cannabis unsettle the cycle and make treatment much harder to get right.
- Stressful events, both bad and good, can start an episode. A promotion can count as much as a loss.

What to expect

- You will likely spend more time low than high, so most of the plan aims at preventing and treating the lows.
- Getting this diagnosis often takes years. Now that you have it, treatment can finally target the real pattern.
- With a mood stabilizer and steady routines, episodes get further apart and less severe as time goes on.
- Expect some trial and error while the plan is tuned. Finding the right combination often takes a few tries.

What helps

Treatment works. Most people get better.

Talking therapies

- **IPSRT** builds regular sleep and daily rhythms, which is the closest thing to a direct lever on this condition.
- **Psychoeducation** maps your personal early signs so you can act in the first day or two of a shift.
- **CBT** targets the long low stretches and the leftover symptoms that linger between full episodes.
- **Family-focused therapy** helps the people around you respond in ways that make episodes shorter.
- Ask your therapist to write down your own signature high - what it looks like, specifically, when it starts.

Medicines

- **Quetiapine** has the strongest evidence for the depressed side of type 2 and for helping you stay well.
- **Lithium** and **lamotrigine** are common long-term choices, with lamotrigine favored when the lows dominate.
- **Lurasidone** treats the lows with less weight gain, but it has to be taken with a real meal to be absorbed.
- An antidepressant on its own is not advised here. If one is used, it is paired with a mood stabilizer.
- Bloodwork at the start and every few months keeps this safe. Your prescriber sets the doses and timing.

Everyday things that help

- Keep a fixed wake time, seven days a week. It steadies your body clock better than a fixed bedtime does.
- Chart mood and sleep daily. This condition is recognized and managed on patterns, not on single visits.
- Limit alcohol and caffeine. Both push your sleep around, and moved sleep makes the swings sharper.
- Plan ahead for travel, deadlines, and night shifts, which are known triggers for a high in most people.
- Get morning daylight. Light early in the day helps hold your sleep and mood rhythm steady.

Get help right away if

- If you are thinking of ending your life, call or text **988** (Suicide and Crisis Lifeline) now.
- Go to the emergency room if you cannot keep yourself safe or you feel out of control.
- Call your team if a new medicine leaves you restless, sleepless, or wired up.

Questions to ask your care team

- *Which of my medicines prevents episodes, and which one treats the low?*
- *What does hypomania look like in me, and who else should know the signs?*
- *How do we handle travel, night shifts, or a stretch of bad sleep?*
- *What tests do I need before starting, and how often after that?*

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

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

National Alliance on Mental Illness. (n.d.). *Bipolar disorder*. https://www.nami.org/about-mental-illness/mental-health-conditions/bipolar-disorder/

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.