



MOOD DISORDERS ASSOCIATION OF MANITOBA INC.

PROVINCIAL OFFICE: 100-4 FORT STREET WINNIPEG MANITOBA R3C 1C4
PHONE: (204) 786-0987 TOLL FREE (OUTSIDE OF WINNIPEG) 1 (800) 263-1460 FAX: (204) 775-3497
WEB: depression.mb.ca E-MAIL: sdmdm@depression.mb.ca

Hypomania

Source: DSM-IV

What Is hypomania? Hypomania means, literally, “mild mania”.

It’s sometimes difficult to draw a distinct line between ‘manic’ and ‘hypomanic’, as ‘marked impairment’ is a necessarily subjective evaluation.

Also, one of the reasons that bipolar disorder often has a delayed diagnosis may be that hypomanic episodes are often overlooked amid the ‘Sturm and Drang’ of adolescence and early adulthood.

The associated features of mania are present in hypomanic episodes, except that delusions are never present and all other symptoms are **generally** less severe than they would be in Manic Episodes.

Criteria for a hypomanic episode:

- A. A distinct period of persistently elevated, expansive, or irritable mood, lasting at least four days, that is clearly different from the usual non-depressed mood.
- B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
 - Inflated self-esteem or grandiosity
 - Decreased need for sleep (eg. feels rested after only 3 hours of sleep)
 - More talkative than usual or pressure to keep talking
 - Flight of ideas or subjective experience that thoughts are racing
 - Distractibility (eg. attention too easily drawn to unimportant or irrelevant external stimuli)
 - Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
 - Excessive involvement in pleasurable activities that have a high potential for painful consequences (eg. engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)
- C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic.

- D. The disturbance in mood and the change in functioning are observable by others.
- E. The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization, and there are no psychotic features.
- F. The symptoms are not due to the direct physiological effects of a substance (eg. abuse of a drug, a medication, other treatment) or a general medical condition (eg. hyperthyroidism).

NOTE: Hypomanic-like episodes that are clearly caused by somatic antidepressant treatment (eg. medication, electroconvulsive therapy, light therapy) should not count toward a diagnosis of Bipolar Disorder II.

“Self-help works.”