HEALTH BASICS

Managing a manic episode

Managing a manic episode means reducing immediate risks while arranging assessment and treatment.

WHAT IT IS
A care process for severe mood and energy changes

WHERE IT COMES UP
During bipolar disorder, medication effects, substance use, or illness

WHY IT MATTERS
Reduces immediate harm and supports recovery

WHAT IT IS NOT
Not a diagnosis or a disease

WHO TO ASK
Mental health clinician or emergency service

HOW IT IS CHECKED
Clinical assessment; tests may look for other causes

Overview

Managing a manic episode is a care process, not a disease or diagnosis. A manic episode is a period of unusually elevated, irritable, or changeable mood with increased energy and activity. It is most often associated with bipolar I disorder, but similar changes can have other causes.

During mania, a person may need much less sleep, speak rapidly, have racing thoughts, feel unusually powerful, or take risks they would normally avoid. Some people develop psychosis, meaning they lose contact with reality through fixed false beliefs or hallucinations.

A person experiencing mania may not recognise that anything is wrong. Decisions about money, driving, sex, work, substances, or relationships can have lasting effects. Early professional assessment can reduce these risks.

Treatment may happen at home with close support, through an urgent mental health service, or in hospital. The safest setting depends on the person's behaviour, physical health, support network, and ability to make informed decisions.

How it works

Assessment begins with a conversation about mood, sleep, energy, behaviour, medicines, substance use, and recent changes. With permission, clinicians may also ask someone who knows the person well for information. This can help because insight and memory may be affected during mania.

There is no blood test or brain scan that confirms a manic episode. Physical examination and tests may be used to look for other explanations. These can include thyroid problems, infection, neurological illness, medicine effects, or substance use.

Treatment aims to reduce agitation and risky behaviour, restore sleep, and help mood and thinking return to the person's usual level. Clinicians may use an antipsychotic, a mood stabiliser, or another medicine suited to the situation. Medicine choice depends on previous response, current prescriptions, physical health, pregnancy considerations, and possible side effects.

A calm setting with regular food, fluids, sleep opportunities, and limited stimulation may support treatment. Psychological therapy is usually more useful once severe agitation and racing thoughts have eased.

Hospital care may be needed when risks cannot be managed safely elsewhere. If a person cannot understand or weigh important information, local mental health law may sometimes allow urgent assessment or treatment without consent. The rules differ by location.

Why it matters for your health

Mania can affect judgement before a person realises they need help. Reduced sleep, constant activity, missed meals, dehydration, alcohol or drug use, and unsafe decisions can affect both mental and physical health.

Treatment also matters because some causes need a different response. For example, a medicine-related episode may require a careful medication review, while an overactive thyroid needs medical treatment. Clinicians also check for depression and suicidal thoughts because mood may change during or after an episode.

Recovery does not always happen as soon as outward behaviour settles. Sleep, concentration, confidence, and daily routines may take time to stabilise. Follow-up can review medicines, side effects, practical consequences, and plans for recognising future changes.

What can go wrong

A manic episode may occur as part of bipolar I disorder . A less severe elevated state is called

hypomania . Hypomania does not cause the same level of major impairment, psychosis, or need for hospital care, but it still deserves assessment when it is new or disruptive.

Other related situations include:

Call your local emergency number if there is an immediate risk of suicide, violence, serious accidental harm, dangerous driving, severe physical illness, or inability to meet basic needs such as drinking or staying sheltered. Emergency help is also appropriate when behaviour is so agitated or confused that safe transport cannot be arranged.

Seek urgent same-day mental health assessment for suspected mania, especially if the person is barely sleeping, becoming increasingly reckless, experiencing psychosis, or refusing essential care. Routine appointments are more suitable for follow-up after safety has been established and the episode is settling.

- Substance- or medication-induced mania , linked to recreational drugs, steroids like prednisone or hydrocortisone , antidepressants like sertraline or fluoxetine , or other medicines
- Mania due to a medical condition , such as some thyroid or neurological disorders
- Psychosis , including hallucinations, severe suspiciousness, or fixed beliefs that do not match reality
- Mixed features , when high energy occurs alongside intense distress, hopelessness, or suicidal thinking
- Financial, legal, sexual, driving, or relationship harm caused by impaired judgement

What you can do

If you think you may be becoming manic, contact your mental health team, primary care clinician, or an urgent mental health service. Do not drive yourself if your concentration or judgement may be affected.

While arranging help:

If you are supporting someone, use short, calm statements. Focus on immediate needs rather than trying to disprove unusual beliefs. Avoid shouting, crowding, threats, or physical restraint. Give the person space and keep a clear route to an exit.

You can offer to contact their clinician, travel with them, or bring a medicine list. If they agree, temporarily limiting access to car keys, credit cards, large sums of money, weapons, or substances may reduce harm. Do not place yourself at risk to do this.

Ask the assessing clinician:

After the episode, a written care or relapse plan can record early warning signs, preferred contacts, helpful approaches, and treatment preferences. Routine follow-up should also address sleep, medicine effects, physical health, contraception or pregnancy where relevant, and practical issues such as debt or work disruption.

- Stay with a trusted person if possible
- Avoid alcohol, recreational drugs, driving, gambling, and major purchases
- Reduce noise, visitors, social media, and other stimulation
- Keep prescribed medicines and their packaging available for review
- Do not start, stop, or change prescribed medicine without clinical advice
- Record sleep, mood changes, spending, substance use, and missed medicines
- What other causes are being considered?
- Are physical tests or a medication review needed?
- What changes mean emergency help is required?
- Who should be contacted if sleep or behaviour worsens?
- When will treatment and side effects be reviewed?

Common questions

Can a manic episode settle without treatment?

The intensity may change, but it is not safe to rely on this. Impaired judgement, psychosis, exhaustion, and risky behaviour may require urgent care even when the person feels well. Assessment can also identify medical, medicine-related, or substance-related causes.

Is mania the same as feeling very happy?

No. Happiness does not usually cause a marked loss of sleep, impaired judgement, major disruption, or loss of contact with reality. Mania can also involve irritability, anger, fear, or rapidly changing emotions rather than happiness.

Should someone with mania be allowed to sleep?

Sleep is usually helpful, and a quiet environment may support it. However, severe sleep loss is not managed simply by putting someone to bed. Increasing agitation or several nights with very little sleep calls for urgent clinical assessment.

Can I persuade someone to accept help?

Sometimes. Choose a calm moment, mention specific changes, and offer one simple next step.

For example: "You have slept very little and are driving fast. Let's call the urgent mental health service together." If immediate danger is present, contact emergency services even if the person disagrees.

What happens after the immediate episode?

Follow-up may include confirming the diagnosis, reviewing treatment, checking physical health, and discussing what happened. A clinician can help create a plan for early warning signs. Practical support may also be needed for finances, work, education, housing, or relationships.

Sources

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