

Bipolar disorder

Information for the public

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About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

In February 2020, we updated the advice in our guideline on bipolar disorder with warnings about [sodium valproate](#) – a medicine offered to some people with bipolar disorder. Sodium valproate must not be used during pregnancy, and should not be used in girls and women who could get pregnant, unless there is no alternative and a pregnancy prevention plan is in place. This is because of the risk of malformations and developmental abnormalities in the baby.

This information explains the advice about bipolar disorder that is set out in NICE guideline 185.

This is an update of advice on bipolar disorder that NICE produced in 2006.

Does this information apply to me?

Yes, if you are:

- an adult or young person aged 13–17 with symptoms or a diagnosis of bipolar disorder
- a family member or carer of someone with bipolar disorder.

Further information for women with bipolar disorder who are planning a baby, are pregnant or have had a baby in the past year is available in our guidance on antenatal and postnatal mental health (see [other NICE guidance](#) for details).

Bipolar disorder

Bipolar disorder (sometimes called manic depression) is a mental health problem that can cause a person's mood to swing from one extreme to another. These extremes are called episodes of mania and depression, and a single episode can last for several days or longer.

It is possible to have only 1 or 2 episodes of bipolar disorder a year or fewer and be well the rest of the time. However, some people have many episodes each year, or do not get well between episodes.

Bipolar disorder can sometimes cause symptoms of psychosis, such as hallucinations (seeing or hearing things that are not real) and delusions (believing things that are not real or true).

Mania

During an episode of mania the person may feel very happy and energetic. They can become so overexcited that they're not able to control what they're doing. They may also feel much more confident than usual and take risks that they wouldn't normally take. The person often doesn't realise that they're ill during an episode of mania.

Hypomania

Some people have a type of mania called hypomania, which is less severe than mania (for example, there are usually no symptoms of psychosis). Having moods of hypomania that change to moods of depression, and then back to hypomania, is known as bipolar II (pronounced 'bipolar two') disorder.

Depression

During an episode of depression the person feels very 'low' and stops enjoying things they used to like doing. They may not feel like spending time with family and friends and feel very alone and isolated. They may also feel tired all the time, and sometimes think about harming themselves or suicide.

Your care team

A range of professionals who specialise in different areas of treatment or support may be involved in your care. These could include psychiatrists, psychologists, GPs, specialist nurses and social workers.

Assessment and treatment for bipolar disorder should be given by professionals who are specially trained in bipolar disorder. They may work in a specialist bipolar disorder team or in a service called 'early intervention in psychosis'. If you are aged 17 or under the professionals you see may work in a 'child and adolescent mental health service', often called CAMHS (pronounced 'KAMS') for short.

If you are having a crisis, you may be offered a specialist crisis service. For more information about crisis services, see our guidance on psychosis and schizophrenia in adults (see [other NICE guidance](#) for details).

Working with you

Your care team should talk with you about bipolar disorder. They should explain any assessments, treatments or support you are offered so that you can decide together what is best for you. Your family, parent or carer may be involved in helping to make decisions, depending on your age. See [questions to ask about bipolar disorder](#) for a list of questions you can use to help you talk with your care team.

You may also like to read [NICE's information for the public on patient experience in adult NHS services](#) and [service user experience in adult mental health](#). These set out what adults should be able to expect when they use the NHS. We also have more information on the NICE website about [using health and social care services](#).

Some treatments or care described here may not be suitable for you. If you think that your treatment does not match this advice, talk to your care team.

Planning your care

During a period when you're well, your care team may suggest that you think about the treatment you would want if you ever became so unwell that you weren't able to decide things for yourself or tell people what you wanted. You can ask your family, partner or carer to help you think about this, if you wish. You may decide to make:

- an 'advance statement' about your preferences for treatment and care
- a 'lasting power of attorney' that lets you choose who will make decisions for you.

Your care team can explain more about these and how to make them.

