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Stephen M. Stahl
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Stahl's Illustrated | Chapter 1

Symptoms and Spectrum of Bipolar Disorder

This chapter introduces the symptoms of depression and mania as well as some symptoms commonly associated with bipolar disorder. Patients with bipolar disorder often present with symptoms that are nearly identical to those of patients with unipolar depression, and recognizing differences between these disorders can therefore be difficult. Patients with bipolar disorder often seek help during periods of depression and report manic symptoms with less frequency, further complicating diagnosis. Although bipolar disorder is increasingly diagnosed, it is still quite often overlooked or misdiagnosed as unipolar depression, anxiety, or other psychiatric illnesses. A spectrum of disorders might be a more realistic way to conceptualize bipolar illness, as patients present with a variety of mood cycles not sufficiently characterized by the traditional distinctions of Bipolar I, Bipolar II, and cyclothymic disorder. To account for this individuality, a symptom-based treatment algorithm can help guide therapeutic decisions. The premise of this algorithm is to first attain a full understanding of each patient's clinical symptoms and then to make treatment decisions based on thorough knowledge of the neurobiological and pharmacological interactions involved in each treatment choice. Chapter 1 introduces the first step of this algorithm: identifying diagnostic and associated symptoms.

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Mood Chart

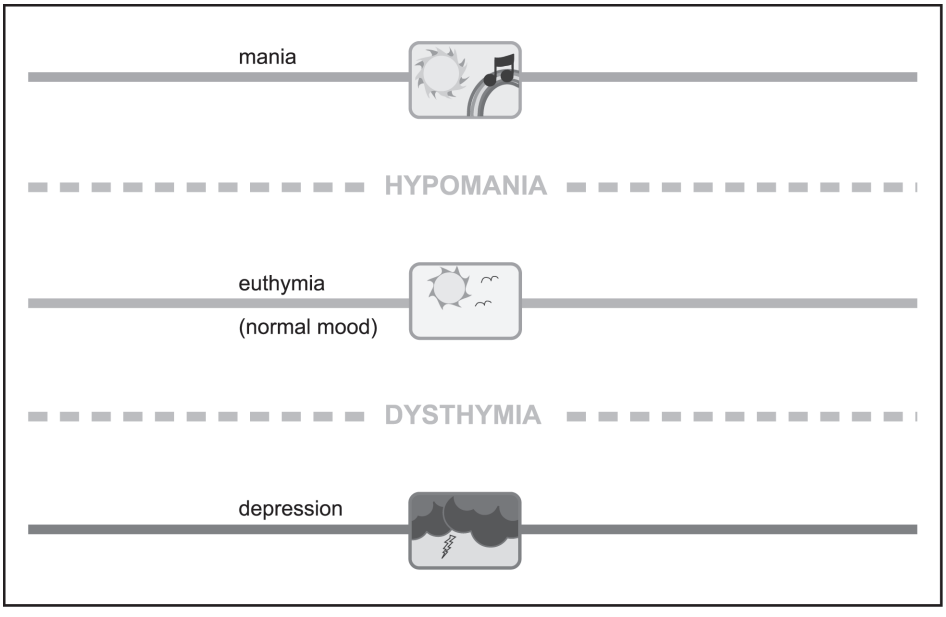

FIGURE 1.1. Mood charts illustrate a spectrum of normal and pathological states upon which a patient's mood can be charted over time. Mood monitoring can be conducted intermittently in a clinical setting or continuously via patient self-report in the form of a mood diary. Bipolar patients present a particularly difficult diagnostic challenge, as this disorder often manifests in complex moods that can change over time. Tracking the course of illness can greatly assist in identifying disease states, diagnosing accurately, and assessing treatment response. This chart is used many times throughout this book to describe disease states and drug actions.

This chart also illustrates definitions of disease states: hypomania is a less severe, shorter-lasting form of mania (see Fig. 1.5), and dysthymia is a less severe, longer-lasting form of depression (see Fig. 1.4 and Fig 1.13).

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What Proportion of Mood Disorders Is Bipolar?

