

Bipolar Disorder

&

Post Traumatic Stress Disorder

“Why can’t I ever just stay stable?”

“Why can’t life ever seem easy?”

“If I’m smart and I work hard, why don’t I accomplish more?”

“What’s wrong with me?”

Here is one possibility:

You have more than **one** problem.

And these **two** problems tend to destabilize one another.

I wish I could tell you this wasn’t common. But the truth is...in some studies half of bipolar patients have an anxiety disorder¹ like *Post Traumatic Stress Disorder*.

Why do they occur so commonly together?

Bipolar disorder is one of the most inherited mental illnesses. That means that it tends to run in families. Families with untreated mood swings naturally are prone to strife and trauma. These mood swings can effect and traumatize relationships and families in ways that lead to *Post Traumatic Stress Disorder*.

Also, lapses in judgment can also lead to trauma. In the severe mood swings of bipolar disease, judgment is often impaired.

In other words, The two often go hand in hand. But not only do they occur together...they can actually worsen one another.

¹ **11.** Simon NM, Otto MW, Wisniewski SR, et al. Anxiety disorder comorbidity in bipolar disorder patients: data from the first 500 participants in the Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD). *Am J Psychiatry*. 2004;161:2222-2229

Patients with PTSD often get triggered and have trouble sleeping. Sleep deprivation tends to destabilize mood cycles in bipolar disorder. The best pharmacological treatment for post traumatic stress disorder are medications called “SSRI’s” like sertraline. Unfortunately, these medications are generally thought to make bipolar disorder worse.

As you can see, this is a common and tricky situation.

So what do you do?

There is one intervention that helps both conditions...structure. Live a very structured life. Within reason, try to:

Wake up at the same time of day

Eat at the same time of day.

Exercise at the same time.

Sleep at the same with time.

Avoid stress, particularly in the evening.

And most importantly...seek help.

This combination requires a lot of monitoring and learning by both patient and provider. Medications frequently have to be adjusted up and down as people go through triggers and mood cycles.