CHAPTER 1

What Is Bipolar Disorder?

Chapter Review

1. How are mood disorders diagnosed?

In diagnosing mood disorders such as bipolar disorder, the first step is to assess for any current or past mood episodes. This information is then used to make the diagnosis of a mood disorder.

2. What are the different mood episodes that are used to make a diagnosis of a mood disorder?

A mood episode is a cluster of specific mood symptoms that have an onset, occur over a period of time, and represent a change from normal functioning. Below, the four types of mood episodes that are used to make the diagnosis of a mood disorder are presented.

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Four Types of Mood Episodes

- Major Depressive
- Manic
- Hypomanic
- Mixed

3. What are the features of each of the mood episodes?

The Major Depressive Episode

A useful acronym for remembering the features of a major depressive episode is SIGECAPSS, where each letter of the word stands for a specific diagnostic characteristic of the episode.

Features of a Major Depressive Episode (SIGECAPSS)

Sadness
Interest
Guilt
Energy
Concentration
Appetite
Psychomotor
Sleep
Suicidality

In this acronym, the first S stands for the mood symptom, which is typically sadness, but may be irritability. The I stands for loss of interest, also known as *anhedonia*. In addition, there may be guilt (G), referring to the broader concept of low self-worth or self-esteem, self-loathing, and the like; the E represents loss of energy or fatigue; C stands for cognitive deficits such as concentration, attention, or decision-making abilities; a loss or gain of weight or appetite is symbolized by the A; the P stands for psychomotor behavior and/or speech, which is often retarded or slow in depression; the next S stands for a sleep disturbance involving insomnia or hypersomnia; and, finally, the last S stands for suicidality, ranging from suicidal thoughts only to a serious suicide attempt.

A major depressive episode is characterized by the presence of at least five of these symptoms, occurring most of the day, nearly every day, for at least two weeks, and representing a change from previous functioning. It's important to note that at least one of the five symptoms must be either a depressed (or irritable) mood (represented by the first S in the acronym) or a loss of interest (represented by the I).

The Manic Episode

On the other end of the polar spectrum from depression is the manic episode. It is characterized by a distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least one week (or any duration if hospitalization is necessary). During this period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree.

Features of a Manic Episode

- Inflated self-esteem or grandiosity
- Decreased need for sleep
- More talkative than usual or pressure to keep talking
- Flight of ideas or the subjective experience that thoughts are racing
- Distractibility
- Increased goal-directed activity or psychomotor agitation
- Excessive involvement in pleasurable, high-risk behavior

The manic episode must be sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships. Or, the episode may necessitate hospitalization to prevent harm to self or others. Or, there are psychotic features, such as delusions of grandeur or severe thought disorganization.

The Hypomanic Episode

A hypomanic episode represents a less severe form of mania. For example, although the diagnostic criteria require a distinct period of persistently elevated, expansive, or irritable mood, it is not "abnormally" so as noted in the criteria for mania, and need last throughout only four days (as opposed to one week with mania). And although the criteria for a hypomanic episode have the same number and types of symptoms as the manic episode, this type of mood disturbance is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization, and there are no psychotic features. Instead, the episode represents a change in mood and functioning that is observable to others and is uncharacteristic of the person when not symptomatic. Key features of hypomania are summarized below.

Features of a Hypomanic Episode

- Same symptoms as mania
- Symptoms less severe than mania
- Symptoms need last only four days, not seven as in mania
- Not severe enough to cause marked impairment or hospitalization
- No psychotic features

The Mixed Episode

Lastly, a mixed episode represents a highly unstable and severe shifting of mood. In it, the criteria are met both for a manic episode and for a major depressive episode nearly every day during at least a one-week period. In addition, and like a manic episode, the mood disturbance is sufficiently severe to cause marked impairment in occupational functioning, social activities or relationships, or to necessitate hospitalization, or there are psychotic features. Criteria for a Mixed Episode are summarized below.

Mixed Episode Criteria

The criteria are met both for a manic episode and for a major depressive episode (except for duration) nearly every day during at least a one-week period.