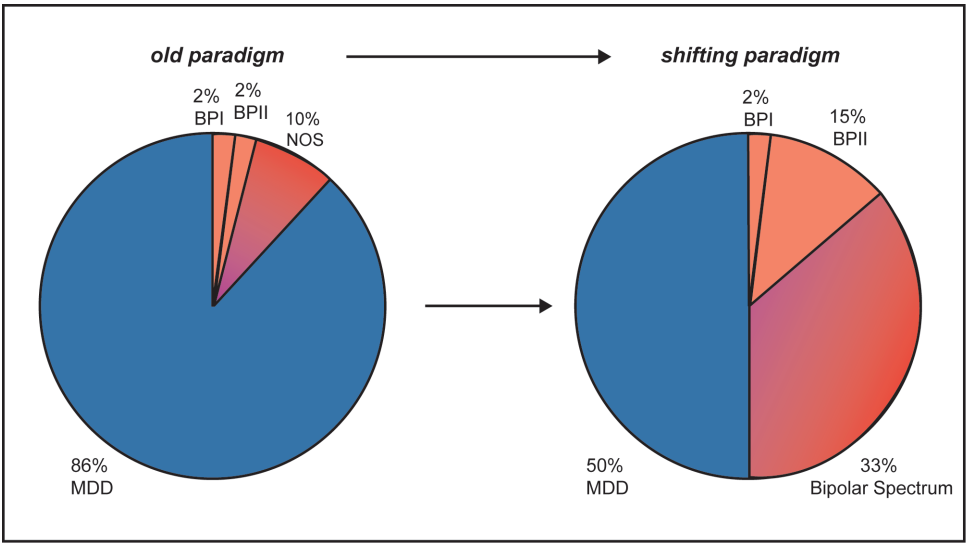

FIGURE 1.2. Diagnoses of bipolar disorder have become increasingly common in recent years. Although many patients who would have previously been diagnosed with major depressive disorder are now being diagnosed with bipolar disorder, the syndrome can be hard to detect. There is still a large proportion of patients who go many years without an accurate diagnosis of bipolar disorder; the most common misdiagnosis is overwhelmingly major depressive disorder, followed by anxiety disorder, schizophrenia, and borderline/antisocial personality disorders.

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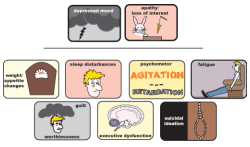
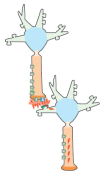
Symptom-Based Treatment Algorithm

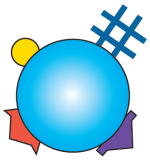


Step 1: Identify diagnostic and associated symptoms

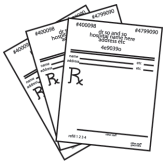
Step 2: Match symptoms to malfunctioning brain circuits



Step 3: Target specific neurotransmitters and pharmacologic mechanisms



Step 4: Match malfunctions to pharmacologic mechanisms



Step 5: Construct unique treatment portfolio for one patient at a time

FIGURE 1.3. Although this is a highly simplified explanation for treating a complex set of disorders that involve a variety of interacting brain regions, the concept of personalizing treatment plans for unique sets of symptoms is an important one. These steps will be developed in sequence throughout this book.

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Symptoms of Depression

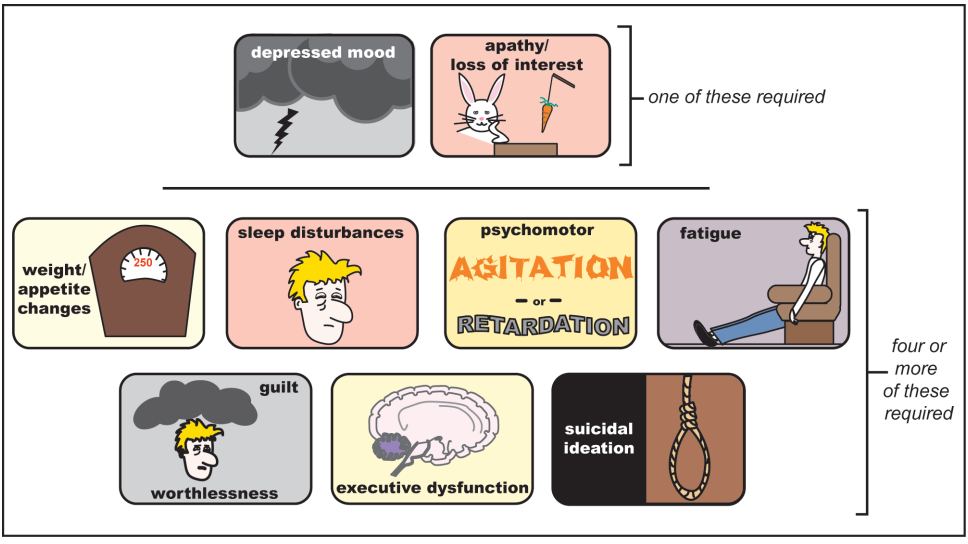

FIGURE 1.4. These are the symptoms of depression as designated by the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV). According to these criteria, diagnosis of a major depressive episode requires at least one of the symptoms in the top row as well as at least four of the symptoms in the bottom two rows.

