# Bipolar 1 Versus Bipolar 2: What's the Difference?

by KRYSTINA OSTERMEYER

## Bipolar 1 Versus Bipolar 2

Bipolar disorder previously was called manic depression as extreme mood swings characterize it – Mayo Clinic defines bipolar disorder as, "extreme mood swings that include emotional highs (mania or hypomania) and lows (depression)."

However, diagnosis of bipolar disorder can be further broken down various types, such as bipolar 1 and bipolar 2.

Here's the difference.

### The Types of Bipolar Disorder

Unless you have been diagnosed with bipolar disorder or work in the mental health field, you probably don't realize that there are five different types of bipolar disorder – yes, *five.*

As an RN who used to work as a floor nurse, when I would get shift report, I would often hear when obtaining a patient's health history, "She has a history of migraines, hypertension, a coronary artery bypass in '08, and bipolar disorder." Never did I hear, "She has bipolar 1 disorder."

Here's a very simplified rundown of the types of bipolar disorder:

- **Bipolar 1 disorder** is a severe form of bipolar disorder – it involves severe mania and depression.
- **Bipolar 2 disorder** is similar to bipolar 1 disorder, but the mania is less severe and is called hypomania. However, the depression may be just as severe.
- **Cyclothymic disorder** is characterized by brief periods of hypomania and depressive symptoms. The hypomania and depressive symptoms are not long-lasting, or as severe as in full hypomania or depressive episodes.
- **Mixed features** are characterized by the person having multiple symptoms of "opposite mood polarities" occurring simultaneously. Examples may include mania and depression and euphoria and suicidal ideation, and other symptoms may include sleeplessness, racing thoughts, and hopelessness.
- **Rapid-cycling** occurs when four or more episodes occur in a 12-month period. It is interesting to note that, "Sometimes called 'ultra-rapid' cycling, there is a debate within psychiatry as to whether this phenomenon is a valid or well-established feature in bipolar disorder… Some people also experience changes in polarity from high to low or vice-versa within a single week, or even within a single day, meaning that the full symptom profile that defines distinct, separate episodes may not be present." This type of bipolar disorder can occur with any type of bipolar disorder and can be a temporary condition.

### Understanding What Bipolar 1 and Bipolar 2 Is

**Bipolar 1**

Bipolar 1 is also known as manic-depressive disorder. It is characterized by having at least one manic episode, as well as periods of depression – typically periods where the person is suffering cycles between periods of mania and depression.

***Mania*** can be described as “a period of abnormally elevated mood and high energy, accompanied by abnormal behavior that disrupts life.”

As we had just mentioned, these periods of mania are followed by depression – and this is why the term “manic depression” was coined.

As frightening as bipolar 1 sounds, only 2.5 percent of the US population has bipolar disorder, which equates to about 6 million people. However, anyone can develop bipolar disorder. It does not discriminate – but most people who develop it do so in their teens or 20s, and typically by their 50s.

**Bipolar 2**

As we discussed previously, bipolar 2 is similar to bipolar 1, “with moods cycling between high and low over time.”

Not to downplay a mental health disorder, but bipolar 2 disorder is typically described as a less severe form of bipolar disorder. Remember those manic episodes that we discussed? They do happen with bipolar 2, but those “up” episodes do not reach full-blown mania. Thus they are called ***hypomania.***

After a period of hypomania, depression follows.

**The Differences Between Bipolar 1 and Bipolar 2**

The hallmark difference between bipolar 1 and bipolar 2 is the presence of either mania or hypomania. Both can be debilitating, but there are some stark differences between mania and hypomania.

Symptoms of hypomania include:

- A sustained mood that is elevated.
- Feelings of superiority or grandiosity.
- Heightened irritability.
- Having excessive energy.
- Not needing a lot of sleep – but not feeling tired.
- Reckless behavior.
- Racing thoughts.

These symptoms must be different from normal behavior when not depressed. It is also important to note that someone experiencing hypomania may note a reduction in their daily functioning, they typically are still able to have some semblance of normalcy in their day-to-day living.

