Bipolar disorder



Bipolar disorder¹ (formerly called manic-depressive illness or manic depression) is a mental disorder that causes unusual shifts in:

- Mood
- Energy
- Activity levels
- Concentration
- The ability to carry out day-to-day tasks

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Bipolar disorder:

- Is typically diagnosed during late adolescence (teen years) or early 20s
- Can appear in children, during pregnancy, or following childbirth
- Usually requires lifelong treatment
- Is a lifelong illness, but long-term, ongoing treatment can help control symptoms and enable you to live a healthy life

Types

- Bipolar I disorder defined by:
 - Manic episodes that last at least 7 days
 - Manic symptoms so severe that the person needs immediate hospital care
 - Depressive episodes that typically last at least 2 weeks
 - Episodes of depression with mixed features (having depressive symptoms and manic symptoms at the same time)
- Bipolar II disorder defined by:
 - A pattern of depressive episodes and hypomanic episodes, but not the full-blown manic episodes that are typical of Bipolar I disorder

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- Cyclothymic disorder (also called cyclothymia) defined by:
 - Periods of hypomanic symptoms and/ or depressive symptoms that:
 - Last for at least 2 years (1 year in children and adolescents), but
 - Do not meet the diagnostic requirements for a hypomanic episode and a depressive episode

Sometimes a person may experience symptoms of bipolar disorder that do not match the 3 categories listed above. This is referred to as other specified and unspecified bipolar and related disorders.

Signs and symptoms

People with bipolar disorder experience periods of:

- Unusually intense emotion
- Changes in sleep patterns and activity levels
- Uncharacteristic behaviors

During an episode, the symptoms last every day for most of the day. Episodes may also last for longer periods, such as several days or weeks.

People having a manic episode may:

- Do risky things that show poor judgment, such as:
 - Eat and drink excessively
 - Spend or give away a lot of money
 - Have reckless sex
- Feel like their thoughts are racing
- Feel like they are unusually important, talented, or powerful

- Feel very "up," "high," "elated," "irritable," "touchy," "jumpy," and/or "wired"
- Have a decreased need for sleep
- Have a loss of appetite
- Talk very fast about a lot of different thing
- Think they can do a lot of things at once

People having a depressive episode may:

- Experience increased appetite and weight gain
- Feel hopeless or worthless
- Feel unable to do even simple things
- Feel very sad, down, empty, worried, hopeless, slowed down, and/or restless
- Have trouble falling asleep, wake up too early, or sleep too much
- Have little interest in almost all activities, a decreased or absent sex drive, or an inability to experience pleasure
- Have trouble concentrating or making decisions
- Talk very slowly, feel like they have nothing to say, and/or forget a lot
- Think about death or suicide

Sometimes, a person can experience a manic and a depressive episode at the same time. Bipolar disorder is a lifelong illness. Episodes of mania and depression typically come back over time. Between episodes, many people with bipolar disorder are free of mood changes, but some people may have lingering symptoms. Long-term, continuous treatment can help people manage these symptoms.



Diagnosis

Proper diagnosis and treatment can help people with bipolar disorder lead healthy and active lives. Talking with a doctor or other licensed healthcare provider is the first step.

The healthcare provider:

- Can complete a physical exam and order necessary medical tests to rule out other conditions
- May then conduct a mental health evaluation or provide a referral to a trained mental healthcare provider who has experience in diagnosing and treating bipolar disorder, such as a:
 - Clinical social worker
 - Psychiatrist
 - Psychologist

Mental healthcare providers usually diagnose bipolar disorder based on a person's:

- Experiences
- Family history
- Lifetime history
- Symptoms

Accurate diagnosis in youth is particularly important.

Treatments and therapies

Treatment can help many people, including those with the most severe forms of bipolar disorder. An effective treatment plan usually includes a combination of medication and psychotherapy, also called "talk therapy."

Medication

Certain medications can help manage symptoms of bipolar disorder. Some people may need to:

- Try several different medications
- Work with their healthcare provider before finding medications that work best

A treatment plan may include medication:

- Such as mood stabilizers and secondgeneration ("atypical") antipsychotics
- That targets sleep or anxiety
- That combines an antidepressant with a mood stabilizer to prevent triggering a manic episode

People taking medication should:

- Talk with their healthcare provider:
 - To understand the risks and benefits of the medication
 - About any prescription drugs, over-the-counter medications, or supplements they are already taking
- Report any concerns about side effects to a healthcare provider right away
- Take prescribed medication consistently, as prescribed, even when feeling well
- Never stop taking medication without talking to their healthcare provider

Psychotherapy

Psychotherapy, also called "talk therapy":

- Can be an effective part of the treatment plan for people with bipolar disorder
- Can provide support, education, and guidance to people with bipolar disorder and their families
- Is a term for a variety of treatment techniques that aim to help a person identify and change troubling emotions, thoughts, and behaviors
- May include therapies such as cognitive-behavioral therapy (CBT) and psychoeducation, which are used to treat a variety of conditions

Coping with bipolar disorder

Living with bipolar disorder can be challenging. To help make it easier for yourself, a friend, or a loved one:

- Ask for help when trying to stick with your treatment
- Avoid misuse of alcohol and drugs
- Be patient
- · Get treatment and stick with it
- Keep a routine for eating and sleeping, and make sure to get enough sleep and exercise
- Keep medical and therapy appointments
- Learn to recognize your mood swings and warning signs, such as decreased sleep
- Take all medicine as directed
- Talk with your healthcare provider about treatment options

Getting help in a crisis

Some people with bipolar disorder may think about hurting themselves or committing suicide (taking their own life). If you or someone you know is having thoughts about committing suicide, please seek immediate help. The following resources can help:

- Dial **911**
- Call **800–273–TALK (8255)** to reach a 24–hour crisis center that provides free, confidential help to people in crisis
- Call your mental health provider
- Contact a minister, spiritual leader, or someone else in your faith community
- Get help from your primary doctor or other healthcare provider
- Reach out to a close friend or loved one



Source

1. "Bipolar Disorder," National Institute of Mental Health, last accessed April 4, 2023, https://www.nimh.nih.gov/health/topics/bipolar-disorder/index.shtml.

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **800-480-1825 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 8 p.m., Eastern time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

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 electronically through their Complaint Portal, available at
 <u>https://ocrportal.hhs.gov/ocr/portal/lobby.jsf</u>, or at U.S. Department of Health
 and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building,
 Washington, DC 20201, 800-368-1019, 800-537-7697 (TDD). Complaint forms
 are available at <u>https://www.hhs.gov/ocr/office/file/index.html</u>.

Auxiliary aids and services, free of charge, are available to you. **800-480-1825 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

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English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Kreyòl Ayisyen (French Creole): Rele nimewo ki endike anwo a pou resevwa sèvis éd gratis nan lang.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, należy zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

Italiano (Italian): Chiamare il numero sopra indicato per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスを受けるには、 上記の番号までお電話ください。

Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'í hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé niká'adoowoł.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.