

**Psychiatry – Mania/Hypomania**  
**Whiteboard Animation Transcript**  
**with Kate Huntington, MD**

One surprising fact you need to know about mania: this diagnosis is frequently missed!

When people think of mania they most often think of the classic euphoric mania with behaviour that is drastically aberrant from a person's normal behaviour and that could not be missed by anyone. This is not always the case.

There are three main ways that the diagnosis of mania has been missed:

**1. Bipolar Disorder presenting with depression**

Many people with bipolar disorder will experience mild episodes of mania that they experience as ego-syntonic and pleasurable. Even though these episodes do cause some dysfunction, it is not severe enough to lead them to seek medical attention. If the episode is not registered at the time as abnormal, after the episode is over, recall of the specific details of this episode are often lost to the person who was experiencing the symptoms.

People are much more likely to seek medical attention for symptoms of depression as these are much more distressing for them. *For this reason, when anyone presents with symptoms of depression it is essential to screen for symptoms of previous mania including mild mania and hypomanic episodes.*

**2. Many experience episodes of mania as pleasurable, therefore recall is poor.**

This is because:

- a. People do not see these behaviours as warranting clinical attention and
- b. Because they do not necessarily want to prevent future episode.

As they have not registered these symptoms as abnormal when they occurred, they may genuinely not recall having an episode of these behaviours.

Having had manic symptoms however is a little bit like having had garlic pasta for lunch. The person who has the symptoms may not notice the symptoms but everyone else around them does. For this reason, it is essential to gather collateral history to further explore the possibility of past symptoms of mania or hypomania. Loved ones, especially those closest to the patient are very likely to remember these episodes which may have been quite distressing to them or disruptive in their life.

**3. Manic episodes do not always present with euphoric mood. They can present with significant irritability. They can also present as mixed episodes where there are both symptoms of mania and depression within the same time period. These episodes are very frequently missed as they do not present at all as we most often picture manic episodes. It is therefore essential to screen for manic symptoms in the context of any depressive episode or in any person presenting with irritable and angry affect and mood.**

Typically, people with dysphoric mania or mixed episodes will present with symptoms of depression as well as irritability, rapid speech, racing thoughts [for example unable to turn thoughts off at night to go to sleep], psychomotor agitation, perhaps starting but not able to finish multiple projects, and distractibility. They also often have severe anxiety. These

symptoms present in an episodic fashion and represent a change from the person's baseline.