

BIPOLAR AND RELATED DISORDERS

BIPOLAR II DISORDER



SA Federation for
Mental Health

What it is:

Bipolar II disorder is characterized by recurring mood episodes consisting of at least one major depressive episode and at least one hypomanic episode. The depressive episode must last no less than 2 weeks, and the hypomanic episode for at least 4 days, to meet the diagnostic criteria of Bipolar II disorder. In Bipolar II, the major depressive episodes are often more frequent and lengthier than those experienced in bipolar I. Hypomanic episodes, although similar in symptoms, are not full blown manic episodes, and so they do not typically cause major disruptions to daily functionality. The depressive episodes and frequent mood fluctuations are more likely to be the cause of problems with functionality at work or at home.

Common major depressive symptoms:

1. Feeling sad, hopeless or empty
2. Diminished interest or pleasure in all activities
3. Significant weight loss or gain in a short period of time
4. Sleeping too much or too little
5. Fatigue or a loss of energy
6. Diminished ability to concentrate
7. Frequent thoughts of death and dying, or suicidal behaviour or attempts

Common hypomania symptoms:

(Although the symptoms of hypomania and mania are similar, they differ in intensity. Hypomania will typically not affect an individual's ability to function on a day to day basis.)

1. Inflated self esteem
2. A marked decrease in need for sleep
3. Extremely talkative, thoughts racing from one topic to the next
4. Low levels of concentration, easily distracted
5. Engagement in risky and potentially dangerous behaviour, for example unrestrained shopping sprees, sexual indiscretions, or substance use.
6. Engaging in activities or exhibiting behaviour that is uncharacteristic for the individual

Causes:

Researchers believe that genetic and physiological factors play the largest role in the development of bipolar II disorder. The risk of developing bipolar II is higher among relatives of individuals who have bipolar II. There may also be genetic factors which influence the age at onset for bipolar disorders.



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Remember to always consult a mental health or medical practitioner regarding any questions you may have about a mental health diagnosis and treatment options.

This factsheet is based on information obtained from the DSM-5:
American Psychiatric Association, 2013. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.*