

Bipolar Disorders

Bipolar I Disorder

Unfortunately, people often mistake rapid mood fluctuations with Bipolar Disorder. Although this can be a feature, the grander picture is much more nuanced. First, currently there are five recognized forms of Bipolar Disorder: Bipolar I, Bipolar II, Cyclothymia, Bipolar due to a medical condition, Bipolar due to a substance. Additionally, there are two categories that can be diagnosed if the clinician feels that Bipolar is likely, but the criteria are not (yet) fully met. Beyond that, there are different severity levels including: Mild, Moderate, Severe, Severe with Psychotic Features.

For Bipolar I, **you must** have or have had a diagnosable (not necessarily diagnosed) manic state. A major depressive state is probable but not needed for a diagnosis.

What is a Manic State

¹A manic state is defined as: A **distinct period** of **abnormally** and **persistently** elevated, expansive, or irritable mood and abnormally and persistently goal-directed behavior or energy, **lasting at least 1 week** and **present most of the day, nearly every day** (or any duration if hospitalization is necessary).

During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms have persisted (four if the mood is only irritable) are **present to a significant degree and represent a noticeable change from usual behavior**:

1. Inflated Self-esteem or grandiosity.
2. Decreased need for sleep (feeling rested after only 3 hours of sleep).
3. More talkative than usual or pressure to keep talking.
4. Flight of ideas
5. Distractibility
6. Increased goal-directed activity or psychomotor agitation.
7. Excessive involvement in activities that have a high potential for painful consequences.

The mood disturbance is sufficiently severe to cause **marked impairment in social or occupational functioning or to necessitate hospitalization** to prevent harm to self or others, or there are psychotic features.

The episode is not attributable to the direct effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or another medical condition.

Most people focus on the symptoms but pay less attention to the intensity and time based requirements (the bolded sections). The symptoms (e.g., elevated, expansive, irritable mood, grandiosity, etc.), must be present for most of the day, nearly every day for at least 7 days straight and be a drastic difference in the way that the person normally acts.

What about Rapid Cycling Bipolar Disorder?

Rapid cycling bipolar means that there is a manic episode four (or more) times per year. It does not mean fluctuations in mood throughout the day.

¹ Taken from or adapted from the DSM-5 published by the American Psychiatric Association



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What is Hypomania?

A Hypomanic episode has all of the same symptoms as a manic episode, but the symptoms need only last at least 4 consecutive days and the dramatic change in behaviors must be observable by others.

What is Bipolar II Disorder

Bipolar II Disorder is very similar to Bipolar I Disorder with the exception that, instead of a manic episode, a hypomanic episode is required and there must be or have been a major depressive episode without a history of a manic episode.

What is Cyclothymic Disorder?

Cyclothymic Disorder is characterized by, at least, a two year period where there have been symptoms of hypomania and major depression that do not meet the full criteria for a hypomanic episode or a major depressive episode. The symptoms must be present at least half of the time and there must not be more than two months that the person has been without the symptoms.

What is a Major Depressive Episode?

A major depressive episode is characterized by, at least, a two week period where five or more of the following symptoms have been present and represent a dramatic change from normal functioning. They must cause substantial problems for the person.

1. Depressed mood most of the day, nearly every day.
2. Significant loss of pleasure in all or almost all activities that one used to enjoy, nearly every day.
3. Significant change in weight and appetite.
4. Significant change in sleep.

5. Fatigue or loss of energy nearly every day.
6. Feelings of worthlessness or inappropriate guilt.
7. Diminished ability to think, concentrate, make decisions, nearly every day.
8. Recurrent thoughts of death.

Treatment Considerations:

1. Medication is a central method of treatment to help stabilize mood functioning, allowing for more effective psychological treatment.
2. Neurobiological regulation
 - a. Maintaining regular circadian rhythm functioning.
3. Mood regulation through medication and therapy.
4. Reduced stress reactivity.
5. Potentially assess executive functioning deficits that can impair decision making, motivation, etc.
6. Psychological Intervention included but are not limited to:
 - a. Stress management
 - b. Distress tolerance
 - c. Cognitive Behavioral Therapy
 - d. Psychodynamic Therapy
 - e. Psychoeducational Methods
 - f. Family interventions

