

BIPOLAR AND RELATED DISORDERS

CYCLOTHYMIC DISORDER



SA Federation for
Mental Health

What it is:

Cyclothymic disorder is characterized by chronic, fluctuating mood disturbances involving periods of hypomania symptoms and periods of depressive symptoms that are distinct from each other. The hypomania symptoms are not frequent, severe or long lasting enough to classify fully as hypomania, and the depressive symptoms are not frequent, severe or long lasting enough to classify fully as a major depressive disorder. For a diagnosis of cyclothymic disorder to be made, symptoms must be persistent and any symptom free periods cannot last for longer than 2 months. Although individuals may function well during periods of hypomania, in the long term there is usually a loss of functionality at work and at home, as a result of frequent mood changes and instability.

Common hypomania symptoms:

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

Common depression 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

Individuals with this disorder will have chronic cycles of mood changes that fluctuate between hypomania symptoms, and depression symptoms.

Causes:

Genetic and physiological factors are thought to contribute to the development of cyclothymic disorder. The disorder may be more common in first degree relatives of individuals with bipolar I disorder.



**SA Federation for
Mental Health**

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.*