Commentary
Volume 10:05, 2024

Abnormal and Behavioural Psychology

ISSN: 2472-0496 Open Access

Mania *vs.* Hypomania: Differentiating the Two Phases of Bipolar Disorder

Daniela Oddone*

Department of Education, Psychology and Communication, University of Bari Aldo Moro, Bari, Italy

Introduction

Bipolar disorder is a complex and multifaceted mental health condition characterized by significant mood fluctuations, including episodes of both mania and depression. The nature of bipolar disorder varies widely among individuals, but the defining feature of the disorder is the presence of extreme mood states that can profoundly affect a person's ability to function. While depression tends to garner significant attention due to its debilitating nature, the manic and hypomanic phases of bipolar disorder are equally crucial in understanding the overall experience of the disorder. Mania and hypomania are two distinct mood episodes that occur within the spectrum of bipolar disorder, yet they are often confused due to their overlapping features. Both involve elevated mood, increased energy, and impulsive behavior, but they differ in terms of severity, duration, and the impact on a person's ability to function. Mania, the more severe of the two, can lead to significant impairment in daily life, including risky behaviors, impaired judgment, and sometimes psychosis. Hypomania, on the other hand, represents a milder form of elevated mood that does not result in the same level of impairment or psychotic symptoms but still leads to noticeable changes in behavior and functioning. Differentiating mania from hypomania is essential for accurate diagnosis and treatment of bipolar disorder. Misunderstanding the nature of these phases can lead to misdiagnosis, inappropriate treatment plans, or delayed interventions, which can have long-term consequences for individuals with bipolar disorder. Furthermore, the presence of both manic and hypomanic episodes plays a critical role in determining the specific type of bipolar disorder, such as Bipolar I or Bipolar II, and tailoring effective treatment strategies. This paper will explore the clinical distinctions between mania and hypomania, focusing on their symptoms, diagnostic criteria, impact on functioning, and the challenges in differentiating the two. We will discuss the importance of these distinctions in both diagnosis and treatment, and how a better understanding of mania and hypomania can improve outcomes for individuals living with bipolar disorder. Through this examination, we aim to provide clarity on the characteristics of each mood episode and emphasize the need for nuanced, individualized care in managing bipolar disorder [1].

Description

Bipolar disorder is a mood disorder marked by extreme fluctuations in emotional states, from periods of intense emotional highs (mania or hypomania) to deep lows (depression). These mood swings are not merely variations in mood; they represent clinically significant disruptions in an individual's behavior, cognition, and functioning. While the depressive episodes of bipolar disorder are often more readily recognized and addressed, the elevated phase mania and hypomania play a critical role in the diagnosis and management of the disorder. Understanding the differences between mania and hypomania is key to proper diagnosis, treatment planning, and effective clinical intervention. Mania and hypomania share many common features, including an elevated or irritable mood, increased energy, reduced need for sleep, and impulsivity. However, they differ significantly in their severity, duration, and impact on the person's daily functioning. Recognizing these differences is vital for clinicians, as the course of treatment and the prognosis for individuals with bipolar disorder can differ greatly depending on whether the person is experiencing a manic or hypomanic episode. This extended description delves into the nuances of both phases of bipolar disorder, clarifying their definitions, symptoms, diagnostic criteria, and the challenges in differentiating between the two [2].

Mania is a severe mood state characterized by an excessively elevated or irritable mood, accompanied by various behavioral, cognitive, and physiological symptoms. The intensity of mania often leads to significant functional impairment and may require hospitalization to prevent harm. In some cases, manic episodes can involve psychotic features such as delusions or hallucinations. According to the DSM-5, mania is diagnosed when an elevated, expansive, or irritable mood lasts at least one week (or for any duration if hospitalization is necessary) and is accompanied by symptoms like increased energy or activity, a decreased need for sleep, pressured speech, racing thoughts, impaired judgment, distractibility, and in severe cases, psychosis. Mania is typically associated with Bipolar I Disorder, which is diagnosed when a person has experienced at least one manic episode, with or without depressive episodes. In contrast, hypomania is a milder form of mood elevation that shares many of the same symptoms as mania but without the intensity and functional impairment. People experiencing hypomania may feel unusually energized, sociable, or productive, but they can usually continue their daily activities and maintain control over their behavior. Hypomanic episodes, while involving symptoms like decreased need for sleep, racing thoughts, talkativeness, and increased goal-directed activities, do not result in psychosis or significant impairment in functioning. As defined in the DSM-5, hypomania lasts for at least four days but less than a week and does not require hospitalization. It is often associated with Bipolar II Disorder, diagnosed when a person has experienced at least one hypomanic episode and one or more depressive episodes, but no full manic episodes. Although hypomania may still involve impulsive behaviors like overspending or making rash decisions, it generally does not disrupt daily functioning to the same degree as mania. While both mania and hypomania share overlapping symptoms, the key differences lie in the severity, duration, and impact on a person's ability to function. Mania, with its more intense symptoms and higher risk of psychosis, often requires more intensive treatment, including hospitalization and mood stabilizers, while hypomania may be managed with outpatient treatments and psychotherapy [3].