At the start of your care and from time to time afterwards, your care team should talk with you, and your family member or carer if they are involved in your care, about who should be able to see information about you and the treatment you are having. For example, they should talk about whether your information can be shared with your family members, carers and healthcare professionals outside your care team.

Assessment and diagnosis

If you have symptoms of bipolar disorder

Your GP may arrange an appointment with a mental health specialist if you have:

- depression**and**
- have ever felt very excited or not in control of your mood or behaviour for at least 4 days in a row.

The appointment is for you to have an assessment to find out whether you have bipolar disorder, or another type of mental health problem. See 'What happens at an assessment' below for more information about assessments.

If your GP thinks that you might have mania or severe depression, or there is a chance that you could harm either yourself or someone else, they should give you the appointment straight away.

If you are aged 17 or under, your appointment may be at a CAMHS (child and adolescent mental health service).

What happens at an assessment

At your appointment you will meet with one or more members of a specialist mental healthcare team. You can bring a family member or carer to the appointment with you, if you wish. If you are 17 or under, your parents or carers should be included.

Your care team will do an assessment to find out whether your symptoms are being caused by bipolar disorder. An assessment is a series of questions that the care team will ask you. The questions will be about your thoughts, feelings and the things you do, and about anything that is difficult for you. Your care team will also ask you about your relationships with other people and your lifestyle.

Your care team should check whether you have any other mental or physical health problems. If you have another mental health problem together with bipolar disorder, you should be offered the treatment recommended by NICE, as well as your treatment for bipolar disorder. See [other NICE guidance](#) for details of our guidance on antisocial personality disorder, borderline personality disorder, attention deficit hyperactivity disorder, generalised anxiety disorder and psychosis with coexisting substance misuse.

What happens after diagnosis

If the assessment shows that you have bipolar disorder, your care team should check whether there is a chance that you might harm yourself or another person during an episode of mania. They should decide, together with you, which types of treatments might help you the most. They should write down a plan that shows:

- which treatments you have decided on
- the best ways to cope if your symptoms get worse
- what to do if you have a crisis.

Your care team should give a copy of the plan to you and one to your GP, and encourage you to share it with your carers.

If you have harmed yourself or someone else, you should be offered the treatment and support recommended by NICE. See [other NICE guidance](#) for details of our guidance on self-harm, service user experience in adult mental health and violence.

Types of treatment

There are 2 main types of treatment for bipolar disorder – medication and psychological therapy.

The main treatment for [mania](#) and [hypomania](#) is a type of medication called an 'antipsychotic'. Being offered an antipsychotic does not always mean that you have psychosis.

Treatment for [depression](#) in people with bipolar disorder may be psychological therapy or, sometimes, psychological therapy together with medication. The medication may be a type called an 'antidepressant' taken together with an antipsychotic, or an antipsychotic taken on its own.

Medication and psychological therapy are also used after you have recovered from an episode of bipolar disorder, to help you stay well in the long term. For more information about long-term treatment see [staying well in the future](#).

Treatment for mania or hypomania

NICE recommends the treatments described in this section for adults aged 18 and over. Young people aged 13 and over may be offered a medication called aripiprazole (see [other NICE guidance](#) for details of our guidance on aripiprazole), or they may be offered one of the treatments for adults. Young people should not usually take antipsychotic medication for more than 3 months.

For more details about medication for young people and adults, see [taking medication](#)

Your care team should advise you not to make important decisions until you have recovered from [mania](#) or [hypomania](#), and encourage you to stay in touch with your carer

for support during an episode of mania.

Medication

If you have mania or hypomania you should be offered one of these antipsychotics:

- haloperidol
- olanzapine
- quetiapine
- risperidone.

If you're taking an antidepressant when the mania or hypomania starts, your doctor or nurse may advise you to stop taking the antidepressant.

If the first antipsychotic doesn't work

You should be offered a different antipsychotic from the list of antipsychotics above.

