Understanding the Different Types of Bipolar Disorder

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Types of Bipolar Disorder

Bipolar disorder is probably not what you have seen on television or witnessed in movies. Most likely it is not what other people have told you. It is even possible that bipolar disorder is not what you have read about online.

If someone is happy one minute and sad or irritable the next, acts one way in certain situations and another way in others, or becomes really angry without warning, it does not mean they have bipolar disorder.

So, what is bipolar disorder? To begin, bipolar disorder is a more modern term for manic depression. They are the same diagnosis, so if someone diagnoses you with manic depression, you may want to consider a more up-to-date source of information and treatment.

Primary Types of Bipolar Disorder

Bipolar disorder generally means someone has periods of depressive episodes and periods of manic or hypomanic episodes. During the period of depression, the person will have at least five of the following symptoms most of the time during a two-week period:

- Depressed mood with hopelessness, sadness or increased irritability.
- Decreased interest in pleasurable activities and events.
- Decreased appetite and/or notable reduction in weight without trying.
- Significantly increased or decreased sleep.
- Feeling or looking sped up or slowed down.
- Lacking energy.
- Excessive feelings of guilt and worthlessness.
- Lower ability to concentrated or mark good choices.
- Thoughts of death and suicide.

These symptoms will have a substantial impact on the life of the person with depression.

If you are observing a person during their depressed episode, you could see a variety of signs marked by changes in their behaviors or thoughts. A person in a depressed episode could talk about life being a terrible experience, they may report feeling like they'd be better off dead, or they could feel awful about every facet of their life.

A depressed person could lay on the couch for days at a time, lose interest in cooking, cleaning, and changing their clothes, or refuse to leave the house. They might cut off all communication with you and their other friends and family.

In the worst situations, someone with depression will display serious thoughts of death and suicide. They may

plan their own death or even make an attempt to kill themselves.

The depressive episode can last for as little as two weeks or as long as several months.

Following the episode, the person will return to a period of expected functioning, or they will transition into a manic/hypomanic episode. A manic episode is a period lasting for a week with at least four of the following symptoms, as well as a mood that is highly elevated or irritable:

- Exaggeratedly high self-esteem.
- Less need for sleep.
- Increased speech and faster rate of speech.
- Moving quickly from one idea to the next.
- Easily distracted.
- Increased desire to accomplish goals.
- Being involved in activities that are risky or dangerous.

Just like depressive episodes, manic episodes can be frightening to the outside observer. If your loved one is manic, they will go days without eating or sleeping, they will constantly be occupied with an outlandish thought, or they will engage in a series of risky behaviors.

During a manic episode, a person may have sex with many random partners, use drugs, participate in dangerous physical stunts, or drive recklessly with no regard for safety. Although these behaviors are risky, the person will feel completely safe and in control of their situation.

A person in a manic episode will find it very difficult to concentrate at home, work, or school. They may be frequently absent, suspended, or disciplined for their uncontrollable behaviors.

Bipolar II Disorder

If someone has ever met the criteria for a depressive episode and the manic episode described above, they likely have bipolar I disorder. Bipolar II disorder is marked by having depressive episodes, but the manic symptoms do not meet the requirement for a manic episode based on the number or duration of symptoms.

If symptoms persist for less than seven days but more than four, the person meets the definition of hypomanic episodes. Hypomanic episodes are shorter and generally less intense than manic episodes, but they still can create many unwanted effects on someone’s life.

Someone with bipolar II will have periods of erratic or unpredictability, but the hazards are not usually as great as someone with a full-blown manic episode. People with bipolar II may have more insight into their condition and the changing symptoms, meaning they can recognize the presence of the hypomania and take practical steps to correct the issue.

Cyclothymic Disorder

If the requirements for bipolar I and bipolar II do not seem to match someone’s symptoms, a cyclothymic disorder is another option. In this disorder, someone will experience moods that change from depressed to hypomanic without ever meeting enough symptoms to qualify for bipolar I or II. With cyclothymic disorder, the symptoms must continue for a period of two years.

Just as bipolar II is a lesser version of bipolar I, cyclothymia is a lesser version of bipolar II. Though cyclothymia is commonly less intense than the other conditions, it still has the power to significantly disrupt a person’s life.

Someone with cyclothymia may find it easier to go to work, go to school, and maintain relationships than someone with bipolar disorder. Remember, every condition affects people differently, so one person could really struggle from cyclothymia while another could find it only a minor inconvenience.

Next page: More information on types of bipolar disorder and the importance of receiving a proper diagnosis.

Bipolar and Substance Use

The relationship between bipolar disorders and alcohol and other drugs is completed. It should be mentioned that none of the bipolar symptoms can be a result of substance use, so someone who has incredible energy from an intoxication of cocaine will not meet criteria for a manic episode, and someone tired and unmotivated from using a lot of opioids will not qualify for a depressive disorder.

