Patient information from the BMJ Group

Bipolar disorder

In this section

Bipolar disorder

Most of us have ups and downs in our moods. But if you have bipolar disorder, your mood can dramatically swing from very high to very low.

These changes, and the extreme moods themselves, get in the way of your daily life. But between the lows and the highs, you may have weeks or months of being in a normal, steady mood.

Bipolar disorder can make life very hard for you, and your friends and family. There's no cure that will completely get rid of bipolar disorder, but treatment can help you control extreme moods and let you get on with your life.

We've brought together the best research about bipolar disorder and weighed up the evidence about how to treat it. This information is about adults with bipolar disease. You can use our information to talk to your doctor and decide which treatments are best for you.

What is bipolar disorder?

If you have bipolar disorder, your mood can dramatically swing from very high to very low. There is no complete cure, but there are lots of treatments that can help control your moods.

Most people have ups and downs in their moods: days when they feel good and others when they feel down. If you have bipolar disorder, your mood swings much further than other people's.

- Sometimes, you might feel very 'high' and have lots of energy. That is called **mania**.
- Other times you might feel very low. That is called **bipolar depression**.

Both mania and bipolar depression can last for weeks at a time. They get in the way of your daily life. They make it hard to study and work. And, they can put a big strain on your relationships with your family, friends, and partners.

Between the mania and the depression, you may have weeks, months, or even years when you're in a normal, stable mood.

Bipolar disorder is also called **manic depression** and **bipolar affective disorder**.

Bipolar disorder makes it hard to do normal activities, like studying.

Key points for people with bipolar disorder

- Bipolar disorder is usually something you have for a long time (it is a long-term, or chronic, problem).
- With the right treatment, most people can control their mood swings.
- The time between mood swings varies a lot from person to person.
- How bad the mood swings are also varies a lot between people. They can be mild or severe.
- It often takes several years for your doctors or psychiatrists to realise you have bipolar disorder. And it can take time for them to work out the best treatment for you.
- If you have bipolar disorder, you will probably need to take drugs for the rest of your life to keep your moods under control.

How your brain works

Your brain is made up of lots of nerve cells. These cells send messages to each other using chemicals. These chemicals are called neurotransmitters. There are several

different ones. For your brain to work properly, the levels of these chemicals need to be right.

What goes wrong if you have bipolar disorder

We don't know exactly how your brain affects your mood. And it is not clear exactly what goes wrong within your brain if you have bipolar disorder. But doctors and researchers have some ideas.

One idea is that, if you have bipolar disorder, you have problems with the levels of various neurotransmitters in your brain. This might cause your mood swings.

People who are depressed have lower levels of certain neurotransmitters than people who are not depressed. For example, they may have lower levels of the ones called dopamine, serotonin, and noradrenaline. Treatments to increase levels of serotonin work for depression. [1] For more information, see our articles on Depression.

Researchers have found some other differences between the brains of people with bipolar disorder and the brains of other people. But we don't know for certain that these differences cause bipolar disorder. Brain scans show that some people with bipolar disorder have slightly different brains from people without bipolar disorder.

Your hormones can affect your mood. One hormone called adrenaline goes up when you are under stress. This hormone may especially affect your mood. Your thyroid gland also makes hormones. If your levels of these hormones get too high or too low, it can affect your mood too.

But, we can't say for certain what causes bipolar disorder.

If your doctor has told you that you have bipolar disorder, you will have had at least one bout of very high mood (mania). Doctors call these bouts manic episodes.

Most people also have at least one bout of very low mood. That is known as depression. When it happens as part of bipolar disorder, it is known as bipolar depression.

Most people with bipolar disorder have a low mood much more of the time than they have mania. [2]

There are two basic types of bipolar disorder. They are called **bipolar type 1 disorder** and **bipolar type 2 disorder**. Type 1 is more serious.

- Bipolar type 1 disorder means you get bouts of mania and bouts of depression.
- Bipolar type 2 disorder also means you get bouts of mania and bouts of depression. But the mania is milder. It is sometimes called hypomania.

It can be hard to explain to other people why you feel so down, or why your life is getting out of control. So having bipolar disorder can be lonely. [3] You may want to share the

information here with your friends and family. It might help them understand what you are going through.

Bipolar disorder: why me?

We don't know for certain what causes bipolar disorder. The condition seems to run in families. People who have a close relative with bipolar disorder are more likely to develop it themselves, but most don't.

We know that: [1]

- If you don't have a relative with bipolar disorder, your chances of getting it are about 1 to 2 in 100
- If you have a close relative (a parent, brother, or sister) with bipolar disorder, your chances of getting it are between 5 and 10 in 100
- If you have an identical twin who has bipolar disorder, your chances of getting it are higher than they would be if any other relative had it. If one identical twin has bipolar disorder, the chances of the other twin getting it are between 40 and 70 in 100.

These numbers tell us that your genes seem to play an important part in whether you get bipolar disorder. But, doctors think that events in your life can also affect whether you get bipolar disorder. For some people, certain experiences seem to bring on the first symptoms of bipolar disorder. Or, if you already have bipolar disorder but you are not having symptoms, experiences in your life may make your symptoms come back. When that happens, it is called a relapse.

Here are some experiences that can trigger a relapse of bipolar disorder.

- Stressful situations like school exams, problems in your relationships, or trouble at work may set off bipolar disorder.
- Sleeping too little or too much can make a relapse of bipolar symptoms more likely. Many doctors advise against partying until late at night, working night shifts, and other things that might upset your sleep patterns. [4]
- Illegal drugs and alcohol are often used by people with bipolar disorder. It may be that these drugs bring on the disorder if you are prone to it. Or people may use certain drugs, such as amphetamines (also called speed) or cocaine, to stop feeling the depression from their bipolar disorder. [4] So, treatment for bipolar disorder may include treatment for drug problems. When diagnosing your condition or checking on your treatment, your doctor will always ask if you use drugs.

If you are a woman with bipolar disorder, having a baby can set off a relapse of your symptoms. Also, if you are prone to a condition called psychosis, giving birth can sometimes bring it on. [5]

What are the symptoms of bipolar disorder?

Most of us have ups and downs in our mood. But if you have bipolar disorder, you get extreme mood swings. This makes it hard to lead a normal life. In between the big highs and big lows, your mood may be normal and steady for weeks, months, or even years.

If your doctor tells you that you have bipolar disorder it means you have had at least one bout of very high mood. That is called **mania**. These bouts are also known as manic episodes.

Most people with bipolar disorder also have at least one bout of very low mood, called major depression. Because it happens as part of bipolar disorder, doctors refer to it as **bipolar depression**.

In bipolar disorder most people have a low mood much more of the time than they have mania. [6]

What are the symptoms of mania?

At first you may like the way mania feels. You may: [7]

- Feel very creative
- Be very excited about new ideas
- Start several new interests or hobbies
- Find you can work long hours without getting tired
- Have loads of energy
- Feel high or intensely happy
- Have a stronger sex drive than usual.

Your friends and family may see you as good company early on. You may be charming and full of life.

But this high mood often gets out of control. You may turn aggressive or selfish. And you may do harmful things. You may behave in a way that could hurt you or other people.

As well as making you feel energetic and happy, mania can make you:

- Feel very restless

- Feel very irritable
- Have racing thoughts
- Be easily distracted
- Find it hard to concentrate.

These feelings can affect the way you behave. You may:

- Speak very fast, jumping from one idea to another
- Need less sleep
- Think you have special abilities or powers
- Make bad decisions
- Go on spending sprees
- Act in a way that's unusual for you
- Abuse alcohol and drugs, especially cocaine and sleeping tablets
- Be aggressive, flirt with people, or behave in a way that is not appropriate.

Even though mania can make people do all these things, they often say there's nothing wrong.

If you have a bad bout of mania, your family and friends may think you are totally out of control, even if you think you are fine. You might make snap decisions about money and work that you later regret. And you may act in a reckless way. For example, you may spend far more money than you can afford, drive in a dangerous way, or have sex with lots of people.

But your mania may not be this bad. You may get the mild kind. This is called **hypomania**. With this kind, you may still speak quickly and be restless. [8] And you may jump from one activity to another, without finishing anything properly. But you won't be seriously out of control.

A bout of mania may start suddenly. How long it lasts depends on what kind you get. If you get full-blown mania and you don't have treatment, it can last for between two weeks and five months. [9] If you get the mild kind of mania (hypomania), it will last four or more days. [8]

At the end of a bout of mania, you may be run down. You may not have eaten or washed for a while. You may look scruffy. You may feel regret and shame for the way you behaved.

Having a bout of mania can put a lot of strain on your relationships with friends, family, and your partner. It can be hard to keep up with your studies or hold down your job. This can happen even if you are normally quite capable of doing these things.

What are the symptoms of bipolar depression?

When depression happens in people with bipolar disorder, doctors call it bipolar depression. The symptoms are a lot like the ones of depression in people who don't get mania (unipolar depression).

A bout of bipolar depression usually lasts longer than a bout of mania. Although it may last for only two weeks, it usually goes on for longer, up to six months.

If you have bipolar depression, you may: [9]

- Feel sad, anxious, or empty
- Feel hopeless or negative about the future
- Feel guilty, worthless, or helpless
- Lose interest or pleasure in things you normally enjoy, including sex
- Have no energy or feel tired all the time or slowed down
- Find it hard to concentrate, remember things, or make decisions
- Feel restless or irritable
- Sleep too much or have trouble sleeping
- Feel hungry all the time or not at all
- Put on weight or lose weight, without meaning to
- Think about death or killing yourself, or try to kill yourself.

Other symptoms and patterns of bipolar disorder

Bipolar disorder can cause other symptoms and follow other patterns too. Here are some to watch for.

- **Psychosis**. With psychosis, you get symptoms called hallucinations or delusions. They make you lose touch with reality. Psychosis can happen as part of a bout of

mania or bipolar depression. But only a few people with bipolar disorder get psychosis. For more information, see Psychotic symptoms .

- **Cyclothymia**. This is a period when your mood swings between mild depression and mild mania. It lasts for at least two years.

- **Mixed episode**. This is when you get symptoms of depression and mania mixed together at the same time. For example, you might feel very sad and hopeless, but you also have racing thoughts and lots of energy. You may also hear this called mixed affective state.

- **Rapid cycling**. This is when you have four or more bouts of mania or depression within a year. You may switch in and out of a normal mood. Or you may switch from one extreme mood to the other, without any period of normal mood in between. Rapid cycling is more common in women than in men.

Bipolar disorder tends to be a long-term illness. Studies show 9 in 10 people who have one bout of this disorder have at least one more. [10]

The symptoms of bipolar disorder differ between people. You may be interested to read the stories of some people who have it. Here are some websites that you may find helpful:

- A Patient's Journey, by Suzanne G. Johnstone

- Bipolar UK

You may also find it helpful to read the book An Unquiet Mind by Kay Redfield Jamison. She is a psychologist and expert on treating mania. But she also has bipolar disorder. In the book she talks about treatment for her own bipolar disorder.

How do doctors diagnose bipolar disorder?

If you think that you, or a person you care for, may have bipolar disorder, see your doctor. Getting the right diagnosis is the first step to getting good treatments and being able to live a normal life.

Doctors often find it hard to diagnose bipolar disorder. [22] And you need the right diagnosis to get the right treatment. It can sometimes take people five years to 10 years before they get the right treatment. [8]

This is partly because people are more likely to visit their doctor when they have depression (a very low mood) than when they have mania (a very high mood). [22] If your doctor doesn't know that you also get mania, he or she might think you have ordinary depression.

But the treatments for ordinary depression are different from the ones for bipolar disorder. So be sure to tell your doctor about all of your mood problems, not just the times when you feel depressed.

Tests your doctor may do

If your doctor thinks that you might have bipolar disorder he or she will probably send you to a hospital or clinic. There, you will usually see a professional who specialises in mental health conditions. That person may be a psychiatrist, a psychiatric nurse, or a psychologist. You probably won't need to stay in hospital.

One of these professionals may fill out a form or a questionnaire to get some information about what has been happening to you. [22] This can help tell if you have bipolar disorder.

There aren't any blood tests or scans for bipolar disorder. But you may have tests or scans to check for other medical conditions that can cause mood problems. For example, you might have blood tests to see if your thyroid gland is too active or too sluggish.

Your doctor may also test your blood or urine for illegal drugs. This isn't to get you into trouble. It's because lots of people with bipolar disorder have problems with illegal drugs. If you are using them it may affect your condition and your treatment. So your doctor needs to know about it. [23]

Questions your doctor may ask

The most reliable way of diagnosing bipolar disorder is to have a psychiatric examination by a psychiatrist. [22] Normally, your psychiatrist makes the diagnosis after talking to you.

He or she will do an examination called a mental state examination. This is to check if you have mania or depression. During this examination he or she will:

- Check how you look and behave
- Listen to the way you speak and what you say
- Watch how you move
- Note how much energy you have
- Ask about your mood and how you feel about yourself
- Ask about how you are thinking, if your thoughts are racing or coming slowly
- Try to work out if you are having beliefs that aren't true (delusions) or seeing or hearing things that aren't there (hallucinations)

- Try to work out if you are having delusions or hallucinations, by asking you if you know what you are thinking or perceiving is not real.

Your psychiatrist will also want to hear about the course of your problems. He or she may ask:

- When you first got mood problems
- What it feels like when you have very low moods
- What it feels like when you have very high moods
- How your moods affect your life, including your studies or work
- How long each bout lasts
- What happens afterwards.

Your psychiatrist will ask about any other problems with mental or physical health you have had. He or she will also ask if anybody else in your family has had mental health problems.

If a friend or relative has come with you to the hospital or the clinic, your doctor may ask them what they have noticed about your condition.

Making the diagnosis

When your psychiatrist has gathered up all the information about your symptoms, he or she will see if they fit with bipolar disorder.

There are two basic types of bipolar disorder. They are called **bipolar type 1 disorder** and **bipolar type 2 disorder**. [8] Type 1 is more serious.

- Bipolar type 1 disorder. This means you have had at least one bout of mania, either on its own or with depression. Usually, people with type I also have one or more bouts of depression too. If your mania is caused by prescription or illegal drugs, or by another medical condition, it does not count as bipolar disorder.
- Bipolar type 2 disorder. This means you have had at least one bout of depression plus at least one bout of mild mania. That kind of mania is called hypomania.

Doctors use a checklist of symptoms for bouts of mania and bouts of depression. To learn more, see What are the symptoms of bipolar disorder?

Usually, you won't need to stay in hospital when doctors are working out your diagnosis. But you may have to in some cases. For example, you may need to stay if you are having a bad bout of mania.

You may need to be taken to hospital for examination against your wishes, but this is rare. This will happen only if you are so ill that you are behaving in a way that is dangerous for you or for other people. There are strict rules about this. These rules are laid out in the law. For more, see The Mental Health Act .

How common is bipolar disorder?

If you have bipolar disorder, it might help to know that your condition is not unusual. Bipolar disorder happens in many different cultures around the world.

Bipolar disorder affects about 1 to 2 people in 100 at some point in their lives. [12]

- The more serious type of bipolar disorder, type 1, affects about 1 in 100 people. [12] [13]
- The milder type, type 2, seems to be more common. It affects about 2 to 3 in 100 people. [14]
- Men and women are equally likely to get bipolar disorder. [15]
- But women are more likely than men to have what is called rapid cycling. This is when you have four or more bouts of symptoms in one year. [16]
- Most people with bipolar disorder get a bout of mania for the first time when they are between 15 and 24 years old. [15]
- About half of people with bipolar disorder have someone in their family who has the disorder. [12]

What treatments work for bipolar disorder?

Living with bipolar disorder can be very hard. The mood swings can get in the way of your studies, work, and relationships. But getting the right treatment can help you live a life that is not ruled by the ups and downs of your illness.

The treatments you will be offered depend on how bipolar disorder is affecting you. You may need to have different treatments at different times, depending on whether:

- You have symptoms of mania
- You have symptoms of bipolar depression
- You have a normal mood and want to stop your symptoms from coming back (you want to prevent a relapse).

For an overview of the treatments you might need at different times, see What can I expect from treatment for bipolar disorder?

Key points about treating bipolar disorder

- The main way of treating bipolar disorder is with drugs.
- Having talking treatments as well as drugs can help you cope better with your illness.
- You may need to take different drugs at different times, depending on which symptoms you have.
- You will probably have to keep taking drugs to stop your bipolar symptoms from coming back (prevent a relapse).
- All of the drugs for bipolar disorder have side effects. But you may find some suit you better than others.
- The main reason people with bipolar disorder have relapses is because they stop taking their drugs.

Treatments for bipolar disorder

Which treatments for bipolar disorder work best? Different symptoms need different types of treatment. We've looked at the research and given each treatment a rating according to how well it works. We've looked separately at the treatments for mania, bipolar depression, and preventing a relapse.

- Treatments for mania : You might need these when you have mania (when your mood is very high). More...
- Treatments for bipolar depression : You might need these when your mood is very low (when you're suffering from bipolar depression). Treatments include drugs and talking treatments like counselling. More...
- Treatments to prevent a relapse : If you are feeling well, you can have treatments to stop your symptoms coming back. Treatments that may help include drugs, talking treatments, and learning to spot the signs of a relapse. More...

For help in deciding which treatment is best for you, see How to use research to support your treatment decisions.

Treatment Group 1

What treatments work for mania?

If you are having a bout of mania, you may be racing around, taking lots of risks, and acting in an odd way. You'll need treatment that will calm your mood quickly.

Key points about treating mania

- Olanzapine and valproate work well for treating mania. They start working quickly, too.
- Lithium also works well for mania. But it takes a few days to start working.
- If you have bad mania, you may need to take a combination of drugs, such as olanzapine plus lithium.

Which treatments work best for mania? We've looked at the research and given each treatment a rating according to how well it works.

Treatments for mania

Treatments that work

- Lithium : This is a drug that doctors use to make your mood stable. Brand names include Camcolit, Li-Liquid, Liskonum, and Priadel. More...
- Olanzapine : This drug belongs to a group called antipsychotic drugs. The brand name is Zyprexa. More...
- Risperidone : This drug can be used on its own, or along with other drugs, to treat mania. The brand name is Risperdal. This drug can make you put on weight. More...
- Valproate : This is a drug that doctors prescribe to make your mood stable. One brand name is Depakote. More...

Treatments that are likely to work

- Carbamazepine : This drug is thought to calm activity in your brain if you have mania. The brand name is Tegretol. More...
- Clonazepam : Some doctors use this to quickly calm people's mood. The brand name is Rivotril. More...
- Haloperidol : This is an older antipsychotic drug. Some doctors prescribe it for mania. The brand names are Haldol and Serenace. More...

- Quetiapine : This is a newer antipsychotic drug. Some doctors prescribe it for mania. The brand name is Seroquel. More...

- Ziprasidone : This is a newer antipsychotic drug. Some doctors prescribe it for mania. You can't get it in the UK. More...