If the second antipsychotic doesn't work

You may be offered a medication called lithium to take together with an antipsychotic. If lithium doesn't help, you may be offered a medication called valproate instead, which you also take together with an antipsychotic.

Valproate can harm unborn babies. You should not take valproate if there is any possibility that you are or will become pregnant.

If you are already taking lithium or valproate when a manic episode starts

Your doctor or nurse should check whether you're taking the right dose of lithium or valproate. They may offer you an antipsychotic to take as well.

You should not be offered medication called lamotrigine to treat mania or hypomania (but you may be offered lamotrigine for depression).

If you have mania with symptoms of depression

You should be offered the same treatment as for mania.

When your mania has improved

Your care team should discuss with you whether to continue your medication for another 3 to 6 months.

Electroconvulsive therapy

Very rarely, a treatment called electroconvulsive therapy may be offered. See [other NICE guidance](#) for details of our guidance on electroconvulsive therapy.

Treatment for depression

Psychological therapy for adults aged 18 and over

If you have an episode of [depression](#) you should be offered a psychological therapy. This should be either:

- a therapy specially designed to treat bipolar disorder **or**
- a therapy recommended in the NICE's guidance on depression, such as cognitive behavioural therapy (often called 'CBT' for short), interpersonal therapy or behavioural couples therapy. (See [other NICE guidance](#) for details of our guidance on depression.)

Psychological therapy for young people aged 13 to 17

You should be offered a psychological therapy lasting for at least 3 months, either one-to-one cognitive behavioural therapy (often called 'CBT' for short) or interpersonal

therapy.

If this hasn't helped you after 4–6 weeks, your doctor should review your treatment and may offer to change your therapy to a different kind. If you also have another mental health problem they may offer you another psychological therapy especially for that problem.

If your depression is making your everyday life very hard, your doctor may offer you medication to take at the same time as you have psychological therapy.

Medication

NICE recommends the medication described in this section for adults aged 18 and over. It may also be offered to young people aged 13 and over. Young people should not usually take an antipsychotic for more than 3 months.

For more details about medication for young people and adults, see [taking medication](#)

If your depression is making your daily life very difficult, and you are not taking medication to treat your bipolar disorder, you should be offered fluoxetine (an antidepressant) together with olanzapine, or quetiapine on its own, depending on your preference and any experience you have had taking these medications in the past. If these medications don't work you may be offered lamotrigine on its own.

If you prefer, you may be offered either olanzapine without fluoxetine, or lamotrigine on its own.

If you are already taking lithium or valproate, your doctor should check your dose and increase it if necessary. They may also offer you fluoxetine together with olanzapine, quetiapine or lamotrigine, to take along with your lithium or valproate.

When your depression has improved

Your care team should discuss with you whether to continue your psychological therapy or medication for another 3 to 6 months.

Looking after your general health

Medication for bipolar disorder can sometimes cause people to gain weight, and if they have [depression](#) too, they may not feel like being very active. This can lead to health problems such as diabetes, so you should be offered advice and support to help you stay at a healthy weight.

Healthy eating and exercise

You should be offered advice on:

- healthy eating
- how to make sure you get enough exercise.

If you start to gain a lot of weight or put on weight quickly, have problems with your cholesterol (lipid) levels or signs of diabetes, you should be offered more support. (See [other NICE guidance](#) for details of our guidance on obesity, lipid modification and preventing type 2 diabetes.)

General health checks

You should have a health check with your GP at least once a year. They should:

- measure your weight
- ask if you are eating well and taking regular exercise
- check your blood sugar and cholesterol levels
- check that your liver is working normally
- if you are taking lithium, check that your kidneys are working normally
- make sure others on your care team are given the results of your health checks.

If you have high blood pressure (hypertension), high cholesterol (lipid) levels, diabetes, are overweight or have signs of diabetes, or you are at risk of having a heart problem or stroke (cardiovascular disease), you should be offered the treatment recommended by NICE. See [other NICE guidance](#) for details of our guidance on hypertension, lipid modification, type 1

diabetes, type 2 diabetes – newer agents, obesity, physical activity, preventing type 2 diabetes and prevention of cardiovascular disease.

