

# The evolution of manic and hypomanic symptoms

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Since publication of the first *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1952,<sup>1</sup> the diagnosis of manic and hypomanic symptoms has evolved significantly. This evolution has changed my approach to patients who exhibit these symptoms, which include increased goal-directed activity, decreased need for sleep, and racing thoughts. Here I outline these diagnostic changes in each edition of the DSM and discuss their therapeutic importance and the possibility of future changes.

**DSM-I (1952)** described manic symptoms as having psychotic features.<sup>1</sup> The term “manic episode” was not used, but manic symptoms were described as having a “tendency to remission and recurrence.”<sup>1</sup>

**DSM-II (1968)** introduced the term “manic episode” as having psychotic features.<sup>2</sup> Manic episodes were characterized by symptoms of excessive elation, irritability, talkativeness, flight of ideas, and accelerated speech and motor activity.<sup>2</sup>

**DSM-III (1980)** explained that a manic episode could occur without psychotic features.<sup>3</sup> The term “hypomanic episode” was introduced. It described manic features that do not meet criteria for a manic episode.<sup>3</sup>

**DSM-IV (1994)** reiterated the criteria for a manic episode.<sup>4</sup> In addition, it established criteria for a hypomanic episode as lasting at least 4 days and requires ≥3 symptoms.<sup>4</sup>

**DSM-5 (2013)** describes hypomanic symptoms that do not meet criteria for a hypomanic episode (*Table*).<sup>5</sup> These symptoms

**Table**

## Psychiatric disorders that can include hypomanic symptoms

In DSM-5, hypomanic symptoms that do not meet criteria for a hypomanic episode:

- are required for the diagnoses of cyclothymic disorder and unspecified bipolar and related disorder
- are required for the diagnoses of major depressive disorder with mixed features and persistent depressive disorder (dysthymia) with mixed features
- may occur in some patients with other specified bipolar and related disorder

Source: Reference 5

may require treatment with a mood stabilizer or antipsychotic medication.<sup>5</sup>

## Suggested changes for the next DSM

Although DSM-5 does not discuss the duration of different manic or hypomanic symptoms in the same patient, these can vary widely.<sup>6</sup> The same patient may have increased activity for 2 days, increased irritability for 2 weeks, and racing thoughts every day. Future versions of the DSM could include the varying durations of

continued on page 51

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**The next DSM could include the varying durations of different manic/hypomanic symptoms in the same patient**

Manic symptoms  
continued from page 41

different manic or hypomanic symptoms in the same patient.

Racing thoughts without increased energy or activity occur frequently and often go unnoticed.<sup>7</sup> They can be mistaken for severe worrying or obsessive ideation. Depending on the severity of the patient’s racing thoughts, treatment might include a mood stabilizer or antipsychotic. All 5 DSM-5 diagnoses listed in the *Table*<sup>5</sup> (*page 41*) may include this symptom pattern, but do not specifically mention it. A diagnosis or specifier, such as “racing thoughts without increased energy or activity,” might help clinicians better recognize and treat this symptom pattern.

**References**

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