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Symptoms of Mania

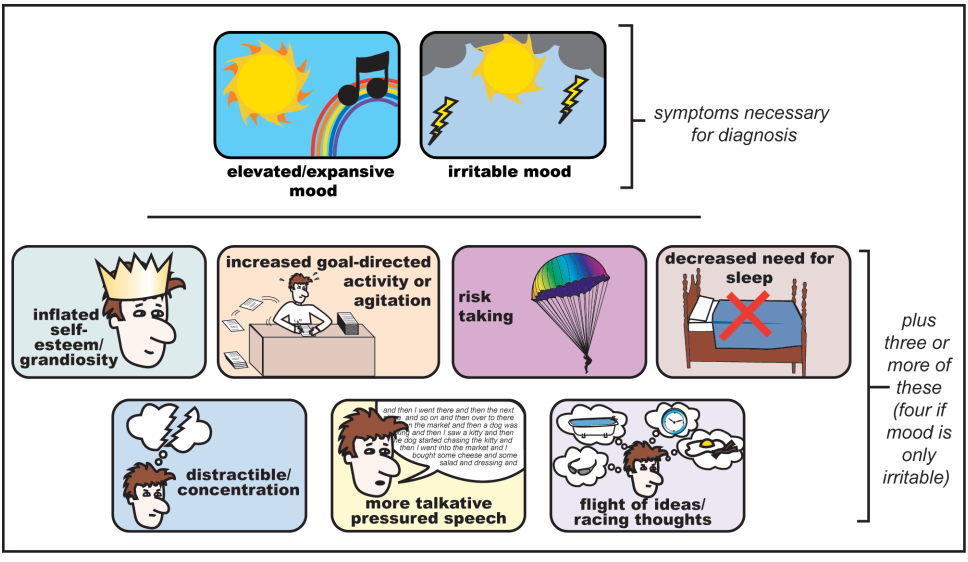

FIGURE 1.5. These are the symptoms of mania as designated by the DSM-IV. According to these criteria, diagnosis of a manic episode requires at least one of the symptoms in the top row as well as at least three of the symptoms in the bottom two rows. Four of the symptoms in the bottom two rows are required if the mood is only irritable.

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Symptom-Based Algorithm for Mood Stabilizers:

