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Component 1

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Understanding Bipolar Disorder: An ICD-11 Perspective on Diagnosis and Management

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Introduction

Broad category

Bipolar disorder is classified in the International Classification of Diseases (ICD-11) within mental and neurodevelopmental disorders, specifically under mood disorders (ICD-11). Mood disorders are characterised by significant disturbances in emotional regulation that affect behaviour, thinking, and daily functioning (World Health Organization, 2019).

Specific disorder and definition

Bipolar disorder is defined as a long-term mental health condition involving recurring mood episodes that include mania, hypomania, and depression. During manic episodes, individuals may experience elevated mood, increased activity, reduced need for sleep, and impulsive behaviour. In contrast, depressive episodes involve low mood, reduced energy, and loss of interest in activities. These changes show a clear shift from a person's usual functioning and may affect social, occupational, or personal life (Jain and Mitra, 2023; Goes, 2023).

Prevalence

Bipolar disorder affects millions of people worldwide. Around 37 million people globally live with bipolar disorder, which is about 0.5% of the population (World Health Organization, 2025). Research also shows that the condition often begins in adolescence or early adulthood and is often misdiagnosed, especially when depressive symptoms appear first (Nierenberg et al., 2023).

Understanding Causes, Symptoms and Diagnosis

Causes

- The exact cause of bipolar disorder is not fully understood.
- The condition develops from a combination of genetic and environmental factors.
- Family history increases the likelihood of developing the disorder.
- Changes in brain chemistry and neurotransmitters may affect mood regulation.
- Stressful events, trauma, sleep disturbances and substance use can trigger mood episodes (Jain and Mitra, 2023; Goes, 2023).

Symptoms

Bipolar disorder involves mood episodes of mania, hypomania, and depression.

❖ Mania:

- very elevated or irritable mood
- increased energy and activity
- reduced need for sleep
- impulsive or risky behaviour

❖ Hypomania:

- similar symptoms to mania
- usually less severe and shorter

❖ Depression:

- persistent low mood
- loss of interest in usual activities
- tiredness and difficulty concentrating

Symptoms vary between individuals, and depressive episodes are often more common (Nierenberg et al., 2023).

Diagnosis

- Diagnosis is made through clinical assessment by mental health professionals.
- According to ICD-11, clinicians recognise patterns of mania, hypomania and depression (World Health Organization, 2019).
- There is no single biological test to confirm bipolar disorder.
- Assessment relies on patient history, reported symptoms and observation over time.
- Bipolar disorder may be misdiagnosed as depression, particularly when manic symptoms appear later (Goes, 2023).

Historical Perspectives and Treatment Evolution

Historically, bipolar disorder was known as manic-depressive illness and was often misunderstood. In the past, people experiencing mood instability were often viewed as unpredictable or dangerous, which contributed to stigma and social exclusion. Early treatment approaches often included long-term hospitalisation rather than therapeutic support (Grande et al., 2016).



Figure 1: Historical therapeutic bathing used as an early treatment approach for mental illness.

Source: Historical medical artwork (public domain).

Medical understanding changed in the mid-20th century with the introduction of lithium, one of the first effective treatments for stabilising mood. This development marked an important shift from custodial care towards medical treatment and community-based support (Miklowitz, 2019). Over time, psychological therapies and multidisciplinary care approaches were introduced, supporting recovery and improving quality of life.



Figure 2: Oxford Bipolar Disorder Research Clinic, example of modern research and innovation in bipolar disorder care.

Source: Oxford Health NHS Foundation Trust (2024)

Today, bipolar disorder is recognised as a long-term condition that can be managed with effective treatment and support. However, stigma from earlier periods still influences public understanding and may prevent some individuals from seeking help (Royal College of Psychiatrists, 2022).

Modern treatment usually combines medication and psychological therapies. Mood stabilisers such as lithium help control mood episodes, while antipsychotic medication may be used during severe episodes (Goodwin et al., 2016). Psychological therapies, including cognitive behavioural therapy (CBT), support individuals in understanding mood changes and recognising early warning signs of relapse (NICE, 2023).

