EP EMBRACE PSYCHIATRY
CLARITY. FOCUS. RESILIENCE.

Understanding Bipolar Disorder

Recognizing highs and lows, staying on treatment, and your early-warning plan

If you need help right now

Call or text 988 (Suicide and Crisis Lifeline, 24/7), or text **HOME** to **741741**. If you feel unsafe with your thoughts or impulses, call 988 or go to your nearest emergency department now. Embrace Psychiatry is not an emergency service.

What Bipolar Disorder Is

Bipolar disorder causes unusual shifts in mood, energy, and activity — from deep lows (depression) to intense highs (mania or hypomania). These are not ordinary mood swings. Episodes last days to weeks, represent a clear change from your usual self, and affect sleep, judgment, and functioning.

- **Bipolar I:** includes full manic episodes (at least 7 days, or severe enough to need hospital care).
- **Bipolar II:** includes hypomanic episodes (a milder high lasting at least 4 days) plus major depressive episodes.

Getting the diagnosis right matters because some treatments for depression alone (such as antidepressants without a mood stabilizer) can trigger mania in people with bipolar disorder. Always tell your prescriber about any history of unusually "high" periods.

Recognizing the Highs: Mania and Hypomania

- **Less need for sleep** — feeling rested after 2–3 hours (the most reliable early warning sign)
- Unusually high energy, restlessness, or agitation
- Racing thoughts; talking fast, loud, or nonstop
- Inflated confidence — feeling you can do anything
- Poor judgment: reckless spending, risky sex, impulsive business or travel plans
- Easily distracted; jumping between ideas or projects
- Irritability or aggression when opposed

Mania is severe: it causes major problems at work or in relationships, may include psychosis (delusions or hallucinations), and often requires hospital care. **Hypomania** is milder — you may feel productive and others may just notice you seem "wired" — but it still represents a change, can damage relationships and finances, and often leads into mania or a depressive crash.

Recognizing the Lows: Bipolar Depression

Bipolar depressive episodes look like the depression described in our depression handout: persistent sadness or emptiness, loss of interest, sleep and appetite changes, low energy, trouble concentrating, hopelessness, and thoughts

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of death or suicide. **Depression is the phase of bipolar disorder most linked to suicide risk — take these symptoms seriously and reach out early.**

Why Taking Medication Every Day Matters

Bipolar disorder is a long-term condition, and mood-stabilizing medication is its foundation. This is hard to accept when you feel fine — but:

- Medication prevents episodes; it does not just treat them. Stopping because "I feel better" is the most common trigger for relapse.
- Each manic episode can make the next one more likely and harder to treat.
- Mania often feels good at first — that good feeling is a symptom, not proof you are cured.
- If side effects bother you, tell your prescriber **before** changing anything. Doses can be adjusted; there are options. Do not stop suddenly — abrupt stops can trigger rebound episodes.

Practical helps: a weekly pill organizer, phone alarms, and a simple daily check-off (see tracker below). Tell a trusted person what you take in case of emergency.

Weekly Mood Tracker

Rate each day: mood from **-3** (severe depression) to **+3** (severe mania), **0** = your normal baseline. Record sleep hours and whether you took medication. Patterns here catch episodes early.

Each day, record:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mood (-3 to +3)							
Energy (-3 to +3)							
Hours of sleep							
Medication taken as prescribed? (Y/N)							
Irritability (0–3)							
Anxiety (0–3)							
Alcohol / substances (Y/N, what)							
Notes							

My Early Warning Signs Plan

Episodes rarely arrive without warning. Fill this in with your provider or a trusted person — and share a copy with someone who sees you daily.

Signs I may be heading up (toward mania/hypomania):

Signs I may be heading down (toward depression):

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What helps me stabilize (people, routines, coping steps):

Who to contact, and when:

Situation	Who to call	Number
I notice early warning signs		
Symptoms are getting worse despite my plan		
I feel unsafe or may act on impulses	**988** / emergency department	**988**

> **Sleep is your early-warning system.** Needing much less sleep and still feeling energized is the single most common first sign of a high episode. Protect a regular sleep schedule, and contact your provider promptly if your sleep drops sharply for more than a night or two.

Please read: This handout is for education only and is not medical advice. Do not start, stop, or change any medication without talking to your prescriber. If you are in crisis, call or text **988** (Suicide and Crisis Lifeline) or text **HOME** to **741741**.

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