

understanding



hypomania
and mania

Understanding hypomania and mania

This information is for anyone who experiences hypomania or mania, and their friends and family. It describes the common symptoms, what you can do to help yourself and the different types of treatments available.

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What are hypomania and mania?

Hypomania and mania are terms used to describe periods of overactive and excited behaviour that have a serious impact on your day-to-day life.

The symptoms of hypomania and mania include:

- feelings of extreme and intense happiness – feeling excessively 'high'
- increased irritability and aggression
- increased confidence and self-esteem
- a reduced need for sleep
- increased talkativeness and talking very fast
- feeling full of ideas and racing thoughts
- having a lot of energy
- an exaggerated sense of your own importance
- restlessness and difficulty relaxing
- a lack of concentration and being easily distracted
- increased social activity
- risky behaviour, such as going on a spending spree
- increased sexual desire and decreased inhibitions
- poor judgement
- heightened senses – sight, smell or other senses being sharper than usual.

These symptoms on their own are things anyone may experience from time to time, but for most people they will not be severe enough to cause problems. Whether you are diagnosed with hypomania or mania, or whether you receive a diagnosis at all, depends on how severe the symptoms are, how long they last, and how much they prevent you living your life as you wish.

●● *It starts out great (for me anyway). I'm full of ideas and plans. I then get frustrated that other people don't understand how great my ideas are or I think they want to stop me having fun. This generally leads to me being quite angry and that's when it stops being fun and starts to be overwhelming.* ●●

If you have bipolar disorder (manic depression), you may experience hypomania or mania followed by periods of depression (see Mind's booklet *Understanding bipolar disorder* for more information). However, you can also experience hypomania or mania on its own.

The symptoms of hypomania and mania are the same, but hypomania is a milder form – it is less severe and lasts for shorter periods.

Hypomania

You may be given a diagnosis of hypomania if you have experienced at least three of the symptoms (listed on p.4) together for most of the day, for at least four days in a row, and this is not how you normally behave. Your behaviour may be causing problems for you, and those around you may be concerned about you. Hypomania is not normally severe enough to cause major problems in relationships or work, and you will not need to be treated in hospital.

●● *If I am hypomanic I tend to recognise the signs easier and tend to rest more, but if I go to mania then I don't know I am there.* ●●

Mania

The diagnosis would be mania, rather than hypomania, if your symptoms have been present for a week or more, and your work and social activities are seriously disrupted or you need a stay in hospital. You will also receive a diagnosis of mania if you have psychotic symptoms, such as hearing voices, other hallucinations, or delusions. (See Mind's booklet *Understanding psychotic experiences* for more information.)

●● *I could not sit still. I walked for miles... I stopped sleeping... I was myself 'to the power of ten'.* ●●

Seeking help and diagnosis

While you are experiencing hypomania or mania, you may find it enjoyable and exciting and may not see it as a problem. You may not think that there is anything wrong and you may not want to seek help. You may also feel frustrated or angry if your friends and relatives say you need help or to see a doctor.

If you experience hypomania or mania as well as depression, you may seek help for your 'low' moods and not think to mention your 'high' moods. This can lead to you receiving inappropriate diagnosis and treatment. It is therefore important to tell your doctor about all your mood changes.

●● *I would be 'buzzing' for days on end, not needing much sleep and writing down what I thought were hilarious comments. I would feel amazing and invincible, like I could take on the world. Then my mood would gradually lower until I was experiencing severe depression leading to several suicide attempts.* ●●

What causes hypomania and mania?

Mental health problems are complex and it is generally felt that they develop because of a combination of factors rather than one particular cause. There are no known causes that are specific to hypomania and mania.

Possible causes include:

- high levels of stress
- lack of sleep and long flights (jet lag)
- stimulants such as drugs or alcohol
- a difficult or abusive childhood
- challenging life experiences such as bereavement, domestic violence or unemployment
- family history – if you have a family member who has bipolar disorder, you are more likely to experience mania or hypomania
- brain chemistry – the fact that some people's symptoms can be controlled by medication suggests that the function of the nerves in the brain could play a role, but research evidence is not conclusive.

What else might cause these symptoms?

Certain physical problems can cause symptoms that are very similar to those caused by hypomania and mania. To make sure you are given the correct diagnosis and treatment, it's extremely important that your doctor checks for these before you are given a diagnosis of hypomania or mania.