Support with work, education and money

If you have problems at school, college or work, or with money, which might be caused by your bipolar disorder, your care team may be able to help. If you agree, they can explain bipolar disorder, and how it affects you, to your employer, staff at your school or college or your financial lender.

Your care team should offer you support to help you find work or continue your education. You may be offered training or a place on an employment scheme.

Staying well in the future

When you feel better, your care team should discuss with you, and your family and carers if you agree, whether to continue the treatment you have been having, or change to a different treatment, to help you stay well in the future. Your care team should give you written information that is clear and easy to understand. They should also talk with you about:

- how bipolar disorder might affect you in the future
- how to tell if you are becoming unwell again
- things you can do to prevent more episodes of bipolar disorder
- whether you might become unwell again if you stop taking medication
- how long you may need to take medication
- what to do if you decide to have a baby.

Where to get long-term treatment and support

You should continue to be offered care and treatment from the specialist bipolar team or early intervention in psychosis service. When you are well enough, you should be offered the choice to move your care to your GP. If you do this, your care team should agree,

together with you, on a plan for your care. They should do this before you move to your GP, and should encourage you to visit your GP to go over the plan before you move. The plan should show:

- what your recovery goals are
- what to do if you have a crisis or become unwell again
- what medication you will take and when it should be checked.

Your care team should give a copy of the plan to you and one to your GP, and encourage you to share it with your carers.

Long-term psychological therapy

Adults aged 18 and over

To help you stay well or treat any symptoms you still have, you should be offered a psychological therapy specially designed for bipolar disorder. Your therapist should explain what bipolar disorder is and give you information about it. They should talk with you about thoughts you sometimes have, or things you do, that can change your mood, and how you can try to control them. If you live with your family or are in close contact with them you should also be offered a therapy called family intervention. For more information on family intervention therapy, see our guidance on psychosis and schizophrenia in adults, which is listed in [other NICE guidance](#).

Young people aged 13 to 17

You should be offered a psychological therapy, either on your own or with your family.

Long-term medication

NICE does not recommend long-term medication to treat bipolar disorder in young people aged 17 and under.

When discussing long-term medication with you, your care team should take into account medication that has helped you during episodes of mania or depression. They should ask

you whether you would prefer to continue this treatment or change to lithium. Lithium usually works better than other types of medication for long-term treatment.

However, if lithium doesn't work well enough or causes you problems, you may be offered valproate, olanzapine or quetiapine.

For more information on long-term medication see [taking medication](#).

Taking medication

Before starting any medication for bipolar disorder

Your doctor should measure your weight and do some blood and urine tests. They may also check your heart using a test called an electrocardiogram (called an 'ECG' for short). If you will be taking an antipsychotic they should also check your pulse and blood pressure.

Side effects

Medication for bipolar disorder often has side effects. Your doctor should discuss these with you. When you are taking medication they should ask you at every appointment whether you're having any side effects. In between appointments, tell your doctor if you are having side effects or other problems with your medication.

Alcohol, smoking and taking other medicines

Your doctor should tell you that drinking alcohol, smoking or taking other drugs while taking medication for bipolar disorder could stop the medication from working properly and make your symptoms worse.

You should not be offered medication called gabapentin or topiramate to treat bipolar disorder.

Antipsychotic medication

While you are taking antipsychotic medication, your doctor should:

- measure your weight every week for the first 6 weeks
- check your pulse and blood pressure each time your dose is changed
- do a blood test to measure your blood sugar and cholesterol levels, and measure your weight again, after 3 months.

You should not be offered more than one antipsychotic at the same time, except for a short period if you are changing from one medication to another.

