

UNDERSTANDING YOUR MOOD

An Introduction to Depression and
Bipolar Disorder



Depression and Bipolar
Support Alliance

We've been there.
We can help.

What is a Mood Disorder?

Mood disorders are medical conditions that affect the brain. Their exact cause is not known, but we do know that an imbalance in brain chemicals plays a role. These conditions also have a genetic component, meaning they can run in families. They're not your fault, and they're nothing to be ashamed of. Having a mood disorder does not mean you can't lead a fulfilling life.

Everyone, at various times in life, experiences mood swings. It's normal to feel sad on occasion—just as it's normal to feel euphoric or on top of the world sometimes. The differences between these normal mood swings and a mood disorder are

- **Intensity** Mood swings that come with a mood disorder are usually more severe than ordinary mood swings.
- **Length** A bad mood is usually gone in a few days, but mania or depression can last weeks or months. Even if moods go quickly from high to low the person does not usually return to a stable mood for a long period of time.
- **Interference with life** Mood disorders can cause serious problems, such as making a person unable to get out of bed, or causing a person to go for days without sleep or spend money he or she does not have.

I've always had mood swings. I used to throw huge tantrums when I was a kid. As I got older, the highs got higher and the lows got lower. I lost several jobs and ruined a whole bunch of relationships. Finally, I decided nothing could be worse than living like I was, and I went to get some help.

It was like my brain played a cruel joke on me. My energy and creativity were the things I relied on and when I became depressed they were completely gone, as was most of my will to live. There was no way I could "snap out of it." The depression was stronger than I was—that's the nature of the illness. I'm so grateful that my treatment has helped me get back to living my life.



What is Depression?

Depression is a common and treatable health problem. Depression is both physical (involving chemical changes in the brain) and psychological (involving changes in thoughts, feelings, and behavior). It's not a character flaw or a sign of personal weakness. Just like you can't "wish away" diabetes, heart disease, or any other significant illness, you can't make depression go away by trying to "snap out of it."

While depression sometimes runs in families, many people with the condition have no family history of depression. It can have many causes; genetic or inherited risk, early life traumas, stressful life events, and other illnesses or injuries. Usually, it's not one factor, but several of them combined.

Common Symptoms of Depression

- Sad, empty, irritable, or tearful mood nearly every day
- No interest in or pleasure from activities once enjoyed
- Major changes in appetite or body weight
- Insomnia or sleeping too much
- Feelings of restlessness or agitation
- Fatigue, exhaustion, or lack of energy
- Feelings of worthlessness or excessive guilt
- Difficulty concentrating or making decisions
- Thoughts of death or suicide

Types of Depression

There are many types of depression, but the two most common are unipolar depression and dysthymia. For information on other types of depression visit DBSAlliance.org/Depression.

Unipolar Depression

Doctors use this term to describe periods of low or depressed mood that are not accompanied by high or elevated periods. It is also sometimes referred to as major depression. Patterns of depression can vary widely between people or over time. Some people experience periods of complete wellness between bouts of depression. For other people, depression is more chronic or long term.

Persistent Depressive Disorder (Dysthymia)

Persistent Depressive Disorder is a long-lasting low-grade state of depressed mood, symptoms of which include poor appetite or overeating, insomnia or oversleeping, low energy or fatigue, low self-esteem, poor concentration or difficulty making decisions, and feelings of hopelessness. The depressed state is not as severe as with major depression, but can be just as disabling.



What is Bipolar Disorder?

Bipolar disorder is a treatable illness marked by extreme changes in mood, thought, energy, and behavior. It is not a character flaw or a sign of personal weakness. Most people who live with bipolar disorder experience low or depressed periods as well as mania, or speeded up periods. Everyone can experience changes in mood, but mood episodes in bipolar disorder are severe enough to interfere with daily functioning. For some people, these high or low periods can last weeks or even months. For others, the changes are much faster—lasting just days or even hours. Some people experience feelings of depression and feelings of being speeded up or agitated at the same time.

