

Are There Different Types of Bipolar Disorder?

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Bipolar disorder is a complex condition characterized by distinct periods of abnormally elevated, expansive, or irritable moods, often alternating with depressive moods. Contrary to popular belief, there is more than one type of bipolar disorder. According to the American Psychiatric Association (APA), there are five types of bipolar and related disorders, each defined by the presence, type, frequency, and intensity of mood episodes.

What Are Mood Episodes?

People with bipolar disorder may experience periods of unusually intense emotion, changes in energy and activity levels, and uncharacteristic behaviors. These distinct periods are called mood episodes.

There are three main mood episodes that characterize bipolar disorders:

1. **Manic:** During a manic episode, you may feel extremely energized and happy, or sometimes even unusually angry or irritable. You feel like you have extra energy to burn. This period generally needs to last at least one week to be diagnosed.
2. **Hypomanic:** Less severe manic episodes are called hypomania. Hypomanic episodes only need to be present for four days for the diagnosis to be made.
3. **Depressive:** A major depressive episode is a period of at least two weeks during which you experience five or more depressive symptoms nearly every day and they impact your functioning.

Some people can even experience symptoms of depression and mania at the same time (or one right after the other). This is called a mixed episode.

Types of Bipolar Disorder

The APA classifies bipolar disorder according to the type, duration, and severity of a person's mood episodes. According to fifth edition of the APA's Diagnostic and

Statistical Manual of Mental Disorders (DSM-5), there are five different types of bipolar disorder a doctor may diagnose you with:

1. Bipolar I disorder
2. Bipolar II disorder
3. Cyclothymic disorder
4. Other specified bipolar and related disorder
5. Unspecified bipolar and related disorder

Other specified bipolar and related disorder, together with unspecified bipolar and related disorder both used to fall under the category of bipolar disorder not otherwise specified (NOS) in the DSM-IV. The "not otherwise specified" category, however, was removed and broken out into these two condition names in the DSM-5.

Bipolar I Disorder

To be diagnosed with bipolar I disorder, you must have experienced one or more manic episodes. These episodes must last at least seven days or be so severe that you need to be hospitalized.

Depressive episodes are common, although not necessary for the diagnosis.

Bipolar II Disorder

Bipolar II disorder is characterized by having both hypomanic and depressive episodes. Also, to be diagnosed with bipolar II, you must *never* have experienced a full-blown manic episode.

Bipolar II is not simply a milder form of bipolar I disorder. It is a distinctively different disorder.

Cyclothymic Disorder

Also called cyclothymia, this mood disorder consists of numerous alternating periods of hypomanic and depressive symptoms.

Unlike bipolar I and II disorders, the highs and lows of cyclothymia are not severe enough to fit the full criteria for manic, hypomanic, or major depressive episodes. However, these symptoms must be present for at least half the time for a period of at least two years, with no symptom-free period for more than two months.

Although the mood episodes are less extreme than those of bipolar disorder, it's critical to seek help. Not only can these symptoms interfere with your daily life, but they also may develop into bipolar I or bipolar II disorder later in life.

Other Specified Bipolar and Related Disorder

This type of bipolar disorder is diagnosed when you have symptoms of bipolar disorder (such as manic or depressive episodes), but they don't fit into other bipolar categories.

For instance, you may have cyclothymic symptoms that haven't lasted two years, or maybe you have hypomanic episodes without depressive episodes.

Unspecified Bipolar and Related Disorder

This diagnosis is similar to specified bipolar and related disorder. It's used when a doctor doesn't have enough information to make a specific diagnosis, such as in an emergency room.

Misdiagnosis

Of all the mental health disorders, bipolar is perhaps one of the most commonly misdiagnosed. Sometimes it's not clear which one of the types of bipolar disorder a person's symptoms align with.

Bipolar disorders can also be difficult to diagnose because they share symptoms with so many other conditions. These mental health conditions often get mistaken for bipolar disorder:

- **Attention-deficit hyperactivity disorder (ADHD):** Both disorders come with overlapping symptoms. However, while ADHD is a chronic condition present since childhood, bipolar disorders are episodic. Additionally, bipolar disorders primarily affect mood, whereas ADHD impacts attention and behavior.
- **Borderline personality disorder (BPD):** A main difference between these conditions is the length of the mood swings. Bipolar mood cycles are persistent and can last for weeks or months, whereas BPD mood swings may last a few hours or days and are generally reactive to interpersonal situations.
- **Clinical depression:** While bipolar disorders can include symptoms of depression, major depressive disorder is unipolar, meaning there is no mania or "high." Doctors may initially misdiagnose bipolar disorder as clinical depression because hypomanic or manic episodes have yet to emerge or have gone unnoticed.

- **Schizoaffective disorder:** Psychotic symptoms can be part of manic and depressive episodes in bipolar disorder. In schizoaffective disorder, psychotic symptoms are also present independent of a clear mood episode.

Being correctly diagnosed is an important step toward getting the right treatment. The most important thing you can do to increase your chances of receiving an accurate diagnosis is to tell a doctor about all the symptoms you've been experiencing.

Treatment

Treatment for any bipolar disorder generally involves medications and some form of psychotherapy.

Medications

Medication is the key to stabilizing most bipolar disorders. However, the type of medication a doctor prescribes depends on your symptoms and their severity.

The main treatment for mood episodes in bipolar disorder is a mood stabilizer. Examples of mood stabilizers include:

- Lithium
- Depakote (valproic acid)
- Tegretol (carbamazepine)

Antidepressants may be prescribed for depressive episodes in bipolar disorder. Common antidepressants include selective serotonin reuptake inhibitors (SSRIs) such as Zoloft (sertraline), Prozac (fluoxetine), or Lexapro (escitalopram). Because antidepressants can trigger manic episodes, they tend to be avoided in bipolar I disorder and are generally prescribed along with a mood stabilizer.

If you experience psychotic symptoms during a manic or depressive episode, a doctor will likely prescribe an antipsychotic. Examples of the newer atypical antipsychotics include:

- Vraylar (cariprazine)
- Latuda (lurasidone)
- Zyprexa (olanzapine)
- Seroquel (quetiapine)

Many of the atypical antipsychotics have mood stabilizing properties. Latuda and Seroquel are the only two antipsychotics that are officially FDA-approved to treat depression in bipolar disorder.

It can take a while to find the right bipolar medication. Most people with bipolar disorder take more than one medication.

Psychotherapy

Depending on your situation, psychotherapy might also be necessary. In fact, research shows that psychotherapy combined with medication can be more beneficial than medication alone.

Psychotherapy can help you better understand and cope with your illness. It can also help you improve your ability to manage relationships with others.

Psychotherapies that are effective for bipolar disorder include:

- Cognitive-behavioral therapy
- Family-focused therapy
- Interpersonal and Social Rhythm Therapy

As with medication, there is no single therapy approach that everyone will find useful.

Keep in Mind

If you or someone you know is experiencing symptoms of bipolar disorder, it's important to talk to a physician. A physician may want to rule out any potential physical health issues that may be contributing to your symptoms.

A physician may also refer you to a psychiatrist or other mental health professional for an evaluation. Be sure to speak openly about your behaviors, moods, and anything else you notice. Open, honest communication is essential to receiving a correct diagnosis and treatment plan.

11 Sources

Verywell Mind uses only high-quality sources, including peer-reviewed studies, to support the facts within our articles. Read our editorial process to learn more about how we fact-check and keep our content accurate, reliable, and trustworthy.

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