Thyroid function

Mood is influenced by the thyroid gland, which controls your metabolic rate (the amount of energy you use to keep your body functioning). In some cases, symptoms similar to mania or hypomania may be caused by an overactive thyroid gland. Your doctor should check your thyroid function before making a diagnosis. (For more information, see NHS Choices in 'Useful contacts' on p.17.)

Effects of medication

●● *I'd never [experienced mania] in my life until I started on antidepressants and now [again] in withdrawal.* ●●

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Some antidepressants (especially specific serotonin reuptake inhibitors – SSRIs) can cause mania as a side effect while you are taking them or when you stop. (See Mind's booklet *Making sense of antidepressants* for more information.)

If you are prescribed an antidepressant, and then experience symptoms of mania, your doctor may see this as a sign of bipolar disorder and change your diagnosis. This will probably mean they will change your medication to a mood stabiliser. If you have only ever experienced symptoms of mania or hypomania while taking an antidepressant, you may wish to discuss this with your doctor.

●● *On my meds [it] feels like you can do anything and everything with no consequences. Everything has calmed down since I stopped taking [them].* ●●

How can I help myself?

There are lots of strategies that can help you to manage your moods, and reduce the unwanted effects of mania or hypomania. Using these strategies does not mean that you need to handle everything on your own – they are often used in combination with other treatments and support from friends, family and professionals.

Recognise your triggers

If you are able to recognise the signs of an approaching episode and what triggers your symptoms, you can take action before things become more serious. For example, if you are going to have a late night and know that lack of sleep is a trigger for you, you might want to plan so you don't have to get up early the next morning.

●● *There comes a point when I realise I'm going too fast and thinking too many things, and then I realise what's happening.* ●●

However, as the symptoms of hypomania and mania can feel exciting or enjoyable, it can be difficult to identify when you are becoming unwell. You may therefore find it helpful to talk to a trusted friend or relative about warning signs and ask them to tell you when they see these.

Keep a mood diary

Keeping a regular mood diary will help you to recognise changes in your mood which can be difficult to spot otherwise. In a mood diary, you record information about how you feel, such as levels of stress, anxiety and energy, as well as information about other factors, such as your diet, how much you are sleeping or how much alcohol you are drinking.

You may want to rate your mood from 1 (very depressed) to 10 (manic), as this will make it easier to look at your mood levels over longer periods of time. For example:

| Day | Stress | Mood | Energy | Sleep | Comments |
|-----------|--------|------|--------|---------|---|
| Monday | 4 | 5 | 5 | 7 hours | Relaxed day at work, nice lunch with colleague, quiet evening. |
| Tuesday | 7 | 7 | 7 | 6 hours | Things seemed busy today, stayed late at work and went to pub in evening. |
| Wednesday | 6 | 8 | 8 | 5 hours | Feeling really excited about things and think I achieved a lot today. But sister said I don't seem to be concentrating. |

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Over time, the diary will begin to show when your mood is changing, and when the risk of an episode is increased.

This is a very simple example to give a sense of what you might record. There are lots of templates, websites and apps designed to help you keep track of your moods, and you might want to try several before you find the most useful for you. Mind does not endorse any particular one. (See 'Useful contacts' on p.17.)

●● *Hypomania is always preceded by extreme agitation and annoyance, followed by a couldn't-care-less attitude that could get me into trouble if I didn't recognise it! I cope with it by using a mood monitoring system and avoiding stressful or exciting situations.* ●●

Write a self-help action plan

It is a good idea to make a plan of things you can do if you notice that you might be becoming unwell. These will depend on your situation, but common examples might include:

- going to bed at the same time each night and prioritising good routine sleep patterns over other activities
- not having too much alcohol, caffeine and other stimulants
- doing calming activities such as gardening, meditation or yoga
- asking a close friend or family member to hold your credit cards
- avoiding or postponing making major life decisions
- avoiding situations that could lead to risky sexual encounters
- referring to self-help books or websites which can help you to track your mood
- spending time in nature, exercising and maintaining general wellbeing
- trying to eat well and keep to regular mealtimes
- learning mindfulness skills which help you to focus your thoughts (see Be Mindful in 'Useful contacts' on p.17).

●● *Meditation and yoga really help, and time with my lazy old cat too!* ●●

These are just some possible self-help techniques and you might need to try a few things to find out what works for you. Bipolar UK has web-based courses on self-help techniques to help you manage mood swings and become an expert in your own mental health. Although these are mainly designed for people with bipolar disorder, they include information about managing hypomania and mania that may be useful for people experiencing these too. (See 'Useful contacts' on p.17.)

