effective in improving psychological and social adjustment and that a combined treatment approach is more successful than medication alone for many patients.

BIPOLAR DISORDER

Clinical Manifestations Bipolar disorder is characterized by unpredictable swings in mood from mania (or hypomania) to depression. Some patients suffer only from recurrent attacks of *mania*, which in its pure form is associated with increased psychomotor activity; excessive social extroversion; decreased need for sleep; impulsivity and impaired judgment; and expansive, elated, grandiose, and sometimes irritable mood **(Table 452-8)**. In severe mania, patients may experience delusions and paranoid thinking indistinguishable from schizophrenia. One-half of patients with bipolar disorder present not with euphoria but with a mixture of psychomotor agitation and activation, accompanied by dysphoria, anxiety, and irritability. It may be difficult to distinguish such a mixed state from agitated depression. In some bipolar patients (*bipolar II disorder*), the full criteria for mania are lacking, and the requisite recurrent depressions are separated by periods of mild activation and increased energy (hypomania). In *cyclothymic disorder*, there are numerous hypomanic periods, usually of relatively short duration, alternating with clusters of depressive symptoms that fail, either in severity or duration, to meet the criteria of major depression. The mood fluctuations are chronic and should be present for at least 2 years before the diagnosis is made.

TABLE 452-8 Criteria for a Manic Episode