

Bipolar disorder

Mania & hypomania defined

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Introduction

Mania is a state of heightened energy and euphoria - an elevation of mood. It is in direct contrast to depression. Mania can vary in severity from hypomania, where, in addition to mood and energy elevation, the person shows mild impairment of judgement and insight, to severe mania with delusions and a level of manic excitement that can be so exhausting that hospitalisation is required to control the episode.

The mood, energy and other related symptoms define both mania and hypomania, with psychotic features being an 'add on' component experienced by a sub-set of individuals. [Read about psychotic features](#).

Principal features of hypomania and mania

Our research has identified **six** principal features of hypomania and mania: high energy levels, positive mood, irritability, inappropriate behaviour, creativity and mystical experiences. Those with mania or hypomania will have changes in at least 3 of these areas.

1. **High Energy Levels:**

We believe this to be the key feature underlying all states of hypomania and mania. High energy levels are indicated by the individual feeling 'wired' and 'hyper'; finding that their thoughts race; feeling extremely energetic and making decisions in a flash; talking more and talking over people; racing from plan to plan and being constantly on the go; and describing the need for less sleep without feeling tired.

2. **Positive Mood:**

The positive or hedonistic mood is reflected in descriptions such as feeling confident and capable; being extremely optimistic; feeling that one can succeed in everything; being more creative; and perhaps feeling 'high as a kite'. Any general anxiety disappears.

3. **Irritability:**

Is reflected in irritable, impatient and angry behaviours.

4. **Inappropriate Behaviour:**

Can be reflected by becoming over-involved in other people's activities; by increased risk taking (including increased consumption of alcohol and drugs, getting a tattoo impulsively, and gambling excessively); saying and doing somewhat outrageous things; spending more money; having increased libido and getting into relationships that are later regretted; and dressing more colourfully and with disinhibition.

5. **Creativity:**

Can be experienced as 'seeing things in a new light'; 'seeing things vividly and with crystal clarity'; finding one's senses are heightened; and feeling quite capable of writing the 'great Australian novel'.

6. **Mystical Experiences:**

Can be experienced by believing that there are special connections between events; that there is a higher rate of coincidences between things happening; feeling one with nature in terms of appreciating the beauty and the world around, and believing that things have special significance.

Psychotic symptoms in bipolar disorder - delusions and hallucinations

Delusions (fixed, false, irrational or illogical beliefs) and **hallucinations** (hearing, seeing, or sensing things without there being a stimulus to cause them) can sometimes occur when someone is experiencing an acute manic episode. They can also occur during a severe episode of melancholic depression in people with bipolar disorder, with delusions being a much more common occurrence than hallucinations. These symptoms are commonly referred to as 'psychotic' symptoms and when they occur with other manic symptoms (as outlined above) indicate that the person has a bipolar I disorder. Psychotic symptoms are not seen in hypomania, the key defining mood state of bipolar II disorder.

The presence of psychotic symptoms needs to be taken seriously as they reflect a serious episode and the likely need for that person to be admitted into hospital for close monitoring and urgent treatment. If there is a lot of support available by family and/or a community mental health team this can sometimes be avoided. However, a person experiencing these symptoms needs a quiet, calm and controlled environment to keep them safe and this can be hard to achieve in the home environment. The risk is that the person acts on a delusional belief (e.g. they may believe they have the ability to fly and then try to jump out of a tenth floor window) which puts them, or another person in danger. Delusional beliefs are by definition, fixed and held absolutely so that even repeated and persuasive attempts by others to prove that the belief is false, fail.

Delusions

The types of delusions that can occur during a manic episode are:

Grandiose delusions:

In this type of delusion the person believes that they possess special and unique gifts or powers that others don't have, or that they have access to information that is hidden to others. This type of delusion is the most characteristic of a mania and is said to be 'mood congruent'.

Examples: Having a belief that they are a king, are really Jesus, or that they can cure the sick, that they are really a multi-millionaire or that they have the power of telepathy.

Persecutory delusions:

In this type of delusion the person believes that people are after him or her, that something really bad is about to happen to them or to someone they know. Although it can occur in mania, this type of delusion can also be seen in other psychotic illnesses and is therefore not diagnostic of bipolar disorder *per se*.

Example: Believing people are following them as they walk down the street, or that someone is out to hurt them or someone they know.

Hallucinations

Hallucinations are also seen in mania and they can occur in any sense organ (i.e. hearing, taste, sight, sensation). The commonest hallucinations occurring in mania are auditory. Sometimes the experience of having hallucinations can propel the person to seek an explanation for their presence and this can fuel the development of a delusional belief. The different types of hallucinations that can occur are shown below:

Auditory Hallucinations



Hearing things (e.g. sounds of footsteps or voices). These can be a single voice or several, male or female, be familiar or unfamiliar. The voice(s) can call the person's name, tell them to do things, comment on what the person is doing, or if more than one voice, can talk to each other about the person. Hallucinations are normally perceived as coming from outside the person's head but occasionally people hear them inside the head (similar to the person's own thoughts).

Olfactory hallucinations



Smelling things. Can be pleasant or unpleasant. This can be a signal that there is another physical problem and would warrant a thorough physical examination and review by a specialist physician.

Gustatory Hallucination



Having unusual tastes in the mouth. Again this can be a signal that there is another physical problem and would warrant a thorough physical examination and review by a specialist physician.

Tactile Hallucinations



Feeling sensations on the skin (e.g. something is crawling over them). Again this can be a signal that there is another physical problem and would warrant a thorough physical examination and review by a specialist physician. Commonly this occurs in a drug withdrawal state.

Somatic Hallucinations



These are feeling sensations deep within the body and can be very unpleasant.

Visual Hallucinations



Seeing things that aren't really there (e.g. seeing people or shadows). They can become quite complex with people seeing whole scenes but are uncommon in 'pure' mania and are more commonly associated with some underlying physical or organic problem.

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