Sometimes though, it is impossible to tell if the mood changes trigger the desire to use substances or the substances trigger the mood changes because substance use commonly co-occurs with bipolar disorder. To make the best possible diagnosis for someone, the mental health professional must know that no alcohol or other drugs are influencing the behaviors of the individual.

Bipolar Specifiers

The diagnoses described are only the beginning of the information related to bipolar disorder. The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) lists nine additional classifications of bipolar disorders. These are known as specifiers that provide more detailed information regarding someone's particular symptoms. The specifiers are:

- With anxious distress.
- With mixed features.
- With rapid cycling.
- With melancholic features.
- With atypical features.
- With psychotic features.
- With catatonia.
- With peripartum onset.
- With seasonal pattern.

This means someone's complete diagnosis could be bipolar I disorder with rapid cycling, or bipolar II disorder with seasonal pattern. The extra information included in the specifiers provides the patient and treatment team with valuable information related to the symptoms so treatment can be tailored to the needs of the patient.

Some of the more common specifiers include with rapid cycling, with psychotic features, with seasonal pattern, and with peripartum onset.

With Rapid Cycling

Rapid cycling means someone will experience more symptom changes than the average person with bipolar disorder. This specifier leads to some of the misconceptions about bipolar meaning that someone can be happy one minute and sad the next.

True rapid cycling means someone will have at least four episodes during a year. That means they might have three depressive episodes with a manic episode during a 12-month period. The key is there is a period of symptom remission between the episodes.

Too often, people mistakenly think that they have rapid cycling bipolar disorder because of their mood changes frequently. In reality, a person who experiences periods of irritability, sadness, and happiness all in the same day could be depressed or only experiencing a normal range of feelings. Bipolar will never cycle through multiple mood episodes in one day.

With Psychotic Features

With psychotic features can be a confusing and misleading specifier. In this case, the person with bipolar may begin to exhibit psychotic symptoms like:

- Hearing, seeing, feeling, tasting or smelling things that are not present.
- Delusional thinking marked by having odd beliefs without grounding in reality.
- Paranoid thinking that people or organizations are listening to their thoughts and conversations or conspiring against them.

A person with psychotic features link to bipolar disorder will experience a significant disconnection from reality. It will be impossible to think rationally and carry on meaningful activities during the psychosis because the symptoms will affect all aspects of life.

To the outside observer, a person with bipolar disorder with psychotic features will seem unhinged and very confused. They will make comments about bizarre experiences or appear suspicious and accusatory.

These symptoms do not indicate another disorder like schizophrenia because the symptoms will only be present during a period of intense depression or mania. Once the episode ends, the symptoms will diminish.

With Seasonal Pattern

With seasonal pattern is known commonly as seasonal affective disorder. This means the symptoms will match the changes in the seasons. Usually, winter brings periods of depression and summer sparks times of less depression and possible mania.

This specifier is based on the belief that longer periods of daylight and changing activity levels can impact mood in significant ways. With this information, the person with bipolar and their treatment team can take preventative measures to maintain or improve their functioning based in the seasons.

With Peripartum Onset

Peripartum onset refers to bipolar symptoms that are triggered by pregnancy or the birth of a child. People often recognize postpartum depression as a serious mental health condition affecting new moms and their family.

Peripartum is used instead of postpartum because in many cases, the symptoms of bipolar emerge before the child is born. Just like peripartum depression, peripartum bipolar imposes a very serious impact on the mental health and well-being of a woman and her new baby.

In the worst cases, a woman will become violently aggressive or detached from her child during times when symptoms are high. People with bipolar disorder with peripartum onset and their loved ones should always practice extreme caution when this condition is a possibility.

The Importance of the Proper Diagnosis

It may seem like all of the attention paid to bipolar disorders and their specifiers is a waste of time, money, and energy, but nothing could be further from the truth. By knowing the correct diagnosis, a person can get the type of treatment that is the best possible fit for their life.

A mechanic needs to know the precise problem with a car just as a surgeon needs to know the true problem with the organ before they can resolve the issue. When armed with a thorough and well-thought-out diagnosis, the mental health professional can offer treatment aimed at the individual and their symptoms.

For example, a person with bipolar disorder with psychotic features will require a completely different treatment

plan than someone with a cyclothymic disorder. This plan includes a separate set of prescribed medications and therapy options. Someone with psychotic features may not be a good candidate for group therapy while someone with cyclothymic disorder could be a great fit.

Conclusion

Bipolar is a multi-dimensional mental health disorder — it is not as straightforward as some may believe. Learning about the different types of bipolar disorder gives someone the increased ability to understand themselves or others in their lives with bipolar.

With increased information comes higher levels of acceptance and better treatment. Knowing more about bipolar disorder can minimize its impact.