So, how do these symptoms differ from mania?

In someone experiencing mania, these symptoms may also be present, but on a much larger scale.

For example, someone with mania may be completely unable to hold back their racing thoughts and shout something at an inappropriate time, such as in the middle of a funeral. They may miss work due to a spur-of-the-moment decision to take a trip.

Mania also includes delusions and hallucinations, while hypomania does not. This can cause someone to believe that they have responsibilities that they do not, such as they are the president.

Of mania is severe enough, hospitalization may be required, which is not typically required during a hypomanic episode.

*Next page: The similarities between bipolar 1 and 2, how bipolar is diagnosed and treatments.*

### Similarities Between Bipolar 1 and Bipolar 2

We understand by now that there are similarities between bipolar 1 and bipolar 2.

For one, the symptoms are similar, as we discussed – with the differences in mania and hypomania.

For another, diagnostic criteria are also similar. "…to diagnose bipolar II disorder, one or more major depressive episodes must occur. In bipolar I disorder, a major depressive episode (one or more) usually occurs, but it is not required."

***Euthymia*** is also present in both mental health conditions. Euthymia is what we can consider "middle ground," when the condition is adequately controlled, and symptom-free. This is when mania, hypomania, and depression is not present, and the person suffering is in their "normal" state.

Also, both types of bipolar are considered disabling. It is a common misconception that bipolar 1 is more disabling than bipolar 2 as the manic episodes are more severe. While this is indeed true, evidence suggests that bipolar 2 is characterized by more severe episodes of depression.

One study suggested that "people with bipolar II become less likely to return to fully normal functioning between episodes." Yet another stated, "bipolar type II was linked to a poorer health-related quality of life compared to type I – this remained true even during long periods of euthymia."

### Diagnosis of Bipolar Disorder

The Depression and Bipolar Support Alliance (DBSA) notes that, "seven of every ten people with bipolar disorder are misdiagnosed at least once, and that the average length of time from a person's first bipolar symptoms to correct diagnosis and treatment is ten years."

Why is this happening? Surprisingly, the DBSA blames the patient.

Here's what they have to say: "One of the reasons for this is that many people don't report all of their symptoms. It is important for people to share all symptoms, even those not present during a health care appointment, as well as their family history to help health care providers make a correct diagnosis."

What does this mean for you, if you have bipolar disorder, or suspect that you have bipolar disorder?

Report *every symptom.* Even symptoms that occurred a week ago, a month ago, a year ago. Does your mother have bipolar disorder? Your grandmother? Your estranged brother? This is all important.

Is this hard to discuss? Yes.

Getting the *right* diagnosis is important for the *right* treatment.

### Treatment of Bipolar Disorder

Treatment of bipolar disorder typically involves medication management from at least one medication from one of the following drug classes: mood stabilizers, antipsychotics, and antidepressants.

- **Mood stabilizers** may include lithium carbonate and valproic acid. Lithium has been highly effective at

reducing mania, as well as reducing the recurrence of depression. It is often given in conjunction with antidepressants. Valproic acid has been shown to be effective in treating mania and mixed phases of bipolar disorder.

- **Antipsychotic drugs** are often given to people who do not respond to mood stabilizers, or during acute phases of mania. Examples include haloperidol, olanzapine, risperidone. Latuda is a newer antipsychotic that has been FDA-approved to treat bipolar 1 disorder specifically.
- **Antidepressants** are widely prescribed for the treatment of bipolar disorder, but they have not been adequately studied in patients with bipolar disorder to know if they are truly effective. In fact, antidepressants may trigger a manic episode. They should only be continued if they are shown to be effective.

**The Bottom Line…**

It is important to understand that when someone says they have bipolar disorder, there are multiple different types of bipolar disorder – bipolar 1, bipolar 2, cyclothymic disorder, mixed features, and rapid-cycling bipolar disorder. All have different features and treatments, and all can be disabling.