Treatments that need further study

- Chlorpromazine : This is an older antipsychotic drug. Some doctors prescribe it for mania. One brand name is Largactil. More...

Other treatments

We haven't looked at the research on these treatments in the same detail we have for most of the treatments we cover. (To read more, see Our method.) But we've included some information because you may have heard of them or be interested in them.

- Electroconvulsive therapy (ECT) : With this treatment you have brief electric shocks to your brain. More...

- Aripiprazole : This is a newer type of antipsychotic drug. Some doctors prescribe it for mania. The brand name is Abilify. More...

- Asenapine : This is a newer antipsychotic drug. Some doctors prescribe it for mania. Its brand name is Saphris. More...

Treatment Group 2

What treatments work for bipolar depression?

If you have bipolar depression, you feel very low and unhappy. You may even think about harming or killing yourself. Treatments can't make you happy. But, they can take away your very low moods and make it easier for you to get on with life.

Key points about treating bipolar depression

- Antidepressant drugs work for bipolar depression. But they can set off bouts of mania. That means your mood swings in the other direction and gets too high.

- To stop your mood swinging into mania, you will probably need to take another drug too. For example, you may need to take lithium as well as your antidepressant. [17]

- If you need to take an antidepressant, a type called a selective serotonin reuptake inhibitor (SSRI) is probably the best choice.

- A drug called lamotrigine can also work well.

Which treatments work best for bipolar depression? We've looked at the research and given each treatment a rating according to how well it works.

Treatments for bipolar depression

Treatments that are likely to work

- Lamotrigine : This is a drug that is often used to treat fits (seizures). But some doctors prescribe it for bipolar depression, too. The brand name is Lamictal. More...

- Quetiapine : This is a type of drug called an antipsychotic. The brand name is Seroquel. More...

Treatments that work, but whose harms may outweigh the benefits

- Antidepressants : These drugs are used to treat depression. Antidepressants are most often used with other medicines to prevent moods from swinging into mania. There are many kinds. Some brand names are Prozac and Seroxat. More...

Treatments that need further study

- Lithium : This is a medicine that doctors sometimes give to treat bipolar depression. Brand names include Camcolit, Li-Liquid, Liskonum, and Priadel. More...

- Talking treatments : Treatments like counselling and interpersonal therapy help you talk about what is happening to you. More...

- Valproate : Doctors sometimes prescribe this drug to treat bipolar depression. The brand name is Depakote. More...

Other treatments

We haven't looked at the research on these treatments in the same detail we have for most of the treatments we cover. (To read more, see Our method.) But we've included some information because you may have heard of them or be interested in them.

- Electroconvulsive therapy (ECT) : With this treatment, you have brief electric shocks to your brain. More...

- Olanzapine plus fluoxetine : Your doctor may suggest taking these drugs together. More...

Treatment Group 3

What treatments work to prevent a relapse?

With bipolar disorder, you usually have periods when you are well between bouts of mania and depression.

When you are well and your mood is stable, you'll want to stay that way as long as possible. If your symptoms of mania or bipolar depression come back, doctors say you have had a relapse.

The treatments below may help stop you having a relapse.

Key points about preventing a relapse

- The drug lithium works. But it can have side effects.
- Other options include the drugs lamotrigine and valproate. These also have side effects.
- Learning how to spot the early signs that your symptoms are starting up again may help prevent a relapse.
- Having cognitive therapy, a type of talking treatment, may help you cope better with your illness.

Which treatments work best to prevent a relapse of bipolar disorder? We've looked at the research and given each treatment a rating according to how well it works.

Treatments to prevent a relapse

Treatments that work

- Lithium : This is a drug that doctors often prescribe to prevent a relapse. Brand names include Camcolit, Li-Liquid, Liskonum, and Priadel. More...

Treatments that are likely to work

- Carbamazepine : This is another drug that doctors often prescribe to prevent a relapse. The brand name is include Tegretol. More...
- Cognitive therapy : This is a type of talking treatment to help you cope with bipolar disorder. More...
- Psychoeducation : This is a talking treatment within a group, to help prevent relapse in people whose condition is stable. It can involve your family. More...

- Learning to spot signs of a relapse : You can have training to help you spot the signs of a relapse early on, so you can get help quickly. More...

- Lamotrigine : This is a drug that doctors sometimes give to prevent a relapse of bipolar depression. The brand name is Lamictal. More...

- Valproate : Doctors often use this drug to prevent a relapse. The brand name is Depakote. More...

Treatments that work, but whose harms may outweigh benefits

- Olanzapine : This is a type of drug called an antipsychotic. The brand name is Zyprexa. More...

Treatments that need further study

- Antidepressants : Doctors sometimes prescribe these drugs to stop you getting a relapse of bipolar depression. There are many kinds of antidepressants. Some brand names are Prozac and Seroxat. More...

- Family therapy : This is a type of talking treatment that involves your family. Together, you learn about bipolar disorder and how to cope with it. More...

Other treatments

We haven't looked at the research on these treatments in the same detail we have for most of the treatments we cover. (To read more, see Our method.) But we've included some information because you may have heard of them or be interested in them.

- Aripiprazole : This is a newer type of antipsychotic. The brand name is Abilify. More...

What will happen to me?

Living with bipolar disorder is hard. Most of the time you can keep your symptoms under control by taking medication. For an overview of the treatments you might need at different times, see What can I expect from treatment for bipolar disorder?

Unfortunately, many people find their symptoms come back. This might be because they stop taking their drugs. Or it might be because the drugs don't work as well as hoped.

Studies show that 9 in 10 people who have a bout of mania have another one at some point in their lives. [10]

But it's hard to say how many bouts of mania or depression you will have in your life. It varies a lot from person to person. Here is what we know.

- The average number of bouts is 10.
- Between 10 and 15 in 100 people with bipolar disorder have more than 10 bouts of mania or depression in their lives. [10]
- Between 10 and 15 in 100 people with bipolar disorder have more than three bouts in a year.

But between bouts, most people with bipolar disorder don't have any symptoms. With support from your doctor and healthcare team you may be able to lead a normal life. [17]

It can help a lot to have a supportive family and friends too. But caring for someone with bipolar disorder isn't easy. This illness can put a real strain on relationships. If you are caring for someone with bipolar disorder it may be hard to see them very depressed or to see them behave in a way they will regret.

If you have bipolar disorder you can still live a full and productive life. But this condition is very hard to live with. It can get in the way of doing the things you want to do. And it can make it hard for you to get on with people. Some people with bipolar disorder say it makes them feel very alone. [18] They also say it's hard to tell others what they are feeling, especially while they are depressed.

People with bipolar disorder are much more likely to try to kill themselves than other people, especially while they are depressed. [19] As many as 1 in 3 people with bipolar disorder try to kill themselves. [10]

That is why it is so important to work with your doctor to stop your symptoms from coming back. When they come back, doctors say you have a relapse.

One of the main aims of treatment is to stop you getting to the point where you might kill yourself. Call your doctor straight away if you notice your symptoms coming back or if you are thinking about harming yourself. If you live with or care for someone who has bipolar disorder, watch for signs that they might be in trouble. If you think they may harm themselves, call their doctor straight away.

Even if you have been well for some time your mania or depression may start up again. If this happens, you may not be able to think clearly about what sort of care you need. Sometimes you may feel that you don't want treatment, even though you may be putting yourself in danger.

While you are well, talk to your psychiatrist about the sort of care you want if you have a relapse. This could include working out:

- Who should be told about your condition (for example, friends or family members)
- Where you want to go for treatment if you need to be looked after in a hospital or clinic

- Which drugs you want to be given.

This plan is sometimes called an advance directive. Your psychiatrist can help you draw it up. It can be kept with your medical records. Then it can be used if you have a relapse.

You may need to be treated in the hospital while you are having a bad bout of mania or depression. You may have to be taken to the hospital for treatment against your wishes, but this is rare. There are strict rules about this. These rules are laid out in the law. For more, see The Mental Health Act .

Questions to ask your doctor

If you have been told you have bipolar disorder you may want to talk to your doctor to find out more.

Here are some questions that you might want to ask.

- Which type of bipolar disorder do I have?
- What are my options for treatment while I have mania?
- What are my options for treatment while I have bipolar depression?
- Can I learn how to tell when my symptoms are coming back (that is, when I am having a relapse)?
- What should I do if I spot the signs of a relapse? Who should I ring? Which drugs should I take?
- While I'm well, can we work out what treatment I want if I have a relapse?
- Will I need to I keep taking my treatment even if I'm feeling fine?
- Are there any things I should do, or not do, that may stop me getting a relapse?
- What should I do if I start thinking about hurting myself or killing myself?
- How can my friends and family help me cope with my bipolar disorder?

Treatments:

Lithium to treat mania

In this section

This information is for people who have bipolar disorder. It tells you about lithium, a treatment used for mania. It is based on the best and most up-to-date research.

Does it work?

Yes. Lithium can work well to calm the symptoms of mania for people with bipolar disorder. But it takes a few days or weeks to start working. So, you may need to take an antipsychotic drug or the drug valproate instead of, or as well as, lithium.

It's important to take the right dose of lithium. Too much can be dangerous.

A few people find lithium doesn't help them. [24] If it doesn't work for you, you may need a different treatment.

What is it?

Lithium is a drug that works against mania. It is called a mood stabiliser. This means it makes you less likely to have mood swings.

Lithium is a type of metal. It can sometimes be found naturally in spring water. Doctors have used it since the 1960s to treat and prevent mania. [25] You need a prescription from your doctor for lithium. The brand names include Camcolit, Li-Liquid, Liskonum, and Priadel.

Lithium comes as tablets or a liquid. You take it once or twice a day with meals. [26] But it can take a few months for lithium to get to the right level in your blood. [27]

Different people need different doses of lithium. Your doctor will work out the best dose for you. If you take lithium for a long time you might need to take higher doses when you are having a bout of mania than you do at other times.

You may start to feel some effect after taking lithium for three days to five days. But you may not feel the full effect for three weeks. [26]

Lithium is also used to stop bipolar symptoms from coming back. When your symptoms come back, doctors say you have a relapse. For more information, see Lithium to prevent a relapse . If you are taking lithium to prevent relapses, but you get mania again, you will probably keep taking the drug. But you may need to take other drugs too, to help get the relapse under control.

How can it help?

There's good evidence that taking lithium helps calm down the symptoms of mania. [24] These symptoms include:

- Feeling very irritable and restless

- Having racing thoughts
- Being unable to sleep.

One big study showed that about half the people taking lithium got a better mood. [24] This compared with about one quarter of people who took a dummy treatment (a placebo) for comparison.

Studies also show that lithium works as well as most of the other treatments for most people.

- Lithium works much better than the drug chlorpromazine. In one study, 4 in 10 people treated with lithium got a lot better. [24] This compared with 1 in 10 given chlorpromazine.
- Lithium works as well as haloperidol, valproate, carbamazepine, clonazepam, olanzapine, and lamotrigine. [24] [28] [29]

But one study found that lithium didn't work as well as risperidone to control mania after four weeks of treatment. [24]

How does it work?

We are not sure how lithium works. One idea is that it changes the levels of certain chemicals in your brain. These chemicals are called neurotransmitters. They carry messages between cells in your brain. Lithium may lower the level of the ones called serotonin and noradrenaline. These chemicals help regulate your mood.

Can it be harmful?

Yes. People taking lithium often get side effects. And taking too much can be dangerous.

If you take lithium, you may get these side effects: [24] [30]

- Shaking (called tremor)
- Feeling thirsty
- Feeling tired
- Feeling sick
- Feeling dizzy
- Problems with your thyroid gland.

One summary of the research (a systematic review) showed more than 9 in 10 people taking lithium got some side effects.[24] But nearly 8 in 10 people taking a dummy treatment (placebo) got some too. So, we don't know if all the side effects were because of lithium.

The summary also showed that lithium didn't cause any more side effects than carbamazepine or valproate.

It's very important to get your dose right. If you take even slightly too much lithium, you are much more likely to get side effects.[25] Too much lithium can harm your kidneys, heart, lungs, and nervous system. You can even die. So, if you take too much, get medical help straight away.

That's why you need to have regular blood tests if you take this drug. Your doctor will use the test results to make sure your dose is right.

Taking lithium

If you take lithium you should get a lithium treatment card from your pharmacy.[31] This card reminds you:

- How to take lithium safely
- What to do if you miss a dose
- What side effects to look out for.

It also explains why you need regular blood tests. And it tells you which other medicines you should avoid.

Taking other medicines

While you are taking lithium, you need to be careful about which other medications (including medications you get from your doctor, medications you can buy over the counter, and herbal or alternative remedies) you take. This is because your chances of getting side effects go up if you take some of these with lithium.

Ask your doctor or pharmacist for advice before taking any other medications. For example, you should check with your doctor before taking the painkiller ibuprofen, because paracetamol is safer if you need a painkiller.[32] Also, if you drink alcohol when you are taking lithium, you are more likely to feel sleepy or tired.

Lithium is not recommended for children or for women who are pregnant. To learn more, see Drugs for bipolar disorder in pregnancy.

How good is the research on lithium to treat mania?

There is good evidence that lithium works well as a treatment for mania in people with bipolar disorder.

We found one big summary of the research (called a systematic review) on using lithium to treat mania. [35] The summary looked at 12 good studies (randomised controlled trials, or RCTs). The studies involved 656 people in all.

One of the studies in the summary compared lithium with a dummy treatment (a placebo). [35] The symptoms of mania got a lot better in half the people taking lithium. This compared with one quarter of the people taking the placebo.

That summary, another systematic review, and some other good RCTs also compared lithium with other drugs used for mania. [35] [36] [37] [38] Here is what they showed.

- Lithium worked much better than chlorpromazine.
- Lithium worked as well as carbamazepine, clonazepam, haloperidol, lamotrigine, olanzapine, and valproate.
- Lithium did not work as well as risperidone at controlling mania after four weeks of treatment.

Olanzapine to treat mania

In this section

This information is for people who have bipolar disorder. It tells you about olanzapine, a treatment used for mania. It is based on the best and most up-to-date research.

Does it work?

Yes. Olanzapine helps calm down the symptoms of mania for people with bipolar disorder. It works on its own, or you can take it with another drug, such as lithium or valproate. [39] [40] Olanzapine starts working quickly, within four to eight hours. [41]

Olanzapine works more quickly than the drug lithium. [42] This means it may be better for bringing a bout of mania under control quickly.

But olanzapine can make you put on a lot of weight. And it may make you more likely to get diabetes. [39] [43]

What is it?

Olanzapine belongs to a group of drugs called **antipsychotic drugs**. They have a calming effect when you're agitated or having strange or distressing thoughts. Olanzapine works quickly. So, doctors often use it to bring a bout of mania under control. [42]

Olanzapine comes as tablets or as an injection. The brand name is Zyprexa.

Olanzapine was first developed to treat a condition called schizophrenia. With that condition, you can lose touch with reality. You may get symptoms known as delusions or hallucinations. These are also called psychotic symptoms. But antipsychotic drugs are also used to treat mania, even if you don't have psychotic symptoms.

There are two groups of antipsychotic drugs, older ones and newer ones. Some older ones are chlorpromazine and haloperidol. Olanzapine is a newer one.

The newer ones are also called atypical antipsychotics. They work just as well as the older drugs. But they are less likely to give you bad side effects like stiffness of your muscles and shaking. [42]

Doctors may use the injection if they think you need treatment but you are too agitated to take tablets. You can't be given treatment against your will, except in special cases covered by the law. For more, see The Mental Health Act.

How can it help?

Taking olanzapine when you are having a bout of mania can help you have fewer symptoms. And it can make your symptoms milder. The symptoms it helps with include:

- Feeling very irritable and restless
- Having racing thoughts
- Not being able to sleep.

A summary of the research found that olanzapine reduced symptoms of mania by half for 65 in 100 people who took it. [39] This compared with just 31 in 100 people who took a dummy treatment (a placebo).

Olanzapine works as well as lithium for mania. [44] And it works better than valproate. [45]

If you have a bout of mania, your doctor may prescribe olanzapine with another medicine like lithium or valproate. This works well. In studies, more than 6 in 10 people found their symptoms of mania got better while they were taking olanzapine with lithium or valproate. [39]

How does it work?

Your brain has lots of nerve cells. They send messages to each other using chemicals. These chemicals are known as neurotransmitters. Antipsychotic drugs work on a neurotransmitter called dopamine.

Dopamine makes certain parts of your brain more active. Doctors think that the agitated mood you get with mania may happen because dopamine makes your brain too active.

Antipsychotic drugs like olanzapine dampen the effect of dopamine. This makes you calmer.

Can it be harmful?

Yes. People taking atypical antipsychotic drugs like olanzapine are more likely to get high blood sugar and diabetes. [46] Your doctor will want to keep an eye on your weight and do blood tests from time to time. These tests should pick up any problems.

Olanzapine can also make you gain weight. In one study that lasted three weeks, people taking this drug put on an average of 1.65 kilograms (about 3.5 pounds). [39] There's a small amount of research suggesting that the drug metformin might reduce weight gain for people taking antipsychotic drugs. [47]

Other side effects you might get include: [39] [40]

- A dry mouth
- Dizzy spells
- Weakness of your muscles
- Feeling more hungry than usual
- Slurred speech.

Antipsychotic drugs can cause other problems with your muscles too. They can make your muscles very stiff. And they can cause shaking of your muscles that you can't control. Doctors call this tremor.

If you get these muscle symptoms together, it is sometimes called **parkinsonism**. This is because these are the same symptoms that people with Parkinson's disease get. But having parkinsonism does not mean you have Parkinson's disease.

These muscle symptoms are more common with the older antipsychotic drugs than with the newer ones. In the studies we looked at, olanzapine didn't cause parkinsonism.

Olanzapine is also a sedative drug. This means it can make you sleepy. You will feel more sleepy if you drink alcohol or take other sedative drugs while you are taking olanzapine. [41]

How good is the research on olanzapine to treat mania?

We found one big summary of the research (called a systematic review) that combined results from six studies on olanzapine. [48] The summary looked at a total of 1,422 people with bipolar type 1 disorder. (For more about the different types, see What is bipolar disorder?)

People taking olanzapine had fewer symptoms of mania than people taking a dummy treatment (a placebo).

Combining olanzapine with lithium or valproate worked better than lithium alone or valproate alone.

Another good study (a randomised controlled trial) showed that an injection of olanzapine was much better at calming people down than lorazepam (brand name Ativan). [49]

But these studies only involved people with bipolar type 1 disorder (the type with worse mania). So the results may not apply to you if you have type 2 bipolar disorder (the milder type).

Risperidone to treat mania

In this section

This information is for people who have bipolar disorder. It tells you about risperidone, a treatment used for mania. It is based on the best and most up-to-date research.

Does it work?

Yes. Taking the drug risperidone can help to calm the symptoms of mania in people with bipolar disorder. Risperidone can be used on its own, or in combination with other drugs, such as lithium, valproate, or carbamazepine.

