Depression vs Bipolar Disorder

Antidepressants can be ineffective or even worsen symptoms in people with bipolar disorder if they are not used appropriately. That's why getting a correct diagnosis is so important.

Two different conditions

Major depressive disorder—what people commonly call "depression"—and bipolar disorder do have some symptoms in common. However, they are *two different conditions that require different treatments*.

In general, major depressive disorder involves overwhelming feelings of sadness, worthlessness and hopelessness. Bipolar disorder involves episodes of depression but also episodes of mania—symptoms of which can include excessive energy, extreme irritability or "out of control" behavior. (People with depression do not experience manic episodes.)

Depressive symptoms vs manic symptoms

Depressive Symptoms	Manic Symptoms
 Sadness Excessive crying Loss of pleasure Sleeping too much or too little Low energy Restlessness Difficulty concentrating Irritability Loss of appetite or overeating Feelings of worthlessness and hopelessness Ongoing physical problems that are not caused by physical illness or injury (e.g., headaches, digestive problems, pain) Thoughts of death or suicide 	 Inappropriate sense of euphoria (excitement) Reckless behavior Little sleep needed Excessive energy Racing thoughts; talking too much Out of control spending Difficulty concentrating Irritability Abnormally increased activity, including sexual activity Poor judgment Aggressive behavior

About bipolar episodes

Bipolar disorder causes both depressive episodes and manic episodes at different times during the illness. A common misperception is that bipolar mood changes are usually quick and drastic. In reality, the shift from one extreme to the other is often quite gradual. And an episode—either depressive or manic—can last for days, weeks, months or even years.

Moreover, people with bipolar disorder are not always depressed or manic; they can go for long stretches of time in a "normal," balanced mood. The typical person with bipolar disorder has an average of four episodes during the first 10 years of the illness.

When signs are missed

Sadly, some people are diagnosed and treated for major depressive disorder when they really have bipolar disorder. It is easy to understand how misdiagnosis can occur. Some individuals (especially if they are unaware of bipolar disorder) may

not recognize their manic symptoms—and therefore don't report them to their doctor. They may seek a doctor's help only when they are immersed in a depressive episode.

People may experience depression as their very first episode, and they will not have a manic episode until some time in the future.

An incorrect diagnosis can lead to inappropriate treatment. In fact, antidepressant medications can bring about a manic episode in someone who really has bipolar disorder.

Awareness about bipolar disorder is the first step to recognizing possible signs. There are excellent treatments for both depression and bipolar disorder. The key is to get a correct diagnosis.

Who is at risk for bipolar disorder?

More than three percent of US adults have bipolar disorder. The illness affects men and women equally and is found in all races and ethnic groups. People with a family history of either bipolar disorder or depression are at increased risk for bipolar disorder. It is very important to tell your doctor about any family members with a history of mental illness.

How Misdiagnosis Can Happen

When people don't know about manic symptoms, they often don't recognize them—or report them to their doctors.

Bipolar disorder is often misdiagnosed as depression. When you consider that bipolar disorder involves depressive episodes at certain times in the illness, it's understandable how a misdiagnosis can happen:

- Some individuals don't seek a doctor's help until they are deep in a depressive episode and are entirely focused on those symptoms
- Other individuals may not recognize manic episodes—and therefore don't see them as problems they should mention to their doctors
- Some people simply may not remember manic episodes from their past
- Still others may experience depression as their very first episode, and they may not have a manic episode until some time in the future
- In general, there is high public awareness of depression; people can recognize the symptoms and know to look for help. In contrast, bipolar disorder—especially the symptoms of mania—is not as widely recognized

If you have questions about your diagnosis

Open, honest dialogue between patient and doctor is crucial to getting a correct diagnosis. If you feel you may have experienced some symptoms of mania, you owe it to yourself to explore them further with your doctor. Consider these tips:

- Think back. Your behaviors and moods in the past—and not just those you're currently experiencing—can hold
 important clues. Ask yourself if there have been times (even years ago) when you felt or behaved in ways that
 were unusual or extreme for you. Share this important information with your doctor
- Ask a loved one for input. Sometimes those surrounding us—family, friends, colleagues—notice changes in our behavior that we don't. In addition, other people may remember events in the past that we have forgotten. Talking with loved ones can help you give your doctor the "full picture" of your symptoms

Getting the Right Treatment

If you are not sure about your diagnosis, make sure you talk to your doctor.

