Information Handout

Professional Version | US English

Recognizing Bipolar Disorder

PSYCHOLOGY**TOOLS**®

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.

Bipolar disorder is characterized by distinct episodes of mania or hypomania, and episodes of depression. *Recognizing Bipolar Disorder* compares the DSM-5 and ICD-10 criteria for bipolar and related disorders, and the *Bipolar Disorder Checklist* is an assessment tool for clinicians. Clinicians should be aware that bipolar is frequently misdiagnosed as depression and should be careful when a client presents with primarily depressive symptoms.

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

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

Recognizing Bipolar Disorder

The DSM-5 and ICD-10 criteria for bipolar disorder diverge considerably. The DSM-5 primarily distinguishes between bipolar I , bipolar II, and cyclothymic disorder. The ICD-10 primarily distinguishes between a manic episode, bipolar affective disorder, and cyclothymic disorder. Clinicians are advised to refer to the respective diagnostic manuals for further information.

	DSM-5	ICD-10
Bipolar I disorder	**2 of:**	
At least one lifetime manic episode.	✔	
The manic episode or major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other psychotic disorder.	✔	

	DSM-5	ICD-10
Bipolar II disorder	**3 of:**	**2 of:***
At least one lifetime hypomanic *and* at least one lifetime major depressive episode.	✔	✔
There has never been a manic episode.	✔	✔
The occurrence of hypomanic and major depressive episodes is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other psychotic disorder.	✔	

*The ICD-10 recognition of bipolar II is provisional.

	DSM-5	ICD-10
Bipolar affective disorder		**1 of:**
At least two lifetime episodes (manic, hypomanic, depressive, or mixed affective) with at least one being manic or hypomanic.		✔

	DSM-5	ICD-10
Cyclothymic disorder (cyclothymia)	**3 of:**	**3 of:**
Numerous sub-threshold episodes of hypomanic and depressive symptoms that do not meet the full criteria for a hypomanic, manic, or depressive episode.	✔	✔
Cyclothymic periods are present most of the time and do not individually last more than two months.	✔	
Full criteria have never been met for manic, hypomanic, or depressive episode.	✔	
During some of the periods of depression at least three of the following symptoms are present: reduced energy, insomnia, loss of self-confidence, concentration difficulties, social withdrawal, less talkative, loss of enjoyment in sex or pleasurable activities, pessimistic about the future.		✔
During some of the periods of hypomania at least three of the following symptoms are present: increased energy or activity, decreased need for sleep, inflated self-esteem, creative thinking, gregariousness, more talkative, increased enjoyment in sex or pleasurable activities, over-optimistic.		✔

Bipolar Disorder Checklist

	DSM-5	ICD-10
Bipolar I disorder	**2 of:**	
At least one lifetime manic episode.	☐	
The manic episode or major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other psychotic disorder.	☐	

	DSM-5	ICD-10
Bipolar II disorder	**3 of:**	**2 of:***
At least one lifetime hypomanic *and* at least one lifetime major depressive episode.	☐	☐
There has never been a manic episode.	☐	☐
The occurrence of hypomanic and major depressive episodes is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other psychotic disorder.	☐	

*The ICD-10 recognition of bipolar II is provisional.

	DSM-5	ICD-10
Bipolar affective disorder		**1 of:**
At least two lifetime episodes (manic, hypomanic, depressive, or mixed affective) with at least one being manic or hypomanic.		☐

	DSM-5	ICD-10
Cyclothymic disorder (cyclothymia)	**3 of:**	**3 of:**
Numerous sub-threshold episodes of hypomanic and depressive symptoms that do not meet the full criteria for a hypomanic, manic, or depressive episode.	☐	☐
Cyclothymic periods are present most of the time and do not individually last more than two months.	☐	
Full criteria have never been met for manic, hypomanic, or depressive episode.	☐	
During some of the periods of depression at least three of the following symptoms are present: reduced energy, insomnia, loss of self-confidence, concentration difficulties, social withdrawal, less talkative, loss of enjoyment in sex or pleasurable activities, pessimistic about the future.		☐
During some of the periods of hypomania at least three of the following symptoms are present: increased energy or activity, decreased need for sleep, inflated self-esteem, creative thinking, gregariousness, more talkative, increased enjoyment in sex or pleasurable activities, over-optimistic.		☐

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