Risperidone can cause unpleasant side effects, such as putting on weight or getting muscle tremors.

What is it?

Risperidone belongs to a group of drugs called antipsychotic drugs. They have a calming effect when you are agitated or having strange or distressing thoughts.

Risperidone comes as tablets, a liquid, or injections. One brand name is Risperdal.

Doctors also use risperidone to treat conditions such as schizophrenia. With that condition, you can lose touch with reality. You may get symptoms known as delusions or hallucinations. These are also called psychotic symptoms. But antipsychotic drugs are also used to treat mania, even if you don't have psychotic symptoms.

There are two groups of antipsychotic drugs, older ones and newer ones. The older ones include chlorpromazine and haloperidol. Risperidone is one of the newer ones.

The newer ones are called atypical antipsychotics. They work just as well as the older drugs. And they seem to be less likely to cause some side effects, such as stiffness and shaking of your muscles. [50] [51]

Doctors may give you risperidone as well as another drug for mania, such as lithium or valproate. It also has a calming effect if you take it on its own. [50]

How can it help?

If you are having a bad bout of mania, taking risperidone may calm down your symptoms. [52] These symptoms include:

- Becoming irritable and restless very easily
- Having racing thoughts
- Not being able to sleep.

One study found that symptoms of mania were reduced in just over 4 in 10 people who took risperidone. [53] This compared with only 1 in 10 people who took a dummy treatment (a placebo).

One small study showed that risperidone worked better than lithium. [54]

One summary of the research found that risperidone worked about as well as haloperidol. [52]

How does it work?

Your brain has lots of nerve cells. They send messages to each other using chemicals. These chemicals are known as neurotransmitters. Antipsychotic drugs work on one called dopamine.

Dopamine makes certain parts of your brain more active. Doctors think that the agitated mood you get with mania may happen because dopamine makes your brain too active.

Antipsychotic drugs like risperidone dampen the effect of dopamine. This makes you calmer.

Can it be harmful?

Yes. Risperidone has side effects. But we don't know how many people get them.

If you take this drug, you may: [55]

- Have trouble sleeping
- Get a headache
- Feel anxious or agitated
- Put on weight.

There's a small amount of research suggesting that the drug metformin might reduce weight gain for people taking antipsychotic drugs. [47]

Side effects that you are less likely to get include:

- An upset stomach
- Feeling drowsy
- Finding it hard to concentrate
- Feeling dizzy
- Getting a skin rash
- Having a temperature.

If you take atypical antipsychotic drugs like risperidone, you are more likely to get high blood sugar or diabetes. [55] Your doctor will want to keep an eye on your weight and do blood tests from time to time. These tests should pick up any problems.

Antipsychotic drugs can cause problems with your muscles. [55] They can make your muscles go stiff or shake in a way you can't control. If your muscles shake it's called tremor.

Muscle symptoms are sometimes called **parkinsonism**. This is because these are the same symptoms that people with Parkinson's disease get. But having parkinsonism does not mean you have Parkinson's disease.

In one study, about about 1 in 10 people taking risperidone got muscle tremors. [56] And about 1 in 20 got a problem called **dystonia**. Dystonia means that your muscles contract and cause strange face movements or strange body movements, or an unusual posture.

But for 6 in 10 people the problems were fairly mild. Another study also found that muscle problems are often mild. [57]

Drugs can be used to help control tremor and other movement problems. [55] Taking a lower dose of risperidone may also help.

Risperidone is a sedative drug. This means it can make you sleepy. [55] You will feel more sleepy if you drink alcohol or take other sedative drugs while you are taking risperidone.

How good is the research on risperidone to treat mania?

One summary of the research (called a systematic review) has collected together the research on risperidone as a treatment for mania. [52] There have also been some more recent, individual studies. The research shows that taking risperidone on its own or in combination with other drugs can help people with mania.

However, in some of the studies of risperidone, lots of people dropped out before the study ended. [52] This makes the research less reliable.

Valproate to treat mania

In this section

This information is for people who have bipolar disorder. It tells you about valproate, a treatment used for mania. It is based on the best and most up-to-date research.

Does it work?

Yes. Taking valproate helps calm down the symptoms of mania in people with bipolar disorder. It can be used on its own or along with olanzapine .

What is it?

Valproate is a drug that doctors prescribe for mania. It is a mood stabiliser. This means it makes you less likely to have mood swings.

It's also used to treat epilepsy . If you have epilepsy, you get seizures (doctors call them convulsions). Valproate can prevent these. So, you may hear valproate called an anticonvulsant drug too.

Its other names are valproic acid, semisodium valproate, and divalproex.

Valproate comes as tablets. You take them two or three times a day. The brand name is Depakote. You need a prescription from your doctor for this medicine.

Doctors also use valproate to stop the symptoms of bipolar disorder from coming back. For more, see Valproate to prevent relapses .

How can it help?

Taking valproate when you are having a bout of mania can help calm your symptoms. The symptoms of mania include: [58]

- Feeling very irritable and restless
- Having racing thoughts
- Not being able to sleep.

In one summary of the research, about 6 in 10 people who took valproate found their mania symptoms were reduced by half. [58] This compared with about 3 in 10 people who took a dummy treatment (a placebo).

Valproate does not work quite as well as a drug called olanzapine for treating mania. [58] [59] For example, some research shows that olanzapine reduces symptoms of mania more than valproate. [58] But valproate is less likely to cause certain side effects, such as putting on weight and feeling sleepy.

Valproate works well if you take it with olanzapine . Studies show taking these drugs together works better than taking valproate alone. [60] Between 6 in 10 and 7 in 10 people found their mania symptoms got better while they were taking valproate together with olanzapine. [60]

How does it work?

We don't really know why a drug that controls fits (seizures) like valproate works as a treatment for mania. But we do know that it works for seizures by stopping too much activity from building up in your brain. With mania, you have too much activity in certain areas of your brain. So valproate may work by calming down this activity.

Can it be harmful?

Yes. Valproate can cause side effects.

About 1 in 10 people taking this drug for mania feel dizzy. [58] You may get other side effects too, including: [61]

- Feeling sick
- Shaking
- Feeling tired

- Losing some hair
- Finding it hard to do tasks that need a lot of concentration, like studying.

One small study found that women taking valproate were more likely to get heavy or irregular periods. [62]

Like many drugs for bipolar disorder, valproate is not recommended if you are pregnant. This is because it can harm your unborn baby. To learn more, see Drugs for bipolar disorder in pregnancy .

Self-harm and suicide

There is a very small risk that taking valproate might make you more likely to think about suicide or harming yourself. [63] If you are worried about any thoughts or feelings you have, see your doctor straight away.

How good is the research on valproate to treat mania?

We found a summary of the research (called a systematic review) that included 316 people. [64] It compared valproate with a dummy treatment (a placebo) and with other treatments such as the drug lithium . About 6 in 10 people taking valproate got a lot better.

Another summary found that taking valproate and olanzapine together worked better than taking valproate alone. [65]

Carbamazepine to treat mania

In this section

This information is for people who have bipolar disorder. It tells you about carbamazepine, a treatment used for mania. It is based on the best and most up-to-date research.

Does it work?

Probably. If you are having a bout of mania because of bipolar disorder, taking carbamazepine is likely to help calm down your symptoms.

What is it?

Carbamazepine is mainly used to treat epilepsy. If you have epilepsy you get seizures (convulsions). Carbamazepine can prevent these. So it's often called an anticonvulsant drug.

But doctors also prescribe carbamazepine to treat mania in people who have bipolar disorder. It makes you less likely to have mood swings. So you may hear it also called a mood stabiliser.

Carbamazepine comes as tablets. You take them two or three times a day. The brand name is Tegretol.

How can it help?

Taking carbamazepine when you are having a bout of mania can calm down your symptoms of mania. These symptoms include: [66]

- Feeling very irritable and restless
- Having racing thoughts
- Being unable to sleep.

Two studies have compared taking carbamazepine with a having a dummy treatment (a placebo). [67] [68] In one study, after three weeks symptoms reduced by half:

- For 4 in 10 people who took carbamazepine
- For 2 in 10 people who took a placebo.

We found other studies that showed carbamazepine works about as well as lithium and valproate. [66] [69]

Doctors may also use carbamazepine to stop the symptoms of bipolar disorder from coming back. For more, see Carbamazepine to prevent a relapse .

How does it work?

We don't really know why drugs that work for fits (seizures), like carbamazepine, work as a treatment for mania. But we do know that they work for seizures by stopping too much activity from building up in your brain. With mania, you have too much activity in certain areas of your brain. So carbamazepine may work by calming down this activity.

Can it be harmful?

Yes. Carbamazepine can cause side effects. In one study: [67]

- About 5 in 10 people who took carbamazepine felt dizzy compared with 1 in 10 people who took a dummy treatment (a placebo)
- About 4 in 10 people who took carbamazepine felt sick, compared with 1 in 10 people who took a placebo

- About 3 in 10 people who took carbamazepine felt sleepy, compared with nearly 2 in 10 people who took a placebo.

Other side effects include: [68] [70]

- Being clumsy or less co-ordinated than usual
- Getting a rash
- Having problems with your eyesight, such as blurred vision
- Have a hard time doing tasks that need a lot of concentration, like studying.

Rarely, some people taking carbamazepine get a very bad rash. This can be serious, or even life-threatening. But the risk is fairly small. Between 1 in 10,000 and 6 in 10,000 people who take carbamazepine get this rash. [71]

There's a bigger risk of getting a serious rash if you have a particular genetic type. Nearly all people with this genetic type are from Asian backgrounds. Doctors are advised to offer Asian people a blood test to check for their genetic type, before prescribing carbamazepine. [71] It's especially important to have the test if you come from a Han Chinese, Hong Kong Chinese, or Thai background.

Like many drugs for bipolar disorder, carbamazepine is not recommended if you are pregnant. This is because it can harm your unborn baby. To learn more, see Drugs for bipolar disorder in pregnancy .

Self-harm and suicide

There is a very small risk that taking carbamazepine might make you more likely to think about suicide or harming yourself. [63] If you are worried about any thoughts or feelings you have, see your doctor straight away.

How good is the research on carbamazepine to treat mania?

There's some evidence showing that carbamazepine works as a treatment for mania in people with bipolar disorder.

One summary of the research (a systematic review) included 59 people with bipolar disorder. It compared carbamazepine with valproate. [72] The summary showed that 4 in 10 people treated with carbamazepine got much better. This was about the same number as in the people taking valproate.

Another systematic review included 176 people with bipolar disorder. [73] It compared carbamazepine with lithium. It found that carbamazepine worked about as well as lithium.

Two good studies (called randomised controlled trials) compared taking carbamazepine with taking a dummy treatment (a placebo). [74] [68] The first study looked at about 200 people. [74] It showed taking carbamazepine made people feel much better than taking a placebo. The second study also found that taking carbamazepine helped, but lots of people dropped out before the study finished. [68] This makes the results less reliable.

Clonazepam to treat mania

In this section

This information is for people who have bipolar disorder. It tells you about clonazepam, a treatment used for mania. It is based on the best and most up-to-date research.

Does it work?

Probably. If you have bipolar disorder, taking clonazepam can help calm down some of your symptoms if you are having a bout of mania. But it can have side effects, especially if you take it for more than four weeks.

What is it?

Clonazepam belongs to a group of drugs called benzodiazepines. It is usually used to treat epilepsy. If you have epilepsy you get seizures. But clonazepam can also be used to treat anxiety and mania.

Clonazepam can be addictive if you take it for too long. But it starts to work quickly. Doctors sometimes recommend that people take clonazepam for a short time while they're waiting for another treatment, such as lithium, to start working. [75]

The brand name of clonazepam is Rivotril. It comes as tablets.

How can it help?

Clonazepam may calm down some of the symptoms you get in a bout of mania. One study found that taking clonazepam reduced mania slightly more than taking a dummy treatment (a placebo). [76] But this study was small. It only looked at 30 people.

How does it work?

Benzodiazepine drugs such as clonazepam dampen down activity in your brain. This means they have a calming effect. They help you feel less anxious and help you get to sleep.

Can it be harmful?

Yes. These are some of side effects you are most likely to get. [77]

- Feeling sleepy. This is the most common side effect of benzodiazepines. You shouldn't drive or operate machinery while taking clonazepam.
- Having problems with your memory. Benzodiazepines can make it hard for you to remember things.
- Having dizzy spells.

Doctors won't give you benzodiazepine drugs such as clonazepam for more than a few weeks. This is because you can become dependent on them. When you become dependent on a drug, you feel a strong need to keep taking it. And you can't stop taking it without getting withdrawal symptoms. For example, you may feel very restless or irritated, be unable to sleep, and lose your appetite. So doctors don't usually give people benzodiazepine drugs for longer than a few weeks. [78]

How good is the research on clonazepam to treat mania?

One good-quality study (called a randomised controlled trial) looked at how well clonazepam worked in people with mania. It found that taking clonazepam was better than taking a dummy treatment (a placebo). [76] But this study was small. It involved only 30 people.

Some studies compared taking clonazepam with taking a drug called lithium. [79] But these studies weren't done very well, and only involved 52 people in total. So we can't say whether taking clonazepam helps as much as taking lithium.

Haloperidol to treat mania

In this section

This information is for people who have bipolar disorder. It tells you about haloperidol, a treatment used for mania. It is based on the best and most up-to-date research.

Does it work?

Probably. If you are very agitated and restless, haloperidol can calm you down. And it works quickly. But this drug can give you side effects.

What is it?

Haloperidol belongs to a group of drugs called antipsychotic drugs. They have a calming effect when you are agitated or have strange or distressing thoughts.

Doctors also use haloperidol to treat schizophrenia. If you have schizophrenia, you can lose touch with reality. You may get symptoms called delusions or hallucinations. These are also called psychotic symptoms. But antipsychotic drugs are also used to treat mania, even if you don't have psychotic symptoms.

There are two groups of antipsychotic drugs, older ones and newer ones. Haloperidol is an older one. The older ones have been used for many years. But they can give you side effects, such as stiffness and shaking of your muscles. [80]

Haloperidol comes as tablets or as an injection. The brand names include Haldol and Serenace. You need a prescription from your doctor for this medicine.

Doctors may use the injection if they think you need treatment but you are too manic to take tablets. You can't be given treatment against your will, except in special cases covered by the law. For more information, see The Mental Health Act.

Doctors usually prescribe haloperidol along with another drug for mania such as lithium or valproate. [81]

How can it help?

Taking haloperidol can help with some of the symptoms of mania. These include getting restless or irritable easily and being aggressive. Taking haloperidol may work well as a short-term treatment for a bad bout of mania. [82] But you might have lots of side effects.

One study found that taking haloperidol helped reduce the symptoms of mania more than taking a dummy treatment (a placebo). [83] But lots of people dropped out of this study before it finished. This may mean the results aren't reliable.

Studies also show that taking haloperidol helps your symptoms of mania just as well as the taking the drugs called valproate and olanzapine. [84] [85]

How does it work?

Your brain has lots of nerve cells. They send messages to each other using chemicals. These chemicals are known as neurotransmitters. Antipsychotic drugs work on one called dopamine.

Dopamine makes certain parts of your brain more active. Doctors think that the agitated mood you get with mania may happen because dopamine makes your brain too active.

Antipsychotic drugs like haloperidol dampen the effect of dopamine. This makes you calmer.

Can it be harmful?

Yes. Haloperidol can cause side effects. If you take this drug, you may get: [86]

- A dry mouth
- Drowsiness
- Constipation
- A headache
- Blurred vision.

But the main drawback of haloperidol is that it can cause problems with your muscles. [84] It can make them very stiff. And it can make them shake in a way you can't control. That is called tremor.

If you get these muscle symptoms together, it is sometimes called **parkinsonism**. This is because these are the same symptoms that people with Parkinson's disease get. But having parkinsonism does not mean you have Parkinson's disease.

We found one small study that looked at getting tremor while taking haloperidol. About 3 in 10 people taking haloperidol got tremor, but less than 1 in 10 people taking a dummy treatment (a placebo) got tremor. [84]

Some people who take antipsychotic drugs also get movements of their face that they can't control.

- They make odd faces (called grimaces).
- They can't stop smacking their lips.
- They can't stop twisting their neck around.

Unusual movements of your face are more common if you've been taking antipsychotic drugs for a long time, or taking high doses. [86] But they can happen sooner or even when you're taking lower doses. These problems are serious, because they don't always stop when you finish taking the drug, and treatment doesn't often help. Some people even get unusual face movements for the first time after they've finished taking an antipsychotic drug.

We don't know what the chance of getting these face movements is. Studies don't tell us. But guidelines for doctors say the facial movements happen fairly often. [86] This is especially so for older adults. So if you are taking haloperidol or other antipsychotic drugs, tell your doctor about any side effects. [86]

One study found that people taking haloperidol had a higher chance of having dangerous heart problems. [87] Haloperidol interferes with the electrical activity in your heart, making it beat too quickly. If this isn't treated, your heart can stop working (called sudden cardiac arrest). And if someone's heart stops working, they may die.

In the study we found, women, elderly people, and people who'd recently started taking haloperidol (they'd started taking it in the last 90 days) had the greatest risk of having heart problems. [87] But it isn't clear exactly how big the risk is. [88] One study looked at how many more people taking haloperidol died of a cardiac arrest. Over a year, on average about 1 in 1,000 people die suddenly of a cardiac arrest. [87] But taking haloperidol seems to increase this risk to roughly 5 in 1,000 deaths in a year.

In the United States, an organisation called the Food and Drug Administration (FDA) checks the safety of medicines. The FDA says at least 28 people taking unusually high doses of haloperidol, or having haloperidol injections into a vein instead of a muscle, have had problems with a fast heartbeat. Some people have died. The FDA advises doctors to be aware of this risk when deciding on treatments. [88]

How good is the research on haloperidol to treat mania?

There is not much research on the older antipsychotic drugs like haloperidol, even though doctors often use them for people with bipolar disorder who are having a bout of mania.

One summary of the research (a systematic review) involved 50 people. [89] It compared haloperidol with lithium. The summary showed that haloperidol worked as well as lithium.

We found two other good studies that looked at haloperidol. One was a systematic review. [90] The other was a kind of study called a randomised controlled trial. [91]

The studies showed haloperidol worked as well as valproate and olanzapine for treating the symptoms of mania. But the people taking haloperidol were more likely to get serious side effects.

Quetiapine to treat mania

In this section

This information is for people who have bipolar disorder. It tells you about quetiapine, a treatment used for mania. It is based on the best and most up-to-date research.

Does it work?

Probably. There's some research suggesting that quetiapine works for treating mania in people with bipolar disorder.

What is it?

Quetiapine belongs to a group of drugs called antipsychotic drugs. They have a calming effect when you're agitated or having strange or distressing thoughts.

Doctors use quetiapine to treat conditions such as schizophrenia. With that condition, you can lose touch with reality. You may get symptoms known as delusions or hallucinations. These are also called psychotic symptoms. But antipsychotic drugs are also used to treat mania, even if you don't have psychotic symptoms.