Current care focuses on relapse prevention, supporting people's wellbeing and improved quality of life. Treatment is often delivered by a multidisciplinary team, and ongoing research continues to develop new treatments and monitoring approaches.

Current services and treatments

Bipolar disorder is treated through a combination of medical, psychological, and community-based support. In the UK, people usually begin by seeing a GP, who can refer them to specialist mental health services such as Community Mental Health Teams. Treatment often includes mood stabilisers such as lithium, antipsychotic medication, and sometimes antidepressants, depending on individual symptoms (Goodwin et al., 2016).

Psychological therapies, including cognitive behavioural therapy (CBT) and psychoeducation, help individuals understand their condition and recognise early warning signs of relapse (NICE, 2023). In more severe cases, hospital admission may be necessary to ensure safety and stabilise mood.

Ongoing support may include crisis teams, early intervention services, regular monitoring appointments, and support from charities such as Bipolar UK and the Royal College of Psychiatrists (2022). Modern care focuses on long-term management, relapse prevention, and improving quality of life.

Although modern treatments are effective for many people, some individuals continue to experience relapse or medication side effects. Research suggests that relapse may occur due to factors such as poor medication adherence, sleep disruption, or stressful life events, which can trigger mood episodes (Nierenberg et al., 2023). Access to specialist services can also vary depending on location and funding. This shows that although treatment has improved compared to the past, further research and service development are still needed.



Figure 3. Illustration of bipolar disorder (NHS England).

UK Legislation and Mental Health Policy

In the UK, the care of people with bipolar disorder is supported by mental health law. The *Mental Health Act 1983 (amended 2007)* allows a person to be admitted to hospital without consent if they are at serious risk to themselves or others. This aims to ensure safety and access to treatment.

The *Mental Capacity Act 2005* protects a person's right to make their own decisions whenever possible. If someone is unable to make decisions during a severe episode, decisions must be made in their best interests.

The Equality Act 2010 also protects individuals with mental health conditions from discrimination in employment, education and access to services, promoting equality and social inclusion (Equality Act, 2010).

National guidance from NICE (2023) sets standards for assessment and treatment, while NHS policy promotes community care and improved physical health monitoring (NHS England, 2019). Although legislation provides protection, it can sometimes feel restrictive, so modern practice emphasises patient rights, dignity, and shared decision-making.

Recommendations

Based on current evidence, early diagnosis should be a priority, as delays in recognising bipolar disorder can worsen outcomes and increase suicide risk (Nierenberg et al., 2023). GPs and primary care professionals should receive continued training to improve recognition of early warning signs, especially when patients present with depression.

Guidelines recommend a combination of mood stabilisers and psychological therapies as first-line treatment (Goodwin et al., 2016; NICE, 2023). Therefore, services should ensure equal access to both medication and structured psychological interventions.

There should also be stronger focus on relapse prevention, regular monitoring, and physical health checks, as people with bipolar disorder are at higher risk of cardiovascular and metabolic conditions (NHS England, 2019).

Finally, reducing stigma through public education and policy development is important to improve help-seeking behaviour and social inclusion (Royal College of Psychiatrists, 2022; WHO, 2025).

Conclusions

Bipolar disorder is a complex mental health condition that affects mood, thinking, and daily functioning. Over time, understanding of the disorder has improved greatly. In the past, people were often hospitalised for extended periods and faced significant stigma.

Today, bipolar disorder is recognised as a long-term condition that can be managed with the right combination of medication, psychological support, and community care.

Although modern treatments have improved outcomes for many individuals, challenges remain. Delayed diagnosis, medication side effects, physical health risks, and ongoing stigma continue to affect recovery. This shows that bipolar disorder requires not only medical treatment but also social support, education, and strong healthcare policies.

Overall, continued research, early intervention, and person-centred care are essential to improve long-term stability and quality of life for people living with bipolar disorder.

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