**Cyclothymic Disorder At A Glance**

Adapted from *DSM-IV-TR Mood Disorders*

**Introduction**

Cyclothymic Disorder is a chronic, fluctuating mood disturbance involving numerous periods of hypomanic symptoms and numerous periods of depressive symptoms. The hypomanic symptoms are of insufficient number, severity, pervasiveness, or duration to meet full criteria for a Manic Episode, and the depressive symptoms are of insufficient number, severity, pervasiveness, or duration to meet full criteria for a Major Depressive Episode. It is not necessary that any of the periods of hypomanic symptoms meet either the duration or symptom threshold criterion for a Hypomanic Episode.

**Diagnostic Criteria**

* No Major Depressive Episode, Manic Episode, or Mixed Episode during the first 2 years of the disturbance.
* After the initial 2 years (1 year in children and adolescents) of Cyclothymic Disorder, there may be superimposed Manic or Mixed Episodes (in which case both Bipolar I Disorder and Cyclothymic Disorder may be diagnosed) or Major Depressive Episodes (in which case both Bipolar II Disorder and Cyclothymic Disorder may be diagnosed).
* The symptoms are not better accounted for by:
* Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.
* The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism).
* The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

**Epidemiology**

Cyclothymia is considered relatively rare, affecting less than 1 percent of the population. Accurate estimates are difficult because people may be undiagnosed or misdiagnosed as having other mood disorders, such as depression.

Cyclothymic Disorder often begins early in life and is sometimes considered to reflect a temperamental predisposition to other Mood Disorders (especially Bipolar Disorders). In community samples, Cyclothymic Disorder is apparently equally common in men and in women. In clinical settings, more women with Cyclothymic Disorder present for treatment than men.

There is a 15%–50% risk that the person will subsequently develop Bipolar I or II Disorder. Major Depressive Disorder and Bipolar I or II Disorder appear to be more common among first-degree biological relatives of persons with Cyclothymic Disorder than among the general population. There may also be an increased familial risk of Substance-Related Disorders. In addition, Cyclothymic Disorder may be more common in the first-degree biological relatives of individuals with Bipolar I Disorder.

**Differential Diagnosis**

Because many disorders have similar or even the same symptom, the clinician has to differentiate between the following disorders to establish this diagnosis.

Cyclothymic Disorder must be distinguished from a mood disorder resulting from or contributed to by a general medical condition. The diagnosis is Mood Disorder Due to a General Medical Condition, With Mixed Features, when the mood disturbance is judged to be the direct physiological consequence of a specific, usually chronic general medical condition (e.g., hyperthyroidism). This determination is based on the history, laboratory findings, or physical examination. A Substance-Induced Mood Disorder is distinguished from Cyclothymic Disorder by the fact that a substance (especially stimulants) is considered the cause of the mood disturbance.

The frequent mood swings that suggest Cyclothymic Disorder Bipolar I Disorder, With Rapid Cycling, and Bipolar II Disorder, With Rapid Cycling, both may resemble Cyclothymic Disorder by virtue of the frequent marked shifts in mood. By definition, the mood states in Cyclothymic Disorder do not meet the full criteria for a Major Depressive, Manic, or Mixed Episode, whereas the specifier With Rapid Cycling requires that full mood episodes be present. If a Major Depressive, Manic, or Mixed Episode occurs during the course of an established Cyclothymic Disorder, the diagnosis of either Bipolar I Disorder (for a Manic or Mixed Episode) or Bipolar II Disorder (for a Major Depressive Episode) is given along with the diagnosis of Cyclothymic Disorder. Borderline Personality Disorder is associated with marked shifts in mood that may suggest Cyclothymic Disorder. If the criteria are met for each disorder, both Borderline Personality Disorder and Cyclothymic Disorder may be diagnosed.sually dissipate following cessation of drug use.

Organic mood syndromes may be caused by: Acquired Immune Deficiency Syndrome (AIDS), Cushing's Disease, Epilepsy, Fahr's Syndrome, Huntington's Disease, Hyperthyroidism, Premenstrual Syndrome, Migraines, Multiple Sclerosis, Neoplasm, Postpartum, Stroke, Systemic Lupus Erythematosus, Trauma, Uremia, Vitamin Deficiency, Wilson's Disease.