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

As with all mental disorders, the symptoms of any of these four types of mood episodes are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment), or a general medical condition (e.g., hyper- or hypothyroidism).

4. What are the mood disorders?

Mood Disorders

Once past and present mood episodes have been assessed, they are then used to make the diagnosis of a mood disorder. In the *DSM*, mood disorders may be bipolar, meaning that there has been or currently is evidence of a manic, hypomanic, or mixed episode in the clinical picture. Or, they may be unipolar, meaning that there is evidence of one or more depressive episodes or depressive symptoms, but without any current or past manic, hypomanic, or mixed episodes. Major Depressive Disorder and a chronic lower-level state of depression called Dysthymic Disorder are the Unipolar Mood Disorders. There are three Bipolar Mood Disorders: Bipolar I, Bipolar II, and a chronic lower-level mood disturbance called Cyclothymia.

Bipolar Mood Disorders

- Bipolar Disorder I
- Bipolar Disorder II
- Cyclothymia

The essential feature of Bipolar I Disorder is a clinical course that is characterized by the occurrence of one or more manic episodes or mixed episodes. Individuals often have also had one or more major depressive episodes.

Bipolar I Disorder Criteria

- One or more manic episodes or mixed episodes
- May have had one or more major depressive episodes, but this is not required for the diagnosis

Bipolar II Disorder is characterized by one or more past or present major depressive episodes as well as at least one past or present hypomanic episode. In addition, there has never been a manic episode or a mixed episode in the clinical picture, something that, if it occurred, would change the diagnosis to Bipolar I.

Bipolar II Disorder Criteria

- One or more major depressive episodes, with at least one hypomanic episode
- Never been a manic episode or a mixed episode

5. What are the lifetime prevalence, gender distribution, and average age of onset of bipolar disorder?

Epidemiology of Bipolar Disorder

Bipolar disorder occurs in approximately 1% of the population, and it is seen equally across men and women. The average age of onset is 20. In men, the first episode is more likely to be manic, whereas in women, it's more likely to be depressive. In men, the number of manic episodes to depressive episodes is typically equal or greater, whereas in women, depressive episodes typically predominate. Bipolar disorder is a recurrent disorder, in which subsequent episodes are seen in more than 90% of those experiencing their first episode. Selected epidemiological information for Bipolar Disorder is summarized below.

Epidemiology of Bipolar Disorder

- Lifetime prevalence: 1% (.4–1.6)
- Gender distribution: 50/50
- Average age of onset: 20
- Bipolar disorder is a recurrent disorder

Chapter Review Test Questions

1. A 22-year-old male presents to his family physician with pervasive sadness, loss of appetite, and sleeplessness for three weeks. He complains of feeling tired and has difficulty concentrating on his schoolwork. He has dropped out of activities with friends that he previously enjoyed. His physician has ruled out medical and substance etiologies and is considering the diagnosis of Major Depressive Disorder (MDD). To determine if this is the correct mood disorder diagnosis, which of the following does the physician need to do?

   A. Assess for an abuse history
   B. Assess for past mood episodes
   C. Assess the past treatment history
   D. Explore the family history of mood disorders

   Answer: B

2. True or False: A person with a diagnosis of a mood disorder may find that the diagnosis could accurately change over time (e.g., be one diagnosis a year ago and another currently).

   True.

Talking Point

The process of diagnosing mood disorders differs from that of other mental disorders in that one must first assess for past and present mood episodes (i.e., manic, hypomanic, mixed, and depressive) and then use that information to make the diagnosis of a mood disorder (e.g., major depressive disorder, bipolar disorder). Consider facilitating a discussion about this process and the importance of assessing past episodes. For example, you might ask, "Why does the presence of a current depressive episode not necessarily warrant the diagnosis of Major Depressive Disorder?"

- The answer, of course, is that depression can occur in the context of a bipolar disorder, so the diagnostician must assess current and *past* episodes before deciding the appropriate mood disorder. More discussion of this diagnostic process could ensue with other mood disorders.

Chapter Reference

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: American Psychiatric Association.