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This article is based on my H & P #1:
Case:

- L.P. is a 53 y/o female with history of depression and DM, alcohol/cocaine/cannabis use disorder, reporting suicidal ideation without an active plan. Pt reported unintentional weight loss, depressed mood, feelings of guilt, helplessness, decreased appetite, trouble falling asleep and lack of energy. Pt is cooperative with staff, maintaining eye contact and has a depressed mood with a blunted affect. Pt is currently a threat to self and requires further observation in CPEP once medically cleared.

During my mid-site visit presentation, along with major depressive disorder as the main differential, I had listed bipolar disorder as another possible diagnosis. I was asked to differentiate between Bipolar 1 and Bipolar 2 and how we would classify the patient based on history/symptoms.

Article Title: Bipolar Disorders: Evaluation and Treatment
Journal: American Academy of Family Physicians, Volume 103, Number 4
Published: February 15, 2021
Article link: https://www.aafp.org/pubs/afp/issues/2021/0215/p227.pdf

Bipolar 1 and Bipolar 2 features:

Bipolar Type 1 Disorder:
Epidemiology: Lifetime incidence (0.6%) higher than bipolar II.
Mean age: 18 years old
Diagnostic criterias:

- Meets criteria for manic episodes, may be followed by hypomania or major depressive episode.
- Mania for at least 1 week, nearly every day or less if hospitalized with marked impairments in social or occupational function.
    - **MANIA (At Least 3 or 4 if mood is only irritable):**
        - Grandiosity
        - Decreased need for sleep
        - Mood: euphoria, irritable, labile or dysphoric
        - Thinking: racing, flight of ideas, disorganized and easily distracted
        - Judgment is impaired

        - Behavior: Physical hyperactivity, pressured speech, increased goal directed activities, excessive involvements in activities that have high risk such as buying sprees.
- Mood disturbance is severe and causes marked impairment, might require hospitalization or there are psychotic features.
- Symptoms not due to medical condition or substance abuse.

Bipolar Type 2 Disorder:
Epidemiology: lifetime incidence 0.4%
Mean age: 22 years old
Diagnostic criterias:

- A distinct period of persistently elevated, or irritable mood and abnormally and persistently increased activity or energy, lasting at least ***4 consecutive days*** and present most of the day, nearly every day. 3 or more of the following or 4 if only irritable. Symptoms of mania and hypomania are the same but hypomania is less intense and last for fewer days.
    - Grandiosity
    - Decreased need for sleep
    - Mood: euphoria, irritable, labile or dysphoric
    - Thinking: racing, flight of ideas, disorganized and easily distracted
    - Judgment is impaired
    - Behavior: Physical hyperactivity, pressured speech, increased goal directed activities, excessive involvements in activities that have high risk such as buying sprees.
    - Episode is a clear change in behavior. Disturbance in mood and function is observable by others
    - No marked impairment in social or occupational functioning that requires hospitalization. No psychotic features.
    - Symptoms not due to medical condition or substance abuse.
- At least one major depressive episode

Similarities between Bipolar Type 1 and Bipolar Type 2:
Etiology: Can carry a genetic predisposition→ "Children of parents with bipolar disorders have a 4% to 15% risk of being affected, compared with a less than 2% risk in children of parents without bipolar disorder." Acute stressors such as childhood trauma can also affect recurrence.
Comorbid Medical conditions: Higher risk than general population; such as increased cardiovascular risk, diabetes mellitus and hyperlipemia.

How does it relate to the patient/how can we classify the patient?

This article discusses Bipolar Disorder in terms of epidemiology, etiology, comorbid medical conditions, diagnostic criterias and treatments. For my patient, to differentiate between bipolar 1 and 2, I would first question her about past manic/hypomanic episodes and her past hospitalization history. Bipolar disorder type 1 can present with mania, hypomania and/or depression however, this type diagnosis requires at least one manic episode and at least one depressive episode. The severity of the symptoms also play a role in differentiating between the two. If she reports previously having manic symptoms for at least 7 days, or having to be hospitalized from severe marked impairment in social or occupational impairment, she would be said to have Bipolar type 1. Bipolar 1 also has psychotic features whereas bipolar 2 does not. Hypomania seen in bipolar 2 causes these same symptoms as mania, but they're not as intense or long lasting. We know the patient has depression currently but that does not help us differentiate between the patient having bipolar 1 and 2 because both types of bipolar depression can have a period of major depressive disorder. Other than intensity of symptoms differentiating between the 2 types, the article also talks about Bipolar type 2 having a later age of onset and lower lifetime incidence compared to Bipolar type 2.