Drug or substance-induced causes include: Amphetamines, Antidepressants (treatment or withdrawal), Baclofen, Bromide, Bromocriptine, Captopril, Cimetidine, Cocaine, Corticosteroids (including ACTH), Cyclosporin, Disulfiram, Hallucinogens (intoxication and flashbacks), Hydralazine, Isoniazid, Levodopa, Methylphenidate, Metrizamide (following myelography), Opiates, Procarbazine, Procyclidine, Yohimbine.

**Treatment**

Cyclothymia is a long-term condition that requires lifelong treatment, even during periods when you feel better. Ideally, cyclothymia treatment is guided by a mental health provider skilled in treating the condition.

Treatment at the earliest indication of a mental health disorder can help prevent cyclothymia from worsening. Long-term preventive treatment also can help prevent minor episodes from becoming full-blown episodes of mania or depression.

Because cyclothymia has a high risk of developing into bipolar disorder, it's important to get effective and appropriate treatment. Treatment is also vital for reducing the frequency and severity of hypomanic and depressive episodes and allowing you to live a more balanced and enjoyable life. Maintenance treatment — continued treatment during periods of remission — is also important. If you skip maintenance treatment, you may be at higher risk of having a relapse of cyclothymia symptoms or having minor episodes turn into larger problems. If you have problems with alcohol or substance abuse, you must get treatment for those, too, since they can worsen cyclothymia symptoms. The main treatments for cyclothymic disorder are medications and psychotherapy.

**Medications**

Medications may help control cyclothymia symptoms and prevent episodes of hypomania and depression. Medications commonly used to treat cyclothymia include:

* Mood stabilizers. Mood stabilizers are the most commonly prescribed medications for cyclothymic disorder. These medications help regulate and stabilize mood so that you don't swing between depression and hypomania. Lithium (Eskalith, Lithobid) has been widely used as a mood stabilizer and is generally the first line of treatment for hypomanic episodes. Your doctor may recommend that you take mood stabilizers for the rest of your life to prevent and treat hypomanic episodes.
* Anti-seizure medications. The medications, also known as anticonvulsants, are used to prevent mood swings. They include valproic acid (Depakene), divalproex (Depakote) and lamotrigine (Lamictal).
* Other medications. Certain atypical antipsychotic medications, such as olanzapine (Zyprexa) and risperidone (Risperdal), may help people who don't gain benefits from anti-seizure medications. Anti-anxiety medications, such as benzodiazepines, may help improve sleep. In addition, one medication, quetiapine (Seroquel), has been approved by the Food and Drug Administration to treat both the manic and depressive episodes of bipolar disorder, and may also be helpful for cyclothymic disorder.
* Antidepressants. Use of antidepressants in cyclothymic disorder is typically not recommended, unless they're combined with a mood stabilizer. As with bipolar disorder, taking antidepressants alone can trigger potentially dangerous manic episodes. Before taking antidepressants, carefully weigh the pros and cons with your doctor. If one medication doesn't work well for you, there are many others to consider. Keep trying until you find one that works well for you. Your doctor may advise combining certain medications for maximum effect.

It can take several weeks after first starting a medication to notice an improvement in your cyclothymia symptoms. Be aware that all medications have side effects and possible health risks. Certain antipsychotic medications, for instance, may increase the risk of diabetes, obesity and high blood pressure. If you take these medications, talk to your doctor about

being monitored for health problems. Also, mood stabilizing medications may harm a developing fetus or nursing infant. Women with cyclothymic disorder who want to become pregnant or do become pregnant must fully explore with their health care providers the benefits and risks of medications.

**Psychotherapy**

Psychotherapy is another vital part of cyclothymia treatment. Psychotherapy, also called counseling or talk therapy, can help persons served and their families understand what cyclothymia is and how it's treated. The types of therapy that may help cyclothymia include: cognitive behavioral therapy, family therapy and group therapy.