Lithium

While you are taking lithium, your doctor should:

- do a blood test every week to check how much lithium is in your blood until you are taking the right dose, and then every 3 months for the first year
- do a blood test every 6 months after the first year, or every 3 months if you are aged 65 or over, are taking other medication, have poor symptom control, have problems taking lithium or are at risk of other health problems
- measure your weight, do a urine test and check how well your thyroid is working at least every 6 months.

Taking lithium safely

Your doctor should give you information about how to take lithium safely and tell you to:

- take lithium regularly and not miss doses
- call them if you have diarrhoea or vomiting or you become very unwell for any reason
- make sure you drink enough water, particularly after exercise, in hot weather or during illness
- talk to them as soon as possible if you become pregnant or are planning a pregnancy

- not take non-steroidal anti-inflammatory drugs (NSAIDs for short), such as ibuprofen and aspirin.

Valproate

Valproate can harm unborn babies. You should not take valproate if there is any possibility that you are or will become pregnant.

While you are taking valproate, your doctor should:

- measure your weight after 6 months and every year after that
- do a full blood test and check how well your liver is working every 6 months and every year after that.

Your doctor should explain to you how to recognise signs of liver or blood problems that can be caused by valproate. If you have any of these signs contact your doctor straight away.

Lamotrigine

If you are taking lamotrigine, tell your doctor if you are pregnant or planning a baby.

If your dose of lamotrigine has been increased, tell your doctor straight away if you develop a rash.

Stopping medication

If you decide to stop taking medication, your doctor should discuss with you how to tell if you are becoming unwell again and what to do if that happens. You should stop your medication gradually over at least 4 weeks. Your doctor should check to make sure you are not becoming unwell again while you are stopping medication and for the next 2 years.

Off-label medicines

In the UK, medicines are licensed to show that they work well enough and are safe enough to be used for specific conditions and groups of people. Some medicines can also be helpful for conditions or people they are not specifically for. This is called 'off-label' use. Off-label use might also mean the medicine is taken at a different dose or in a different way to the licence, such as using a cream or taking a tablet.

In this information some medications are recommended for off-label use. If your doctor offers you one of these they should tell you this and explain what it means for you.

There is more information about licensing medicines on the [NHS website](#).

Families and carers

Involving your family or carer

It can be helpful for a family member or carer to know about what you are going through and any risks that you may face, and to understand things from your point of view. They can also be involved in helping to make decisions about your care, if you agree.

Information and support for families and carers

Your care team should:

- Give your family or carer information (both written and spoken) about bipolar disorder, including symptoms, treatment and the care teams who will provide your treatment.
- Talk together with you and your family or carer about how they can be involved in your care and treatment.
- Tell your family or carer about the different kinds of support they can call on, and how they can get help in a crisis.
- Offer your family or carer an assessment of their own needs and, if needed, make a plan with them about their own care. Your care team should update their plan every year.

- Tell your family or carer about their right to a carer's assessment by social care services, and explain how to arrange this.
- Offer your family or carer education and support. This may be part of a family intervention.

Questions to ask about bipolar disorder

These questions may help you discuss your condition or the treatments you have been offered with your care team.

Finding out what's wrong

- Why am I being offered an appointment for an assessment?
- What will happen after the appointment?
- Why do you think I'm ill? I've never felt better.
- What could have caused my symptoms?
- Who can I contact if I have a crisis or if my symptoms get worse?
- Are there any support organisations in my local area?
- Can you provide any information for my family or carers?

Treatments

- How will this treatment help me?
- What effect will it have on my symptoms and everyday life?
- What sort of improvements might I expect?
- How long will it take to have an effect?
- Will it help me to make a complete recovery?
- How much difference will psychological therapy make compared with medication?

- For long-term treatment, is it generally best to have psychological therapy, or medication, or both?
- Are there any risks associated with this treatment?
- What are my options for treatments other than the treatment recommended?
- What are the pros and cons of the different treatments I could have?
- Can I write down something about what treatment I would like?
- Are there any leaflets or other sources of information about the treatment(s) that I could have?