While mania can lead to substantial disruption in personal and professional life, hypomania may have a more subtle, yet still significant, effect on an individual's daily functioning. During hypomanic episodes, individuals might feel energized and unusually productive, which can appear beneficial in some contexts. However, the impulsivity, lack of sleep, and racing thoughts often accompanying hypomania can interfere with their ability to sustain relationships, meet deadlines, or maintain long-term goals. In the case of mania, the impact is far more pronounced. Individuals in a manic state may make decisions that are entirely out of character, such as

***Address for Correspondence:** Daniela Oddone, Department of Education, Psychology and Communication, University of Bari Aldo Moro, Bari, Italy, E-mail: oddone.daniela@bari.edu*

***Copyright:** © 2024 Oddone D. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.*

Received: 01 October 2024, Manuscript No. abp-24-154267; **Editor assigned:** 03 October 2024, PreQC No. P-154267; **Reviewed:** 15 October 2024, QC No. Q-154267; **Revised:** 22 October 2024, Manuscript No. R-154267; **Published:** 29 October 2024, DOI: 10.37421/2472-0496.2023.10.285

spending large sums of money, engaging in risky sexual behavior, or taking on unrealistic projects. They may become hostile, grandiose, or paranoid, which can strain relationships with family, friends, and colleagues. Mania often results in hospitalization due to the severity of the symptoms and the potential danger posed by the individual's behavior. Additionally, individuals with Bipolar I Disorder may experience long periods of depression following a manic episode, leading to further emotional strain. Those with Bipolar II Disorder, on the other hand, may face the challenge of chronic depressive episodes interspersed with brief hypomanic episodes, which can be harder to detect but still lead to significant emotional and social consequences over time. The differentiation between mania and hypomania is critical in diagnosing bipolar disorder and determining the appropriate course of treatment. Accurate diagnosis relies heavily on the clinician's ability to assess not only the presence of elevated mood but also the severity and functional impact of the episode [4].

Bipolar I Disorder is diagnosed when an individual has experienced at least one full manic episode, which may or may not be followed by depressive episodes. Treatment often includes mood stabilizers, antipsychotic medications, and hospitalization in severe cases. Bipolar II Disorder is diagnosed when an individual has experienced at least one hypomanic episode and one or more depressive episodes, but has never experienced a full manic episode. Antidepressant medications combined with mood stabilizers or antipsychotics are common treatments for Bipolar II, and careful management of depressive episodes is often the primary treatment goal. While medication is often the cornerstone of treatment for both mania and hypomania, psychotherapy can also play an important role in helping individuals manage their condition and prevent relapses. Cognitive-Behavioral Therapy (CBT), psycho-education, and family therapy are often utilized to help individuals with bipolar disorder develop coping skills, better recognize early warning signs of mood episodes, and manage the emotional challenges associated with both mania and hypomania. In particular, CBT can help individuals develop strategies to address impulsivity and racing thoughts during hypomanic episodes, while psycho-education teaches patients and their families about the symptoms of both mania and hypomania and the importance of early intervention [5].

Conclusion

In conclusion, while mania and hypomania share some overlapping symptoms, the distinction between the two is crucial for proper diagnosis and treatment of bipolar disorder. Mania is a severe mood episode that can lead to significant functional impairment and may require hospitalization, while hypomania is a milder, less disruptive form of elevated mood. By understanding these differences, clinicians can better assess the needs of individuals with bipolar disorder and provide tailored treatment plans aimed at managing both the manic and depressive phases of the disorder. Through a combination of medication, psychotherapy, and psycho-education, individuals with bipolar disorder can lead fulfilling lives while managing the challenges of mood episodes.

Acknowledgement

None.

Conflict of Interest

None.

References

1. Hirschfeld, Robert MA, Janet BW Williams, Robert L. Spitzer and Joseph R. Calabrese, et al. "Development and validation of a screening instrument for bipolar spectrum disorder: The Mood Disorder Questionnaire." *Am J Psychiatry* 157 (2000): 1873-1875.
2. Akiskal, Hagop S., Elie G. Hantouche, Marc L. Bourgeois and Jean-Michel Azorin, et al. "Gender, temperament, and the clinical picture in dysphoric mixed mania: Findings from a French national study (EPIMAN)." *J Affect Disord* 50 (1998): 175-186.
3. Kendler, Kenneth S., Mary McGuire, Alan M. Gruenberg and Aileen O'Hare, et al. "The Roscommon family study: IV. Affective illness, anxiety disorders, and alcoholism in relatives." *Arch Ge Psychiatry* 50 (1993): 952-960.
4. Rudaz, Dominique, Caroline L. Vandeleur, Mehdi Gholam and Enrique Castelao, et al. "Psychopathological precursors of the onset of mood disorders in offspring of parents with and without mood disorders: Results of a 13-year prospective cohort high-risk study." *J Child Psychol Psychiatry* 62 (2021): 404-413.
5. Van Sloten, T. T., Miranda T. Schram, M. C. Adriaanse and J. M. Dekker, et al. "Endothelial dysfunction is associated with a greater depressive symptom score in a general elderly population: the Hoorn Study." *Psychol Med* 44 (2014): 1403-1416.

How to cite this article: Oddone, Daniela. "Mania *vs.* Hypomania: Differentiating the Two Phases of Bipolar Disorder." *Abnorm Behav Psychol* 10 (2024): 285.