Common Symptoms of Mania/Hypomania

- Feeling overly energetic, high, better than good, or unusually irritable for at least one week
- Very high self-esteem; feeling all powerful
- Decreased need for sleep without feeling tired
- Talking more than usual or feeling pressure to keep talking
- Racing thoughts; many ideas coming all at once
- Distracted easily; thoughts or statements jumping topic-to-topic
- Increase in goal-directed activity; restlessness
- Excessive pursuit of pleasure (e.g. financial or sexual) without thought of consequences

Mixed States

When people experience symptoms of mania and depression at the same time, they're said to be experiencing a mixed state (or mixed mania). They can have all of the negative feelings that come with depression, but they also feel agitated, restless, and activated. Those who have had a mixed state often describe it as the very worst part of bipolar disorder.

Types of Bipolar Disorder

Patterns and severity of symptoms (or episodes of “highs” and “lows”) determine different types of bipolar disorder. The two most common types are bipolar I disorder and bipolar II disorder.

Bipolar I Disorder

Bipolar I is characterized by one or more manic episodes or mixed episodes (which is when you experience symptoms of both a mania and a depression). Typically a person will experience periods of depression as well. Bipolar I disorder is marked by extreme manic episodes.

Bipolar II Disorder

Bipolar II disorder is diagnosed after one or more major depressive episodes and at least one episode of hypomania, with possible periods of level mood between episodes. The highs in bipolar II, called hypomanias, are not as high as those in bipolar I (manias). Bipolar II disorder is sometimes misdiagnosed as major depression if hypomanic episodes go unrecognized or unreported.



Just Diagnosed? You're Not Alone.

If you've just been diagnosed with a mood disorder, you're not alone. Mood disorders affect more than 21 million Americans. These disorders are treatable and one of the best things you can do to help yourself in your recovery is learn all you can about your condition.

How are Mood Disorders Treated?

The most important thing to know is that wellness is possible. There are many different paths to recovery from mood disorders, and you should keep looking until you find the path that's right for you. A good treatment plan for managing mood disorders often includes several different tools: medication, talk therapy, personal wellness strategies, and support from a peer-run group like DBSA.

What are the Benefits of Talk Therapy?

You may need extra help coping with unhealthy relationships or harmful lifestyle choices that contribute to your condition. Talk therapy (psychotherapy) can be very helpful for this. Choose a therapist with whom you feel comfortable, and whose judgment you trust. The goal of therapy is for you to develop skills and behaviors that will help you cope with difficult situations and help you to become aware of, and possibly prevent, episodes of depression or mania.

Do I Need to Take Medication?

The decision to take medication is entirely up to you and your healthcare team. Many people find medications help to keep their moods stable and prevent episodes of depression or mania. Not everyone chooses to use medications and they are only one component of a treatment plan.

What if My Medication Doesn't Work?

No two people will respond the same way to the same medication. Sometimes you and your doctor will need to try several different medications or a combination of medications in order to provide the improvement you need. Finding the right medications can take time. Don't lose hope!

It may also take some time for you to adjust to your medication. Most medications take two to six weeks before a person feels their full effect. So, though it may be difficult, it's important to be patient and wait for a medication to take effect. Many of the medications that affect the brain may also affect other systems of the body, and cause side effects such as dry mouth, constipation, sleepiness, blurred vision, weight gain, weight loss, dizziness or sexual dysfunction. Some side effects go away as your body adjusts to the medication, while others can be long term.

Don't be discouraged by side effects; there are often ways to reduce or eliminate them. Changing the time you take your medication can help with sleepiness or sleeplessness, and taking it with food can help with nausea. Sometimes another medication can be prescribed to block an unwanted side effect, or your dosage can be adjusted to reduce the side effect. Other times your medication can be changed.

Tell your doctor about any side effects you are having. The decision to change or add medication must be made by you and your doctor together. Never stop taking your medication or change your dosage without first talking to your doctor. Talk to your doctor before you begin taking any additional medication, including over the counter medications or natural/herbal supplements.

If side effects cause you to become very ill (with symptoms such as fever, sore throat, rash, yellowing of your skin, pain in your abdomen or any other area, breathing or heart problems, or other severe changes that concern you), contact your doctor or a hospital emergency room right away.

Are There Lifestyle Changes I Can Make to Improve the Quality of My Life?

