Bipolar I and Bipolar II Disorders

In the upcoming Diagnostic and Statistical Manual of Mental Disorders, fifth edition, text revision (DSM-5-TR), criterion B in bipolar I disorder and criterion C in bipolar II disorder are modified. These modifications involved 1) reverting to a modified version of the DSM-IV criteria, with respect to the relationship between the mood episode and psychotic disorders; 2) providing better clarity regarding which mood episodes apply; and 3) adding mood episodes superimposed on a psychotic disorder as examples in other specified bipolar and related disorder and other specified depressive disorder. In addition, updates to the specifiers for bipolar and related disorders that have been made since the release of DSM-5 and approved by the DSM Steering Committee and the APA Assembly and Board of Trustees are reflected in DSM-5-TR.

Changes to Bipolar I Disorder criterion B and Bipolar II Disorder criterion C

The wording of criterion B in bipolar I disorder and criterion C in bipolar II disorder in DSM-5:

"The occurrence of the manic and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder"

represented a significant change from the corresponding criteria in DSM-IV:

"The mood episodes are not better accounted for by schizoaffective disorder and are not superimposed on schizophrenia, schizophreniform disorder, delusional disorder, or psychotic disorder NOS."

The DSM-IV versions of these criteria were intended to differentiate between mood episodes that were part of schizoaffective disorder ("not better accounted for by") and those concurrent with other psychotic disorders ("not superimposed on"). This differentiation was needed because the determination of whether mood episodes are better explained by schizoaffective disorder is relatively straightforward—since mood episodes are part of the diagnostic criteria:

"An uninterrupted period of illness during which there is a major mood episode (major depressive or manic) concurrent with Criterion A of schizophrenia" and "symptoms that meet criteria for a major mood episode are present for the majority of the total duration of the active and residual portions of the illness."

However, it is much less clear how to determine whether mood episodes are "better explained by" other psychotic disorders as required by the DSM-5 versions of these criteria given that, with the exception of schizoaffective disorder, no psychotic disorder includes mood episodes in its definition. Consequently, in DSM-5-TR, those criteria have been changed as follows:

For Bipolar I disorder
"B. At least one manic episode is not better explained by schizoaffective disorder and is not superimposed on schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder."

For Bipolar II Disorder
"C. At least one hypomanic episode and at least one major depressive episode are not better explained by schizoaffective disorder and are not superimposed on schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder."

Moreover, examples have been added to Other Specified Bipolar and related disorder and to Other Specified Depressive Disorder so that manic episodes or major depressive episodes that are superimposed on a psychotic disorder can also be diagnosed.

Change to Mood-Congruent/Mood Incongruent Psychotic Features specifier

When applying these specifiers to bipolar I or bipolar II disorders, the definition of mood congruent/mood incongruent psychotic features depends on whether the current (or most recent) episode is a manic episode or major depressive episode. However, as written, the DSM-5 definition of this specifier was only applicable to psychotic manic episodes. Consequently, for bipolar disorders, different versions of this specifier are available depending on the type of episode. The "manic version" uses the wording for the specifier as it appears in the bipolar and related disorders chapter, and the "depressive version" uses the definition of the mood-congruent/mood incongruent features specifier from the Depressive Disorders chapter.

Changes to Severity Specifiers

The definitions for the bipolar severity specifiers in DSM-5 (i.e., mild, moderate, severe) make sense only if the current episode is a major depressive episode:

Mild: Few, if any, symptoms in excess of those required to meet the diagnostic criteria are present, the intensity of the symptoms is distressing but manageable, and the symptoms result in minor impairment in social or occupational functioning.
Moderate: The number of symptoms, intensity of symptoms, and/or functional impairment are between those specified for "mild" and "severe."
Severe: The number of symptoms is substantially in excess of those required to make the diagnosis, the intensity of the symptoms is seriously distressing and unmanageable, and the symptoms markedly interfere with social and occupational functioning.

However, these do not make sense if the current episode is manic. This is because it is impossible for a manic episode to be considered "mild" since, by definition, manic episodes must cause marked impairment in functioning (criterion C). Consequently, specifiers that are applicable to a manic episode (taken from DSM-IV) have been added to DSM-5-TR.

Mild: Minimum symptom criteria are met for a manic episode.
Moderate: Very significant increase in activity or impairment in judgment.
Severe: Almost continual supervision is required in order to prevent physical harm to self or others.

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) will publish DSM-5-TR in 2022.

APA is a national medical specialty society whose more than 37,400 physician members specialize in the diagnosis, treatment, prevention, and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org. For more information, please contact APA Communications at 202-459-9732 or press@psych.org.