Distinguishing the Features of Bipolar Disorder and Major Depressive Disorder

np psych navigator

INTRODUCTION

Differentiating between unipolar (major depressive disorder) and bipolar depression is challenging. Depressive symptoms are the most frequently reported symptoms in individuals with bipolar I disorder,[1,2] and they are almost identical to those in individuals with unipolar depression.[1]

Bipolar disorder is characterized by episodes of mania, depression, and mixed features (a combination of mania and depression),[3-5] whereas unipolar depression consists only of depressive episodes.[3] However, bipolar depression may be frequently misdiagnosed as unipolar depression.[6] Milder episodes of mania can easily be missed, and symptoms of mania can be masked by other coexisting conditions such as anxiety, panic disorder, and substance abuse.[1]

In addition to history of manic or hypomanic episodes, there are several characteristics that have been shown to increase the probability of bipolar rather than unipolar depression, as shown below.[7]

HOW TO KNOW IF A PATIENT MAY HAVE UNIPOLAR OR BIPOLAR DEPRESSION

Use the following risk & predictive factors check list to help determine if it is unipolar or bipolar depression

Unipolar

- ☐ Negative family history of bipolar disorder
- ☐ Initial insomnia/reduced sleep
- ☐ Appetite and/or weight loss
- ☐ Normal or increased activity levels
- ☐ Somatic complaints
- ☐ Later onset of first episode (> 25 years)
- ☐ Fewer prior episodes (< 5 episodes)
- ☐ Longer duration of episode (> 6 months)

Bipolar

- ☐ Positive family history of bipolar disorder
- ☐ Hypersomnia/increased daytime napping
- ☐ Increased appetite/weight gain
- ☐ Atypical depressive symptoms
- ☐ Psychomotor retardation
- ☐ Psychosis, pathological guilt
- ☐ Agitation/irritability/racing thoughts
- ☐ Earlier onset of first episode (< 25 years)
- ☐ Multiple prior episodes (≥ 5 episodes)

This is not a diagnostic tool and is not intended to replace a clinical evaluation by a healthcare provider.

UNDERSTANDING THE DISTINGUISHING FEATURES

What are Somatic Complaints?

Somatic complaints (or somatic symptoms) can be common with unipolar depression and include the following:[8]

- Tiredness/lack of energy
- Decreased sleep
- Change in appetite
- Feeling like your heart is beating too fast
- Other coexisting medical conditions (such as backache, arthritis, etc.)

What are Atypical Depressive Features?

In bipolar depression, atypical depressive features are usually more common and include the following:[7]

- Excessive sleepiness
- Increased appetite and excessive eating
- Feeling like your limbs are weighed down/extra heavy
- Postpartum depression and psychosis
- Previous suicide attempts

Family History

- Family history of bipolar disorder, schizophrenia, or substance misuse is more common among people with bipolar disorder, though family history of major depressive disorder often does not differ.[9,10]

Sleep Pattern Changes

- Unipolar: Individuals may feel fatigued and tired but struggle to fall asleep and stay asleep.[3]
- Bipolar: Due to feelings of increased energy, individuals often have a decreased need for sleep and may feel rested after only sleeping for 3 hours.[3]

Appetite Changes

- Unipolar: Loss of appetite and/or weight loss are more common.[7]
- Bipolar: Increased appetite is more common.[7]

Energy Levels

- Unipolar: Activity levels often remain normal or increase for those experiencing unipolar depression.[11]
- Bipolar: Those experiencing bipolar depression can have decreased energy and psychomotor retardation (slowing of physical movement and emotional reactions).[4]

References

1. Culpepper L. *Prim Care Companion* CNS *Disord*. 2014;16(3):PCC.13r01609. 2. Judd LL, et al. *Arch Gen Psychiatry*. 2002;59:530-537 3. *American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5*. Arlington, VA: American Psychiatric Publishing; 2013. 4. Bobo WV. *Mayo Clin Proc*. 2017;92(10):1532-1551. 5. Hu J, et al. *Prim Care Companion CNS Disord*. 2014;6(2). doi:10.4088/PCC.13r01599. 6. Fountoulakis KN, et al. *Int J Neuropsych*. 2017;20(2):196-205. 7. Yatham LN, et al. *Bipolar Disord*. 2018;1-74. 8. Tylee A and Ghandi P. *Prim Care Companion J Clin Psychiatry*. 2005;7(4):167-176. doi: 10.4088/pcc.v07n0405 9. Perlis RH. *Am J Psych* 2006;163:225-231 10. Scott EM, et al. *J Affect Disord*. 2013;144:208-215. 11. Mitchell PB, et al. *Bipolar Disord*. 2008;10(1 Pt 2):144-52.

Sponsored by AbbVie Inc.