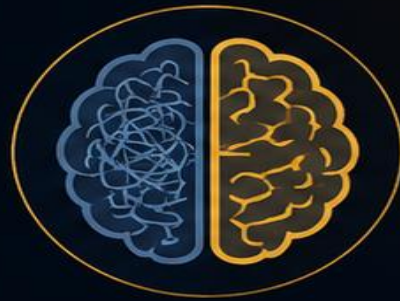


BIPOLAR DISORDER



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WHAT IS BIPOLAR DISORDER?



Chronic mental disorder with **extreme mood swings** : long lasting with repeated episodes



Alternating episodes of **mania/hypomania** and depression



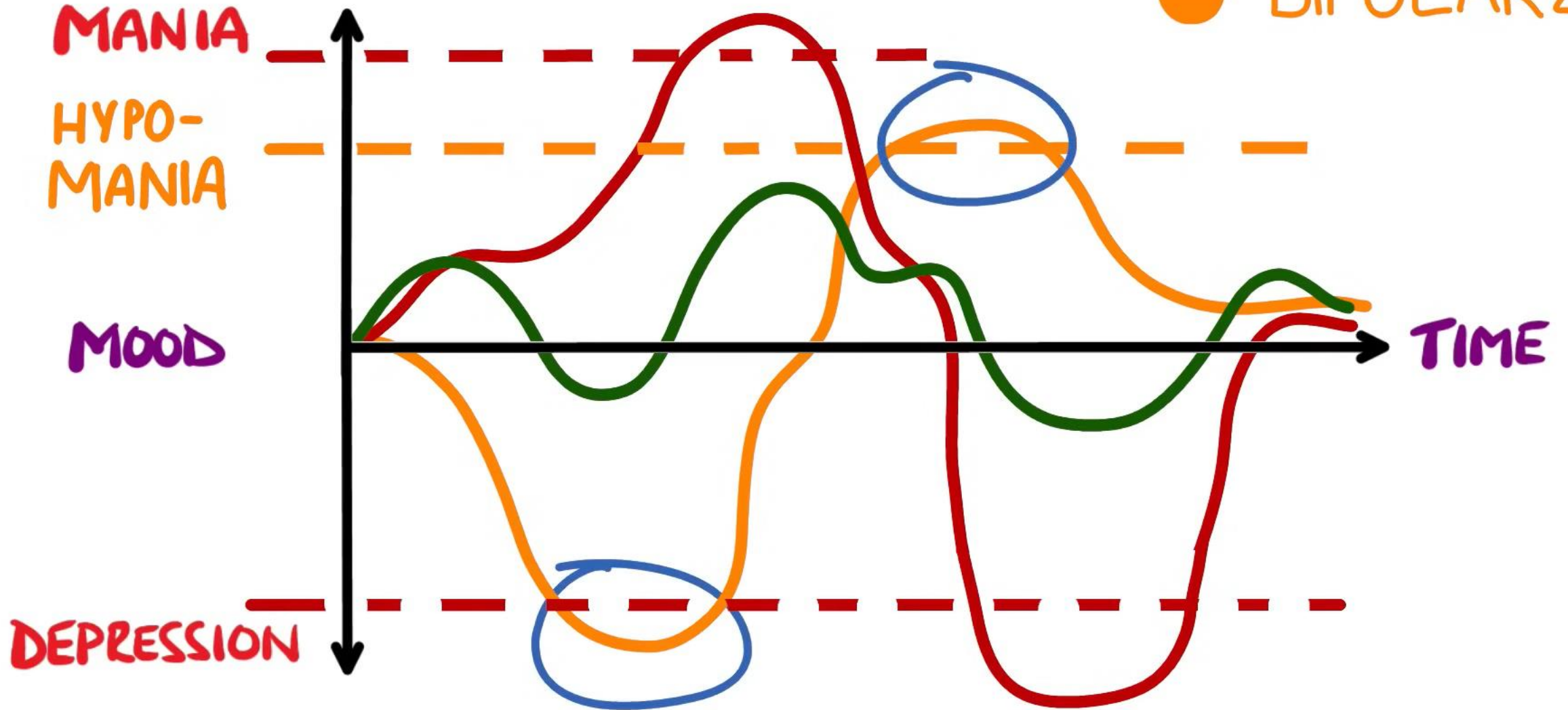
Mood fluctuates severely and disrupt daily functioning, relationships, work/school.



