

Appendix 1. Diagnostic Criteria

The following criteria from the DSM-IV can assist in identifying the subtype of bipolar disorder.

Mania:

- A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week or any duration if hospitalization is necessary
- Persistence of three or more of the following symptoms to a significant degree:
 - inflated self-esteem or grandiosity
 - decreased need for sleep
 - more talkative than usual or a need to keep talking
 - flight of ideas or racing thoughts
 - distractability
 - increased goal-directed activity or psychomotor agitation
 - excessive involvement in pleasurable activities with a high potential for negative outcomes (buying sprees, sexual indiscretions, foolish business investments).

Hypomania:

- A distinct period of persistently elevated, expansive or irritable mood, lasting at least 4 days, and clearly different from usual non-depressed mood
- Persistence of three or more of the symptoms necessary for a manic episode
- Episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization, and there are no psychotic features.

Cyclothymic disorder:

- Presence of numerous periods with hypomanic symptoms and numerous periods with depressive symptoms not meeting the criteria for a major depressive episode, for at least 2 years
- Individual has not been without symptoms for more than 2 months during this period
- No major depressive episode, manic episode, or mixed episode present during the first 2 years of the disorder.

Bipolar disorder NOS:

- Very rapid alternation (days) between manic and depressive symptoms not meeting duration criteria
- Recurrent hypomania without intercurrent depressive symptoms
- Manic or mixed episode superimposed on delusional or psychotic disorder
- Inability to determine if bipolar disorder is primary, substance-induced or related to a medical condition.

Note:

- Disturbance in mood and change in functioning are observable by others.
- Symptoms are not due to the direct physiologic effects of a substance (e.g., street drug, medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

Adapted from:

1. Yatham LN, Kennedy SH, O'Donovan C, Parikh S, MacQueen G, McIntyre R et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines for the management of patients with bipolar disorder: consensus and controversies. *Bipolar Disord* 2005; 7 Suppl 3:5-69 PM:15952957
2. Piver A, Yatham LN, Lam RW. Bipolar spectrum disorders. New perspectives. *Can Fam Physician* 2002; 48:896-904 PM:12053634
3. American Psychiatric Association (APA). *Diagnostic and Statistical Manual of Mental Disorders.*, 4th ed. Washington, DC.: American Psychiatric Association, 1994.

