

Bipolar and Related Disorders: Answers and Rationale

Based on new data available since DSM-IV, some changes have been made to the criteria and the text for bipolar disorder; however, the essential elements of the clinical symptoms associated with the depressive and manic-hypomanic components are relatively unchanged. Given the long delay from first symptoms to correct diagnosis of bipolar disorder in the community, criteria now include an emphasis on changes in activity and energy as well as mood in the context of mania and hypomania in the hope that emphasis on this more objective component of mania will lead to earlier detection. The diagnosis of bipolar I disorder, mixed type, requiring that the individual simultaneously meet full criteria for mania and for major depressive episode, is removed. Instead, a new specifier “with mixed features” has been added that can be applied to episodes of mania or hypomania when depressive features are present and to episodes of depression in the context of lifetime diagnoses of either major depressive disorder or bipolar disorder when features of hypomania are present.

The questions below are from *DSM-5 Self-Exam Questions: Test Questions for the Diagnostic Criteria*, which may be preordered from American Psychiatric Publishing by clicking [here](#). The questions were developed under the leadership of Philip Muskin, M.D., a professor of clinical psychiatry at Columbia University College of Physicians and Surgeons. The book, available in October, contains 500 questions for all the categories of psychiatric disorders and includes Section III.

1. Which of the following is a change made by *DSM-5* from the *DSM-IV* criteria for bipolar disorders?

a) “increased activity” has been added to the A criterion for manic and hypomanic episodes

b) bipolar disorder, mixed type now requires a patient to simultaneously meet full criteria for mania and major depression

c) the removal of subsyndromal hypomania from the subtypes for bipolar not elsewhere classified (NEC)/NOS

d) The stipulation that manic or hypomanic episodes cannot be associated with recent administration of a drug known to cause similar symptoms

e) the clinical symptoms associated with hypomanic episode have been substantively changed from *DSM-IV*

Correct answer: A. “increased activity” has been added to the A criterion for manic and hypomanic episodes.

Rationale: Although the essential elements describing the clinical symptoms associated with depressive, manic and hypomanic episodes have not substantially changed, there are a number of changes in the *DSM-5* criteria for bipolar disorders. Criterion A now includes both changes in mood and changes in activity, so that “increased activity” is now a criterion for manic and hypomanic episodes. The diagnosis of bipolar I disorder, mixed type, requiring that the patient simultaneously meet full criteria for mania and for major depressive episode, is removed, and a “with mixed features” specifier has been added. Another change is the ability to code and specify particular subtypes for bipolar NEC, including for patients who have too few symptoms or too short a duration of a hypomanic episode meet criteria for the full syndrome. Mania/hypomania or mixed features occurring after the administration of a drug and persisting for one week or beyond 5 half-lives after the drug’s discontinuation is now considered sufficient evidence for a diagnosis of bipolar disorder.

2. Which of the following statements

correctly describes the primary diagnostic difference between manic and hypomanic episodes?

a) manic episodes have a greater variety of symptoms than do hypomanic episodes

b) manic episodes last for longer periods than do hypomanic episodes

c) manic episodes do not include any psychotic symptoms

d) hypomanic episodes do not cause clinically significant distress or impairment

e) hypomanic patients generally have less insight into their illness

Correct answer: D. hypomanic episodes do not cause clinically significant distress or impairment.

Rationale: Although manic episodes are generally more severe than hypomanic episodes, may last longer or involve psychotic symptoms, the primary factor that differentiates the two is that manic episodes cause clinically significant distress or psychosocial impairment whereas hypomanic episodes do not. As patients having hypomanic episodes do not experience distress or impairment, they are unlikely to perceive this as an illness.

3. A 25-year-old graduate student presents to a psychiatrist complaining of feeling down and “not enjoying anything.” Her symptoms began about a month ago along with insomnia and poor appetite. She has little interest in activities and is having difficulty attending to her schoolwork. In taking a history, she recalls a similar episode one year prior that lasted about two months before improving without treatment. She also reports several episodes of increased energy in the past two years. These episodes usually last one to two weeks, during which time she

is very productive and sees herself as more social and outgoing. She tends to sleep less during those times, but feels energetic during the day. Friends tell her that she speaks more rapidly during those times, but they do not see it as off-putting and in fact tell her she is more outgoing and clever during those periods. She has no medical problems, does not take any medications, or abuse drugs or alcohol. Which of the following is her most likely diagnosis?

a) bipolar I disorder, current episode depressed

b) bipolar II disorder, current episode depressed

c) bipolar I disorder, mixed

d) cyclothymic disorder

e) major depressive disorder

Correct Answer: B. bipolar II disorder, current episode depressed

Rationale: With her current major depressive episode combined with a past history of elevated mood and activity, she likely has a bipolar disorder. As her periods of mood elevation do not cause distress or impairment, they are likely hypomanic episodes, hence a diagnosis of bipolar II. The presence of major depressive episodes rules out cyclothymic disorder, and her hypomanic episodes rule out major depressive disorder. This vignette is illustrative of the clinical observation that patients with bipolar II generally present for treatment only when they experience depressive symptoms. [PI](#)