Antidepressants in bipolar disorder

For people who are correctly diagnosed with depression (major depressive disorder), antidepressant medications are often highly effective. But in individuals who have bipolar disorder, antidepressants can sometimes do more harm than good when they are not used appropriately.* That's one reason why getting a correct diagnosis is so important.

A few facts:

- Antidepressants may trigger manic episodes in people with bipolar disorder
- Antidepressants may not work well (or at all) in bipolar individuals. Poor response to antidepressants could be a sign that the diagnosis of major depressive disorder is incorrect

Important: For people with major depressive disorder, antidepressants must be taken regularly for three to four weeks (sometimes longer) before the full response is seen. It is important to give the medication a chance to work.

These items stress the importance of open communication with your doctor; be sure to discuss concerns you may have about your treatment plan during your next visit.

*Note that in some people with diagnosed bipolar disorder, antidepressants are sometimes used *in combination with* bipolar medications.

Treatments for bipolar disorder

Treatment for bipolar disorder often involves a two-part plan of both medication and psychotherapy.

- *Medications.* There are different types of medications used to treat bipolar disorder, including medicines for controlling manic symptoms, depressive symptoms, or medications that help stabilize the patient's mood
- Psychotherapy. Several types of "talk therapy" are used in bipolar disorder treatment. Cognitive behavioral therapy focuses on changing inappropriate or negative thought patterns that can affect the illness.
 Psychoeducation aims to help the patient and family understand the illness and recognize signs of relapse.
 Interpersonal and social rhythm therapy, focuses on daily routines that can promote emotional stability. The type of therapy used depends on the individual's needs

The professionals who treat bipolar disorder

Bipolar disorder patients work with a team of health care professionals that supervise the patients' care. For medication management, patients usually work with their psychiatrist. For psychotherapy, patients typically work with a licensed therapist or social worker and their psychiatrist. The health care team maintains close contact with each other to help ensure the patients' continued progress.

Not sure where to find help? Start with your primary care provider. He or she can discuss symptoms, give you guidance and recommend psychiatrists and/or therapists in your area.

Important: Even if you think you may not be diagnosed correctly it is extremely important to follow your current medication plan as prescribed by your doctor. If you have concerns about your medicine—or if you feel you are doing better—don't stop treatment on your own. Instead, communicate openly with your doctor and discuss your diagnosis and possible adjustments to your treatment plan.

Questions to Ask Your Doctor

Major depressive disorder and bipolar disorder are two different

conditions----and they require different treatments.

If you have been diagnosed with major depressive disorder (depression) but believe you may have experienced symptoms of bipolar disorder, it is important to discuss your concerns with your doctor.

Questions about exploring your symptoms

- 1. Bipolar disorder is sometimes misdiagnosed as depression. Do you have any reason to suspect that I could have bipolar disorder—or that I may be at risk for developing it in the future?
- 2. I have taken a Mood Questionnaire. Can you interpret the results for me?
- 3. What types of symptoms should I be aware of or looking for?
- 4. If you think that bipolar disorder could be a possibility, what kind of testing would you do to confirm it and make a diagnosis?

Questions about living with bipolar disorder

If I am diagnosed with bipolar disorder...

- 1. What types of medicines or other treatment might you prescribe for me? And what kinds of side effects might I face?
- 2. Would you suggest that I see other/additional health care professionals for my bipolar disorder?
- 3. How often would I need to schedule office visits with you?
- 4. What would be the most important things I could do to stay physically and mentally balanced?