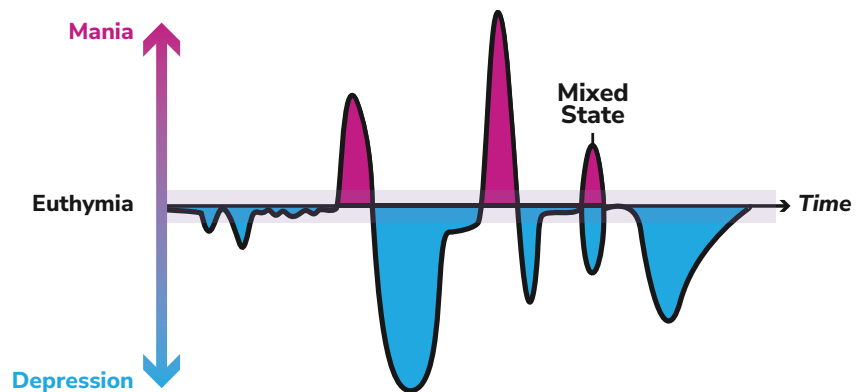# Mixed Features in Bipolar I Disorder

## Introduction

Bipolar I disorder (BP-1) is a mood disorder characterized by alternating states of opposing mood polarity, depressive and manic or hypomanic episodes. While the transition between the mood states is a hallmark feature of bipolar disorder (BP),[1] this bipolarity of mood can exist in a spectrum with varying degrees of severity.[2] Mood symptoms of opposing polarity, depressive and manic features, can occur simultaneously at subthreshold levels in what is called a "mixed state."[3]

## Prevalence and Impact of Mixed Features in BP Patients

Mixed moods are increasingly being recognized as a significant component of BP,[4] as a number of bipolar patients may experience mixed episodes. A study showed that approximately 30% to 34% of patients with BP experience mixed features as defined by the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5).*[3]  In another study, 34% of patients with BP-1 and 26% of patients with major depressive disorder (MDD) were shown to exhibit mixed features during a depressive episode. Additionally, 20% of BP-1 patients exhibited mixed features during a manic/hypomanic episode.[5]



**30%-34%**
of patients with bipolar disorder experience mixed features

Mania

Euthymia

Depression

Mixed State

*Time*

Mixed features in BP-1 may be associated with more frequent episodes and a more severe course of illness. Studies have found that bipolar patients with mixed features can experience[5,9-11]:

- A longer duration of episodes
- Higher likelihood of relapse
- More rapid cycling
- Higher risk of future mixed episodes

- Greater functional impairment
- Higher rates of comorbid conditions such as cardiovascular disease and alcohol/substance use disorder
- Higher risk of suicide

Furthermore, bipolar disorder patients with mixed features may be more likely to experience an **affective switch**, which may also lead to negative health outcomes.[1,11,12]

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## The Mixed Features Specifier in Bipolar Disorder