Deconstructing 20 of the Eight Symptoms of Mania/Bipolar Spectrum Disorder

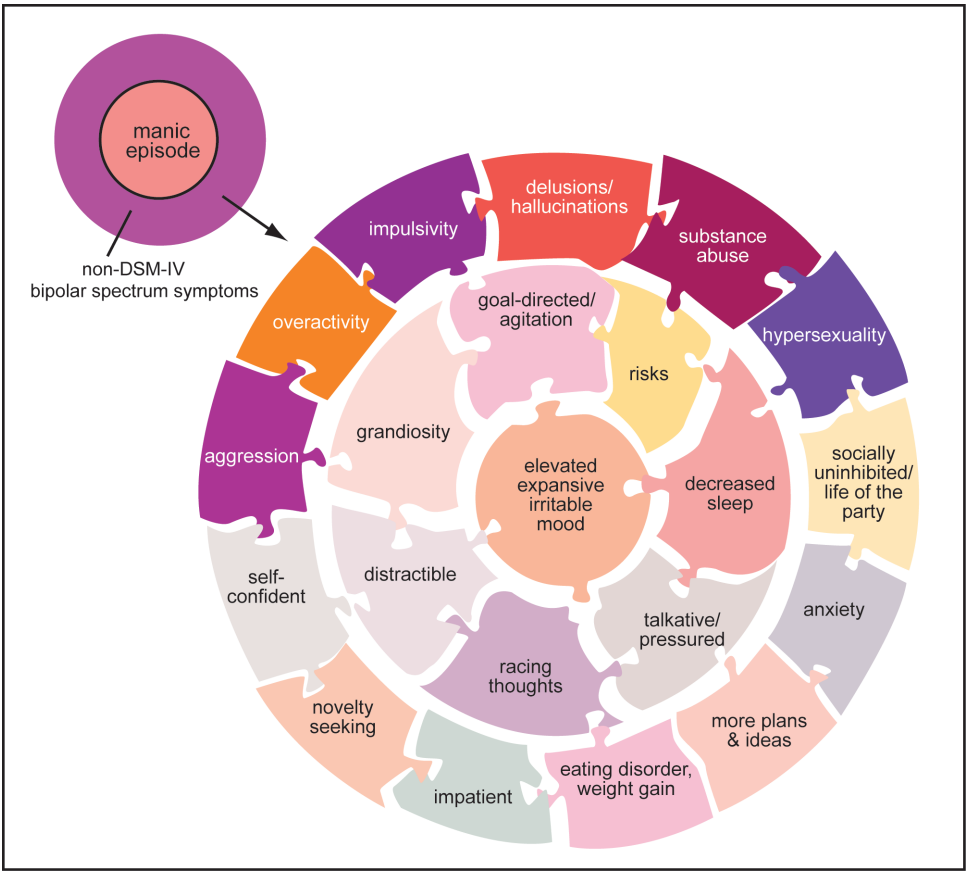

FIGURE 1.6. The diagnostic symptoms of mania and depression are often only part of the illness. This diagram illustrates several of the common symptoms associated with mania, which can be disabling and prevent remission although they are not part of the formal diagnostic criteria for a manic episode.

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Unipolar or Bipolar Depression?

Different Past Symptoms Make the Diagnosis

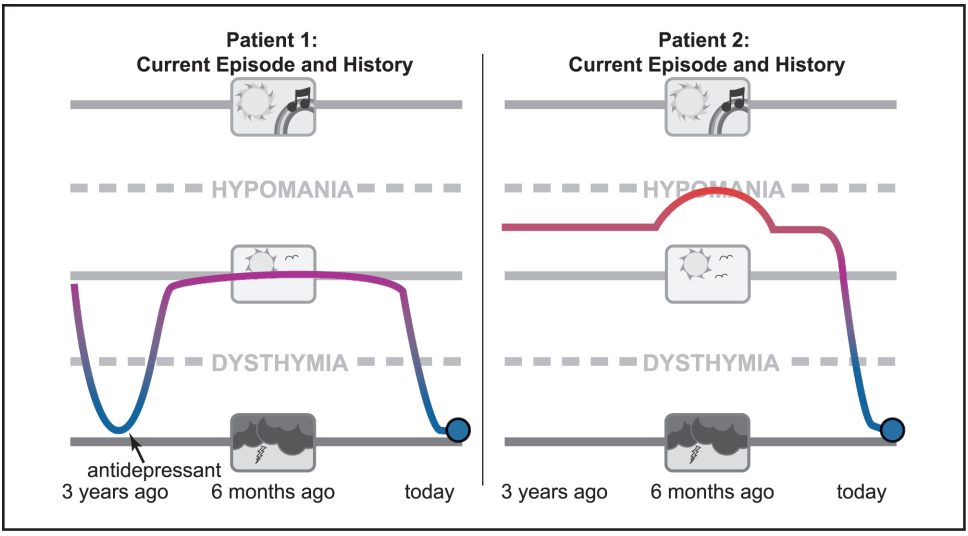

FIGURE 1.7. Although both patients in this mood chart are presenting with identical current symptoms of a major depressive episode over the past several days, patient 1 has unipolar depression whereas patient 2 has bipolar depression. So, what is the difference? The pattern of past symptoms is quite different; for example, patient 1 has experienced a prior depressive episode whereas patient 2 has experienced a prior hypomanic episode. Gaining a complete picture may often require additional interviews with family members or close friends of the patient.

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Identifying Mood Disorders:
Depression and Double Depression