There are two groups of antipsychotic drugs, older ones and newer ones. The older ones include chlorpromazine and haloperidol. Quetiapine is a newer one. The newer ones are called atypical antipsychotics. They seem to be less likely to cause certain bad side effects, such as muscle stiffness and muscle shaking. [92]

Quetiapine comes as tablets. The brand name is Seroquel. Doctors may give you quetiapine along with another drug for mania such as lithium or valproate to help control a bout of mania. Or they may prescribe quetiapine on its own. [92]

How can it help?

Taking quetiapine when you are having a bout of mania may calm down your symptoms. These symptoms include:

- Becoming irritable or restless easily
- Having racing thoughts
- Not being able to sleep.

Some studies have shown that quetiapine works better than a dummy treatment (a placebo) for calming symptoms of mania. [30] [83]

In one study, slightly more than 5 in 10 people improved while they were taking quetiapine. [30] This compared with less than 3 in 10 people taking a placebo.

How does it work?

Your brain has lots of nerve cells. They send messages to each other using chemicals. These chemicals are known as neurotransmitters. Antipsychotic drugs work on one called dopamine.

Dopamine makes certain parts of your brain more active. Doctors think that the agitated mood you get with mania may happen because dopamine makes your brain too active.

Antipsychotic drugs like quetiapine dampen the effect of dopamine. This makes you calmer.

Can it be harmful?

Yes. Quetiapine can cause side effects. In one study, 8 in 10 people taking quetiapine felt more tired or sleepy than usual. [93] But only 3 in 10 people taking a dummy treatment said they felt sleepy.

In another study, between 2 in 10 and 3 in 10 people taking quetiapine got a dry mouth. And between 1 in 10 and 2 in 10 people put on weight. [30] There's a small amount of research suggesting that the drug metformin might reduce weight gain for people taking antipsychotic drugs. [47]

A big problem with older antipsychotic drugs, such as haloperidol, is that they can give you muscle problems. Some people get stiff or shaking muscles, or unusual movements of their face. These problems are less common with newer antipsychotic drugs like quetiapine. [55] And if they do happen, they tend to be fairly mild, and go away with treatment or with a lower dose of quetiapine.

People taking quetiapine or other atypical antipsychotic drugs are more likely to get high blood sugar or diabetes. [55] Your doctor will want to keep an eye on your weight and do blood tests from time to time. These tests should pick up any problems.

How good is the research on quetiapine to treat mania?

We found one good-quality study (a randomised controlled trial) that involved 30 people with bipolar disorder. [30] They were young, between 12 years old and 18 years old.

The study showed symptoms of mania got better in nearly 9 in 10 people taking quetiapine. This compared with 5 in 10 people taking a dummy treatment (a placebo).

But this is just one study. And it was small, so the results may not be so reliable.

Ziprasidone to treat mania

In this section

This information is for people who have bipolar disorder. It tells you about ziprasidone, a treatment used for mania. It is based on the best and most up-to-date research.

Does it work?

Probably. Taking ziprasidone reduces the symptoms of mania in people with bipolar disorder. But it has side effects. They include being clumsy, having headaches, and feeling dizzy.

Ziprasidone isn't available in the UK.

What is it?

Ziprasidone is sometimes used to treat mania in the US. But it isn't available in the UK.

Ziprasidone belongs to a group of drugs called antipsychotic drugs. They have a calming effect when you are agitated or having strange or distressing thoughts.

Ziprasidone was first developed to treat a condition called schizophrenia. If you have schizophrenia, you can lose touch with reality. You may get symptoms known as delusions or hallucinations. These are also called psychotic symptoms. But antipsychotic drugs are also used to treat mania, even if you don't have psychotic symptoms.

There are two groups of antipsychotic drugs, older ones and newer ones. The older ones include chlorpromazine and haloperidol. Ziprasidone is one of the newer ones.

The newer ones work just as well as the older drugs. But they are less likely to cause certain bad side effects, such as stiffness and shaking of your muscles. [94]

How can it help?

Taking ziprasidone when you are having a bout of mania can calm down your symptoms. These symptoms include:

- Becoming irritable or restless very easily
- Having racing thoughts
- Not being able to sleep.

One study showed symptoms got a lot better in half of people who took ziprasidone after three weeks. [95] This compared with one third of people who took a dummy treatment (a placebo).

But there have not been many studies of ziprasidone. This means we don't know how well it works compared with other treatments.

How does it work?

Your brain has lots of nerve cells. They send messages to each other using chemicals. These chemicals are known as neurotransmitters. Antipsychotic drugs work on one called dopamine.

Dopamine makes certain parts of your brain more active. Doctors think that the agitated mood you get with mania may happen because dopamine makes your brain too active.

Antipsychotic drugs like ziprasidone dampen the effect of dopamine. This makes you calmer.

Can it be harmful?

Ziprasidone is a fairly new drug. So, we can't be sure about any problems it might cause in the long run.

One study showed that in people taking ziprasidone: [95]

- Around 4 in 10 felt sleepy
- Around 2 in 10 got headaches
- Around 2 in 10 had dizzy spells.

People taking one of the new antipsychotic drugs like ziprasidone are more likely to get high blood sugar and diabetes. When drugs similar to ziprasidone are used in the UK, doctors check regularly for early signs of these problems.

Antipsychotic drugs can cause problems with your muscles. [46] They can make your muscles very stiff. And they can cause shaking of your muscles that you can't control. Doctors call this tremor.

If you get these muscle symptoms together, it is sometimes called **parkinsonism**. This is because these are the same symptoms that people with Parkinson's disease get. But having parkinsonism does not mean you have Parkinson's disease.

Parkinsonism seems to happen more often with the older antipsychotic drugs than with the newer ones. In the study we looked at, ziprasidone did not cause parkinsonism.

Ziprasidone is a sedative drug. This means it can make you sleepy. You will feel more sleepy if you drink alcohol or take other sedative drugs while you are taking ziprasidone. [46]

How good is the research on ziprasidone to treat mania?

There isn't much research looking at ziprasidone. [96] We found one good study (a randomised controlled trial). [96] It compared ziprasidone with a dummy treatment (a

placebo). The study included 201 people and lasted for three weeks. It showed that ziprasidone worked better than the placebo.

Another study also found that ziprasidone helped people with mania. But lots of people dropped out of this study before it had finished. This makes the results less reliable.

Asenapine to treat mania

In this section

This information is for people who have bipolar disorder. It tells you about asenapine to treat mania, a treatment used for bipolar disorder.

We haven't looked at the research on this treatment in the same detail we have for the other treatments we cover. (To read more, see Our method.) But we've included some information because you may have heard of it or be interested in it.

Asenapine is a new drug treatment that has been found to help in treating symptoms of mania. Its brand name is Sycrest.

Some research has suggested that asenapine works about as well as olanzapine in reducing symptoms of mania.

Chlorpromazine to treat mania

In this section

This information is for people who have bipolar disorder. It tells you about chlorpromazine to treat mania, a treatment used for bipolar disorder. It is based on the best and most up-to-date research.

Does it work?

We don't know. There isn't enough good research to tell us if chlorpromazine works for treating mania in people with bipolar disorder.

What is it?

Chlorpromazine belongs to a group of drugs called **antipsychotic drugs**. They have a calming effect when you're agitated or having strange or distressing thoughts.

Doctors also use chlorpromazine to treat a condition called schizophrenia . With schizophrenia, you can lose touch with reality. You may get symptoms known as delusions or hallucinations . These are also called psychotic symptoms . But

antipsychotic drugs are also used to treat mania, even if you don't have psychotic symptoms.

There are two groups of antipsychotic drugs, older ones and newer ones. Chlorpromazine belongs to the group of older ones. That group also includes haloperidol. The older drugs have been used for many years. But they can have bad side effects in some people. For example, they can cause stiffness and shaking of your muscles. [97]

Chlorpromazine comes as tablets, a liquid, or an injection. The brand name is Largactil. Doctors may use the injection if they think you need treatment but you are too agitated to take tablets. You can't be given treatment against your will, except in special cases covered by the law. For more information, see The Mental Health Act .

Doctors usually give chlorpromazine along with another drug for mania such as lithium or valproate. [98]

How can it help?

We're not sure it can. One small study compared chlorpromazine, a dummy treatment (placebo), and an antidepressant. [99] After seven weeks, the symptoms of mania had improved more in the people taking chlorpromazine than in the people taking a placebo or the ones taking the antidepressant.

How does it work?

Your brain has lots of nerve cells. They send messages to each other using chemicals. These chemicals are known as neurotransmitters . Antipsychotic drugs work on one called dopamine .

Dopamine makes certain parts of your brain more active. Doctors think that the agitated mood you get with mania may happen because dopamine makes your brain too active.

Antipsychotic drugs like chlorpromazine dampen the effect of dopamine. This makes you calmer.

Can it be harmful?

Yes. Chlorpromazine does have side effects. If you take this drug, you may get: [86]

- A dry mouth
- Drowsiness
- Constipation
- A headache.

Antipsychotic drugs can cause problems with your muscles, too. [86] They can make your muscles very stiff. And they can cause shaking of your muscles that you can't control. Doctors call this tremor.

If you get these symptoms together, it is sometimes call **parkinsonism**. This is because these are the same symptoms that people with Parkinson's disease get. But having parkinsonism does not mean you have Parkinson's disease.

Some people taking antipsychotic drugs also get facial movements they can't control.

- They make odd faces (called grimaces).
- They can't stop smacking their lips.
- They can't stop twisting their neck around.

Unusual movements of your face are more common if you've been taking antipsychotic drugs for a long time, or taking high doses. [86] But they can happen sooner or even when you're taking lower doses. These problems are serious, because they don't always stop when you finish taking the drug. Also, the treatment doesn't often help. Some people even get unusual face movements for the first time after they've finished taking an antipsychotic drug.

We don't know what your chance of getting these face movements is. That's because the studies don't tell us. But guidelines for doctors say the facial movements happen fairly often, especially in older adults. [86] So, if you are being treated with antipsychotic drugs, tell your doctor about any side effects. [86]

How good is the research on chlorpromazine to treat mania?

There hasn't been much research on using chlorpromazine for mania. We found one small study, which only looked at 13 people. [99] So, we can't be sure if chlorpromazine works for treating mania.

ECT to treat mania

In this section

This information is for people who have bipolar disorder. It tells you about using ECT to treat mania.

We haven't looked at the research on this treatment in the same detail we have for the other treatments we cover. (To read more, see Our method.) But we've included some information because you may have heard of it or be interested in it.

Electroconvulsive therapy (ECT for short) is a series of electric shocks given to your brain. They are given through your scalp. The shocks cause a brief seizure. You are given an anaesthetic first. This means you won't feel anything.

ECT can be a quick treatment that works for bad depression or bad mania if drugs have not helped you. But it is controversial. In the past, ECT was probably used too much. And it can have side effects. For example, you can have trouble remembering things after you've had it. [100]

ECT is usually used only if treatment with drugs hasn't worked. It is also sometimes used if you are so sick that quick treatment is needed. For example, you may be trying to harm yourself or refusing to eat and drink. ECT is only given in the hospital. But you may be able to go home the same day.

You can have ECT to just one side of your brain or to both sides. And doctors can make the shocks stronger or weaker, depending on how ill you are. You have two or three sessions a week, usually for four weeks to six weeks.

Aripiprazole to treat mania

In this section

This information is for people who have bipolar disorder. It tells you about aripiprazole, a treatment used for mania.

We haven't looked at the research on this treatment in the same detail we have for the other treatments we cover. (To read more, see Our method.) But we've included some information because you may have heard of it or be interested in it.

Aripiprazole is an antipsychotic drug. It's sometimes used for treating bouts of mania and as a long-term treatment for preventing bipolar symptoms coming back in people who aren't currently having symptoms.

The brand name is Abilify.

One big review of studies found that aripiprazole can help calm down the symptoms of mania. The effects tended to last about three or four weeks. But about 1 in 5 people dropped out before the end of the studies. This makes the studies less reliable. [101]

It has some side effects. Some people taking aripiprazole:

- Feel sick
- Throw up
- Get constipated
- Have trouble sleeping

- Get a headache
- Feel sleepy
- Get movement problems.

Antidepressants to treat bipolar depression

In this section

This information is for people who have bipolar disorder. It tells you about antidepressants, a treatment used, in combination with others, for bipolar depression. It is based on the best and most up-to-date research.

Do they work?

Probably. There's some good evidence that these drugs work as a treatment for the depression you get with bipolar disorder (bipolar depression).

But you can get a serious side effect. Antidepressants can make your mood swing from low to very high, and set off a bout of mania. Doctors usually suggest taking antidepressants in combination with other treatments, to stop a low mood from swinging into mania. [17]

What are they?

Antidepressants treat the symptoms of depression. Doctors use three main types of antidepressants to treat bipolar depression. [17]

- Selective serotonin reuptake inhibitors (SSRIs for short). Some examples of SSRIs are citalopram (brand name Cipramil), fluoxetine (Prozac), fluvoxamine (Faverin), paroxetine (Seroxat), and sertraline (Lustral).
- Tricyclic antidepressants (TCAs). Some examples of TCAs are amitriptyline, doxepin (Sinepin), nortriptyline (Allegron), and trimipramine (Surmontil).
- Monoamine oxidase inhibitors (MAOIs). Some examples of MAOIs are phenelzine (Nardil) and tranylcypromine. But this type of antidepressant isn't used much any more.

Other antidepressants include venlafaxine (Efexor) and reboxetine (Edronax).

Doctors usually use antidepressants along with a treatment for mania. This is because antidepressants on their own can set off bouts of mania. That means your mood swings in the other direction and gets too high.

Sometimes doctors also give antidepressants to stop the symptoms of bipolar disorder from coming back. For more, see Antidepressants to prevent a relapse.

How can they help?

Antidepressants can help with the symptoms of depression. But there has not been much research looking at how well they work for people with bipolar disorder.

There have been lots of studies on using antidepressants for people with depression who don't get bouts of mania. Doctors call this type of depression unipolar depression.

These studies show that between one half and two-thirds of people with this type of depression feel much better after treatment with antidepressants. [102] [103] [104] [105] [106] [107]

The studies show that taking an antidepressant can help in different ways.

- You feel less sad, hopeless, worried, or guilty.
- You feel like eating again.
- Your sex drive comes back.
- You can concentrate better.

There have also been some studies on antidepressants for people with bipolar depression. One study showed that people taking antidepressants were much more likely to get better than people taking a dummy treatment (a placebo). [108]

- Symptoms got better in almost 6 in 10 people taking antidepressants.
- This compared with between 3 in 10 and 4 in 10 people taking the dummy treatment.

The study also showed that the SSRI antidepressants were more likely to help than the TCAs. [108]

How do they work?

Your brain has lots of nerve cells. They send messages to each other using chemicals. These chemicals are known as neurotransmitters.

People who are depressed have lower levels of certain chemicals than people who are not depressed. For example, they may have lower levels of the ones called dopamine, serotonin, and noradrenaline.

Antidepressants boost your levels of serotonin and noradrenaline. This slowly changes how the nerve cells in your brain work. It can take several weeks before you can tell if the drugs are helping.

Can they be harmful?

Yes. All antidepressants can cause side effects.

Here's some information about the side effects you could get:

- Selective serotonin reuptake inhibitors (SSRIs)
- Tricyclic antidepressants (TCAs)
- Monoamine oxidase inhibitors (MAOIs) .

Triggering mania

A big worry about using antidepressants to treat bipolar depression is that they can trigger a mood swing into mania.

One study we looked at said this wasn't very common. [108] About 4 in 100 people taking an antidepressant got a mood swing into mania. This was almost the same as the 5 in 100 people who were taking a dummy treatment (a placebo). But the study may not have looked at enough people, so we can't certain about the risk.

Switching to mania may be less common with SSRIs than with TCAs. [108] The research doesn't show this for sure though.

Another study showed the chance of a mood swing into mania was quite high. [109] But there were some problems with this study. It didn't compare taking antidepressants with taking a dummy treatment. Some people in the study were taking more than one antidepressant. And one quarter of the people in the study had already been quickly switching between depression and mania. However, we've included the numbers here from the study in case you're interested.

- About 22 in 100 people with bipolar disorder taking antidepressants for a year had a bout of mild mania.
- About 15 in 100 people taking antidepressants for a year had a bout of full-blown mania.
- Mania happened more in people with bipolar type 1 disorder (the more serious type) than in people with type 2. (For more on the two types of bipolar disorder, see What is bipolar disorder?)

In the study, a swing to mania was more common when people were taking the antidepressant venlafaxine than when taking the SSRI sertraline or taking an antidepressant called bupropion.

Self-harm and suicide

Research has found that children, teenagers, and young adults taking antidepressants of all kinds are more likely to think about suicide or try to harm themselves. [110]

The risk of suicidal thoughts is highest if you're under 18. [110] Among people under 18 who are taking an antidepressant, an extra 14 in 1,000 thought about suicide.

The researchers also found that there's a risk for young adults up to the age of 24. [110] But their risk wasn't as big as the risk in people under 18. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

The research doesn't seem to show an increased risk of suicidal thoughts or self-harm for people over the age of 24. [110] But doctors and caregivers are advised to keep a careful check on anyone taking antidepressants for signs of suicidal thoughts. You are more likely to get these thoughts in the early stages of your treatment, or if the dose of the antidepressant you're taking is changed. You may also be at risk if you have had thoughts about harming or killing yourself before. [111]

If you're taking an antidepressant and are worried about any thoughts or feelings you have, see your doctor or go to a hospital straight away. You might also find it helpful to tell a relative or close friend about your condition. You could ask them to tell you if they think your depression is getting worse or if they are worried about changes in your behaviour. [111]

How good is the research on antidepressants to treat bipolar depression?

One big summary of the research (a systematic review) included more than 1,000 people with bipolar depression. [129] It compared antidepressants with a dummy treatment (a placebo). This summary showed that people who took antidepressants were much more likely to get better than the people who took the placebo.

Lamotrigine to treat bipolar depression

In this section

This information is for people who have bipolar disorder. It tells you about lamotrigine, a treatment used for bipolar depression. It is based on the best and most up-to-date research.

Does it work?

Probably. Some research has shown that lamotrigine can relieve the symptoms of depression that you get with bipolar disorder. That is called bipolar depression.

What is it?

Lamotrigine is a drug that is mostly used to treat a condition called epilepsy. If you have epilepsy, you get seizures. Lamotrigine can prevent these. So you may hear it called an anticonvulsant drug. (Convulsion is the medical name for a seizure.)

Lamotrigine comes as tablets. The brand name is Lamictal.

Doctors can also use this drug to stop the symptoms of bipolar disorder from coming back. For more, see Lamotrigine to prevent a relapse.

How can it help?

People with bipolar depression who take lamotrigine are more likely to find that their symptoms get better or go away.

