

Information Handout

Professional Version | US English

Recognizing A Hypomanic Episode



Description

Psychiatric diagnostic frameworks serve multiple purposes. Classification of mental disorders enables clinicians and researchers to speak a common language when describing patterns of experience and behavior, guides appropriate treatment interventions, and acts as a coding system for insurance purposes. The success of these classification frameworks has varied across diagnoses but in the best cases has led to improved understanding and treatment of conditions, and has helped many service users who find such classification helpful (Perkins et al, 2018).

Diagnostic frameworks are not without controversy. They have been criticized on grounds of reliability, validity, and distortions due to commercial interests (Zigler & Phillips, 1961; Frances & Widiger, 2012; Bell, 2017). Perhaps most importantly there are instances where they have had, and continue to have, extremely negative effects upon service users (Perkins et al, 2018). Diagnosis is not the only way of understanding people and their experiences. Many clinicians and their clients find that attending to our personal stories and narratives is a helpful approach, and psychological formulation is one technique for bringing together information about what has happened to an individual and the sense that they have made of it (British Psychological Society, 2018).

Notwithstanding the above caveats, the '*Recognizing...*' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems. Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes.

A hypomanic episode is characterized by a period of elevated, irritable, or expansive mood that is abnormal for the individual. The DSM-5 also requires that there is a simultaneous increase in activity or energy. *Recognizing A Hypomanic Episode* compares the DSM-5 and ICD-10 criteria for a manic episode, and the *Hypomanic Episode Checklist* is an assessment tool for clinicians. Clinicians should exercise caution when making a diagnosis of hypomania if a client is undergoing antidepressant treatment.

Instructions

The 'Recognizing...' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems.

Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes. In particular it has been assumed that symptoms cause clinically significant distress or impairment unless otherwise stated.

Information for the 'Recognizing ...' series was drawn from:

- The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.
- The *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)*. The ICD-10 is available in two versions: (1) The Clinical Descriptions and Diagnostic Guidelines (CDDG) or 'blue book' is intended for general clinical, educational and service use; (2) The Diagnostic Criteria for Research (DCR) or 'green book' was designed to facilitate research.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (DSM-5®)*. American Psychiatric Pub.

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Frances, A. J., & Widiger, T. (2012). Psychiatric diagnosis: lessons from the DSM-IV past and cautions for the DSM-5 future. *Annual Review of Clinical Psychology*, 8, 109-130.

Perkins, A., Ridler, J., Browes, D., Peryer, G., Notley, C., & Hackmann, C. (2018). Experiencing mental health diagnosis: a systematic review of service user, clinician, and carer perspectives across clinical settings. *The Lancet Psychiatry*, 5(9), 747-764.

World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines*. Geneva, World Health Organization.

World Health Organization. (1993). *The ICD-10 classification of mental and behavioural disorders: diagnostic criteria for research*. Geneva, World Health Organization.

Zigler, E., & Phillips, L. (1961). Psychiatric diagnosis: A critique. *The Journal of Abnormal and Social Psychology*, 63(3), 607.

Recognizing A Hypomanic Episode (Hypomania)

The DSM-5 and ICD-10 criteria for a hypomanic episode are largely similar, differing mostly with respect to severity and exclusion criteria. Episodes of hypomania are an essential component of bipolar II and a common, although not essential, component of bipolar I. Clinicians should exercise caution when making a diagnosis of hypomania if a client is undergoing antidepressant treatment.

	DSM-5	ICD-10
Symptoms	5 of:*	4 of:†
1. A period of elevated, irritable, or expansive mood that is abnormal for the individual.	✓	✓
2. Persistently increased activity or energy.	✓	
3. Increased talkativeness, or pressure to keep talking.	✓	✓
4. Difficulty concentrating or distractibility.	✓	✓
5. Decreased need for sleep.	✓	✓
6. Excessive reckless behavior (e.g. mild spending sprees, sexual indiscretions, foolish business investments).	✓	✓
7. Increase in activity or psychomotor agitation (DSM: activity must be goal-directed).	✓	✓
8. Inflated self-esteem or grandiosity.	✓	
9. Flight of ideas or subjective experience that thoughts are racing.	✓	
10. Increased sociability or over-familiarity.		✓
11. Increased sexual energy.		✓

*DSM: symptoms 1 and 2 must be present and at least three other symptoms (at least four if the mood is only irritable).

