

Cyclothymic Disorder

A plain-English guide for you and your family

WHAT IS HAPPENING

Cyclothymic disorder means a person's mood has been swinging between mild highs and mild lows for at least two years (one year for children and teens). The highs feel like extra energy, less sleep, big confidence, faster talking, and more ideas—but they never reach a full hypomanic episode. The lows feel like sadness, low energy, trouble focusing, and pulling away from people—but they never reach a full depression. The swings are there at least half the time, and the person is never steady for more than two months in a row. It matters because the unpredictability strains work and relationships, because some people use alcohol or other substances to try to smooth it out, and because about one in four people later develop full bipolar disorder.

What you might feel

- Recurrent mild highs — more energy than usual, less sleep needed (but not staying up all night), talking more, feeling unusually upbeat or confident (never a full manic or hypomanic episode)
- Recurrent mild lows — feeling sad or empty, tired, trouble focusing, feeling down on yourself (never a full major depressive episode)
- Mood swings present at least half the time for 2 years or longer (1 year or longer in children and teens)
- Never symptom-free for more than 2 months in a row
- Unpredictability that strains relationships, work, or plans — 'I never know which version of me will wake up'
- Sleep that swings with mood — some nights needing much less (feeling rested on 4–5 hours), other stretches needing more or sleeping poorly

Call the doctor right away if...

- A first full manic episode — if you ever have a week (or need the hospital) with huge energy, no sleep, reckless choices, or psychosis, the diagnosis instantly becomes bipolar I, not cyclothymic disorder

- A full major depressive episode (five or more symptoms for at least two weeks) plus a past hypomanic episode (four days of clear high symptoms) — that combination is bipolar II, which replaces the cyclothymic label
- Suicidal thoughts during a down swing — even though the lows are 'mild' by DSM criteria, chronic cycling still carries real suicide risk and must be taken seriously
- Substance use (alcohol, cannabis, stimulants) climbing to cope with the swings or mask the pattern — this can hide the true mood picture and bring its own dangers
- Starting an antidepressant alone (without a mood stabilizer) and then developing new irritability, racing thoughts, much less sleep, or risky behavior — this may signal a switch into hypomania or mania, which can happen when someone on the bipolar spectrum takes an antidepressant by itself

What the care team will do

- Chart the swings: teach daily mood + sleep logging
- Protect sleep rhythm aggressively
- Screen for substance use and suicidal ideation at every visit
- Flag any antidepressant-alone prescription for review
- Educate: this is a bipolar-spectrum condition with 15–50% conversion risk

Medicines you may be given — and why

Lithium

Calms overexcited mood circuits deep inside brain cells by changing how chemical signals get passed around, tightening the swing range in both directions and cutting suicide risk across the whole bipolar family.

Lamotrigine

Blocks sodium channels in nerve membranes and lowers glutamate (the brain's main go signal), steadying mood from underneath — most helpful against the low-mood side of the cycle.

Quetiapine (low dose, when sleep is broken or cycling causes real trouble)

Blocks dopamine D2 receptors (braking reward and motor signals) and serotonin 5-HT_{2A} receptors (calming mood and perception circuits), which settles agitation, fixes sleep, and treats both poles of bipolar-spectrum mood swings.

Where this information comes from

- American Psychiatric Association DSM-5-TR (2022)
- National Institute of Mental Health (NIMH)
- American Psychiatric Association Practice Guideline for Bipolar Disorder (2nd edition, 2024)

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