

FLIGHTY patients a clue to hypomania

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'Frivolous, irresponsible, capricious, mercurial, and volatile' could describe hypomania

Dramatic, provocative, and confusing often describes the presentation of individuals with hypomania. But their lack of insight, rationalization, and minimization of maladaptive behavior can complicate diagnosis. Hypomanic patients often go for as long as a decade without receiving a correct diagnosis.

Full-blown mania usually is easy to recognize, but hypomania and other bipolar spectrum disorders that do not meet DSM-IV-TR criteria for bipolar I disorder are less obvious.¹ The dictionary defines "flighty" as frivolous, irresponsible, capricious, mercurial, and volatile, words that also could describe hypomanic individuals. To help diagnose hypomania, I came up with a mnemonic called FLIGHTY based on the 7 DSM-IV-TR criteria for hypomania:

Flight of ideas, racing thoughts. Ask patients if they talk before they think or if their thinking is too fast.

Lacking attention and concentration, distractible. Ask patients if they have trouble reading or watching television or if they become preoccupied with unimportant details.

Insomnia or decreased need for sleep. Patients report feeling energetic despite remarkably few hours of sleep.

Grandiosity, inflated self-esteem. Inquire if patients feel more creative and powerful than others.

Hyperactive, psychomotor agitation. Determine if patients have an increase in

repetitive activities or if they start many tasks but complete few.

Talkative, pressured speech. A reliable third party often can best assess talkativeness, though some patients are aware of their pressured speech and recount being "tongue-tied."

Yearnings that lead to excessive involvement in pleasurable activities and risky behaviors. Ask whether patients have given in to their yearnings or engaged in behaviors with high potential for harm or legal consequences.

Many hypomania symptoms overlap with those of other illnesses such as attention-deficit/hyperactivity disorder, personality disorders, and anxiety disorders. Accurate diagnosis of hypomania can be critical. Chemical dependence, sexual indiscretions, delusional thinking, spending sprees, unexplained travel, suicide, and more symptoms can contribute to morbidity. Remember that DSM-IV-TR criteria for hypomania require a 4-day period of elevated or irritable mood with:

- 3 of the above symptoms if there is expansive mood
- 4 if there is only irritable mood.

Clinical judgment and examination of the overall picture—not 1 or 2 isolated symptoms—are key to the correct diagnosis.

Reference

1. Young RC, Klerman GL. Mania in late life: focus on age at onset. *Am J Psychiatry* 1992;149:867-76.

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