Adopting healthy lifestyle changes will help you manage or lessen your symptoms and improve the quality of your life. Some key areas to address include

- **Reducing stress** Stress can cause or worsen symptoms of mania or depression. It is important to learn what causes your stress, ways to identify and deal with stressors, and ways to minimize your day-to-day stress level. Stress may be caused by a variety of factors, both external and internal, some of which you may not be aware of. Repeated or constant stress can lead to tension, chronic pain, anxiety, and an inability to enjoy life. With the right treatment and therapy, you can learn to anticipate and deal with stress, and with support, you can work on breaking out of stressful patterns or situations.
- **Physical well-being** Healthy sleeping, eating, and physical activity habits do not have to be complicated, depriving, or uncomfortable, and can make a big difference in the way you feel. Many people have found that simple changes, such as eliminating caffeine or taking walks regularly, have helped stabilize their moods. Though symptoms of your mood disorder may disrupt sleeping, eating, or physical activity, making things as consistent as possible, especially sleeping, can help keep your symptoms from worsening. Regular habits can also help you spot the beginning of a manic or depressive episode more quickly.
- **Relationships** Living with a mood disorder can make it difficult to maintain friendships, family relationships, and intimate partnerships. Relationship trouble may arise from unpredictable or careless behavior during manias or social withdrawal during depressions, and may be made worse by others' lack of understanding of mood disorders. Though you may feel lonely and isolated at times, you are not alone—almost everyone who has dealt with a mood disorder has been frustrated by interpersonal difficulties. Education, communication, and acknowledgement of

feelings are some things to keep in mind when working to build or rebuild relationships.

- **Work** Mood disorders can affect people on the job in many ways. Sometimes it may be necessary to reduce work hours or stop working completely in order to deal with depressive or manic symptoms. Other times, work is not a problem, but questions may arise about how open to be about your mood disorder. It is important to be in a work environment that is not uncomfortable or unduly stressful and does not aggravate your symptoms. If you are not employed, volunteer activities can help you maintain a daily routine, provide contact with others, and give you a sense of accomplishment. Whether you are employed part-time, full-time, unemployed, or involved in volunteer work, it can be helpful to consider your stress level and needs for accommodation as well as your unique skills and long-term goals.

Visit DBSAlliance.org/Brochures to download the Healthy Lifestyles brochure for more in-depth strategies for enhancing the quality of your life.



What Can I Do to Improve Communication with my Health Care Provider(s)?

Everyone deserves to have open, trusting relationships with health care providers. You should never feel intimidated by your doctor or feel as if you're wasting his or her time. It's also important that you share all the information your doctor needs to help you. A complete medical history, including your medication allergies, prior experiences with medication, and any alcohol or drug use, is important to your treatment. Sometimes your doctor will also ask for your family history.

Sometimes you'll need to see one health care provider for psychotherapy or talk therapy (this may be a psychiatrist, psychologist, therapist, social worker, or other professional) and a medical doctor to prescribe medication (this may be your primary care doctor or a psychiatrist). If you have more than one person providing treatment, let them know how they can reach one another. It is best for all of you to work together to find the right treatment plan for you.

You deserve to have the best treatment possible. If, after some time has passed, you feel the same way you did before treatment or worse, it is important to let your health care provider know so that they can assist you in changing your treatment plan. If you do not feel comfortable with your provider or they do not seem able to help you, you have the right to ask for a second opinion from another health care professional.

Bring a list of questions with you to your doctor. Take notes so you can review them later.

Questions to Ask Your Doctor

- How can I reach you in an emergency?
- How long will it take for me to feel better?
- What type of improvement should I expect?
- Are there any specific risks I should worry about? How can I prevent them? How can I recognize them?
- What's the name of my medication and how will it help me?
- What dosage(s) of medication do I need to take?
- At what time(s) of day should I take them? Do I need to take them with food?
- Do I need to avoid any specific foods, medications (over the counter or prescription), supplements (vitamins, herbals) or activities while I am taking this medication?
- What should I do if I forget to take my medication?
- Is there a generic form of my medication available? If so, would it be right for me?
- What side effects might I have? What can I do about them?
- If my medication needs to be stopped for any reason, how should I do it? (**Never stop taking your medication without first talking to your doctor.**)
- How often will I need to come in for medication management? How long will my appointments take?
- Should I participate in talk therapy? What type do you recommend? Is it possible that I could be treated with talk therapy and no medication?
- Is there anything I can do to help my treatment work better, such as changing my diet, physical activity, sleep patterns, or lifestyle?
- If my current treatment isn't helpful, what are my alternatives? What is my next step?
- What risks do I need to consider if I want to become pregnant?
- How will other illnesses I have affect my treatment?

