

Hypomania

A plain-English guide for you and your family

WHAT IS HAPPENING

Hypomania means the mood has been unusually high or irritable for at least four days in a row. The person needs less sleep, talks faster, starts many projects, and spends more — but they can still work and care for themselves, and they never lose touch with reality. It matters because hypomania plus a past depression means Bipolar II, and that changes which medicines are safe. Antidepressants alone (without a mood stabilizer) can flip the mood even higher. Family often notices the change before the person does. The high mood usually settles on its own within days to weeks, but it often slides into a deep depression afterward — that's when most people finally come in for help, and the earlier high episode is the key clue doctors need to pick the right treatment.

What you might feel

- Sleeping much less but not feeling tired
- Talking much more and much faster than usual
- Feeling unusually confident and optimistic
- Starting many new projects, spending more money, reaching out to more people
- Getting irritated or snappy when things do not go as planned
- Racing thoughts or jumping quickly from idea to idea
- Seeing or hearing things that are not there, or believing things that are clearly not true
- Mood or behavior so extreme that work, school, or relationships fall apart

Call the doctor right away if...

- Psychotic symptoms—seeing, hearing, or believing things that are not real—mean this is mania, not hypomania, and the person needs same-day psychiatric evaluation and medication adjustment
- Mood climbing higher despite efforts to protect sleep, or sleep dropping below three hours a night—the episode is escalating toward full mania

- Any suicidal thoughts or plans—people with Bipolar II face their highest suicide risk during depressive episodes and the switches between moods, so any suicidal thinking requires immediate safety assessment
- The person is taking an antidepressant without a mood stabilizer—antidepressants alone can flip a person with bipolar disorder into hypomania or mania, so the medication plan needs urgent review
- Reckless behavior the person cannot undo—spending large amounts of money they do not have, dangerous driving, risky sexual decisions—that causes real harm and cannot be walked back means the episode has crossed into impairing mania

What the care team will do

- Screen every 'depression' patient for past hypomanic episodes before antidepressants start
- Anchor and protect sleep — document actual hours, not just 'slept well'
- Bring family or collateral into the history whenever possible
- Assess suicide risk at every mood switch, especially entering depression

Medicines you may be given — and why

Lithium

Calms overactive signaling inside brain cells and steadies the mood circuit across both highs and lows. It is the only mood medicine repeatedly shown to lower the risk of suicide.

Lamotrigine

Blocks sodium gates on brain cells and lowers the release of glutamate (the brain's main go signal) — best at preventing the depressive lows of bipolar disorder.

Quetiapine

Blocks dopamine and serotonin receptors — cools the overheated reward circuit, restores sleep, and treats bipolar depression too.

Valproate (Divalproex)

Boosts GABA (the brain's main brake signal) and blocks sodium channels — calms the overactive circuits driving mania and hypomania. Works faster than lithium.

Carbamazepine

Blocks sodium channels and calms overactive brain-cell firing — an older mood stabilizer still used when lithium or valproate do not work or cannot be tolerated.

Aripiprazole

Acts like a dimmer switch on dopamine — turns down the signal when it is too high (mania) and nudges it up when it is too low, stabilizing the reward circuit without full blockade.

Where this information comes from

- American Psychiatric Association DSM-5-TR (2022) — diagnostic criteria for hypomanic episode
- APA Practice Guideline for the Treatment of Patients with Bipolar Disorder (2022)
- CANMAT and ISBD 2018 guidelines for the management of patients with bipolar disorder
- National Institute of Mental Health (NIMH) Bipolar Disorder resource

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