Go to a support group

You may find that going to a support group is helpful. In a support group, you can meet other people with similar experiences of mental health problems and exchange information and tips for coping. Mind Infoline or your local library should have details of local groups that might be relevant for you, or you can search online. Bipolar UK maintains a network of local self-help groups for people with bipolar disorder and their friends and family, that might be helpful for people who experience hypomania or mania. (See 'Useful contacts' on p.17.)

A number of charities and websites provide online communities and forums where you can discuss your experiences and get support. If you use online support, it's important to think carefully about what information you want to share, as you don't always know who you're talking to. Look for websites of organisations that you trust, such as Mind's Facebook page, Elefriends, or the e-community run by Bipolar UK. (See 'Useful contacts' on p.17 and Mind's booklet *How to stay safe online* for more information.)

What treatments are available?

There are a range of treatments available for hypomania and mania. You might find that you need to try a number of options, along with some of the self-help techniques above, to manage your symptoms effectively.

Before you start any treatment, your GP or psychiatrist should discuss all your options with you, and your views and preferences should be taken into account.

If you are concerned about the treatment that you might be given if you become very unwell, you may find it useful to make an advance statement. Advance statements, while not always legally binding, set out your views and preferences about treatments that you do not want to receive, as well as things you have found helpful. (See Mind's booklet *The Mind guide to crisis services* for more information.)

Talking treatment

The aim of most talking treatments is to help you to understand yourself better and develop strategies to reduce the chance of you experiencing hypomania or mania in the future. A talking treatment is likely to be most effective when your mood is stable. (See Mind's booklet *Making sense of talking treatments*.)

Cognitive behaviour therapy (CBT)

You may be offered cognitive behaviour therapy (CBT) if you have experienced a mild episode of hypomania, or if you experience hypomania along with depression. CBT is normally short-term and very practical. It aims to help you identify patterns in your thinking that can lead to hypomania (and depression, if you experience both), and develop ways to change these patterns. (See Mind's booklet *Making sense of cognitive behaviour therapy* for more information.)

Psychotherapy

Psychotherapy is a longer-term treatment that aims to help you understand the past in order to bring about change in the present. (See Mind's booklet *Making sense of talking treatments* for more information).

Mindfulness-based cognitive therapy (MBCT)

Mindfulness-based cognitive therapy is an approach to wellbeing that involves paying attention to the present moment, using techniques like meditation, breathing exercises and yoga. It has been shown to help people become more aware of their thoughts and feelings, so that instead of being overwhelmed by them, it is easier to manage them. Mindfulness-based cognitive therapy is usually done in groups. Be Mindful has more information and details of local classes around the UK. (See 'Useful contacts' on p.17.)

Access to talking treatments

If you think a talking treatment would be useful for you, your GP should be able to give you more information and refer you to a local practitioner. You might also be referred by your community mental health team (CMHT) or hospital.

Waiting times to access talking treatments on the NHS can be long and what is available varies from area to area. Depending on your circumstances, you may also choose to see a therapist from a voluntary organisation or privately. The British Association for Counselling and Psychotherapy (BACP) and British Association for Behavioural and Cognitive Psychotherapies (BABCP) maintain registers of accredited practitioners, and some local Minds also offer talking treatments. (See 'Useful contacts' on p.17 and Mind's booklet *Making sense of talking treatments* for more information.)

Medication

If your doctor is concerned that your hypomania might develop into mania, or if you are given a diagnosis of mania or bipolar disorder, it is likely that you will be offered medication. Before you are prescribed any medication, your doctor should explain to you what the medication is for, and discuss any possible side effects and alternative treatment options.

Drugs licensed for mania, called antipsychotics, are sometimes also used for hypomania. The most commonly offered drugs are:

- olanzapine (Zyprexa)
- quetiapine (Seroquel)
- risperidone (Risperdal).

Mood stabilisers are used to treat bipolar disorder and, less commonly, recurrent depression. These include:

- lithium (Camcolit, Liskonum, Priadel)
- valproate semisodium (Depakote)
- carbamazepine (Tegretol)
- lamotrigine (Lamictal).

All these drugs can cause side effects. Treatment with these drugs should be started by a psychiatrist and not by a GP. (For more information, see Mind's booklets *Making sense of antipsychotics* and *Making sense of lithium and other mood stabilisers*.)

How can friends and family help?

This section is for friends and family who want to support someone they know who has hypomania or mania.

