TAILOR MADE PSYCHIATRY · DR. SUNNY KANG, MD, FRCPC

Understanding *Bipolar Disorder*

A clear-eyed guide to what shapes this illness — and how to live well with it.

> Bipolar disorder is one of the most misunderstood conditions in psychiatry — partly because it looks different from person to person. For most people, medication is the foundation. But the research is just as clear that sleep, routine, relationships, and self-awareness are essential to staying well — especially over the long run.

THE TWO MAIN TYPES

Bipolar I and Bipolar II

Both involve real shifts in mood, energy, and thinking. The key difference is the severity of the highs — and how each phase disrupts daily life.

TYPE ONE

Bipolar I

- Defined by at least one full manic episode
- Mania can impair functioning or need hospitalization
- Psychosis can occur during mania
- Depression is common but not required to diagnose
- A mood stabilizer is almost always essential

TYPE TWO

Bipolar II

- Defined by hypomania (milder highs) plus major depression
- Hypomania doesn't cause major impairment or psychosis
- Depression is usually the dominant, most disabling phase
- Often mistaken for "just depression"
- Medication and lifestyle both matter

NOT A "MILDER" VERSION

Bipolar II is not a lighter Bipolar I. Its depressive episodes are often more frequent and prolonged, and the burden on daily life can be just as heavy — sometimes heavier.

WHAT SHAPES IT

Many contributing threads, not one cause

Bipolar disorder comes from a brain biologically predisposed to mood instability — where certain experiences, substances, and stressors can tip the balance.

BIOLOGY & GENETICS

A strong genetic component. With a first-degree relative affected, risk rises markedly. Circadian-rhythm biology is especially involved.

EARLY LIFE & TRAUMA

Childhood adversity raises risk and can worsen the course — and often deserves its own attention in treatment.

STRESS & LIFE EVENTS

Big stressors — positive or negative — can trigger episodes. Sleep disruption is one of the most potent triggers.

SUBSTANCES

Cannabis, stimulants (cocaine, MDMA), and alcohol can trigger episodes and destabilize mood, often for weeks.

SOME MEDICATIONS

Antidepressants without a mood stabilizer, stimulants, and steroids can trigger mania — one reason clarifying the diagnosis matters.

PSYCHOLOGICAL STYLE

High emotional intensity (often a strength) and difficulty spotting early shifts from the inside are common.

BIOLOGY IS NOT DESTINY

You didn’t choose this — but you have real influence

Bipolar disorder has a strong biological foundation. That is real. But genes set a predisposition, not a verdict — and how you live measurably shapes how the illness unfolds.

WHAT YOU CAN’T CHANGE

Fixed factors

– Genetic predisposition / family history
– Circadian-rhythm sensitivity
– Brain wiring for emotion and reward
– Early adversity that has already occurred
– The diagnosis itself

WITHIN YOUR INFLUENCE

Modifiable factors

→ Sleep consistency and duration
→ Daily routine and social rhythm
→ Alcohol and substance use
→ Stress management
→ Relationships and support
→ Medication adherence
→ Tracking your early warning signs

Heritability is high, but lived experience shapes this illness in meaningful ways. The right column is where your daily choices genuinely count.

THE BIG PICTURE

Treatment moves through phases

🔴 Acute (active episode)

Safety and stabilization come first. In a full manic episode, medication is the primary, often urgent treatment — this is medicine’s territory, not where therapy or lifestyle can do the heavy lifting.

🟡 Continuation (stabilization)

Once stable, the goal is to consolidate it: adjusting medication, resuming therapy, and understanding what contributed to the episode.

🟢 Maintenance (long-term wellness)

This is where lifestyle has its strongest, best-evidenced role. Medication usually continues, but how you live becomes a major determinant of how often and how severely you cycle.

EVIDENCE-BASED LIFESTYLE

Medication is the foundation. What you do daily builds on it

People who combine medication with active self-management have fewer and milder episodes and better quality of life. These are evidence-based interventions, not general wellness tips.

Sleep — the non-negotiable

STRONG EVIDENCE

Sleep is both a symptom and a trigger — disruption can start or worsen an episode. **Keep consistent sleep and wake times, even on weekends**, and flag any significant change early.

Routine & social rhythm

STRONG EVIDENCE

Regular meals, sleep, work, and social contact stabilize your circadian systems. Protect your anchor points; even enjoyable irregular schedules can destabilize.

Alcohol & substances

STRONG EVIDENCE

No safe level of alcohol is established in bipolar disorder. Cannabis is a well-documented trigger for mania. Even “social” use can destabilize mood over time.

Exercise

MODERATE–STRONG EVIDENCE

Aerobic activity lifts mood, eases anxiety, and supports sleep. **Aim for 150+ minutes weekly**; avoid intense exercise close to bedtime.

Stress & mindfulness

MODERATE EVIDENCE

Mindfulness reduces reactivity and builds the skill of catching early warning signs. Keep practice brief and daily — intense retreats or prolonged fasting can trigger episodes.

Mood tracking

SELF-MANAGEMENT TOOL

Most relapses are preceded by detectable early signs. A daily 30-second check-in — sleep, mood, anything notable — builds self-knowledge that is genuinely protective.

KNOW YOUR EARLY WARNING SIGNS

Catching a shift early is one of the most powerful things you can do

Most people have a personal pattern that shows up days to weeks before a full episode. Learning yours lets you and your team act before things escalate.

HEADING UP

Mania / hypomania

- Needing less sleep but feeling energized
- Racing thoughts, ideas coming fast
- Unusually confident, irritable, or invincible
- Talking more and faster
- Impulsive spending, decisions, or risks
- Others noticing before you do

HEADING DOWN

Bipolar depression

- Withdrawing from people and activities
- Sleeping much more (or severe insomnia)
- Feeling slowed, heavy, unmotivated
- Trouble concentrating or deciding
- Hopelessness or feeling like a burden
- Thoughts of death or not being here

IF YOU'RE IN CRISIS

If you're thinking about suicide or harming yourself, you don't have to wait for an appointment. Call or text **988** (Suicide Crisis Helpline, 24/7), call or text the **Distress Centre Calgary** at **403-266-HELP (4357)**, or for health advice call **Health Link 811**. If you are in immediate danger, call **911** or go to your nearest emergency department.

THERAPY THAT WORKS

Especially in maintenance

Medication stabilizes the biology; therapy reaches the patterns medication can't. Several approaches have strong evidence in bipolar disorder specifically.

Psychoeducation

Understanding your illness is itself a treatment — learning your triggers, medications, and early warning signs reduces relapse. Usually the starting point.

IPSRT & Family-Focused Therapy

IPSRT stabilizes daily rhythms and relationships; **FFT** brings key family or partners into understanding the illness and easing the tension that can trigger episodes.

CBT & MBCT

CBT (adapted for bipolar) builds coping and an early-warning action plan; MBCT helps in the depressive phase by easing rumination and building awareness of mood shifts.

THIS IS MANAGEABLE

Living well isn't about never having a hard day — it's about building a life where your brain has what it needs to stay stable: consistent sleep, meaningful routine, honest relationships, and treatment you understand and trust. The people who do best become genuine experts in their own patterns. Your illness is part of your story, but it is not your identity.

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