

Oral presentation

Bipolar I - Bipolar II distinction

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Previous studies, performed in the second half of the last century, focused primarily on the two extreme manifestations of major mood disorders (i.e., unipolar major depression and “classical” Bipolar I disorder), and found marked differences in almost all clinical features and diagnostic validators, virtually supporting the strict categorical distinction between unipolar major depressive disorder and bipolar disorder. However, a number of recent studies clearly support the original “unitary” concept of Emil Kraepelin on the continuity between unipolar depression and (bipolar) manic-depressive illness. Nowadays it is well accepted that Bipolar I (depression with a history of mania) and Bipolar II (depression with a history of hypomania but not with mania) disorders represent two prominent clinical phenotypes at the “bipolar edge” of the full unipolar-bipolar spectrum with several similarities and differences. Phenomenologically, Bipolar II disorder is more close to Bipolar I disorder than to unipolar depression.

The clinically most important differences between Bipolar I and Bipolar II disorders are: 1/ Epidemiology, including gender ratio and age of onset, 2/ Genetical (biological) background, 3/Cross-sectional clinical picture of depression, including mixed depression/agitation and psychotic features, 4/ Psychiatric and medical comorbidity, 5/Long-term course and outcome, including rapid cycling and seasonality, 6/ Suicidal behaviour, including both attempted and completed suicide, 7/ Affective temperament, and 8/ Artistic creativity/criminality.