Taking lamotrigine may help you: [130]

- Feel less sad
- Feel less tense
- Think less about death and killing yourself (suicide)
- Feel more like eating
- Find it easier to sleep
- Be interested in and enjoy life more.

A review of the research found that the benefits of lamotrigine were fairly modest for people with bipolar depression. [131] However, people who were more severely depressed improved the most.

The dose you take may be important. One study showed that only one quarter of people taking a dummy treatment (a placebo) felt better. [132] But more than half of the people taking 200 milligrams of lamotrigine a day felt better. People who took a lower dose, 50 milligrams a day, didn't do as well though.

How does it work?

We don't really know why a drug like lamotrigine that controls seizures should work for bipolar depression. We do know that some drugs in this group work for treating bipolar disorder, especially mania. Doctors think this may be because they calm down the activity in your brain.

Can it be harmful?

The study we found showed that some people got side effects when they took lamotrigine. [132] About 32 in 100 people taking lamotrigine got headaches, compared with 17 in 100 people taking a dummy treatment.

Lamotrigine can cause a rash. [133] Very occasionally, this can be serious and needs to be treated in hospital. Talk to your doctor straight away if you get a rash while you're taking lamotrigine.

Some other side effects that you might get are diarrhoea and double or blurred vision. You may also feel: [133]

- Sick
- Tired
- Dizzy.

Self-harm and suicide

There is a very small risk that taking lamotrigine might make you more likely to think about suicide or harming yourself. [63] If you are worried about any thoughts or feelings you have, see your doctor straight away.

How good is the research on lamotrigine to treat bipolar depression?

There is quite a lot of research on using lamotrigine to treat the symptoms of depression in bipolar disorder. But many of the studies are too small to show anything very definite.

We found one good study (a randomised controlled trial) on lamotrigine in people with bipolar depression. [134] It involved 195 people. Some people took lamotrigine, either 50 milligrams or 200 milligrams each day. Other people took a dummy treatment (a placebo).

The study showed that the people who took the dose of 200 milligrams of lamotrigine were more likely to get better than the people took the placebo. The dose of 50 milligrams didn't work as well.

And we found a summary of five other smaller studies. It found that people with the low mood symptoms of bipolar disorder on lamotrigine did better than those taking a dummy

treatment (a placebo). Those who were most depressed were more likely to respond to lamotrigine than the placebo treatment. [131]

Quetiapine to treat bipolar depression

In this section

This information is for people who have bipolar disorder. It tells you about quetiapine, a treatment used for bipolar depression. It is based on the best and most up-to-date research.

Does it work?

Probably. One large study found that quetiapine helps people who have depression because of bipolar disorder.

What is it?

Quetiapine belongs to a group of drugs called antipsychotic drugs. Antipsychotics have a calming effect when you're agitated or having strange or distressing thoughts. Doctors prescribe them to treat the mania that happens in bipolar disorder. But some doctors also prescribe quetiapine for bipolar depression.

There are two groups of antipsychotic drugs, older ones and newer ones. The older ones include chlorpromazine and haloperidol. Quetiapine is a newer antipsychotic. The newer ones seem less likely to cause some unpleasant side effects, such as stiff or shaking muscles. [46]

Quetiapine comes as tablets. The brand name is Seroquel. You need a prescription from your doctor for this drug.

How can it help?

One good-quality study (called a randomised controlled trial) looked at 542 people. [135] People in the study were given a high or a low dose of quetiapine, or a dummy treatment (a placebo). After eight weeks:

- About 58 in 100 people taking quetiapine rated their depression as only being half as bad
- About 36 in 100 people taking a placebo saw the same improvement.

Although the study lasted eight weeks, people taking quetiapine started to see an improvement after one week. [135]

One problem with the study was that about 4 in 10 people dropped out before it had finished. [135] The researchers were able to use some results from people who dropped out, but it makes the results less reliable.

How does it work?

Your brain has lots of nerve cells. They send messages to each other using chemicals. These chemicals are called neurotransmitters. Antipsychotic drugs work on one called dopamine.

Antipsychotic drugs like quetiapine reduce the effect of dopamine. This can affect your mood. Quetiapine is often used for people with mania to help them feel calmer. But some research also suggests it can help people with bipolar depression feel less depressed.

Can it be harmful?

The worry when treating bipolar depression is that you might swing from depression to mania. But this doesn't seem to happen with quetiapine. One study found that people taking quetiapine were no more likely to switch to mania than people taking a dummy treatment (a placebo). Between 3 in 100 and 4 in 100 people switched to mania, whichever treatment they had. [135]

Here are some of the other side effects people got when they took quetiapine to treat bipolar depression: [135]

- About 4 in 10 people got a dry mouth
- About 3 in 10 people felt sleepy
- About 2 in 10 people felt dizzy
- About 1 in 10 people got constipation.

A big problem with older antipsychotic drugs, such as haloperidol, is that they can give you muscle problems. Some people get stiff or shaking muscles, or unusual movements of their face. These problems are less common with newer antipsychotic drugs like quetiapine. [46] And if they do happen, muscle problems tend to be fairly mild, and go away with treatment or with a lower dose of quetiapine.

People taking quetiapine or other atypical antipsychotic drugs are more likely to get high blood sugar or diabetes. [46] Your doctor will want to keep an eye on your weight and do blood tests from time to time. These tests should pick up any problems.

How good is the research on quetiapine to treat bipolar depression?

One good-quality study (a randomised controlled trial) looked at whether quetiapine helps with bipolar depression.[135] It found that quetiapine was better than a dummy treatment (a placebo).

The study looked at 542 people. But about 4 in 10 of them dropped out from the study. Some people dropped out because they got side effects. The researchers could use people's results up to the point where they dropped out, but it still makes the study less reliable.

Lithium to treat bipolar depression

In this section

This information is for people who have bipolar disorder. It tells you about lithium, a treatment used for bipolar depression. It is based on the best and most up-to-date research.

Does it work?

We're not sure. There have not been any good studies on lithium as a treatment for bipolar depression.

Doctors often use lithium for other reasons in people with bipolar disorder. It's also used to treat mania and to prevent a relapse.

If you have bipolar disorder and you're taking lithium, your doctor may recommend that you keep taking it if you get depressed, to help stop your mania coming back.

What is it?

Lithium is a drug that works against mania. It is called a mood stabiliser. This means it makes you less likely to have mood swings.

Lithium is a type of metal. It can sometimes be found naturally in spring waters. Doctors have used it since the 1960s to treat mania and to prevent mania.[136]

You need a prescription from your doctor for lithium. The brand names include Camcolit, Liskonum, Priadel, and Li-Liquid.

Lithium comes as tablets or a liquid. You take it once or twice a day with meals.[137] But it can take a few months for lithium to get to the right level in your blood.[138]

Different people need different doses of lithium. Your doctor will work out the best dose for you. You might need to take higher doses when you are having a bout of mania than you do at other times.

How can it help?

We are not sure if lithium can help with bipolar depression. We didn't find any good studies on this. [139] If taken along with an antidepressant it's possible that lithium could stop the antidepressant from triggering a mood swing into mania.

One summary of studies found that people who took lithium were less likely to commit suicide than people who took a dummy treatment (a placebo). [140] But we need more studies to be sure if lithium helps the other symptoms of bipolar depression.

How does it work?

We don't know how lithium might work in bipolar depression. Lithium affects the levels of certain chemicals in your brain. These chemicals are called neurotransmitters. They carry messages between the nerve cells in your brain. Some of these chemicals help regulate your mood.

Can it be harmful?

Yes. People taking lithium often get side effects. And taking too much can be dangerous.

If you take lithium, you may get these side effects: [24] [30]

- Shaking (called tremor)
- Feeling thirsty
- Feeling tired
- Feeling sick
- Feeling dizzy
- Problems with your thyroid gland.

One summary of the research (a systematic review) showed more than 9 in 10 people taking lithium got some side effects. [24] But nearly 8 in 10 people taking a dummy treatment (a placebo) got some too. So, we don't know if all the side effects were because of lithium.

The summary also showed that lithium didn't cause any more side effects than carbamazepine or valproate.

It's very important to get your dose right. If you take even slightly too much lithium, you are much more likely to get side effects. [25] Too much lithium can harm your kidneys, heart, lungs, and nervous system. You can even die. So, if you take too much, get medical help straight away.

That's why you need to have regular blood tests if you take this drug. Your doctor will use the test results to make sure your dose is right.

Taking lithium

If you take lithium you should get a lithium treatment card from your pharmacy. [31] This card reminds you:

- How to take lithium safely
- What to do if you miss a dose
- What side effects to look out for.

It also explains why you need regular blood tests. And it tells you which other medicines you should avoid.

Taking other medicines

While you are taking lithium, you need to be careful about which other medications (including medications you get from your doctor, medications you can buy over the counter, and herbal or alternative remedies) you take. This is because your chances of getting side effects go up if you take some of these with lithium.

Ask your doctor or pharmacist for advice before taking any other medications. For example, you should check with your doctor before taking the painkiller ibuprofen, because paracetamol is safer if you need a painkiller. [32] Also, if you drink alcohol when you are taking lithium, you are more likely to feel sleepy or tired.

Lithium is not recommended for children or for women who are pregnant. To learn more, see Drugs for bipolar disorder in pregnancy.

How good is the research on lithium to treat bipolar depression?

There have not been any good studies (randomised controlled trials) of lithium as a treatment for the depression you get with bipolar disorder.

Talking treatments for bipolar depression

In this section

How good is the research on talking treatments for bipolar depression?

This information is for people who have bipolar disorder. It tells you about talking treatments for bipolar depression. It is based on the best and most up-to-date research.

Do they work?

We're not sure. There has not been much good research looking at talking treatments for the kind of depression you get with bipolar disorder (bipolar depression).

There is good evidence that some talking treatments work for people who have mild or moderate depression on its own, without mania. Depression on its own is called unipolar depression. But we don't know if talking treatments also work for bipolar depression.

What are they?

You may hear talking treatments called psychotherapy. There are many different kinds. Here are some of the ones that work for ordinary depression, without mania:

- Cognitive therapy
- Interpersonal therapy
- Counselling
- Social rhythm therapy
- Psychoeducation .

How can they help?

We're not sure if talking treatments can help people with bipolar depression. There haven't been any good studies.

How do they work?

Most of the talking treatments that are used for bipolar disorder aim to change the way you think and behave.

For example, cognitive therapy changes the way you think. So, if the way you think is making you depressed, this therapy may help. If you learn to look more positively at yourself and your life, your mood may get better.

When your mood is level, talking treatment may help you cope with the problems you face with bipolar disorder. For example, the illness can put a strain on your relationship with friends, family, or partners. Or you may get into trouble with work, school, or the police because of the way you behave when you have a bout of mania. Some people blame themselves for having bipolar disorder or think it is a sign that they are weak.

These ideas aren't true. But they can get you down. A therapist can help you to cope with them better.

There are many myths about mental health problems like bipolar disorder. Some people think that having a mental illness makes people dangerous or violent. Living in a society where people think this can be hard. Some kinds of talking treatments can help you to cope with this.

Can they be harmful?

There isn't any research to say whether talking treatments have side effects. These treatments do take some effort, and some people find it hard to talk about their thoughts and feelings.

How good is the research on talking treatments for bipolar depression?

We didn't find any good studies (randomised controlled trials) on talking treatments for bipolar depression.

Valproate to treat bipolar depression

In this section

This information is for people who have bipolar disorder. It tells you about valproate, a treatment used for bipolar depression. It is based on the best and most up-to-date research.

Does it work?

We're not sure. We didn't find any good studies on using valproate to treat bipolar depression.

What is it?

Valproate is sometimes called a mood stabiliser. This means it makes you less likely to have mood swings.

It's also used to treat a condition called epilepsy . If you have epilepsy, you get fits (seizures). Valproate can prevent these. So you may hear it called an anticonvulsant drug too. (Convulsion is the medical name for a seizure.)

Its other names are valproic acid, semisodium, and divalproex.

Valproate comes as tablets. You take them two or three times a day. Its brand name is Depakote. You need a prescription from your doctor for this medicine.

Doctors can also use valproate to treat mania and to prevent a relapse for people with bipolar disorder.

How can it help?

We don't know if valproate can help with bipolar depression. There haven't been any good studies to tell us. [145]

How does it work?

Other anticonvulsant drugs (such as lamotrigine) work for bipolar depression. So valproate might work too. But we don't really know why.

We do know that valproate works for seizures by stopping too much activity from building up in your brain. So it may work by calming down this activity.

Can it be harmful?

We don't know if valproate is harmful when you take it for bipolar depression. But valproate does have side effects when you take it for mania. So you may get them when you take it for bipolar depression, too.

About 1 in 10 people taking valproate for mania feel dizzy. [146] You may also: [147]

- Feel sick
- Get shaky (called tremor)
- Feel tired
- Lose some hair
- Find it hard to do tasks that need a lot of concentration, like studying.

One small study found that women taking valproate were more likely to get heavy or irregular periods. [62]

Like many drugs for bipolar disorder, valproate is not recommended if you're pregnant. This is because it can harm your growing baby. To learn more, see Drugs for bipolar disorder in pregnancy .

Self-harm and suicide

There is a very small risk that taking valproate might make you more likely to think about suicide or harming yourself. [63] If you are worried about any thoughts or feelings you have, see your doctor straight away.

How good is the research on valproate to treat bipolar depression?

We didn't find any good studies (randomised controlled trials) on using valproate to treat bipolar depression.

ECT to treat bipolar depression

In this section

This information is for people who have bipolar disorder. It tells you about ECT to treat bipolar depression.

We haven't looked at the research on this treatment in the same detail we have for the other treatments we cover. (To read more, see Our method.) But we've included some information because you may have heard of it or be interested in it.

Electroconvulsive therapy (ECT for short) is a series of electric shocks given to your brain. They are given through your scalp. The shocks cause a brief seizure.

You are given an anaesthetic first. This means you won't feel anything.

ECT can be a quick treatment that works for bad depression or bad mania if drugs have not helped you. But it is controversial. In the past, ECT was probably used too much. And it can have side effects. For example, you can have trouble remembering things after you've had it. [100]

ECT is usually used only if treatment with drugs hasn't worked. It is also sometimes used if you are so ill that quick treatment is needed. For example, you may be trying to harm yourself or refusing to eat and drink.

ECT is only given in the hospital. But you may be able to go home the same day. You can have ECT to just one side of your brain or to both sides. And doctors can make the shocks stronger or weaker, depending on how ill you are.

You have two or three sessions a week, usually for four weeks to six weeks.

Olanzapine plus fluoxetine to treat bipolar depression

In this section

This information is for people who have bipolar disorder. It tells you about olanzapine plus fluoxetine to treat bipolar depression.

We haven't looked at the research on this treatment in the same detail we have for the other treatments we cover. (To read more, see Our method.) But we've included some information because you may have heard of it or be interested in it.

Your doctor may use olanzapine plus fluoxetine together to treat your bipolar depression.

Olanzapine is an antipsychotic drug. Doctors usually prescribe it for mania in people who have bipolar disorder. The brand name is Zyprexa. But some doctors also prescribe it for bipolar depression, combined with another drug called fluoxetine. For more information about this drug, see Olanzapine to treat mania .

Fluoxetine is an antidepressant drug. It belongs to a group called selective serotonin reuptake inhibitors (SSRIs for short). The brand name is Prozac. For more information about drugs in this group, see Antidepressants to treat bipolar depression .

Both of these drugs have side effects. We have not yet looked at the evidence to see how well they work together.

Lithium to prevent a relapse

In this section

This information is for people who have bipolar disorder. It tells you about lithium, a treatment used to prevent relapses of bipolar disorder. It is based on the best and most up-to-date research.

Does it work?

Yes. There's good evidence to show that lithium helps stop the symptoms of bipolar disorder coming back.

It's important to take the right dose. Too much lithium can be dangerous.

What is it?

If you have bipolar disorder, your mood may be normal for a while. But then your mania or bipolar depression starts up again. In other words, you have a relapse. Doctors prescribe treatments like lithium to stop you having a relapse. Doctors have used lithium since the 1960s to treat mania and to prevent mania. [148]

Lithium is called a mood stabiliser. This means it makes you less likely to have mood swings. It can be used to treat mania and to prevent mania, without causing you to get depression. For more, see Lithium to treat mania .

Taking lithium when you don't have symptoms (when your mood is normal) is sometimes called maintenance treatment.

Lithium comes as tablets or a liquid. The brand names include Camcolit, Liskonum, Priadel, and Li-Liquid. You take it once or twice a day with meals. [149] But it can take a few months for lithium to get to the right level in your body. [150]

Different people need different doses of lithium. Your doctor will work out the best dose for you. If you take lithium for a long time, you might need to take higher doses when you are having a bout of mania than you do at other times.

Also, if you are taking lithium to prevent relapses, but your mania does come back, you will probably keep taking the lithium. But you may need to take other medicines as well to help get the relapse under control.

How can it help?

If you take lithium you are much less likely to have a relapse of symptoms of bipolar disorder.

Here is what one summary of the research (a systematic review) showed in people who were treated for two years. [151]

- About 4 in 10 people taking lithium had a relapse of their bipolar symptoms.
- But 6 in 10 people taking a dummy treatment (a placebo) had a relapse.

Lithium seems to work better at stopping you getting new symptoms of mania than at stopping you getting new symptoms of depression. [152]

Some studies have compared lithium with other drugs for preventing a relapse. [153] [154] [155] [156] They found lithium works at least as well as valproate, carbamazepine, and lamotrigine.

If you spot the early signs of a relapse while taking lithium, your doctor may recommend that you start taking another drug too. For example, he or she may suggest that you start taking an antipsychotic drug or an antidepressant drug as well. The aim is to head off the relapse or make it milder.

How does it work?

We are not sure how lithium works. One idea is that it changes the levels of certain chemicals in your brain. These chemicals are called neurotransmitters. They carry messages between the nerve cells in your brain. Lithium may lower the level of the ones called serotonin and noradrenaline. These chemicals help regulate your mood.

Can it be harmful?

Yes. People taking lithium often get side effects. And taking too much can be dangerous.

If you take lithium, you may get these side effects: [24] [30]

- Shaking (called tremor)
- Feeling thirsty

- Feeling tired
- Feeling sick
- Feeling dizzy
- Problems with your thyroid gland.

One summary of the research (a systematic review) showed more than 9 in 10 people taking lithium got some side effects.[24] But nearly 8 in 10 people taking a dummy treatment (a placebo) got some too. So, we don't know if all the side effects were because of lithium.

The summary also showed that lithium didn't cause any more side effects than carbamazepine or valproate.

It's very important to get your dose right. If you take even slightly too much lithium, you are much more likely to get side effects.[148] Too much lithium can harm your kidneys, heart, lungs, and nervous system. You can even die. So, if you take too much, get medical help straight away.

That's why you need to have regular blood tests if you take this drug. Your doctor will use the test results to make sure your dose is right.

