When to treat subthreshold hypomanic episodes

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According to DSM-IV-TR, the minimal duration of a hypomanic episode is 4 days.[1] Should we treat patients for hypomanic symptoms that last <4 days? Could antidepressants' high failure rate[2] be because many depressed patients have untreated "subthreshold hypomanic episodes"? Aripiprazole, quetiapine, and lithium all have been shown to alleviate depression when added to an antidepressant.[3-5] Is it possible that these medications are treating subthreshold hypomanic episodes rather than depression?

The literature does not answer these questions. To further confuse matters, a subthreshold hypomanic episode may not be a discrete episode. In such episodes, hypomanic symptoms may overlap at some point and the duration of each symptom may vary.

When I administer the Mood Disorder Questionnaire,[6,7] I ask patients about 13 hypomanic symptoms. Patient responses to questions about 7 of these symptoms—increased energy, irritability, talking, and activity, feeling "hyper," racing thoughts, and decreased need for sleep—can help demonstrate the variability of symptom duration. For example, a patient may complain of increased energy and irritability for 3 days, increased activity and feeling "hyper" for 2 days, increased talking and a decreased need to sleep for 1 day, and racing thoughts every day.

Alternative criteria

Considering this variation, I often use the following criteria when considering whether to treat subthreshold hypomanic symptoms:

- ≥4 symptoms must last ≥2 consecutive days
- ≥3 symptoms must overlap at some point, and
- ≥2 of the symptoms must be increased energy, increased activity, or racing thoughts.

However, some patients have hypomanic symptoms that do not meet these relaxed criteria but require treatment.[8] I also need to know when these episodes started, how frequently they occur, and how much of a problem they cause in the patient's life. I often treat subthreshold hypomanic episodes with an antipsychotic or a mood stabilizer. As with all patients I see, I consider the patient's reliability, substance abuse history, and mental status during the interview.

References

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Disclosure

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