Psychological therapy

- How long will I have to wait to get psychological therapy?
- How long will psychological therapy last?
- Where can I have the therapy?
- Can I choose to have the therapy somewhere else?

Medication

- How long will I have to take medication?
- Might I have problems when I stop taking the medication?
- Are there any serious side effects associated with this medication that are likely to affect me?
- What should I do if I get any side effects? (For example, should I call my GP, or go to the accident and emergency department at a hospital?)
- Are there any long-term effects of taking this medication?
- Even though I'm feeling better and my mood is not going up and down, I still feel low. Could this mean my medication isn't quite right and needs to be increased or changed?

Questions for family members and carers to ask

- Can you give me some information about bipolar disorder, and the treatments for it?
- Am I allowed to know about the treatment the person I care for is having?
- Is there anything in particular that I can do to support them?
- Can you give me any information about specialist support for families and carers, such as helplines?
- What should I do if the person I care for becomes manic?
- What should I do if they become depressed?
- What should I do if I think they might be suicidal or thinking of harming themselves?
- If they are very ill, how can they be prevented from taking any important decisions they might later regret?
- Who can I contact for help during a crisis?
- What help and support is available to me?
- Can I have a carer's assessment? What does it involve?

Sources of advice and support

- [Bipolar UK](#), 020 7931 6480
- [Carers Trust](#), 0844 800 4361
- [MIND](#), 0300 123 3393
- [Rethink Mental Illness](#), 0300 5000 927
- [SANE](#), 0845 767 8000
- [Young Minds](#), 0808 802 5544 (parent helpline)

You can also go to the [NHS website](#) for more information.

NICE is not responsible for the quality or accuracy of any information or advice provided

by these organisations.

Other NICE guidance

- [Hypertension in adults: diagnosis and management](#) (2019) NICE guideline NG136
- [Attention deficit hyperactivity disorder: diagnosis and management](#) (2018) NICE guideline NG87
- [Type 2 diabetes in adults: management](#) (2015) NICE guideline NG28
- [Diabetic foot problems: prevention and management](#) (2015) NICE guideline NG19
- [Diabetes \(type 1 and type 2\) in children and young people: diagnosis and management](#) (2015) NICE guideline NG18
- [Type 1 diabetes in adults: diagnosis and management](#) (2015) NICE guideline NG17
- [Violence and aggression: short-term management in mental health, health and community settings](#) (2015) NICE guideline NG10
- [Antenatal and postnatal mental health: clinical management and service guidance](#) (2014) NICE guideline CG192
- [Cardiovascular disease: risk assessment and reduction, including lipid modification](#) (2014) NICE guideline CG181
- [Psychosis and schizophrenia in adults: prevention and management](#) (2014) NICE guideline CG178
- [Psychosis and schizophrenia in children and young people: recognition and management](#) (2013) NICE guideline CG155
- [Physical activity: brief advice for adults in primary care](#) (2013) NICE guideline PH44
- [Aripiprazole for treating moderate to severe manic episodes in adolescents with bipolar I disorder](#) (2013) NICE technology appraisal guidance 292
- [Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services](#) (2011) NICE guideline CG136

- Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings (2011) NICE guideline CG120
- Generalised anxiety disorder and panic disorder in adults: management (2011) NICE guideline CG113
- Cardiovascular disease prevention (2010) NICE guideline PH25
- Depression in adults: recognition and management (2009) NICE guideline CG90
- Borderline personality disorder: recognition and management (2009) NICE guideline CG78
- Antisocial personality disorder: prevention and management (2009) NICE guideline CG77
- Obesity prevention (2006) NICE guideline CG43
- Self-harm in over 8s: short-term management and prevention of recurrence (2004) NICE guideline CG16
- Guidance on the use of electroconvulsive therapy (2003) NICE technology appraisal guidance 59

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Accreditation