How Can I Spot My Warning Signs?

Each person is different and each person has different triggers or stressors that may cause their symptoms of depression or mania to get worse. A trigger might be an argument, visiting a particular place, having too much to do, or a major life event such as moving. As you learn more about your condition and your triggers, you will be able to spot new episodes and get help before they get out of control. Be sure your family and friends know how to look for signs that you might be having an episode. Being aware of your symptoms is a very good place to start. You may wish to take a moment to look back at the symptoms listed at the beginning of this brochure and circle the ones that apply most to you.

Next, it can be very helpful to identify any events or circumstances that might trigger an increase in your symptoms. Be sure to also identify anything you can do to lessen the trigger.



My Stressors/Triggers

EVENT	MY REACTION <i>thoughts, emotions, actions</i>	WHAT CAN I DO?
<i>Arguing with a loved one</i>	<i>I get anxious, my thoughts start to race. I feel like everything I do is wrong.</i>	<i>Take a deep breath, remind myself I am worthwhile. Be aware of my own attitude, discuss this stressor in therapy or support group, spend less time with this person.</i>

Now make a list of your early warning signs (feelings, thoughts, sensations, behaviors) you or others have noticed when you are starting to shift into a depressive or manic episode. Examples may include things like starting to need less sleep or not wanting to go out with friends. Also list what you may do if you notice them occurring.

EARLY WARNING SIGN	WHAT CAN I DO?
<i>Not hungry for regular meals.</i>	<i>Eat at least one well rounded meal and evaluate if I feel better afterwards.</i>

Take action as soon as you notice your warning signs. Don't wait for an episode to become full-blown and cause a crisis. Call your doctor or therapist. Ask a close friend or family member to stay with you until you are feeling more stable.

Tracking Calendars

Many individuals find it very helpful to track their moods, symptoms, medications, and lifestyle influencers. Keeping a calendar can help you identify triggers and trends that impact your mental health and is a great tool to better communicate with your clinicians. Visit DBSAlliance.org/Brochures to download a personal calendar. DBSA also offers a web and phone-based app called DBSA Wellness Tracker. Visit DBSAlliance.org/Tracker for more information.



What If I Start to Feel Suicidal?

It's especially important to have a plan in place to help yourself if you start to feel suicidal and to make a promise to yourself that you'll use it. You can begin by using the plan on the next page. Make a list of the phone numbers of trusted friends, health care providers, and crisis hotlines you can call if you are having trouble. Your life is important, and as strong as suicidal thoughts may seem, they are a temporary and treatable symptom of your mood disorder. Get help as soon as you start having these thoughts. One national crisis hotline you can use is 1-800-273-8255 (TALK). You can also check your local phone directory or ask your health care providers for a local crisis line number.

Make sure you can't get hold of any weapons, old medications or anything else you could use to hurt yourself. Dispose of all medications you are no longer taking. Have someone else hold onto your car keys. Don't use alcohol or illegal drugs, because they can make you more likely to act on impulse.



My Plan for Life

I promise myself:

If I start to think about suicide, or am in any other type of crisis, I will contact these family members or friends:

NAME _____

PHONE _____

NAME _____

PHONE _____

NAME _____

PHONE _____

I will also:

- call my doctor or a suicide hotline, or go to a hospital if necessary;
- remind myself that my brain is lying to me and making things seem worse than they are. Suicidal thoughts are not based on reality, they are a symptom of my mood disorder;
- remember that my life is valuable and worthwhile, even if it doesn't feel that way right now;
- stick with my prescribed treatment plan and remember to take my medications;
- remember to call my health provider(s) if I don't feel safe or if I'm having problems;
- get in contact with other people who have a mood disorder;
- stay away from alcohol and illegal drugs;
- have someone take away anything I could use to hurt myself.
- stay aware of my moods, know my warning signs, and get help early;
- be kind to myself.

To create a full plan for living successfully with a mood disorder, visit [DBSAlliance.org/LivingSuccessfully](https://www.DBSAlliance.org/LivingSuccessfully).

What Are Some Things I Can Do to Manage the Cost of Treatment?