Lifelong condition but **treatable** and **manageable**

CLASSIFICATION

● = BIPOLAR 1
● = BIPOLAR 2



BIPOLAR DISORDER STATISTICS



40 million

people in the world affected by Bipolar Disorder



2%

people affected by Bipolar Disorder at any point of time during a year



2.9%

of adolescents suffer from Bipolar Disorder



Women

more likely to suffer from Bipolar II



Highest Percentage

of severe impairment among



PREVALENCE
MAP



GENETIC FACTORS

- ▶ Heritability- 70%-80%: Strong genetic component
- ▶ Family aggregation: First-degree relatives at higher risk - history key in assessment

Bipolar I & II Disorders

Bipolar I Disorder

- At least 1 episode of mania has occurred
- Hospitalization due to manic symptoms
- Psychotic symptoms associated with manic symptoms

- Does NOT require a past episode of major depressive disorder

Bipolar II Disorder

- At least 1 episode of hypomania, at least 1 episode of major depression
- No manic episodes
- No hospitalizations or psychotic symptoms

Adapted from DSM-5, 2013



Bipolar I & II Disorders: Diagnosis

- DSM-5 Criteria for Manic Episode
- A. A distinct period of abnormally and persistently elevated, *expansive*, or *irritable* mood and abnormally and persistently increased goal-directed activity or energy, lasting >1 week and present most of the day, nearly every day (any duration if hospitalization required)

Criterion A is required

Bipolar I & II Disorders

- DSM-5 Criteria for Manic Episode
- B. During the period of mood disturbance and increased energy or activity, 3 or more of the following symptoms have persisted (4 or more if mood is only irritable) and have been present to a significant degree and represent a noticeable change from usual behavior
 - 1) Inflated self-esteem or grandiosity
 - 2) Decreased need for sleep (ex. can feel well rested after only 3 hours of sleep)
 - 3) More talkative than usual or pressure to keep talking
 - 4) Flight of ideas or subjective experience that thoughts are racing
 - 5) Distractibility (i.e. attention too easily drawn to unimportant or irrelevant external stimuli)
 - 6) Increased goal-directed activity (socially, work/school, sexually) or psychomotor agitation
 - 7) Excessive involvement in pleasurable activities that have a high potential for painful consequences (unrestrained shopping, sexual indiscretions, foolish business investments)



Bipolar I & II Disorders

- DSM-5 Criteria for Manic Episode
- C. The episode is severe enough to cause significant social and occupational dysfunction, requires hospitalization to treat/prevent harm, or occurs with associated delusions and hallucinations (psychotic features)
- D. The episode is not caused by a substance/medication, nor is it caused by another medical disorder

Bipolar I & II Disorders: Diagnosis

Criteria for Mania

- *DIG FAST (3 or more)*
- **D**istractibility
- **I**rrresponsibility/Indiscretion
- **G**randiosity
- **F**light of Ideas
- **A**ctivity Increased
- **S**leep Decreased
- **T**alkative



DSM-IV MANIA CRITERIA (FULL)

- ▶ Mania+ elevated, expansive, or irritable mood + increased energy ≥ 1 week AND ≥ 3 symptoms (≥ 4 if mood is irritable):
- ▶ Inflated self-esteem or grandiosity
- ▶ Decreased need for sleep
- ▶ More talkative
- ▶ Racing thoughts/flight of ideas
- ▶ Distractibility
- ▶ High goal-oriented activity
- ▶ Excessive risky behavior

Bipolar I & II Disorders

Hypomanic Episode

- Manic Episode Criteria A and B met, but duration between 4-7 days in length
- Episode does not cause significant dysfunction/impairment in social, academic, or occupational functioning
- Episode does not require hospitalization
- Episode has **NO** psychotic features

Psychotic features = Delusions and/or hallucinations

Bipolar 1 vs. Bipolar II: Key Differences

	Bipolar I	Bipolar II
Diagnostic Criteria	At least one manic episode	At least one hypomanic and one major depressive episode
Mania/Hypomania	Mania	Hypomania (less severe)
Depression	May occur, but less central	Often more severe and long-lasting
Quality of Life Impairment	Mania often disrupts work, relationships, and safety	Hypomania may go unnoticed or seem "productive"
Proper Diagnosis	More likely to be accurately diagnosed	Often misdiagnosed as unipolar depression
Common Traits	Risk-taking, psychosis, sleep disruption	Mood instability, chronic depression, irritability

PSYCHOTHERAPY AND PSYCHOSOCIAL INTERVENTIONS

- ▶ CBT: Manage triggers, thoughts and behavior
- ▶ IPSRT: Maintains daily routines
- ▶ Family-focused therapy: Improves adherence
- ▶ Psychoeducation: Reduces hospitalization
- ▶ Lifestyle interventions: Sleep hygiene, stress management, structured routines and exercise, avoid alcohol and drug use

https://www.youtube.com/watch?v=3Ci-Q0J_5Fg

thank
you!