



English Teachers On Call

Cyclothymic Disorder



<http://abpsych2035-3.wikispaces.com/Cyclothymic+Disorder>

***Cyclothymic disorder** is characterized by hypomanic and mini-depressive periods that last a few days, follow an irregular course, and are less severe than those in bipolar disorder. Diagnosis is clinical and based on history. Management consists primarily of education, although some patients with functional impairment require drug therapy.*

Cyclothymic disorder is commonly a **precursor** of bipolar II disorder. However, it can also occur as extreme **moodiness** without becoming a major mood disorder. In chronic hypomania, a form rarely seen clinically, **elated** periods predominate, with habitual reduction of sleep to <6 h. People with this form are constantly over cheerful, self-assured, over energetic, full of plans, **improvident**, overinvolved, and **meddlesome**; they rush off with restless impulses and may act in an overfamiliar manner with people.

For some people, cyclothymic and chronic hypomanic dispositions contribute to success in business, leadership, achievement, and artistic creativity; however, they more often have serious **detrimental** interpersonal and social consequences. Consequences often include instability with an uneven work and schooling history, impulsive and frequent changes of residence, repeated romantic or marital breakups, and an episodic abuse of alcohol and drugs.

Treatment

- Supportive care
- Sometimes a mood stabilizer

Patients should be taught how to live with the extremes of their **temperamental inclinations**; however, living with cyclothymic disorder is not easy because interpersonal relationships are often stormy. Jobs with flexible hours are advised. Patients with artistic inclinations should be encouraged to pursue careers in the arts because the excesses and **fragility** of cyclothymia may be better tolerated there.

The decision to use a mood stabilizer depends on the balance between functional impairment and the social benefits or creative **spurts** that patients may experience. Divalproex 500 to 1000 mg po once/day is often better tolerated than equivalent doses of lithium. Antidepressants should be avoided unless depressive symptoms are severe and prolonged because switching and rapid cycling are risks.

Support groups (eg, Depression and Bipolar Support Alliance in Chicago) can help patients by providing a forum to share their common experiences and feelings.



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Reference: <http://www.merckmanuals.com>