Supporting someone with mania or hypomania can be challenging, because the person may feel that there is nothing wrong. They may be feeling very good about themselves and full of confidence, and could get angry if you suggest that there is a problem.

Build trust

By giving your friend or family member space to talk about their feelings when they are well, you can build their trust in you. If they feel that you understand them, it can make it easier for you to discuss more difficult issues at times when they are unwell.

Assess important decisions

It might be helpful to talk through any projects that your friend or relative is planning when they are unwell. Writing down the possible dangers and risks can help them to decide whether their plans are really a good idea, and whether it would be better to wait before going ahead.

Help with self-management

You could offer to help the person if they are using techniques to self-manage their symptoms and avoid triggers. You could help them to keep a mood diary or, if you live together, support them to start a regular sleep routine.

●● *I told those close to me [about] my hypomanic symptoms, so that they can spot an episode and help prevent [me] overspending or acting rash.* ●●

Plan ahead

It might be helpful to agree in advance what action they would like you to take if they have a severe episode. You might, for example, agree to look after their bank cards if they have a tendency to overspend. You might also agree on which support services they would prefer to use; for example, going to a voluntary organisation rather than hospital. If your friend or relative has made an advance statement (see p.12), you may want to remind them of this if they become unwell.

Look out for signs of depression

Many people who experience mania or hypomania also experience depression, so it is important to look out for signs of depression following a manic or hypomanic episode. (See *Understanding depression and Understanding bipolar disorder* for more information.)

Request a mental health assessment

If you think your friend or family member may be at risk of hurting themselves or others, it may be necessary to seek compulsory admission to hospital. The 'nearest relative', as defined under the Mental Health Act 1983, has the legal right to request a mental health assessment from an Approved Mental Health Professional (AMHP) to look at treatment options and deciding whether or not the person should be detained (sectioned). (For more information, see Mind's booklets *Mind rights guide 1: civil admission to hospital* and *The Mind guide to the Mental Health Act 1983*).

Get support for yourself

It can be distressing to see someone you care about behaving differently from normal, and putting themselves at risk. You might find counselling or a support group can help, giving you the opportunity to talk about what the relationship is like for you, the feelings you have about the person and what you can do to look after yourself. Bipolar UK offers support to friends and relatives of people with bipolar disorder that may be helpful for people who experience hypomania or mania too. (See 'Useful contacts' on p.17 and Mind's booklet *How to cope as a carer* for more information.)

Useful contacts

Mind

Mind Infoline: 0300 123 3393
 (Monday to Friday, 9am to 6pm)
 email: info@mind.org.uk
 web: mind.org.uk
 Details of local Minds, other services, and Mind's Legal Advice Line. Language Line is available for talking in a language other than English.

Be Mindful

web: bemindful.co.uk
 Explains the principles behind mindfulness, and gives details of local courses and therapists.

Bipolar UK

tel: 020 7931 6480
 web: bipolaruk.org.uk
 Support for people with bipolar disorder, hypomania and mania and their families and friends.

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

tel: 0161 705 4304
 web: babcp.com
 Can provide details of accredited therapists.

British Association for Counselling and Psychotherapy (BACP)

tel: 01455 883 300
 web: itsgoodtotalk.org.uk
 For practitioners in your area.

Elefriends

web: elefriends.org.uk
 A safe, supportive online community where you can listen, be heard and share your experiences with others.

Mood diaries

web: moodpanda.com
 web: moodscope.com
 web: medhelp.org/land/mood-tracker
 web: mappiness.org.uk
 Some examples of mood diaries. There are many more available.

NHS Choices

web: nhs.uk
 Information on many aspects of health, including mental health and thyroid function.

Further information

Mind offers a range of mental health information on:

- diagnoses
- treatments
- practical help for wellbeing
- mental health legislation
- where to get help

To read or print Mind's information booklets for free, visit mind.org.uk or contact Mind Infoline on 0300 123 3393 or at info@mind.org.uk

To buy copies of Mind's information booklets, visit mind.org.uk/shop or phone 0844 448 4448 or email publications@mind.org.uk

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Mind

We're Mind, the mental health charity for England and Wales. We believe no one should have to face a mental health problem alone. We're here for you. Today. Now. We're on your doorstep, on the end of a phone or online. Whether you're stressed, depressed or in crisis. We'll listen, give you advice, support and fight your corner. And we'll push for a better deal and respect for everyone experiencing a mental health problem.

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