The mixed features specifier (MFS) in the *DSM-5* allows for a more specified diagnosis of BP to indicate the presence of concurrent opposing mood symptoms in bipolar patients. The MFS can be applied to current depressive, manic, or hypomanic episodes in BP.[13]
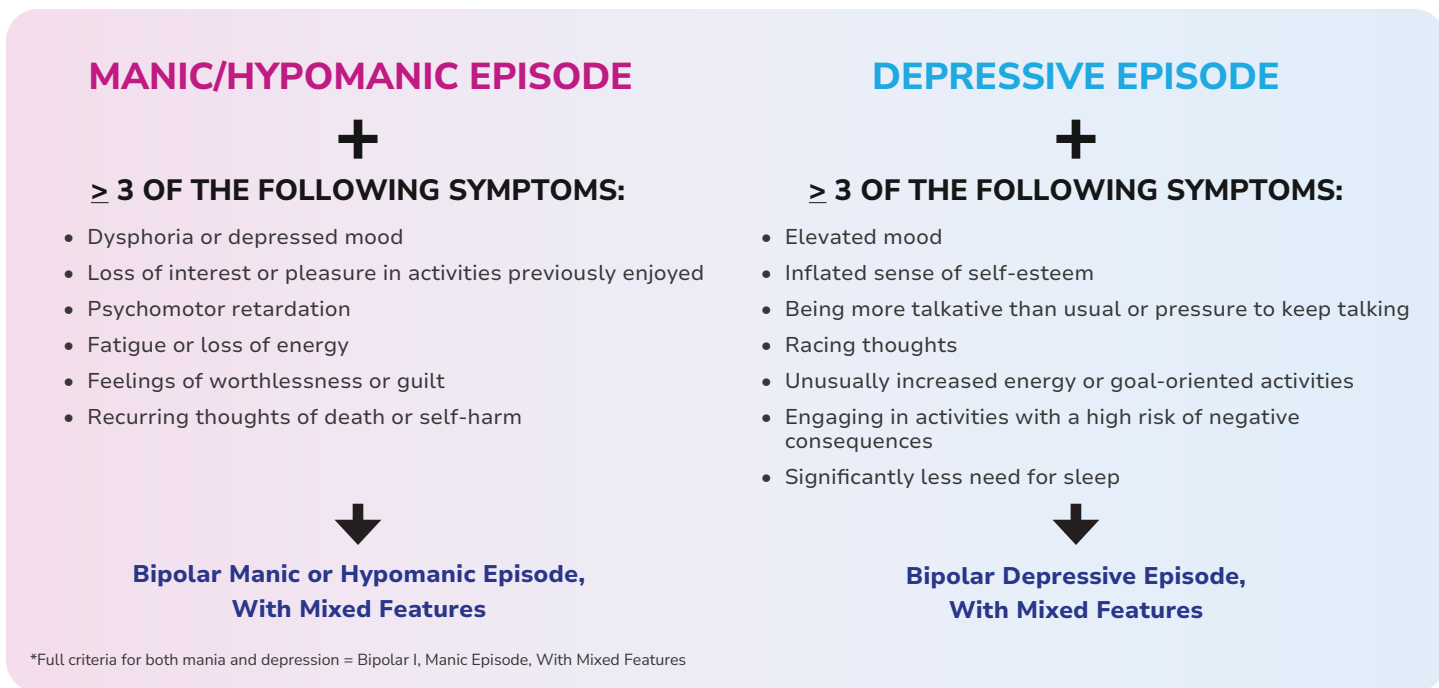
### MANIC/HYPOMANIC EPISODE

**+**

#### ≥ 3 OF THE FOLLOWING SYMPTOMS:

- Dysphoria or depressed mood
- Loss of interest or pleasure in activities previously enjoyed
- Psychomotor retardation
- Fatigue or loss of energy
- Feelings of worthlessness or guilt
- Recurring thoughts of death or self-harm

↓

**Bipolar Manic or Hypomanic Episode, With Mixed Features**

### DEPRESSIVE EPISODE

**+**

#### ≥ 3 OF THE FOLLOWING SYMPTOMS:

- Elevated mood
- Inflated sense of self-esteem
- Being more talkative than usual or pressure to keep talking
- Racing thoughts
- Unusually increased energy or goal-oriented activities
- Engaging in activities with a high risk of negative consequences
- Significantly less need for sleep

↓

**Bipolar Depressive Episode, With Mixed Features**

*Full criteria for both mania and depression = Bipolar I, Manic Episode, With Mixed Features

**Figure 2.** *Diagnostic and Statistical Manual of Mental Disorders.* 5th ed. American Psychiatric Association; 2013.[13]

## Understanding Mixed Episode Symptoms

It is important for nurse practitioners to carefully evaluate patients for mixed presentations, as it may help to provide an accurate diagnosis and ultimately appropriately manage the presenting symptoms. A mixed features episode presents with a combination of mood states. Patients with mixed features may display the following examples of symptoms or symptom combinations[14]:

- Depressed mood with irritability
- Socially withdrawn
- Sense of despair and suicide contemplation
- Loss of interest/pleasure and widespread apathy

- Difficulty concentrating and overcrowding thoughts
- Increased/decreased sexual activity
- Difficulty sleeping
- Somatization symptoms such as gastrointestinal disorders and headaches

Understanding and recognizing mixed features in patients with BP is crucial for providing appropriate management over the course of the disease.

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