†ICD: symptom 1 must be present and at least three other symptoms.

Duration / Severity	4 of:	1 of:
Present for at least 4 consecutive days.	✓	✓
Present most of the day, nearly every day.	✓	
Change in function is unequivocally uncharacteristic of the individual.	✓	
Changes in mood / functioning are observable by others.	✓	
Not severe enough to cause marked impairment or necessitate hospitalization.	✓	

Exclusions	1 of:	2 of:
Not attributable to the physiological effects of a substance.	✓	✓
No psychotic features (e.g. hallucinations) are present.	✓	✓
Episode does not meet criteria for: mania, bipolar affective disorder, depressive episode, cyclothymia, or anorexia*.		✓

*If there has been a previous depressive, mixed affective, or manic episode see diagnostic criteria for bipolar disorder

Hypomanic Episode Checklist

	DSM-5	ICD-10
Symptoms	5 of:*	4 of:†
1. A period of elevated, irritable, or expansive mood that is abnormal for the individual.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Persistently increased activity or energy.	<input type="checkbox"/>	
3. Increased talkativeness, or pressure to keep talking.	<input type="checkbox"/>	<input type="checkbox"/>
4. Difficulty concentrating or distractibility.	<input type="checkbox"/>	<input type="checkbox"/>
5. Decreased need for sleep.	<input type="checkbox"/>	<input type="checkbox"/>
6. Excessive reckless behavior (e.g. mild spending sprees, sexual indiscretions, foolish business investments).	<input type="checkbox"/>	<input type="checkbox"/>
7. Increase in activity or psychomotor agitation (DSM: activity must be goal-directed).	<input type="checkbox"/>	<input type="checkbox"/>
8. Inflated self-esteem or grandiosity.	<input type="checkbox"/>	
9. Flight of ideas or subjective experience that thoughts are racing.	<input type="checkbox"/>	
10. Increased sociability or over-familiarity.		<input type="checkbox"/>
11. Increased sexual energy.		<input type="checkbox"/>

*DSM: symptoms 1 and 2 must be present and at least three other symptoms (at least four if the mood is only irritable).

†ICD: symptom 1 must be present and at least three other symptoms.

Duration / Severity	4 of:	1 of:
Present for at least 4 consecutive days.	<input type="checkbox"/>	<input type="checkbox"/>
Present most of the day, nearly every day.	<input type="checkbox"/>	
Change in function is unequivocally uncharacteristic of the individual.	<input type="checkbox"/>	
Changes in mood / functioning are observable by others.	<input type="checkbox"/>	
Not severe enough to cause marked impairment or necessitate hospitalization.	<input type="checkbox"/>	

Exclusions	1 of:	2 of:
Not attributable to the physiological effects of a substance.	<input type="checkbox"/>	<input type="checkbox"/>
No psychotic features (e.g. hallucinations) are present.	<input type="checkbox"/>	<input type="checkbox"/>
Episode does not meet criteria for: mania, bipolar affective disorder, depressive episode, cyclothymia, or anorexia*.		<input type="checkbox"/>

*If there has been a previous depressive, mixed affective, or manic episode see diagnostic criteria for bipolar disorder.

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Resource details

Title: Recognizing A Hypomaniac Episode

Type: Information Handout

Language: English (US)

Translated title: Recognizing A Hypomaniac Episode

URL: <https://www.psychologytools.com/resource/recognizing-a-hypomaniac-episode>

Resource format: Professional

Version: 20230721

Last updated by: JP

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