Taking lithium

If you take lithium you should get a lithium treatment card from your pharmacy.[31] This card reminds you:

- How to take lithium safely
- What to do if you miss a dose
- What side effects to look out for.

It also explains why you need regular blood tests. And it tells you which other medicines you should avoid.

Taking other medicines

While you are taking lithium, you need to be careful about which other medications (including medications you get from your doctor, medications you can buy over the counter, and herbal or alternative remedies) you take. This is because your chances of getting side effects go up if you take some of these with lithium.

Ask your doctor or pharmacist for advice before taking any other medications. For example, you should check with your doctor before taking the painkiller ibuprofen, because

paracetamol is safer if you need a painkiller. [32] Also, if you drink alcohol when you are taking lithium, you are more likely to feel sleepy or tired.

Lithium is not recommended for children or for women who are pregnant. To learn more, see Drugs for bipolar disorder in pregnancy .

How good is the research on lithium to prevent a relapse?

There's lots of good evidence showing that lithium works well to stop the symptoms of bipolar disorder from coming back. When your symptoms come back, doctors say you have a relapse.

We found one big summary of the evidence (a systematic review) that looked at nearly 800 people. [157] We also found three good studies (randomised controlled trials). [158] [159] They included more than 1,000 people in total.

All of this research showed that people were much less likely to have a relapse into mania if they took lithium. But it's not so clear if lithium can prevent a relapse into depression.

Carbamazepine to prevent a relapse

In this section

This information is for people who have bipolar disorder. It tells you about carbamazepine, a treatment used to prevent relapses of bipolar disorder. It is based on the best and most up-to-date research.

Does it work?

Probably. There's some evidence that your bipolar symptoms are less likely to come back if you take carbamazepine. When your symptoms come back, doctors say you have a relapse.

What is it?

If you have bipolar disorder your mood may be normal for a while. But then your mania or bipolar depression starts up again. In other words, you have a relapse. Doctors prescribe treatments like carbamazepine to stop you having a relapse.

Carbamazepine is mainly used to treat epilepsy . If you have epilepsy you get fits (seizures). Carbamazepine can prevent these. So it is often called an anticonvulsant drug.

But many doctors now use carbamazepine to treat bipolar disorder. It makes you less likely to have mood swings. So you may also hear it called a mood stabiliser.

Carbamazepine comes as tablets. You take them two or three times a day. The brand name is Tegretol.

Doctors may also use carbamazepine to calm the symptoms of mania in people with bipolar disorder. For more, see Carbamazepine to treat mania.

How can it help?

Taking carbamazepine when you're well seems to make it less likely that your mania will come back. [160]

In the studies we found, carbamazepine worked about the same as the drug lithium for preventing a relapse. Here is what the study showed after three years of treatment with carbamazepine: [160]

- About 55 percent of people taking carbamazepine had a relapse
- About 60 percent of people taking lithium had a relapse.

However, one small study found that carbamazepine didn't work any better than a dummy treatment (a placebo). [161] But this study only looked at 22 people. This may not have been enough to spot a difference even if there was one.

How does it work?

We don't really know why drugs like carbamazepine that controls seizures work in bipolar disorder. But, we do know that they work for seizures by stopping too much activity from building up in your brain. With mania, you have too much activity in certain areas of your brain. So carbamazepine may work by calming down this activity.

Can it be harmful?

Yes. Carbamazepine can cause side effects. But we don't know how common they are. If you take this drug, you may: [162]

- Feel sick
- Feel sleepy
- Be clumsy or less co-ordinated than usual
- Get a skin rash
- Have problems with your eyesight, such as double vision
- Have a hard time doing tasks that need a lot of concentration, like studying.

Rarely, some people taking carbamazepine get a very bad rash. This can be serious, or even life-threatening. But the risk is fairly small. Between 1 in 10,000 and 6 in 10,000 people who take carbamazepine get this rash. [71]

There's a bigger risk of getting a serious rash if you have a particular genetic type. Nearly all people with this genetic type are from Asian backgrounds. Doctors are advised to offer Asian people a blood test to check for their genetic type, before prescribing carbamazepine. [71] It's especially important to have the test if you come from a Han Chinese, Hong Kong Chinese, or Thai background.

Like many drugs for bipolar disorder, carbamazepine is not recommended if you are pregnant. This is because it can harm your unborn baby. To learn more, see Drugs for bipolar disorder in pregnancy .

Self-harm and suicide

There is a very small risk that taking carbamazepine might make you more likely to think about suicide or harming yourself. [63] If you are worried about any thoughts or feelings you have, see your doctor straight away.

How good is the research on carbamazepine to prevent a relapse?

There's some evidence showing that carbamazepine works to stop the symptoms of bipolar disorder from coming back. But not all the studies show this. When your symptoms come back, doctors say you have a relapse.

We found one summary of the research (a systematic review) and one other good study (a randomised controlled trial) that compared taking carbamazepine with taking the drug lithium. [163] [164] These studies involved more than 600 people in total. They showed that both the drugs worked just as well.

One summary of the research (a systematic review) compared taking carbamazepine with taking a dummy treatment (a placebo). It found that taking carbamazepine didn't work any better than a taking placebo. [165] But this study was very small, and it might not have looked at enough people to see whether carbamazepine can prevent a relapse if you have bipolar disorder.

Cognitive therapy to prevent a relapse

In this section

This information is for people who have bipolar disorder. It tells you about cognitive therapy, a treatment used to prevent relapses of bipolar disorder. It is based on the best and most up-to-date research.

Does it work?

Probably. There's some good evidence that having cognitive therapy, a type of talking treatment, can help to stop your bipolar symptoms from coming back. But you'll need to take medication as well.

What is it?

If you have bipolar disorder your mood may be normal for a while. But then your mania or bipolar depression starts up again. In other words you have a relapse.

Doctors prescribe drugs to stop you having a relapse. There's some evidence that cognitive therapy can help too. It is a kind of talking treatment (psychotherapy).

During cognitive therapy you talk to a therapist. Each session with your therapist lasts about an hour. Most people have 12 sessions to 20 sessions over a period of six months. [166] [167]

Your therapist may be a psychologist , a psychiatrist , a psychiatric nurse, or a psychotherapist .

Cognitive therapy is based on the idea that your thoughts affect your mood. So, if you automatically think the worst of yourself, it can make your mood less stable. The aim of cognitive therapy is to help you think more positively, so that you can carry on with a normal life.

The kind of cognitive therapy used for bipolar disorder is a special kind. You and your therapist will focus on the things that can be a problem for people with bipolar disorder. These include: [166] [167] [168]

- Learning to cope better with stress, and stressful situations
- Taking your drugs properly (for example, not skipping doses or stopping them without talking to your doctor first)
- Spotting signs of a relapse and asking for help right away
- Keeping regular habits each day, including getting enough sleep.

How can it help?

Cognitive therapy might help you have fewer ups and downs in your moods. And it might help you have fewer bouts of mania or depression too.

In the studies we found, people taking drugs to keep their mood stable did better if they also had cognitive therapy. [166] [167] [168] [169]

- They were less likely to have a relapse within a year. (Less than half of people who had cognitive therapy had a relapse, but three-quarters of the people who just took drugs had a relapse.)
- They were less likely to have to stay in hospital because of a relapse of mania or depression.
- They were better able to get on with normal life.
- They felt less depressed.

After the first year, the researchers carried on checking on the people for another 18 months. [170] People who'd had cognitive therapy got fewer mood swings, they coped better socially, and they were better at spotting early signs of a relapse. But they were just as likely to have a relapse as people who hadn't had the therapy. This may mean that some of the benefits of cognitive therapy last for longer than a year, but not all of them.

How does it work?

Cognitive therapy changes the way you think. If the way you think is making your mood unstable, this therapy may help you.

For example, you may assume that you're too unstable to be any good at anything, or that you're a burden to your family. Cognitive therapy can help you stop thinking that way. This should help you get on with a normal life. And people who are able to lead more normal lives seem to be less likely to have a relapse of bipolar disorder.

- With therapy you learn to look more positively at yourself and your life. This can help you feel less depressed. [166]
- Stress can set off a bout of mania or bipolar depression. [171] So therapies that help you cope better with stress may help you avoid relapses.
- Taking your drugs on time every day can help to prevent a relapse. So having therapy that helps you do this can be helpful.

Can it be harmful?

We don't know if cognitive therapy can be harmful. The studies don't give us much information about side effects.

How good is the research on cognitive therapy to prevent a relapse?

We found some good evidence that cognitive therapy works to stop the symptoms of bipolar disorder from coming back. When your symptoms come back, doctors say you have a relapse.

We found one summary of the evidence (a systematic review). [172] It looked at three good studies (randomised controlled trials). The summary had 165 people in total.

Two of the three studies showed that cognitive therapy was helpful for people who were also taking drugs that keep your mood stable. The people were less likely to have relapses of bipolar disorder if they had the therapy too.

The other study showed that cognitive therapy did not make any difference. But this study was small. So it may not be very reliable.

Psychoeducation

In this section

This information is for people who have bipolar disorder. It tells you about psychoeducation, a treatment used to prevent relapses of bipolar disorder. It is based on the best and most up-to-date research.

Does it work?

Possibly. In studies, psychoeducation reduced the number of relapses people had. Psychoeducation involves learning about bipolar disorder and finding ways to cope with your condition.

What is it?

Psychoeducation involves education about the symptoms, causes, and treatment of bipolar disorder. It also teaches you how to recognise warning signs of a relapse, and how to prepare if you think you might have a relapse. In studies on this treatment, people were also taught problem solving and communication skills.

You can have psychoeducation as group therapy, or it can focus on families.

How can it help?

According to one study, people with bipolar disorder who have psychoeducation: [173]

- Have longer periods of good mental health

- Have fewer relapses (periods when symptoms come back)
- Spend less time ill
- Are admitted to hospital less often.

A review of the research found that psychoeducation might prevent the return of symptoms for people whose bipolar disorder was stable. [174]

How does it work?

Psychoeducation aims to provide clear information about bipolar disorder, including ways of dealing with mental illness and its effects. By helping people with bipolar disorder to become more knowledgeable and aware, psychoeducation aims to give them more control over their condition. This can help reduce the severity of symptoms and how often they occur.

Can it be harmful?

None of the studies on psychoeducation mentioned any side effects.

How good is the research on psychoeducation?

We found several studies looking at psychoeducation. [174] [175] [176] [177] The studies found this treatment was helpful, but they were fairly small, looking at around 100 people or fewer.

Learning to spot a relapse

In this section

This information is for people who have bipolar disorder. It looks at education to teach you how to spot the warning signs of a relapse. It is based on the best and most up-to-date research.

Does it work?

Probably. Learning to spot the warning signs that bipolar symptoms are coming back seems to help people avoid getting another bout of mania. But it doesn't seem to help people avoid new bouts of bipolar depression.

When the symptoms of an illness come back, it's called a relapse.

If you learn how to spot the signs that you are having a relapse, you can ask for help from your doctor or start taking some extra medication. The aim is to stop your relapse becoming more serious.

What is it?

If you have bipolar disorder your mood may be normal for a while. But then your mania or bipolar depression starts up again (you have a relapse).

Doctors prescribe drugs to stop you having a relapse. There's some evidence that learning to spot the early signs of a relapse can stop them getting worse. You'll need to see a psychologist, who will help you work out what the early signs of relapse are for you. This is because the early signs can differ from one person to another.

You'll then agree on a plan with your psychologist of what you will do when you notice one or more of these signs. In studies, this plan has involved different things. [178]

- Having phone numbers for several doctors or other health professionals. These are people you can go to for early treatment. You have to be able to reach at least one of them 24 hours a day. In the research we looked at, people then had about nine sessions with a psychologist.

- Having several sessions of cognitive therapy (see Cognitive therapy to prevent a relapse).

- Having several sessions of education that helps you understand and cope better with your bipolar disorder. In studies, people had this either with their family or with other people who had bipolar disorder.

Bipolar UK offers its members a self-management plan. This plan includes training to recognise what brings on a relapse and the early warning signs. But this isn't exactly the same as the training we looked at.

How can it help?

This treatment may help prevent a relapse if you are also taking drugs to keep your mood stable. In studies, people having both treatments had a longer time between relapses than those taking drugs only. It seemed especially helpful with episodes of mania. People were also less likely to need hospital treatment if they had both treatments.

How does it work?

Everyone gets ups and downs in their mood. But if you have bipolar disorder it can be tricky to tell the difference between normal ups and downs and the early signs of something more serious. Learning to spot a relapse can help you to do this.

You can work out a clear plan of what to do when you feel a relapse coming on. Then you'll be more likely to get treatment quickly. This may stop you getting a full-blown relapse.

Can it be harmful?

We don't know whether this sort of training can be harmful. There hasn't been enough research.

How good is the research on learning to spot a relapse?

We found a summary of the research (a systematic review) that included six good studies (randomised controlled trials) with 690 people in total. [178] All the people in the studies were taking drugs to keep their mood stable, and some also had training to spot the early signs of a relapse so they could quickly get treatment.

The people having both training and drugs had a longer time between relapses than those taking drugs only. Having both treatments seemed especially helpful in preventing episodes of mania. People were also less likely to need hospital treatment if they had both treatments.

Lamotrigine to prevent a relapse

In this section

This information is for people who have bipolar disorder. It tells you about lamotrigine, a treatment used to prevent relapses of bipolar disorder. It is based on the best and most up-to-date research.

Does it work?

Probably. Lamotrigine seems to help stop the symptoms of bipolar depression coming back. But it may not work at preventing mania coming back.

When your symptoms come back, doctors say you have a relapse.

What is it?

If you have bipolar disorder, your mood may be normal for a while. But then your mania or bipolar depression starts up again (you have a relapse). Doctors prescribe treatments like lamotrigine to stop you having a relapse.

Lamotrigine is mostly used to treat epilepsy. If you have epilepsy, you get seizures (convulsions). Lamotrigine can prevent them. So you may hear it called an anticonvulsant drug. But lamotrigine can also be used to treat bipolar disorder.

Lamotrigine comes as tablets. The brand name is Lamictal.

Taking lamotrigine to avoid a relapse of bipolar disorder is sometimes called maintenance treatment.

Doctors may also use lamotrigine to treat the depression you can get with bipolar disorder. For more information, see Lamotrigine to treat bipolar depression.

How can it help?

If you take lamotrigine after getting over a bout of mania or bipolar depression, your mood should stay normal for longer before your symptoms come back.

This is what studies showed. [179] [180]

- People taking lamotrigine had a normal mood for about 28 weeks before having a relapse.
- But people taking a dummy treatment (a placebo) had a normal mood for only about 12 weeks before having a relapse.

Lamotrigine has been compared with the drug lithium in some studies. It works about as well as lithium at preventing a relapse of bipolar symptoms. [179]

Lamotrigine may be better at preventing bipolar depression than at preventing mania.

How does it work?

We know that drugs like lamotrigine that control seizures work for treating bipolar depression. But we don't really understand why. One idea is that they calm down the activity in your brain.

Can it be harmful?

In the studies we looked at, some people who took lamotrigine got problems such as a headache or feeling sleepy. But similar numbers of people taking a dummy treatment got the same problems. This may mean that it wasn't the medicine that caused the people's problems.

Lamotrigine can cause a rash. [133] Very occasionally, this can be serious and needs to be treated in hospital. Talk to your doctor straight away if you get a rash while you're taking lamotrigine.

Some other side effects that you might get are diarrhoea and double or blurred vision. You may also feel: [133]

- Sick
- Tired

- Dizzy.

Self-harm and suicide

There is a very small risk that taking lamotrigine might make you more likely to think about suicide or harming yourself. [63] If you are worried about any thoughts or feelings you have, see your doctor straight away.

How good is the research on lamotrigine to prevent a relapse?

There's some good evidence to show lamotrigine works to stop people from getting a relapse of bipolar symptoms.

We found four good studies (called randomised controlled trials) that compared lamotrigine with a dummy treatment (a placebo). [181] [182] [183] Three of the four studies showed that lamotrigine worked to prevent a relapse of bipolar disorder.

Some studies have compared lamotrigine with the drug lithium. [181] They showed that lamotrigine worked about as well as lithium for preventing a relapse.

Valproate to prevent a relapse

In this section

This information is for people who have bipolar disorder. It tells you about valproate, a treatment used to prevent relapses of bipolar disorder. It is based on the best and most up-to-date research.

Does it work?

Probably. There's some good evidence that your bipolar symptoms are less likely to come back if you take valproate while you are well. [145] When your symptoms come back, doctors say you have a relapse.

What is it?

If you have bipolar disorder your mood may be normal for a while. But then your mania or bipolar depression starts up again. In other words, you have a relapse. Doctors prescribe treatments like valproate to stop you having a relapse.

Valproate is a drug that works to calm down the symptoms of mania. It makes you less likely to have mood swings. So it is sometimes called a mood stabiliser.

It's also used to treat a condition called epilepsy. With that condition you get fits (seizures). Valproate can prevent these. So you may hear it called an anticonvulsant drug too. (Convulsion is a name doctors sometimes use for a seizure.)

Its other names are valproic acid, semisodium valproate, and divalproex.

Valproate comes as tablets. You take them two or three times a day. The brand name is Depakote. You need a prescription from your doctor for this medicine.

Doctors can also use valproate to treat mania and to treat bipolar depression for people with bipolar disorder.

How can it help?

If you take valproate you are less likely to have a relapse of your bipolar disorder.

Here is what one study showed in people who were treated for a year. [145]

- Only 24 in 100 people taking valproate had a relapse.
- But 38 in 100 people taking a dummy treatment (a placebo) had a relapse.

The same study showed valproate worked about as well as the drug called lithium for preventing a relapse.

How does it work?

We don't really know why a drug like valproate that controls seizures could work to prevent relapses of bipolar disorder. But we do know that it works for seizures by stopping too much activity from building up in your brain. So valproate may work by calming down this activity.

Can it be harmful?

Yes. Valproate has side effects. In the study we found, people taking valproate were much more likely to: [145]

- Have shaking of their hands
- Lose some hair
- Feel sick
- Put on weight.

You may get other side effects too, including: [184]

- Feeling tired

- Finding it hard to do tasks that need a lot of concentration, like studying.

Compared with lithium, valproate: [145]

- Is more likely to make you feel sleepy
- Is more likely to cause you to get an infection
- Is less likely to make you need to pass urine a lot
- Is less likely to make you feel thirsty
- May be less likely to give you diarrhoea .

Like many drugs for bipolar disorder, valproate is not recommended if you are pregnant. This is because it can harm your developing baby. To learn more, see Drugs for bipolar disorder in pregnancy .

Self-harm and suicide

There is a very small risk that taking valproate might make you more likely to think about suicide or harming yourself. [63] If you are worried about any thoughts or feelings you have, see your doctor straight away.

How good is the research on valproate to prevent a relapse?

We found one good study (a randomised controlled trial) on valproate for preventing a relapse of bipolar disorder. [185] The study involved 372 people. It compared valproate with a dummy treatment (a placebo) and with the drug lithium .