- Talk to your health care provider(s) and try to work out lower fees or a payment plan.
- Use community or state-provided services, many of which offer a sliding payment scale.
- Space out your allowable talk therapy visits over time and work on developing skills you can use between visits.
- Ask your doctor to contact the pharmaceutical company that makes your medication to see if you are eligible to receive free medication. Ask if your doctor has any medication samples to give you.
- Ask your doctor to contact your insurance company and ask if they will allow more treatment for you.
- Get help before there is a crisis. A brief appointment to talk about how you're feeling or adjust your medication costs less than a hospital stay.

How Do Support Groups Help?

When you are newly diagnosed, it's helpful to have reliable, knowledgeable people around you who know what you are going through. DBSA support group participants are people with mood disorders and their friends and families who share experiences, discuss coping skills, and offer hope to one another in a safe and confidential environment. Visit [DBSAlliance.org/FindSupport](https://www.DBSAlliance.org/FindSupport) to find a group in your area.

People who go to DBSA groups say that the groups

- provide a safe and welcoming place for mutual acceptance, understanding and self-discovery;
- give them the opportunity to reach out to others and benefit from the experience of those who have been there;
- motivate them to follow their treatment plans;
- help them to understand that mood disorders do not define who they are;
- help them rediscover their strengths and humor.

People who had been attending DBSA groups for more than a year were also less likely to have been hospitalized for their mood disorder during that year, according to a DBSA survey.



How Do I Talk to Others about My Mood Disorder?

Telling others about your mood disorder is completely your choice. Some of your close friends and family members may have already become concerned about mood swings you've had, so they might be glad to hear you're getting help. Other people in your life might have wrong or hurtful beliefs about mental health conditions and you may choose not to tell them.

Sharing that you have a mood disorder with employers or co-workers can also be difficult. Sometimes it may be best to say nothing about your condition, unless you need special accommodations such as reduced hours or extended time off.

Some people have a hard time accepting a mood disorder diagnosis. They may believe that a person should be able to control mood swings, or just "snap out of it". Do your best to educate your family and friends by giving them information about depression and bipolar disorder. Even if they do not change their beliefs, keep reminding yourself that getting treatment is the best thing you can do for yourself. Encourage your loved ones to get help and support if they need it.

There is Help. There is Hope.

Patience is a great help when adjusting to the effects of a new treatment, getting to know a new group of people, or waiting for your mind and body to feel better.

Always remember, you are not alone, there is help, and there is hope. With treatment and support, you can feel better.

Mood Disorder Glossary

cyclothymia: A milder form of bipolar disorder characterized by alternating hypomanic episodes and less severe episodes of depression. The severity of this illness may change over time.

depressive episode: A period of prolonged sadness that interferes with life.

hypomanic episode: Similar to a manic episode, but less severe. It is clearly different from a non-depressed mood with an obvious change in behavior that is unusual or out of character.

manic episode: The up side of bipolar disorder; a period of high, energetic or irritable mood that interferes with life.

mixed episode: A period during which symptoms of a manic and a depressive episode are present at the same time.

persistent depressive disorder (dysthymia): A milder form of depression characterized by changes in eating or sleeping patterns, and a down, irritable, or self-critical mood that is present more of the time than not. People with dysthymia may say they are "just that way," or "have always been that way."

rapid cycling: a characteristic of bipolar disorder that occurs when a person has four or more manic, hypomanic, mixed or depressive episodes within a 12-month period. For some people, rapid cycling is temporary.



We've been there.
We can help.

Depression and Bipolar
Support Alliance

The Depression and Bipolar Support Alliance (DBSA) is the leading peer-directed national organization focusing on the two most prevalent mental health conditions, depression and bipolar disorder, which affect more than 21 million Americans, account for 90% of the nation's suicides every year, and cost \$23 billion in lost workdays and other workplace losses.

DBSA's peer-based, wellness-oriented, and empowering services and resources are available when people need them, where they need them, and how they need to receive them—online 24/7, in local support groups, in audio and video casts, or in printed materials distributed by DBSA, our chapters, and mental health care facilities across America.

Through our extensive online and print resources and our nearly 650 support groups and more than 250 chapters, DBSA reaches millions of people each year with in-person and online peer support; current, readily understandable information about depression and bipolar disorder; and empowering tools focused on an integrated approach to wellness.

Depression and Bipolar Support Alliance

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DBSAlliance.org

We hope you found the information in this brochure helpful. If you would like to support DBSA's mission, please consider making a donation by calling (800) 826-3632 or by visiting **DBSA**lliance.org/Donate.

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