

Bipolar-II Depression



How mood-cycling can cause depression to keep coming back, and what you can do to break the cycle.

Bipolar-II is a common type of depression, affecting around 2-3 in 100 people. Unfortunately there is little public awareness of this condition, which borrows its name from the more well-known bipolar-I disorder. This similarity in names is confusing, since the word bipolar brings to mind a more extreme state called mania or manic-depression.

People with bipolar-II never have mania; instead, they suffer from depressions that alternate with states of nervous excitation called hypomania. Hypomania can make people feel anxious, impulsive, hyperactive, irritable and, sometimes, happy and confident. Hypomania may feel good or may feel uncomfortable, but unlike mania it never causes people to completely lose control.

Mood swings and depression

“I was silly and giddy one minute, bursting with rage the next; running around excitedly in the afternoon but impossible to rouse out of bed in the morning.” –from a college student with Bipolar-II, quoted in *New York Magazine*.

Bipolar-II affects everyone differently, but a common theme is that it causes mood to shift up and down throughout life. The first symptoms usually appear during adolescence, and these early mood swings often shift very rapidly as in the quote above. As people age, these shifts in mood usually slow down. Over time, depression tends to occur more often than the ups (or hypomanias).

Depression is so common in bipolar-II that it is often misdiagnosed as “major depression.” In fact, 1 in 3 people diagnosed with major depression actually have bipolar-II. Identifying the correct diagnosis is crucial since bipolar-II may worsen with antidepressant medication.

In bipolar-II, depressions often, but not always, are associated with high fatigue, high appetite, and heavy feelings in the body. Depression may have a seasonal pattern, getting worse in the winter. Mood may also be very anxious or irritable during these depressions.

Other symptoms of bipolar-II

Mood impacts our thoughts as much as our emotions. People with bipolar-II are often misdiagnosed with Attention Deficit Hyperactivity disorder (ADHD) because mood can make people's thoughts move too quickly or slowly; their minds may be easily distracted or crowded with multiple streams of thought.

These shifting thoughts make it difficult to set priorities. They may neglect important responsibilities while they hyperfocus on a single task, or may shift from task to task in a disorganized way. Thoughts can be experienced very powerfully, which can be a source of inspiration or frustration. Hypomania can make people easily annoyed and quick to react. It becomes very hard not to "sweat the small stuff", and conflict with other people frequently erupts.

Energy is usually elevated in hypomania. Sometimes this heightens creativity and productivity. Other times the surge in energy makes people feel edgy and restless, and they may use alcohol or drugs to settle down. People in this state tend to sleep less. They may welcome this change or lie awake in an anxious state of insomnia.

Anxiety is one of the most common symptoms of hypomania. This may be felt physically as a restless nervousness or as an uncomfortable feeling of dread, as if something bad may happen at any moment. Usually the person cannot identify what they are afraid of. Often the anxiety intensifies in social settings, and the intentions of other people may be seen as hostile or mean-spirited. At its most extreme, full panic attacks occur.

Sometimes the person with hypomania is not bothered by it at all and it is their relatives who are concerned. Usually it is the impulsive and hyperactive symptoms that worry them. These symptoms can cause people to spend too much money, crave substances, jump into new relationships or start projects they can't finish.

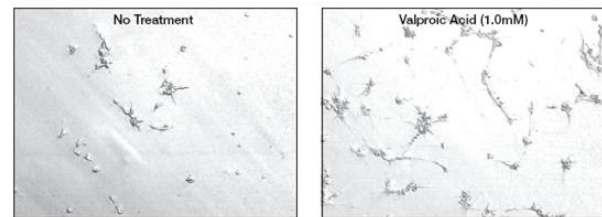
Hypomania also has a positive side, but I have emphasized the unpleasant aspects of it here because those are what lead people to seek help. In its sunny-side, hypomania can make people

friendly, confident and outgoing. They can be very happy, or euphoric, in a way that lifts the spirits of those around them. Other people see them as inspiring, spontaneous, funny and generous. Indeed, hypomania is often a strength!

How is bipolar-II disorder treated?

Although people with bipolar-II have high rates of depression, they often find that the antidepressants wear-off over time or even make their mood worse. There is an urgent need for better treatments than this, and the Mood Treatment Center has played an active role in contributing to that research.

Mood stabilizers (such as lamotrigine/lamictal) offer greater benefit for many people because they are designed to prevent, not just treat, depression. Other options beyond antidepressants include pramipexole/mirapex, modafinil/provigil, quetiapine/seroquel, N-acetylcysteine and omega-3 fatty acids. Most of these treatments also improve brain health by protecting brain cells from the damaging effects of stress:



The squiggles and lines above are brain cells. Treatment with a mood stabilizer (Valproic Acid or Depakote, to the right), has helped the cells to thrive and grow, while lack of treatment (to the left) has caused cells to shrink away.

Psychotherapy is also very helpful for this condition, both to cope with the effects it has on your life as well as to reduce the mood swings themselves. A unique form of psychotherapy, which was developed specifically for bipolar I and II, is called Interpersonal Social Rhythm Therapy and is available at the Mood Treatment Center (click "Therapy" or "Recovery Guide" on our web site, www.moodtreatmentcenter.com, to learn more).

—Updated 7/27/09 by Chris Aiken, MD