The study showed:

- Valproate worked better than the dummy treatment
- Valproate worked about the same as lithium.

Olanzapine to prevent a relapse

In this section

This information is for people who have bipolar disorder. It tells you about olanzapine, a treatment used to prevent relapses of bipolar disorder. It is based on the best and most up-to-date research.

Does it work?

Possibly. Olanzapine may help stop your symptoms of mania or depression coming back. But you have to weigh this benefit against the side effects. For example, if you take olanzapine, you may put on weight. And you may be more likely to get diabetes.

What is it?

If you have bipolar disorder, your mood may be normal for a while. But then your mania or bipolar depression starts up again. When the symptoms of an illness come back, it's called a relapse. Having treatment with drugs such as olanzapine may help prevent a relapse.

You'll probably take olanzapine as tablets. The brand name is Zyprexa.

Olanzapine was first developed to treat a condition called schizophrenia. People who have schizophrenia can lose touch with reality. You may get symptoms known as delusions or hallucinations. These are also called psychotic symptoms. Doctors often prescribe olanzapine to treat mania in people with bipolar disorder. But doctors also give it to stop you having a relapse of bipolar symptoms.

Taking treatment when you don't have symptoms (when your mood is normal) is sometimes called maintenance treatment.

Olanzapine belongs to a group of drugs called antipsychotic drugs. There are two groups of antipsychotic drugs, older ones and newer ones. Olanzapine is a newer antipsychotic.

The newer antipsychotic drugs are also called atypical antipsychotics. They work just as well as the older drugs. But they are less likely to give you bad side effects such as stiffness of your muscles and shaking. [46]

How can it help?

One study looked at 361 people with bipolar disorder. [186] All the people had been treated with olanzapine for a bout of mania. Some of them carried on taking olanzapine for nearly a year, but others were given a dummy treatment (a placebo).

After just under a year, about 5 in 10 people taking olanzapine had a relapse. [186] But 8 in 10 people taking a placebo had a relapse.

How does it work?

Your brain has lots of nerve cells. They send messages to each other using chemicals. These chemicals are known as neurotransmitters. Antipsychotic drugs work on a neurotransmitter called dopamine.

Dopamine makes certain parts of your brain more active. Antipsychotic drugs like olanzapine dampen the effect of dopamine. This makes you calmer, which may help to prevent bipolar symptoms.

Can it be harmful?

People taking atypical antipsychotic drugs such as olanzapine are more likely to get high blood sugar and diabetes. [46] Your doctor will want to keep an eye on your weight and do blood tests from time to time. These tests should pick up any problems.

Olanzapine can also make you put on weight. In one study, people put on 3 kilograms (nearly 7 pounds) after taking it for up to 12 weeks. People who then stopped taking it lost 2 kilograms (over 4 pounds) in the next year. [187] But people who carried on taking it put on another kilogram (just over 2 pounds). There's a small amount of research suggesting that the drug metformin might reduce weight gain for people taking antipsychotic drugs. [47]

Other side effects you might get include: [46] [188]

- A dry mouth
- Dizzy spells
- Weakness of your muscles
- Feeling more hungry than usual
- Slurred speech.

A big problem with older antipsychotic drugs, such as haloperidol, is that they can give you muscle problems. Some people get stiff or shaking muscles, or unusual movements of their face. These problems are less common with newer antipsychotic drugs like olanzapine. [46] And if they do happen, muscle problems tend to be fairly mild, and go away with treatment or with a lower dose of olanzapine. Olanzapine appears to cause fewer of these muscle symptoms than other treatments such as risperidone and aripiprazole. [189]

Olanzapine is a sedative drug. [46] This means it can make you sleepy. You will feel more sleepy if you drink alcohol or take other sedative drugs while you are taking olanzapine.

How good is the research on olanzapine to prevent a relapse?

There is some evidence that olanzapine works well to stop the symptoms of bipolar disorder from coming back. When your symptoms come back, doctors say you have a relapse.

We found one good-quality study (a randomised controlled trial) that looked at 361 people with bipolar disorder. [186] They'd all been treated with olanzapine for a bout of mania. Some of them continued taking olanzapine for nearly a year, but others were given a pretend treatment (a placebo). The study found that people taking olanzapine went for longer without getting symptoms again.

- People taking olanzapine went for an average of 174 days without a relapse.
- People taking a placebo got a relapse after 22 days on average.

After just under a year, about 5 in 10 people taking olanzapine had a relapse. But 8 in 10 people taking a placebo had a relapse.

We also found a summary of five studies that concluded that olanzapine was as good as lithium or valproate in preventing episodes of high or low mood. It was better at preventing manic episodes, but linked to more weight gain and depression. [190]

Antidepressants to prevent a relapse

In this section

This information is for people who have bipolar disorder. It tells you about antidepressants, a treatment used to prevent relapses of bipolar disorder. It is based on the best and most up-to-date research.

Do they work?

We're not sure. We didn't find enough good studies to say whether taking an antidepressant helps stop bipolar symptoms coming back (when your symptoms come back, doctors say you've had a relapse).

What are they?

Antidepressants are mostly used when you are having a bout of bipolar depression, but they may be used to stop you having a relapse.

Doctors use three main types of antidepressants to treat bipolar depression.

- Selective serotonin reuptake inhibitors (SSRIs for short). Some examples of SSRIs are citalopram (brand name Cipramil), fluoxetine (Prozac), fluvoxamine (Faverin), paroxetine (Seroxat), and sertraline (Lustral).
- Tricyclic antidepressants (TCAs). Some examples of TCAs are imipramine, amitriptyline, doxepin (Sinepin), nortriptyline (Allegron), and trimipramine (Surmontil).

- Monoamine oxidase inhibitors (MAOIs). Some examples of MAOIs are phenelzine (Nardil) and tranylcypromine. But this type of antidepressant isn't used much any more.

Other antidepressants include venlafaxine (Efexor) and reboxetine (Edronax).

How can they help?

Antidepressants can help make you feel better if you already have bipolar depression. But we're not sure they can help to stop you having a relapse into depression when you have a normal mood. [191] And they might set off a bout of mania.

We found one study looking at people who'd recovered from bipolar depression after taking fluoxetine. [192] People who carried on taking fluoxetine went longer without having a relapse, compared with people who took either lithium or a dummy treatment (a placebo).

How do they work?

Your brain has lots of nerve cells. They send messages to each other using chemicals. These chemicals are known as neurotransmitters.

People who are depressed have lower levels of neurotransmitters than people who are not depressed. For example, they may have lower levels of the neurotransmitters dopamine, serotonin, and noradrenaline.

Antidepressants boost your levels of serotonin and noradrenaline. This slowly changes how the nerve cells in your brain work. It can take several weeks before you can tell if the drugs are helping.

Can they be harmful?

Yes. All antidepressants can cause side effects.

Here's some information about the side effects you could get.

- Selective serotonin reuptake inhibitors (SSRIs)
- Tricyclic antidepressants (TCAs)
- Monoamine oxidase inhibitors (MAOIs).

A big worry about using antidepressants to treat bipolar disorder is that they may lift your mood enough to trigger a bout of mania. [191]

Self-harm and suicide

Research has found that children, teenagers, and young adults taking antidepressants of all kinds are more likely to think about suicide or try to harm themselves. [110]

The risk of suicidal thoughts is highest if you're under 18. [110] Among people under 18 who are taking an antidepressant, an extra 14 in 1,000 thought about suicide.

The researchers also found that there's a risk for young adults up to the age of 24. [110] But their risk wasn't as big as the risk in people under 18. An extra 5 in 1,000 people between the ages of 18 and 24 thought about suicide.

The research doesn't seem to show an increased risk of suicidal thoughts or self-harm for people over the age of 24. [110] But doctors and caregivers are advised to keep a careful check on anyone taking antidepressants for signs of suicidal thoughts. You are more likely to get these thoughts in the early stages of your treatment, or if the dose of the antidepressant you're taking is changed. You may also be at risk if you have had thoughts about harming or killing yourself before. [111]

If you're taking an antidepressant and are worried about any thoughts or feelings you have, see your doctor or go to a hospital straight away. You might also find it helpful to tell a relative or close friend about your condition. You could ask them to tell you if they think your depression is getting worse or if they are worried about changes in your behaviour. [111]

How good is the research on antidepressants to prevent a relapse?

We found one study that looked at taking antidepressants to prevent your symptoms coming back (a relapse of bipolar symptoms). [191] But the results were not clear. So we don't know if these drugs can help. The study did show antidepressants could make your mood unstable or set off a bout of mania.

Family therapy to prevent a relapse

In this section

This information is for people who have bipolar disorder. It tells you about family therapy, a treatment used to prevent relapses of bipolar disorder. It is based on the best and most up-to-date research.

Does it work?

We're not sure. We didn't find enough good studies to say whether having family therapy helps stop bipolar symptoms coming back (when your symptoms come back, doctors say you've had a relapse).

What is it?

If you have bipolar disorder your mood may be normal for a while. But then your mania or bipolar depression starts up again. In other words, you have a relapse. Doctors prescribe drugs to stop you having a relapse. Having family therapy as well may also help.

Family therapy is a form of talking treatment (psychotherapy).

It is designed to give people with bipolar disorder, and their family, support to help them cope better with the illness.

This is what happens if you have family therapy.

- You and your family learn about bipolar disorder. This includes what causes it, what the symptoms are, and what treatments you can get.
- You and your family have training on how to spot early signs of a relapse and what to do about it.
- You and your family have training to help you get better at communicating and solving problems together. With this type of therapy you will probably have one session a month.

How can it help?

We're not sure if family therapy can help prevent a relapse. There hasn't been enough good research. [193]

How does it work?

Most of the **talking treatments** that are used for bipolar disorder aim to change the way you think and behave.

Family therapy also aims to change the way your family thinks about your illness and how they behave towards you. Psychologists think that people with bipolar disorder who get lots of criticism or anger from their families are more likely to get relapses.

Working with a therapist may help you feel more positive about yourself. There are many myths about mental illnesses like bipolar disorder. Some people think that having a mental illness makes people dangerous or violent. Living in a society where people think this can be hard. Talking treatments like family therapy can help you to cope with this.

Can they be harmful?

We don't know if family therapy can be harmful. The studies we found didn't say anything about side effects of family therapy.

How good is the research for family therapy to prevent a relapse?

There isn't much research on using family therapy to prevent a relapse of bipolar disorder.

We found one summary of the research (called a systematic review) that looked at using family therapy to treat bipolar disorder and also to prevent a relapse.[193] It included a couple of good studies (randomised controlled trials) that found that people who had family therapy for a year were less likely to have a relapse than people who had other types of therapy. But, overall, the review concluded that there isn't yet enough research to say whether family therapy can help prevent a relapse.

Another summary of studies found there was less research to support family therapy in preventing bipolar symptoms coming back, compared to other talking therapies.[174]

Aripiprazole to prevent a relapse

In this section

This information is for people who have bipolar disorder. It tells you about aripiprazole, a treatment used to prevent relapses of bipolar disorder.

We haven't looked at the research on this treatment in the same detail we have for the other treatments we cover. (To read more, see Our method.) But we've included some information because you may have heard of it or be interested in it.

Aripiprazole is an antipsychotic drug. It's sometimes used for treating bouts of mania and as a long-term treatment for preventing bipolar symptoms coming back in people who aren't currently having symptoms.

The brand name is Abilify.

It has some side effects. Some people taking aripiprazole:[55]

- Feel sick
- Throw up
- Get constipated
- Have trouble sleeping
- Get a headache

- Feel sleepy.

Further informations:

Psychotic symptoms

If you have severe mania or bipolar depression, there is a chance you will experience **psychosis**. If you have psychosis, it means that you lose touch with reality. This can be frightening. But treatment with antipsychotic medicines can relieve your symptoms and bring an end to a bout of psychosis.

Not everyone who has bipolar disorder will get psychosis. But if you do, here are some of the things that might happen. [11]

Hallucinations

Hallucinations are when you see or hear things that aren't there, that no one else can see or hear. For example, you might hear voices inside your head that no one else can hear.

Delusions

Delusions are beliefs that you hold very firmly, even when they don't stand up to reason. During a bout of mania you may feel you are extremely important or powerful. In a bout of depression you may feel that you are totally worthless or that you have done something terribly wrong.

Problems communicating

During a bout of psychosis your thoughts and speech may be very sped up or slowed down. This can make it hard for other people to understand what you mean. You might find this very frustrating.

Without treatment, psychosis could last for about four months. If you do have treatment, your symptoms should calm down in a few days to a couple of weeks.

What can I expect from treatment for bipolar disorder?

Treating bipolar disorder is complicated. There are lots of different drugs. It might take some time to find the drug or the combination of drugs that works best for you.

You need to keep taking the drug you have agreed to take. Don't stop without talking to your doctor first. If you get side effects, talk to your doctor. You may be able to change to a different drug or a lower dose.

In the UK doctors use guidelines on the best way to treat people with bipolar disorder. These guidelines are drawn up by experts from the British Association of Psychopharmacology. This is a summary of what they say. You can find the full guidelines on the association's website . [20]

Mania

The main way of treating mania is with drugs. These are sometime called antimanic drugs. Talking treatments are not used for mania.

If your mania starts to come back, you may need to increase the dose of the drug you are already taking or start taking an additional drug.

If this is your very first bout of mania, your doctor will probably give you lithium , or an antipsychotic drug such as olanzapine or another drug called valproate . They should calm you down. If you are very agitated and can't sleep, your doctor may prescribe a tranquiliser such as clonazepam .

- If the bout of mania is only mild, taking just lithium or just carbamazepine may work for you.
- If the bout is more severe, you may need to take a combination of two drugs, such as lithium or valproate plus an antipsychotic drug such as olanzapine.
- If your mania is out of control you may be taken to the hospital so doctors can examine you properly. They can give you treatment against your wishes. But this is not very common. Doctors have to follow strict rules on giving treatment against your wishes. These rules are laid out in the law. To learn more, see The Mental Health Act .
- If you have severe mania and other treatments don't work, your doctor may try electroconvulsive therapy (ECT for short).

Bipolar depression

Bipolar depression is usually treated with drugs too.

- If your bipolar depression starts to come back you may need to increase the dose of the drug you are already taking. If you are not already taking an antidepressant , you may need to start taking one.
- If this is your very first bout of bipolar depression you will probably be given an antidepressant, plus a drug for mania such as lithium or valproate . This is because taking antidepressants on their own can cause your mood to swing from depression to mania. There are many kinds of antidepressants. Selective serotonin reuptake inhibitors (SSRIs) are usually the best choice.

- You may have other symptoms as well as the symptoms of your depression. If you are also having strange or distressing thoughts, or you are very restless or agitated, you may need to take an antipsychotic drug.
- You might also have a talking treatment for your depression, such as cognitive therapy or social rhythm therapy.

If you have severe depression and other treatments don't work, your doctor may try electroconvulsive therapy (ECT).

Treatment to prevent a relapse

You may not like the idea of taking drugs every day, especially when you are well. That's understandable. But if you have bipolar disorder your doctor will probably recommend that you keep taking your medication, even if you don't have any symptoms.

This should help to prevent a relapse of either mania or bipolar depression. And even if you do have a relapse, it is likely to be milder than if you were not taking any treatment. One reason that people have relapses is that they often stop taking their medicines. [21]

Treatments for preventing relapse are sometimes called mood stabilisers or maintenance therapy. The same drugs are also used to treat mania. If they work for you, you will probably need to keep taking them for the long term, perhaps for the rest of your life.

Lithium is the most commonly used drug that helps keep your mood stable. It is probably better at preventing mania than at preventing bipolar depression. If lithium doesn't work or gives you too many side effects, your doctor may recommend a different drug such as valproate , aripiprazole , olanzapine , or lamotrigine .

You may be able to have training to help you learn to spot the signs of a relapse early on . Then, as soon as you notice these signs, you can seek additional treatment. This can stop you getting a full-blown relapse.

If you find it hard to stick with taking your drugs your doctor may offer some kind of support or counselling. Talking treatments such as cognitive therapy and group psychoeducation may also help you and your family cope better with bipolar disorder.

The Mental Health Act

The Mental Health Act sets out strict rules about when you can be treated or taken to hospital against your wishes.

Here are some of the times when this might happen.

- To find out if you need treatment, if you're putting yourself or other people in danger.

- To give you treatment, if you have a condition that can be treated in hospital, and if you're putting yourself or other people in danger
- To give you treatment, if you can't take care of yourself.

Usually, two doctors and a social worker make the decision to take you to hospital against your wishes. This is sometimes called **sectioning** a person. That is because the doctors make the order using section two or section four of the Mental Health Act.

You can learn more about the Mental Health Act at http://www.mind.org.uk/mental_health_a-z/8052_mental_health_act . Or you can ask your doctor about it and how it could affect you.

In Scotland the laws are slightly different. You can find out more at http://www.bipolarscotland.org.uk/information/understanding-the-law-on-mental-health .

Drugs for bipolar disorder in pregnancy

Lots of women with bipolar disorder keep taking their medicines during pregnancy and go on to have healthy babies. But many of the drugs for bipolar disorder are not thought to be safe to take when you are pregnant or breastfeeding. That is because these drugs can harm a developing baby. If you take them while you are pregnant, there is a greater chance that your baby will have some kind of problem when it is born (a birth defect).

So, if you get pregnant, or are planning to have a baby, talk to your doctor about the pros and cons of taking your medicines, for both you and your baby.

Lithium is one of the most commonly used medicines for bipolar disorder. But if you take it while pregnant it can harm your baby.

If you take lithium during the early months of your pregnancy, your baby has a 1 in 1,000 chance of being born with a serious heart problem. This compares with 1 in 20,000 for babies born to women who do not take lithium. [33]

This is why lithium is not usually recommended in the first three months of pregnancy.

Valproate and carbamazepine can also increase the chances of birth defects. Most doctors think carbamazepine is less likely to cause harm than valproate.

Getting a bad bout of depression or mania can also be very harmful to you and your unborn baby. For example, you might use illegal drugs or hurt yourself during a bout of mania. So your doctor might suggest you keep taking medicines, but also have tests early in your pregnancy to pick up any problems with your baby.

If you want to keep taking your drugs and you don't want to get pregnant, your doctor will probably suggest that you use very reliable forms of contraception. This is because of the risk of birth defects if you do get pregnant.

You may find that a contraceptive injection is the most convenient form of contraception for you. You need to get it only once every few months. It is very reliable. You may also find it easier than trying to remember to take your contraceptive pills every day, especially if your bipolar symptoms come back.

If you do want to get pregnant, talk with your doctor about the best way to control your illness, while putting your baby at the lowest possible risk.

If you are taking valproate or carbamazepine, be sure to take tablets of folic acid. You should take about 5 milligrams of folic acid a day. This can lower the chance that your baby will have a birth defect called spina bifida . [34] If a baby has spina bifida, their spine doesn't form properly.

