with double depression have more severe symptoms and higher rates of suicide than clients with MDD (Klein, Shankman, Lewinsohn, Rohde, & Seeley, 2004).

The medical diagnosis of bipolar disorder is given when a person’s mood alternates between the extremes of depression and elation (mania), with interspersing periods of normal mood. Bipolar I disorder is characterized by the occurrence of one or more manic episodes and one or more depressive episodes. Bipolar II disorder is characterized by one or more hypomanic episodes (less severe) and one or more depressive episodes. There is evidence that some individuals experience a unipolar mania with no depressive episodes. Data suggests that unipolar disorder and bipolar disorder are not two separate disorders but rather the same disorder with fluctuations in mood (Cassano et al., 2004; Schneck et al., 2004; Solomon et al., 2003).

Bipolar disorder is further classified as:
- **Mixed**: The person has rapidly alternating moods.
- **Manic**: The person is presently in the manic phase.
- **Depressed**: The person is in the depressed phase but has a history of manic episodes.

**Rapid cycling** describes the course for some people of bipolar disorder. It is defined as four or more episodes of illness within a 12-month period. A person with rapid cycling could be diagnosed as bipolar I, II, or mixed, manic, or depressed.

Rapid cycling occurs in 10% to 20% of persons with bipolar disorder, with 70% to 90% of rapid cyclers being women. This form of the disorder tends to be more resistant to treatment than the non–rapid-cycling course (Schneck et al., 2004).

**Cyclothymic disorder** is characterized by a mood range from moderate depression to hypomania, which may or may not include periods of normal mood, lasting at least 2 years. Clients with cyclothymic disorder do not experience the severe symptoms that qualify for a diagnosis of MDD or bipolar disorder. Figure 13.1 illustrates our current understanding of mood disorders.

**Schizoaffective disorder** is diagnosed when clients have symptoms that appear to be a mixture of schizophrenia and the mood disorders. The person with schizoaffective disorder experiences one or more of the following symptoms: delusions, hallucinations, disorganized speech, disorganized behavior, or negative symptoms (see chapter 14 for more detailed discussion of these symptoms). In addition, the person experiences symptoms of the mood disorders: major depressive symptoms, manic symptoms, or mixed symptoms. Clients often have difficulty maintaining job or school functioning, experience problems with self-care, are socially isolated, and often suffer from suicidal ideation. The age of onset is typically late adolescence or early adulthood.

See the DSM-IV-TR feature for the diagnostic criteria for major depression and manic episodes.