

CLINICAL PRESENTATION OF BIPOLAR DISORDER

Casey Gallimore, PharmD, MS



Learning Objectives

- Differentiate between unipolar depression, bipolar I disorder and bipolar II disorder
- Recognize the clinical presentation of mania, hypomania and mixed states



DSM-V Diagnostic Criteria

Manic Episode

- A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, **lasting at least 1 week** and present most of the day, nearly every day (**or any duration if hospitalization is necessary**)
- Three (or more) of the following symptoms (four if the mood is only irritable) are present:
 - Inflated self-esteem or grandiosity.
 - Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).
 - More talkative than usual or pressure to keep talking.
 - Flight of ideas or subjective experience that thoughts are racing.
 - Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.
 - Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).
 - Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).
- 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.



DSM-V Diagnostic Criteria

Hypomanic Episode

- A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, **lasting at least 4 consecutive days** and present most of the day, nearly every day.
- Three (or more) of the following symptoms (four if the mood is only irritable):
 - Inflated self-esteem or grandiosity.
 - Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).
 - More talkative than usual or pressure to keep talking.
 - Flight of ideas or subjective experience that thoughts are racing.
 - Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.
 - Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.
 - Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).
- The episode is **not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization**. If there are psychotic features, the episode is, by definition, manic.



	YES	NO
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke much faster than usual?	<input type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>
...you were much more interested in sex than usual?	<input type="radio"/>	<input type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input type="radio"/>
...spending money got you or your family into trouble?	<input type="radio"/>	<input type="radio"/>



DSM-V Diagnostic Criteria

Bipolar I Disorder

- At least one lifetime manic episode is required for the diagnosis of bipolar I disorder. The manic episode may have been preceded by and may be followed by hypomanic or major depressive episodes.

Bipolar II Disorder

- For a diagnosis of bipolar II disorder, it is necessary to meet the criteria for a current or past hypomanic episode and the criteria for a current or past major depressive episode.



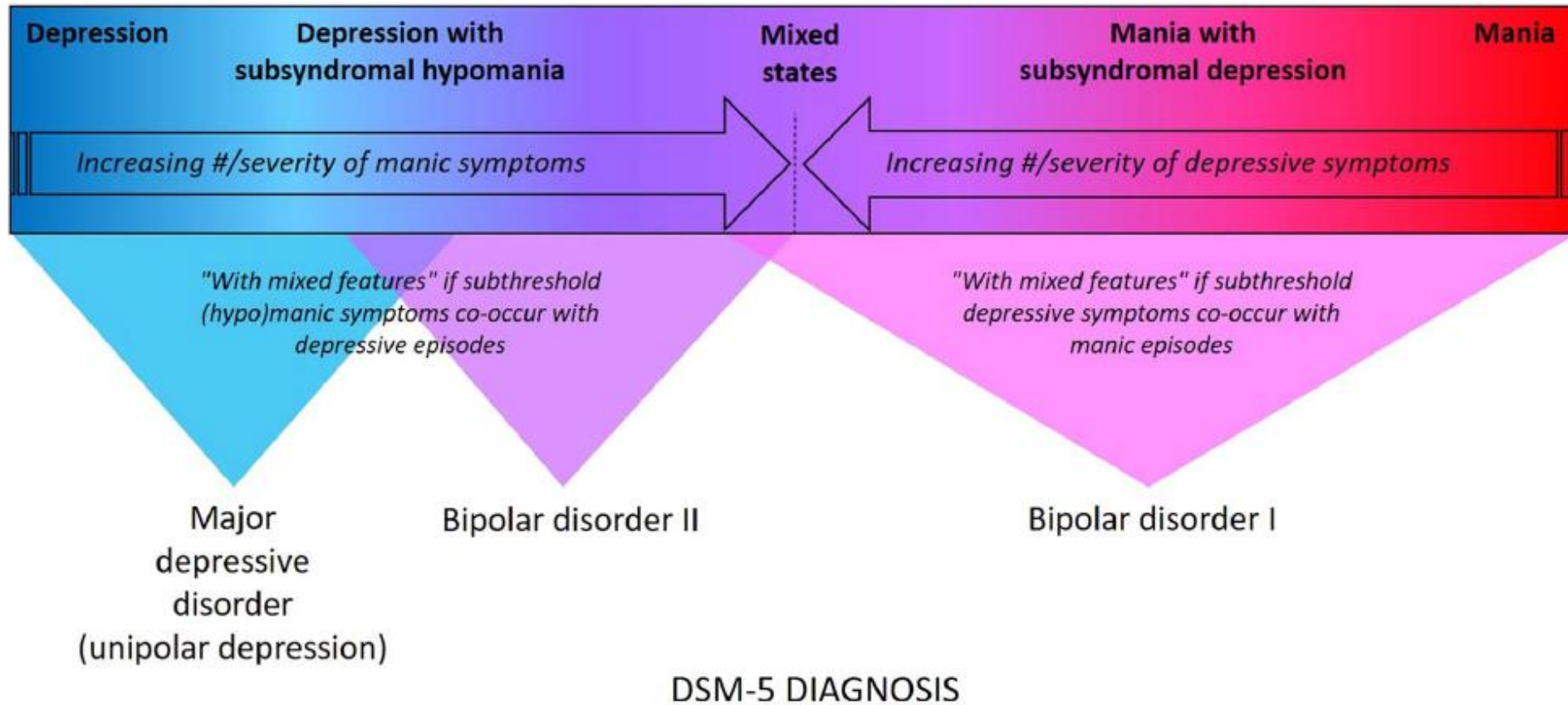


Figure 1. *CNS Spectrums* (2017), 22, 203–219



Mixed Episodes

- Mixed episodes are defined by symptoms of mania and depression that occur at the same time or in rapid sequence
 - Example: depressive symptoms along with irritability, high energy, racing thoughts and speech, and over activity or agitation
- Consequences of mixed episodes:
- Individuals with bipolar disorder are 10 to 20 times more likely to commit suicide than people without bipolar disorder
- Estimated 10% to 15% of people with bipolar disorder lose their lives to suicide
- During episodes with mixed features, individual are at higher risk for suicide than those in episodes of bipolar depression



Question??

- Casey.Gallimore@wisc.edu