To learn more about the drugs used for bipolar disorder, see What treatments work for bipolar disorder?

Side effects of selective serotonin reuptake inhibitors (SSRIs)

All antidepressants can cause side effects. Your doctor can help you find the drug that suits you best.

- The side effects of selective serotonin reuptake inhibitors (SSRIs) don't bother people quite as much as the side effects of another group of antidepressants called tricyclic antidepressants (TCAs). [112]
- You can get withdrawal symptoms if you stop taking an SSRI suddenly or reduce your dose. You might feel dizzy and have a runny nose. [113]
- Treatment with SSRIs might make you think more about suicide, especially when you first start taking them. [110] Young people are most at risk, especially anyone under 18.

Older people may be more likely to get side effects than younger people, whatever antidepressant they take. This is because of changes in the body that happen as people get older. Older people are also often taking other medications, so there's more chance of side effects from using more than one drug.

Common side effects

Selective serotonin reuptake inhibitors (SSRIs) can make you feel tired, dizzy, or generally unwell. [114] There doesn't seem to be much difference in side effects between the drugs in this group. [115]

A study looked at the side effects that people got when taking an SSRI. The study compared people taking an SSRI with people taking a dummy treatment (a placebo). Of the people taking an SSRI: [116]

- About 13 in 100 said it made them sweat more than usual
- About 14 in 100 said it affected their sex life
- About 25 in 100 said it stopped them from sleeping properly
- About 20 in 100 said it gave them a dry mouth.

SSRIs can cause older people to have low levels of sodium. If your sodium levels drop very low, you can get confused, sleepy, or even have convulsions. [117] If you get any of these problems, see your doctor as soon as you can.

Compared with other antidepressants

One study compared the side effects of SSRIs and TCAs in people with depression. [112]

- SSRIs such as fluoxetine, fluvoxamine, paroxetine, sertraline, and citalopram caused slightly more people to have an upset stomach, anxiety, sleeplessness, and headaches than TCAs.
- TCAs such as amitriptyline, imipramine, trimipramine, and doxepin caused twice as many people to have a dry mouth, constipation, and dizziness, compared with SSRIs.

Here are the numbers from the study. Each column shows the percentage of people who got each side effect.

Side effect	TCAs	SSRIs
Dry mouth	55%	21%
Constipation	22%	10%
Dizziness	23%	13%
Nausea	2%	22%
Diarrhoea	5%	13%
Anxiety	7%	13%

Agitation	8%	14%
Trouble sleeping	7%	12%
Nervousness	11%	15%
Headache	14%	17%

Overall, people taking SSRIs were a bit less likely to drop out of studies because of side effects than people taking TCAs. [118]

TCAs are more dangerous than SSRIs if you take too much (this is called an overdose). An overdose of a TCA can cause life-threatening damage to your heart.

Withdrawal symptoms

SSRIs can cause withdrawal symptoms if you stop taking them suddenly or if your dose is reduced. The most common symptoms are dizziness, feeling sick, headaches, a feeling that the room is spinning, and numb or tingly feelings. [113] Other withdrawal symptoms are sweating, anxiety, and problems sleeping. [119]

Paroxetine seems more likely than some other SSRIs to cause these problems. [113] In one study, nearly two-thirds of people taking paroxetine had withdrawal symptoms when they stopped taking it. [120]

Venlafaxine can cause similar withdrawal symptoms. Although venlafaxine isn't an SSRI, it is a similar type of drug. [119]

In one study, 1 in 10 people who stopped taking fluoxetine said they got a runny nose, and 4 in 100 felt sleepy during the day. About 3 in 100 women said they got painful periods. [121]

Talk to your doctor if you want to stop taking an antidepressant. And never stop your treatment suddenly. Your doctor can help you reduce your dose gradually over several weeks to reduce the risk that you'll get withdrawal symptoms. [119]

Side effects of tricyclic antidepressants (TCAs)

All antidepressants can cause side effects. Your doctor can help you find the drug that suits you best.

Treatment with an antidepressant might make you think more about suicide, especially when you first start taking it. [110] Young people are most at risk, especially anyone under 18.

Common side effects

Several studies have looked at the side effects in people taking tricyclic antidepressants. The studies found: [122] [123]

- About 17 in 100 people got blurred vision
- About 17 in 100 people got low blood pressure
- About 1 in 10 people got a fast heartbeat
- About 1 in 10 people got trembling.

The TCA dosulepin has been linked to an increased risk of heart disease in older adults. [124]

It's impossible to tell who will and who won't get side effects. But you might be less likely to get side effects if you take a lower dose of a TCA. [125]

Older people may be more likely to get side effects than younger people, whatever antidepressant they take. This is because of changes in the body that happen as people get older. Older people are also often using other medications, so there's more chance of side effects from taking more than one drug.

Compared with other antidepressants

It looks as if you're slightly more likely to get side effects with tricyclic antidepressants (TCAs) than with selective serotonin reuptake inhibitors (SSRIs). [103] [112]

One study compared the side effects of TCAs and SSRIs in people with depression. [112]

- Compared with SSRIs, TCAs such as amitriptyline, nortriptyline, imipramine, trimipramine, and doxepin caused twice as many people to have a dry mouth, constipation, and dizziness.
- SSRIs such as fluoxetine, fluvoxamine, paroxetine, sertraline, and citalopram caused slightly more people to have upset stomachs, anxiety, sleeplessness, and headaches than TCAs.

Here are the numbers from the study. Each column shows the percentage of people who got each side effect.

Side effect	TCAs	SSRIs
Dry mouth	55%	21%
Constipation	22%	10%

Dizziness	23%	13%
Nausea	2%	22%
Diarrhea	5%	13%
Anxiety	7%	13%
Agitation	8%	14%
Trouble sleeping	7%	12%
Nervousness	11%	15%
Headache	14%	17%

TCAs are more dangerous than SSRIs if you take too much (this is called an overdose). An overdose of a TCA can cause life-threatening damage to your heart.

Withdrawal symptoms

You can get withdrawal symptoms if you stop taking antidepressants suddenly or if your dose is reduced. If you stop taking TCAs, you can get headaches, feel sick, and have an overall feeling of discomfort. [126]

Talk to your doctor if you want to stop taking an antidepressant. And never stop your treatment suddenly. Your doctor can help you reduce your dose gradually over several weeks to reduce the risk that you'll get withdrawal symptoms. [126]

Side effects of monoamine oxidase inhibitors (MAOIs)

All antidepressants can cause side effects. Your doctor can help you find the drug that suits you best.

Treatment with an antidepressant might make you think more about suicide, especially when you first start taking it. [110] Young people are most at risk, especially anyone under 18.

A big problem with monoamine oxidase inhibitors (MAOIs), such as phenelzine (brand name Nardil) and tranylcypromine, is that they react with lots of other medications, foods, and alcoholic drinks.

If you take a MAOI, eating foods containing the natural chemical tyramine (such as aged cheese) can dangerously raise your blood pressure. [127] The first sign of very high blood pressure is usually a throbbing headache. If this happens, **see your doctor right away**. People taking these drugs have to be careful about what they eat.

If you take an MAOI, you should avoid: [127]

- Meat extracts or yeast extracts

- Broad beans, especially the pods
- Pickled herring
- Cough, cold, and flu remedies containing a decongestant
- Alcoholic drinks (even low-alcohol drinks such as non-alcoholic beer)
- Aged cheeses (such as cheddar, Parmesan, blue)
- Smoked or pickled meat, poultry, or fish
- Fermented sausage (such as bologna, pepperoni, salami)
- Sauerkraut
- Overripe fruit
- Large amounts of coffee, tea, cola, chocolate, or other items containing caffeine.

Make sure to ask your doctor for a full list of foods, drinks, and medications to avoid. If you are taking MAOIs talk to a pharmacist before buying any over-the-counter medicines.

MAOIs also react dangerously with most other antidepressants. [127] The combination of tranylcypromine with clomipramine (Anafranil) is particularly dangerous. [127] Clomipramine is a tricyclic antidepressant .

If you stop taking a MAOI, you should not start taking another antidepressant for two or three weeks.

Common side effects of MAOIs

In studies, the most common side effects reported by people taking MAOIs were: [128]

- Low blood pressure , causing faintness
- Dizziness
- Blurred vision
- Goose bumps
- Difficulty sleeping
- Trembling

- Problems with sex, including being unable to have an orgasm.

Older people may be more likely to get side effects than younger people, whatever antidepressant they take. This is because of changes in the body that happen as people get older. Older people are also often taking other medications, so there's more chance of side effects from taking more than one drug.

Withdrawal symptoms

You can get withdrawal symptoms if you stop taking antidepressants suddenly.

Talk to your doctor if you want to stop taking an antidepressant. And never stop your treatment suddenly. Your doctor can help you reduce your dose gradually over several weeks to reduce the risk that you'll get withdrawal symptoms.

Cognitive therapy

Cognitive therapy is a kind of talking treatment. You talk to a therapist about your view of life. Most people with depression that is mild to moderate see a therapist six to eight times over about 10 weeks. [141]

Each session with your therapist lasts about an hour. Your therapist could be a psychologist, a psychiatrist, a psychiatric nurse, a psychotherapist, or a family doctor.

Cognitive therapy is based on the idea that if you automatically think the worst of yourself and the world, you will get depressed. You may do this without even realising it. The aim of cognitive therapy is to help you face your negative thoughts and think more positively.

This therapy may help people who get ordinary depression, without mania (unipolar depression). But we don't know if it helps people with the depression that happens in bipolar disorder (bipolar depression).

Interpersonal therapy

Interpersonal therapy aims to help you have better relationships with other people and aims to make the social part of your life better.

It's based on the idea that depression is often linked to bad events like a fight with your partner or a problem with a workmate. Sometimes an event sets off your depression. But sometimes the depression comes first, and your mood makes fights or work problems more likely.

Either way, during interpersonal therapy, your therapist helps you to learn new and better ways of getting along with people.

Most people meet their therapist once a week for three or four months. [142]

Interpersonal therapy may help people who get ordinary depression, without mania (unipolar depression). But we don't know if it helps people with the depression that happens in bipolar disorder (bipolar depression).

Counselling

Counselling involves talking to someone about your problems. Talking may help you think more clearly. It may also help you say what you are feeling.

Most people talk regularly to a trained counsellor at their doctor's surgery office. The counsellor listens carefully. Then he or she helps you to solve your own problems. The counsellor doesn't tell you what to do.

You usually have one session a week for a few weeks. [143]

Counselling may help people who get ordinary depression, without mania (unipolar depression). But we don't know if it helps people with the depression that happens in bipolar disorder (bipolar depression).

Social rhythm therapy

This is a type of therapy especially for bipolar disorder.

With bipolar disorder, your sleeping patterns may be upset. This can trigger bouts of mania. It may be linked to depression too.

Social rhythm therapy helps you to keep to a regular routine every day. This includes getting up and going to bed at regular hours. [144] It also includes taking your medication on time.

Glossary:

neurotransmitters
Neurotransmitters are chemicals that help to carry messages between nerve cells. Serotonin, dopamine, and norepinephrine (noradrenaline) are all neurotransmitters.

dopamine
Dopamine is a neurotransmitter, which is a chemical that helps messages pass between brain cells and other cells. Dopamine plays a role in your mood, and your physical movements.

serotonin
Serotonin is a neurotransmitter, which is a chemical that helps to send information from a nerve cell to other cells. It is thought to play a role in learning, sleep and control of mood.

noradrenaline

Noradrenaline is a neurotransmitter, which is a chemical that helps to send information between nerve cells. It is similar to adrenaline. Your body produces adrenaline when you're in stressful situations, which increases your blood pressure and heart rate.

hormones
Hormones are chemicals that are made in certain parts of the body. They travel through the bloodstream and have an effect on other parts of the body. For example, the female sex hormone oestrogen is made in a woman's ovaries. Oestrogen has many different effects on a woman's body. It makes the breasts grow at puberty and helps control periods. It is also needed to get pregnant.

adrenaline
Adrenaline is a chemical that makes your heart race and makes you feel alert. It is sometimes called the 'fight-or-flight' hormone.

thyroid gland
Your thyroid gland is a small organ that sits in your neck, just in front of your windpipe. It sends out a hormone called thyroxine. This acts on receptors within cells. By acting on the receptors it gives the cells a message to speed up their metabolism and work harder.

genes
Your genes are the parts of your cells that contain instructions for how your body works. Genes are found on chromosomes, structures that sit in the nucleus at the middle of each of your cells. You have 23 pairs of chromosomes in your normal cells, each of which has thousands of genes. You get one set of chromosomes, and all of the genes that are on them, from each of your parents.

hallucinations
If you have hallucinations, you perceive things that aren't really there. You may see things that don't exist or hear voices when nobody's talking. Or you may get a crawling feeling on your skin when there isn't anything on it. Hallucinations can make you feel frightened and agitated.

psychologist
A psychologist is trained to study the human mind and human behaviour. A clinical psychologist provides mental health care in hospitals, clinics, schools or to private patients.

delusion
A delusion is a belief you have that couldn't possibly be true. For example, you may feel that somebody is out to harm you even after it's been shown not to be true. Or you may believe that a famous person is in love with you even though you've never met him or her.

psychiatrist
A psychiatrist is a doctor who specialises in psychiatry. Psychiatry is the branch of medicine that covers mental, emotional or behavioural problems.

selective serotonin reuptake inhibitors
Selective serotonin reuptake inhibitors (SSRIs) are drugs that are used to treat depression. Serotonin is a chemical in your brain (called a neurotransmitter) that affects your mood. SSRIs increase levels of serotonin in your brain. This helps to improve your mood.

cognitive therapy
This therapy involves meeting a therapist for a limited number of weekly sessions. The aim is to change the negative thoughts and feelings experienced by people with disorders such as depression, panic disorders and eating disorders. Patients are sometimes asked to keep a diary so they become more aware of their thoughts. Then, with a highly skilled therapist, they can change the beliefs that lead to the negative thoughts and feelings.

seizure
A seizure (or fit) is when there is too much electrical activity in your brain, which results in muscle twitching and other symptoms.

placebo
A placebo is a 'pretend' or dummy treatment that contains no active substances. A placebo is often given to half the people taking part in medical research trials, for comparison with the 'real' treatment. It is made to look and taste identical to the drug treatment being tested, so that people in the studies do not know if they are getting the placebo or the 'real' treatment. Researchers often talk about the 'placebo effect'. This is where patients feel better after having a placebo treatment because they expect to feel better. Tests may indicate that they actually are better. In the same way, people can also get side effects after having a placebo treatment. Drug treatments can also have a 'placebo effect'. This is why, to get a true picture of how well a drug works, it is important to compare it against a placebo treatment.

systematic reviews
A systematic review is a thorough look through published research on a particular topic. Only studies that have been carried out to a high standard are included. A systematic review may or may not include a meta-analysis, which is when the results from individual studies are put together.

kidney
Your kidneys are organs that filter your blood to make urine. You have two kidneys, on either side of your body. They are underneath your ribcage, near your back.

spina bifida

Spina bifida is a type of birth defect called a 'neural tube defect'. Spina bifida is when, in a developing baby, parts of the bones of their spine don't come together normally. This causes the spinal cord to push through the spine and, in most cases, stick out from the lower part of the back. The nerves going to the legs and the lower part of the body, which are part of the spinal cord, can be pressed or damaged. This causes a range of symptoms, from problems with controlling the bowel and bladder to not being able to move parts of the body (paralysis).

randomised controlled trials

Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

schizophrenia

Schizophrenia is a mental illness that causes delusions and hallucinations.

diabetes

Diabetes is a condition that causes too much sugar (glucose) to circulate in the blood. It happens when the body stops making a hormone called insulin (type 1 diabetes) or when insulin stops working (type 2 diabetes).

withdrawal symptoms

Withdrawal symptoms are when you get unpleasant physical or mental symptoms because you stopped taking a drug you were physically dependent on. Your can become physically dependent on a drug if it alters the level of certain chemicals in your body. This makes your body produce less of those chemicals or change how it responds to them. Also, some drugs work in a similar way to chemicals that naturally occur in your body. This may mean your body stops making its natural versions. If either of those things happens, your body will need the drug to function normally and you will feel or become ill if you suddenly stop taking the drug. You can get withdrawal symptoms from some prescription medicines, as well as some illegal drugs.

constipated

When you're constipated, you have difficulty passing stools (faeces). Your bowel movements may be dry and hard. You may have fewer bowel movements than usual, and it may be a strain when you try to go.

anaesthetic

An anaesthetic is a chemical that blocks the ability to feel sensations like pain or heat. A local anaesthetic blocks the feeling in a specific area of the body. For example, your dentist uses a local anaesthetic like lignocaine in your gums so that you don't feel the pain of having a cavity filled. A general anaesthetic makes you completely unconscious and is usually used only in a carefully controlled environment like an operating room.

low blood pressure

If your blood pressure is about 100/60 or less, your doctor may say that you have low blood pressure. Low blood pressure is usually not a problem unless it becomes too low to push blood to your brain and the rest of the body. If you have low blood pressure, you may sometimes feel dizzy when you stand up.

heart disease

You get heart disease when your heart isn't able to pump blood as well as it should. This can happen for a variety of reasons.

blood pressure

Blood pressure is the amount of force that's exerted by your blood on to your blood vessels. You can think of it like the water pressure in your home: the more pressure you have, the faster and more forcefully the water flows out of the shower. Blood pressure is measured in millimetres of mercury (written as mm Hg). When your blood pressure is taken, the measurement is given as two numbers, for example 120/80 mm Hg. The first, higher, number is called the systolic pressure, and the second, lower, number is the diastolic pressure. The systolic number is the highest pressure that occurs while your heart is pushing blood into your arteries. The diastolic number is the lowest pressure that happens when your heart is relaxing and is not pushing your blood.

Epilepsy

Epilepsy is a condition that affects your brain. If you have epilepsy, the normal electrical activity in your brain gets disturbed from time to time. This leads to seizures (also called fits).

diarrhoea

Diarrhoea is when you have loose, watery stools and you need to go to the toilet far more often than usual. Doctors say you have diarrhoea if you need to go to the toilet more than three times a day.

psychotherapy

Psychotherapy is a talking treatment. It is given by trained therapists (such as a psychiatrists, psychologists or social workers). Psychotherapy usually consists of regular sessions (often weekly) between the therapist and the patient. There are many types of psychotherapy, including cognitive behavioural therapy and interpersonal therapy.

psychotherapist

A psychotherapist is a health professional who treats mental disorders by talking with their patients, rather than by prescribing medicines. There are many types of psychotherapy, including cognitive behavioural therapy and interpersonal therapy.

randomised controlled trials
Randomised controlled trials are medical studies designed to test whether a treatment works. Patients are split into groups. One group is given the treatment being tested (for example, an antidepressant drug) while another group (called the comparison or control group) is given an alternative treatment. This could be a different type of drug or a dummy treatment (a placebo). Researchers then compare the effects of the different treatments.

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