Overview: Bipolar Disorders

Bipolar disorder deserves proper treatment—but it should never be confused with addiction. Learn how they differ.

What Are Bipolar Disorders?

Bipolar Disorders are conditions characterized by dramatic shifts in mood, energy, and activity levels—from the highs of mania to the lows of depression. These are are clinical episodes that disrupt relationships, careers, and daily functioning. For families, the unpredictability is exhausting as they watch a loved one swing from grandiose confidence to crushing despair.

Understanding Bipolar Disorders

Bipolar I Disorder

Manic episodes lasting several days (or requiring hospitalization) along with depressive episodes. Mania involves elevated mood, decreased sleep, racing thoughts, and impulsive behavior.

- Abnormally elevated mood, energy, and self-confidence
- Needs less sleep or stays awake for days without fatigue
- Impulsive, high-risk decisions: spending sprees, risky sex, substance binges

Bipolar II Disorder

Hypomanic episodes (less severe than mania) alternating with major depressive episodes. While hypomania may appear productive, the depressive episodes are often severe and prolonged.

- Noticeable elevated mood and energy that “feel productive”
- Frequent and long-lasting depressive episodes
- Self-medication with alcohol or sedatives to manage depression

Cyclothymic Disorder

Chronic fluctuating mood lasting at least two years—with hypomanic and depressive symptoms that don’t meet full episode criteria. Often undiagnosed but equally disabling over time.

- Chronic mood instability that feels like “just who they are”
- Never quite manic, never quite depressed—but rarely stable
- Substances used to manage constant emotional fluctuation

Prevalence:
2.8% of U.S. adults are diagnosed with bipolar disorder[1]

Co-Occurrence:
Up to 60% of individuals with bipolar disorders develop an SUD in their lifetime[2]

Severity:
83% rate of impairment, highest of any mood disorder[3]

Sources: *[1] Bipolar Disorder Statistics (National Institute of Mental Health). [2] The prevalence and significance of substance use disorders in bipolar type I and II disorder (Cerullo & Strakowski, 2007), Substance Abuse Treatment, Prevention, and Policy. [3] Bipolar Disorder Statistics (National Institute of Mental Health), based on the National Comorbidity Survey Replication (Kessler et al., 2005)*

How Bipolar Disorders Contribute to Relapse

Bipolar disorder has one of the highest rates of substance use comorbidity of any psychiatric illness. Substances destabilize mood, and mood episodes drive substance use, creating a cycle that feeds on itself.

1) **Mania Fuels Impulsive, High-Risk Substance Use**
   Impaired judgment during mania leads to substance use.
2) **Depression Drives Self-Medication**
   The emotional lows drive alcohol and sedative use.
3) **Without Treating the Disorder, Relapse Is Likely**
   Stimulants trigger mania; alcohol worsens depression—each substance destabilizes mood further.

> *"Many of our clients were misdiagnosed for years. They're treated for depression alone while the manic episodes went unrecognized. Once we accurately diagnose and stabilize the bipolar disorder, we can make progress towards real recovery."*
>
> **Meghan Bohlman, LPC-S, LCDC, EMDR-Trained**
> *Executive Clinical Director, Burning Tree Ranch*

How Bipolar Disorders Are Identified & Diagnosed

- Comprehensive history including manic/hypomanic episodes that may have been overlooked
- Assessment during sustained sobriety to distinguish mood episodes from substance effects
- Collateral information from family members who witnessed mood episodes

Long-Term Treatment for Bipolar Disorders and Addiction

Bipolar disorder and substance use disorders reinforce each other through shared brain chemistry. Recovery requires time for both conditions to be properly diagnosed, treated, and stabilized. Our **long-term, progress-based model** provides the extended structure needed for genuine healing.

1) **Accurate Diagnosis Requires Time and Sobriety**
   Distinguishing bipolar episodes from substance effects requires weeks or months of observation.
2) **Medication Stabilization Takes Time**
   Finding the right mood stabilizer requires extended monitoring.
3) **Measuring Progress by Stability, Not Days**
   Clients advance when they show sustained mood stability and sobriety.

Have Other Treatment Programs Missed the Deeper Issues?

Burning Tree Ranch is the Nation's only authentic long-term treatment program for chronic relapse. Call us at (866) 287-2877 or visit us online at www.BurningTree.com.

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