Digging Deeper Into Your Bipolar Diagnosis

by ERIC PATTERSON

Bipolar Specifiers

Your bipolar disorder has always been a challenging foe. Just when you learn a new coping skill, it has a way of becoming immune. Just when you think you have learned the rule, it has a way of changing the game. The battle has been long and draining, but the war is far from over. Your bipolar disorder will not magically get better or go into remission without hard work and consistent effort.

Knowing the best path can be confusing, though. Often times, people work too hard pursuing strategies and interventions that are not successful. Rather than finding another avenue, they double their efforts. If you think that your recent attempts to improve your symptoms have been met with poor results, consider going back to the drawing board. The best way to restart your journey is to gather more information. When it comes to bipolar disorder, there is a lot of information to gather.

Since you have been managing bipolar for some time, you probably know much of the terminology and information related to the diagnosis. You know that bipolar I disorder is marked by periods of full mania. You know that bipolar II disorder is marked by periods of hypomania that is usually of lower intensity with shorter duration. You have read so much that you even know that cyclothymic disorder presents with symptoms that do not meet full criteria for depressed episodes or hypomanic episodes. When it comes the diagnoses, you know your stuff.

Did you know that the world of bipolar disorder dives down much deeper than diagnosis? It's true. Specifiers are categories that professionals use to group together bipolar disorders with similar features and traits. In fact, bipolar disorder has nine different specifiers. Some may be familiar, while others will be find with new information. Learning more about bipolar disorder only improves your outcomes. Read on to uncover more about bipolar specifiers to learn more about you.

With Anxious Distress

The first specifier is mostly straightforward and filled with common sense infomration. The "with anxious distress" specifier means that during your periods of mania, hypomania or depression, you also have anxiety symptoms. The symptoms include feeling tense, feeling especially restless, problems concentrating due to worry, fear that something terrible will happen and the feeling that you will lose control of yourself. The intensity ranges from mild to severe depending on how many symptoms you endorse.

The difference between this specifier and having an anxiety disorder, like generalized anxiety disorder or a panic disorder, is that these symptoms are only present during mood episodes related to bipolar. When your mood is normal, your anxiety will be gone. This specifier has been found to complicate recovery by increasing suicide risk, increasing duration of illness and decreasing efficacy of treatment. Of the specifiers, this one could be the most problematic.

With Mixed Features

The “with mixed features” specifier is one that you probably have not heard of before now. Essentially, this specifier means that something is abnormal or uncommon about your manic and depressive episodes. There will be symptoms that do not fit with other symptoms. For example, if you are in the midst of a manic episode, but your mood is still depressed or you feel slowed down rather than sped up, you may have this specifier. Similarly, if you are in a depressed episode, but your mood is really good and you are more talkative than you normally are, you could have the “with mixed features” specifier.

Next page: With Mixed Features continued

With Mixed Features

This specifier describes people whose symptoms do not fit into the expected mold of manic episodes and depressive episodes. Instead, their symptoms seem to be jumbled in different, unpredictable combinations presenting during mood episodes. People with mixed features may have difficulty receiving the appropriate diagnosis because their symptoms being hard to assess.

With Rapid Cycling

People are generally familiar with this specifier, but there continues to be some misunderstanding with it. Some people think that rapid cycling means that they are manic one minute and then depressed the next. In actuality, you only can receive the “with rapid cycling” specifier if you have had four or more distinct mood episodes over the last year. You can have any combination of depressive, manic or hypomanic episodes as long as they equal four in total.

Another important distinction is that the mood episodes must be separated by two months of partial remission in between symptoms. This means that you have a period of 60 days that your symptoms are low and do not meet criteria for any mood episodes. After this period, you can begin counting a new episode. Forget the idea of having multiple episodes in one day.

In bipolar disorder with rapid cycling, it should be noted that the actual intensity of the episodes of depression, mania or hypomania are not different from someone with normal cycling. The only difference is the frequency and duration of the episode.

With Psychotic Features

Psychotic features are potentially present in bipolar disorder just as they are in major depressive disorder. When your bipolar symptoms are extreme, you can hear things that are not there and see things that are not there. Some people can even feel, taste and smell things that are not there. These are called hallucinations. Delusions are also common with this specifier. With delusions, you begin to think in ways that have no evidence to confirm your thinking. You may become paranoid and suspicious. These are called delusions of persecution. People with delusions of grandeur believe that they are very important and have connections to powerful, successful people.

These psychotic features will only occur during periods of extreme bipolar symptoms. If the features are present during a period of mild symptoms, there may be a psychotic disorder like schizophrenia involved. As with all information included, be sure to follow up with your treatment team to find the diagnosis and treatment that fits you best.

Next page: With Psychotic Features continued

With Seasonal Pattern

Probably the best-know specifier is “with seasonal pattern.” Some people refer to this as seasonal affective

disorder, but it essentially means that your moods change dependent on the weather and time of year. When investigating the last few years of your symptoms, pay attention to the seasonality of your depressive and manic episodes. If manic symptoms come in the spring and summer while depressive symptoms come in the fall and winter, there is a good chance that you have the seasonal specifier.

Tracking the trends of your mood episodes is always a helpful endeavor. In this case, you can prepare yourself for likely changes in symptoms by engaging in preventative activities like exercise, diet changes and sleep changes. You can schedule more therapy sessions in the fall and discuss your medications with your prescriber. You may not be able to prevent unwanted symptoms but preparation can lessen the impact.

With Peripartum Onset

Obviously, being pregnant and having a baby influences your mental health in ways that are dramatic often. This specifier is listed as “with peripartum onset” because studies show that about half of “postpartum” mood symptoms actually begin a few weeks before delivery. The mood episodes are usually depressive episodes that are distinguished from common “baby blues” by their intensity and duration.

Women with peripartum onset may have intense anxious symptoms as well as psychotic features. These symptoms can interfere with attachment and ability to parent effectively. If you had a previous pregnancy that was difficult, be sure to consult your medical providers before becoming pregnant again. The risk of peripartum reoccurrence is between 30% and 50% for following deliveries. For some, the risk of the intense symptoms is too great.

Others

The specifiers listed above are the most common to bipolar, but there are others. They include bipolar disorder with melancholic features, with atypical features and with catatonia. Catatonia is when you do not respond to external stimulus and do not interact with the outside world. Melancholic features are more intense depressive symptoms like profound despair, significant weight loss/ refusal to eat and depression that is worse in the morning. Atypical features are made up of sleeping most of the time, significant weight gain, and feeling heaviness in your limps. These are rarely seen in practice, but if these symptoms sound like you, be sure to consult your providers.

Conclusion

There may be a whole world of bipolar disorder that you were not aware of before now. Use this article to spur new research, learn and discuss information with the medical and mental health providers in your life. With better understanding comes better diagnosis. With better diagnosis comes better treatment. Better treatment means a happier you.