Case report

A case of bipolar affective disorder not otherwise specified or cyclothymia

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Abstract

The symptoms of mood disorders can be highly variable from person to person, and there are some differences in the present systems of classification to view some of the presentations of Bipolar Disorder Not Otherwise Specified (BPAD-NOS) and cyclothymia. This case highlights one of such presentations.

Keywords: bipolar disorder not otherwise specified, cyclothymia, classification system

Introduction

BPAD-NOS is diagnosed 'if patients exhibit depressive and manic symptoms as the major features of their disorder and do not meet the diagnostic criteria for any other mood disorder or other DSM-IV mental disorders'. It has been cautioned to be used rarely and some of the examples given in DSM-IV are: very rapid alternation (over days) between manic symptoms and depressive symptoms that meet symptom threshold criteria but not minimal duration criteria for manic, hypomanic, or major depressive episodes; or situations in which the clinician has concluded that a bipolar disorder is present but is unable to determine whether it is primary, due to general medical condition, or substance induced.[1]

Essential feature of cyclothymia is a persistent instability of mood involving periods of mild depression and mild elation, but not severe or prolonged enough to fulfill the criteria for bipolar affective disorder or recurrent depressive disorder.[2]

Case Report

A 20-year-old, married, male with mild obsessive-compulsive trait presented in the Psychiatry Out-Patient-Department. He gives history of being diagnosed with pulmonary tuberculosis (PTB) four years ago. After being diagnosed with PTB, he could not sleep the whole night being preoccupied with the negative thoughts (e.g. not be able to fulfill his dreams due to illness) and woke up with the feeling of heaviness in body and uneasiness about himself. He experienced sadness throughout the days, weakness, and easy fatigability. He lost interest and joy in interacting with family members, relatives, and friends he normally used to have in such interactions. Together with irritability, decreased food intake, concentration difficulties, decreased confidence, he felt worthlessness, hopelessness, and that it would be better if he were dead. A couple of times, thoughts of just leaving the family came to him, nevertheless, worries about them prevented him from doing so. There was no guilt, suicidal ideas or history of substance abuse. This episode lasted for 6-7 days immediately followed by increased sense of well-being, increased energy level, feeling happy most of the time, increased confidence, increased sociability and helping others in their work, and sleeping less than usual (and still feeling fresh) for the next 2-3 days. There was no history suggestive of boastfulness or grandiosity, reckless behavior and delusions or hallucinations. By the third day of such elevation, symptoms subsided.

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Second such cycle happened after 4 months of first episode. Thereafter, it happened 10-14 times in last 4 years. He did not remember exactly the course; however, on leading question, there was remission for 2 months in between and such cycles occurred less than 4 times a year. His anti-tubercular treatment was completed in one year. There was no or only minimal socio-occupational dysfunction, and no family history of mental illness.

His systemic examination and mental state examination were normal. He had come to consult for distress he had in low phases. There was only minimal or no dysfunction during both phases so far. Family members were not available to corroborate the history.

Discussion

The essential feature of hypomania is 'a persistent mild elevation of mood, increased energy and activity, usually marked feelings of well-being, and both physical and mental efficiency. Increased sociability, talkativeness, over familiarity, increased sexual energy, and a decreased need for sleep are often present but not to the extent that they lead to severe disruption of work or result in social rejection'[2]. ICD-10 (DCR)[3] requires 4 days duration.

ICD-10 mentions in diagnostic guidelines of cyclothymia 'a persistent instability of mood involving periods of mild depression and mild elation, but not fulfilling criteria for bipolar affective disorder or recurrent depressive disorder (including hypomania and mild depression) as an essential feature'.[3] DSV-IV requires remission period less than 2 months at a time.[1] ICD-10 (DCR) mentions 'at least 2 years of instability of mood…… with or without intervening periods of normal mood' for symptom free interval and 'none of the manifestations of depression or hypomania during such two year period should be sufficiently severe or long standing to meet criteria for manic episode or depressive episode' [3]

Patients with cyclothymia are aware of mood swings, distressed by it, and usually seek help during depressive phase.[4] These mood swings are biphasic (e.g. eutonia versus anergic periods, people-seeking versus self-absorption); and that most patients with cyclothymia and bipolar disorder II patients report a threshold of 1-3 days (on occasion one week or longer) for elevation of mood which makes the 4 days threshold for hypomania too conservative in official diagnostic manuals.

Our patient presented with alternation of depressive symptoms for about a week followed by elevation of mood for 2-3 days, being short of duration criteria for both a depressive episode (2 weeks) and a hypomanic episode (4 days); however, fulfilling the symptoms threshold criteria for cyclothymia, mild depressive episode, and hypomania. Given that he has more than 2 years of disorder with instability of mood with mild depression or elation, duration less than for depressive episode or hypomania, without major dysfunction, symptoms with or without intervening periods of normal mood, cyclothymia looks likely as per ICD-10 (DCR). Or it can also be argued against cyclothymia in that DSM-IV requires that there be no remission of more than 2 months at a time. Given that some depressive patients may report their euthymic period as 'high period'[4] and patient fulfilling symptoms threshold criteria for depression with less than 2 weeks' duration, one might also consider recurrent brief depressive disorder. If one cycle be considered two episodes, one may wonder about the rapid cycling as well.

Conclusion

The authors consider the case as a case of BPAD-NOS for fulfilling symptom threshold criteria for depressive episode and hypomania but not for the duration criteria, and remission period of more than 2 months in the absence of known organic disorder or a substance use disorder.

References

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