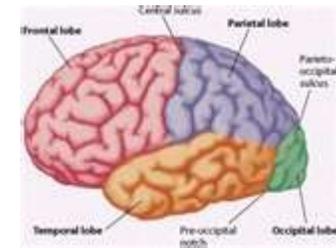


In the bipolar or manic-depressive form of affective disorder, both depressive and manic cycles occur. Usually a period of depression follows a period of hypomania or mania, or the reverse. Sometimes they are separated by periods of normal or near-normal functioning.



## DOES IT GO AWAY?

The onset of the first episode of an affective disorder may not be obvious. Some people have infrequent, brief, mild episodes and do not seek treatment or even recognize that they are ill. Typically, episodes of illness are time-limited: they come and go, last from several days to several months, and are followed by relatively normal periods of mood behavior. Without treatment, the frequency of illness, as well as the severity of symptoms, tends to increase over the years. Less often, a person may have only rare episodes of illness. Manic and depressive episodes present differently in different persons, and there are even differences in a person from one episode to the next. **Do not wait for self-improvement. Seek professional help.**

- Prolonged periods of depression can lead to the wish to die or even to thoughts of killing oneself.
- The "high" periods of hypomania and mania can leave a false sense of one's abilities that may be difficult to give up. They may be followed by crashing into despondency after the "high" has run its course. Decisions made during these periods are typically impulsive and reckless.

Of all mental illnesses, major depression is the most responsive to treatment. There are many types of treatments available, depending on the individual and the severity of the illness. However, bipolar disorder is a chronic condition characterized by persistent symptoms even during periods of complete subsidence of the illness. Therefore, bipolar requires acute treatment, including preventive maintenance treatments, medication management as well as close monitoring during periods of remission. If left unaddressed, the illness can become more devastating, therefore its essential to seek help in putting together an optimal care plan for individualized needs.

**MORE THAN 75 PERCENT OF INDIVIDUALS SUFFERING FROM MOOD DISORDERS RESPOND WELL TO MEDICAL TREATMENT: NEARLY ALL PATIENTS RESPOND AT LEAST PARTIALLY.  
YES, THERE IS HOPE!!!**



**Orange County**

Recommended Reading:  
Papolos, M.D., Demitri and Papolos, Janice  
Overcoming Depression  
Harper & Row, Publishers, New York. 1987.

*For additional information contact:*  
National Alliance on Mental Illness  
Orange County (NAMIOC)  
1810 East 17th Street  
Santa Ana, CA 92705  
(714) 544-8488/FAX (714) 544-0791  
Email: [Info@NAMIOC.org](mailto:Info@NAMIOC.org)  
Website: <http://www.NAMIOC.org>

Rev. 2009

## **Mood Disorders**

## **Depression And Bipolar Disorder**

What Are The Symptoms?  
Will They Go Away?  
What Are The Prospects?  
Professional Help?  
Is He Really Getting Better?  
All Is Not Lost!  
Get Help Now!

**“Recurrent mood disorders,” “major affective disorder, major depression” and “manic depressive illness”** are terms used to describe the most common group of serious psychiatric conditions. These conditions involve periodic disturbances in mood, concentration, sleep, activity, appetite, and social behavior. In the United States alone, more than 20 million people will experience a mood disorder during their lifetime. **Many cases, unfortunately, go unrecognized and untreated.**

The most common types of these illnesses are: **Major Depression** (non-bipolar or unipolar) and **Bipolar Disorder** (manic depression). Modern treatments are effective and safe and usually allow persons with a recurrent mood disorder to live useful and productive lives.

### **“WHAT IS AFFECTIVE DISORDER?”**

The term **“affect”** refers to one’s mood or “spirits”. **“Affective Disorder”** refers to changes in mood that occur during an episode of illness marked by extreme sadness (depression) or excitement (mania) or both. **“Mania”** describes periods of abnormal elation and increased activity, while **“depression”** describes an abnormal degree of sadness and melancholy. It is possible for one person to have periods of mania and depression. Occasionally, the disease presents a combination of manic and depressive symptoms. **If untreated, these episodes tend to recur or persist throughout life.**



### **WHAT ARE THE SYMPTOMS?**

The most common symptoms are changes in sleep pattern, level of daily activity and energy, appetite, mood, self-esteem, thinking, speech, sex drive, and interpersonal relations. In periods of hypomania, an exaggerated sense of well-being (euphoria) or irritability may be experienced. The rate of thinking is markedly increased. Intellectual activity takes place with lightning speed, and there is great frustration with family and friends who do not immediately accept or become engaged with such “flights of ideas”.

During a period of depression there may be persistent feelings of sadness and emptiness, tearfulness for no apparent reason, or irritability and hostility toward others. Mental speed and activity are usually lowered; ideas are fewer. There is a poverty of thought, and responses to the environment are painfully slowed. Family members may be surprised by dramatic changes in mood that seem to have no obvious associations with life events. Although nearly everyone experiences periods of sadness as well as periods of well-being, people with affective disorders during an episode of illness experience these emotions to an extreme degree. There are two basic types of episodes - periods of depression and periods of mania.

Periods of depression are characterized by:

- Poor appetite and weight loss (or the opposite): increased appetite and weight gain.
- Sleep disturbance: sleeping too little or sleeping too much in an irregular pattern.
- Loss of energy: excessive fatigue or tiredness.
- Change in activity level: either increased or decreased.
- Loss of interest or pleasure in usual activities.
- Decreased sexual drive.
- Feelings of hopelessness: a belief that nothing will ever improve.
- Diminished ability to think or concentrate.
- Feelings of worthlessness or excessive guilt which may reach grossly unreasonable (delusional) proportions.
- Recurrent thoughts of death or self-harm, wishing to be dead or contemplating or attempting suicide.

**TAKE MOOD CHANGES SERIOUSLY. CONSULT A PROFESSIONAL!!! DO NOT THINK THAT IN TIME EVERYTHING WILL BE OKAY. IT WON'T.**

Periods of hypomania or the more severe state of mania are characterized by:

- Persistently “high” (euphoric or irritable mood state)
- Decreased need for sleep
- Increased activity
- Increased sexuality
- Pressured speech and racing thoughts and ideas
- Risk taking