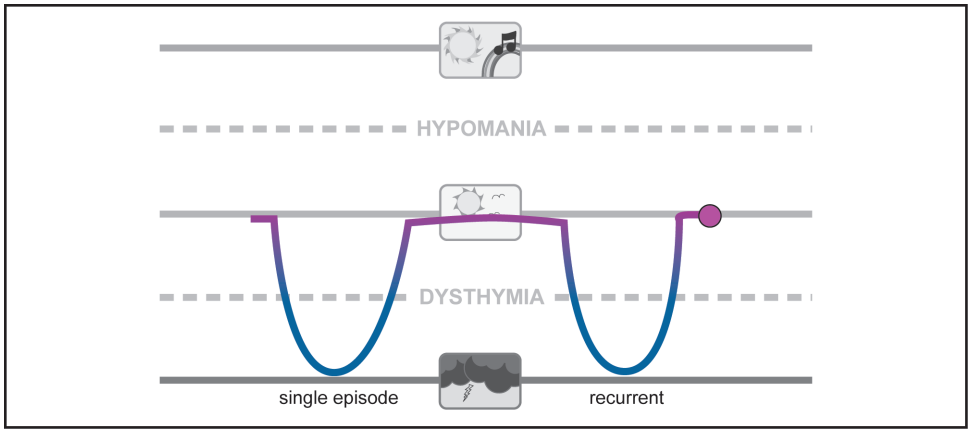

FIGURE 1.8. Major depressive disorder (MDD) is characterized by a single or recurrent major depressive episode(s); most people with MDD will experience recurrent episodes. This is the most common mood disorder.

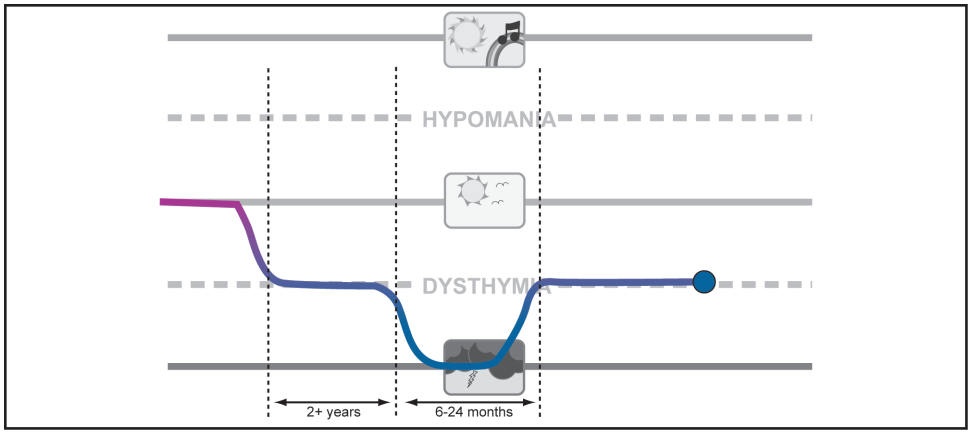

FIGURE 1.9. Double depression is characterized by unremitting dysthymia interrupted only by major depressive episode(s). It can also be thought of as major depressive episodes with poor inter-episode recovery.

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Identifying Bipolar Depression:
Hints from Current Symptoms

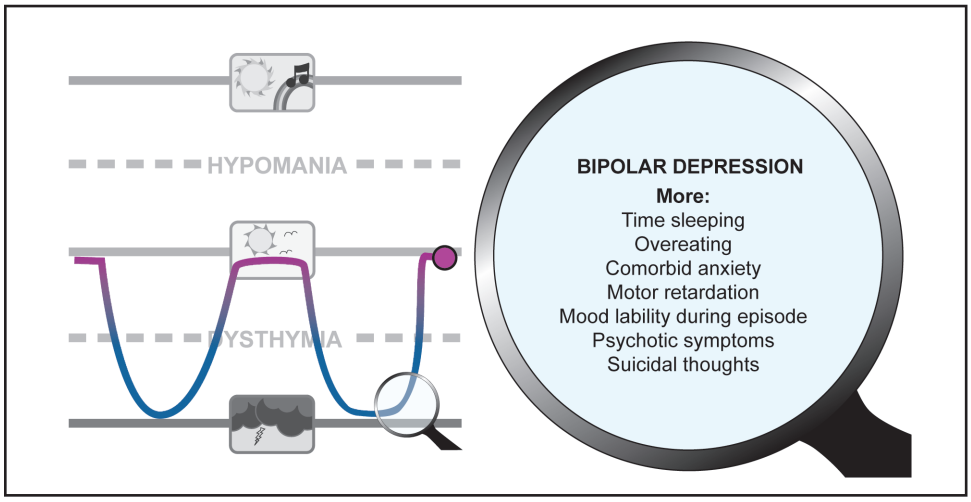

FIGURE 1.10. Although they can occur in either disorder, some symptoms of depression are more prevalent or frequent in bipolar depression than in unipolar depression. Observing patients' sleep and eating habits and looking for the presence of anxiety, motor slowing, mood lability, psychotic symptoms and/or suicidal ideation can aid in differentiating bipolar from unipolar depression.

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