



Research Article

Prevalence and Clinical Characteristics of Unipolar Mania: A Comparison with Bipolar Mania

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Abstract

Background: Unipolar mania, a relatively under-researched condition, refers to the occurrence of manic episodes without the history of depressive episodes typical of bipolar disorder. The distinction between unipolar mania and bipolar mania remains a significant challenge in psychiatric diagnosis, particularly because of overlapping symptomatology.

Aim: This study aims to compare the prevalence and clinical characteristics of unipolar mania with those of bipolar mania.

Methods: A case-control study was conducted with patients diagnosed with unipolar mania (n=50) and bipolar mania (n=50) based on DSM-IV criteria. Data were collected on clinical features, including age of onset, symptom severity, comorbidities, and treatment response.

Results: Unipolar mania was found to have a slightly earlier age of onset compared to bipolar mania (mean 21.3 years vs. 23.7 years). The prevalence of comorbid psychiatric conditions, such as anxiety disorders, was lower in unipolar mania. Additionally, patients with unipolar mania had a higher rate of substance abuse compared to bipolar mania patients.

Conclusion: Although unipolar mania and bipolar mania share several clinical features, differences in age of onset, comorbidities, and treatment response suggest the need for further research to clarify their distinctions and optimize treatment strategies.

Keywords: Unipolar mania, bipolar mania, prevalence, clinical characteristics, psychiatric disorders, comorbidity.

Introduction:

Unipolar mania is a psychiatric condition characterized by manic episodes occurring without the depressive episodes that typically define bipolar disorder. While bipolar disorder is well documented in the psychiatric literature, unipolar mania remains relatively under-researched, with many clinicians and researchers often associating manic episodes only with the presence of subsequent depressive episodes (1). As a result, the recognition and diagnosis of unipolar mania often remain problematic, leading to potential misdiagnosis and mistreatment.

Bipolar disorder, on the other hand, is a well-established condition, and the manic phase of

bipolar disorder (referred to as bipolar mania) is considered to occur in tandem with depressive episodes (2). However, the exact pathophysiology and clinical presentation of unipolar mania, when manic episodes occur without a subsequent depressive episode, are not entirely understood. Both unipolar and bipolar mania share some common features such as elevated mood, increased energy, reduced need for sleep, and impulsivity. However, there are key differences that could potentially impact the clinical management and prognosis of patients (3).

Early research has suggested that unipolar mania may have a different onset age, course,

and treatment response compared to bipolar mania (4). Studies have also indicated that patients with unipolar mania may be more prone to substance abuse and have a higher risk of psychotic features during manic episodes (5). Despite these early findings, there has been a limited understanding of how unipolar mania compares to bipolar mania in terms of clinical characteristics and long-term outcomes.

This study aims to address these gaps by comparing the prevalence, clinical characteristics, comorbidities, and treatment responses of unipolar mania and bipolar mania in a hospital-based sample. Such a comparison may offer more insight into the nuances of these disorders and highlight areas for future research, including optimal diagnostic criteria and treatment approaches.

Aim and Objectives

Aim:

To compare the prevalence and clinical characteristics of unipolar mania with those of bipolar mania.

Objectives:

1. To assess the age of onset, clinical features, and severity of manic episodes in patients with unipolar mania compared to bipolar mania.
2. To compare the comorbidities and treatment responses between patients with unipolar mania and those with bipolar mania.

Materials and Methods

Study Design:

This was a case-control study conducted at a psychiatric hospital over a period of one year. The study included 100 patients, 50 diagnosed

with unipolar mania and 50 diagnosed with bipolar mania based on DSM-IV diagnostic criteria.

Inclusion Criteria:

- Adults aged 18-65 years.
- Diagnosed with unipolar mania or bipolar mania according to DSM-IV criteria.
- Patients who provided informed consent for participation in the study.

Exclusion Criteria:

- Patients with a history of neurological disorders (e.g., epilepsy, brain injury).
- Patients with a history of significant substance abuse (except alcohol, which was included).
- Patients with comorbid medical conditions that could affect mood stability (e.g., thyroid disorders, severe anemia).

Data Collection:

Clinical data were extracted from medical records, including demographic details (age, gender), clinical features of manic episodes (severity, duration, symptoms), comorbid conditions (anxiety, depression, substance abuse), and treatment history (medication response, hospitalizations).

Statistical Analysis:

Descriptive statistics were used to analyze demographic and clinical characteristics. Comparative analyses were performed using chi-square tests for categorical data and independent t-tests for continuous variables. A p-value of <0.05 was considered statistically significant.

Results

Table 1: Demographic and Clinical Characteristics of Unipolar Mania vs. Bipolar Mania

Characteristic	Unipolar Mania (n=50)	Bipolar Mania (n=50)	p-value
Mean Age of Onset (years)	21.3 ± 4.2	23.7 ± 5.1	0.034
Gender (Female:Male)	1.5:1	1.2:1	0.556
Average Duration of Manic Episode (weeks)	8.5 ± 3.4	10.3 ± 4.1	0.041
Presence of Psychotic Features	32%	18%	0.028

Substance Abuse (Alcohol/Drugs)	40%	25%	0.035
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Patients with unipolar mania had a slightly earlier age of onset and a shorter duration of manic episodes compared to those with bipolar

mania. Additionally, substance abuse was more prevalent in the unipolar mania group.

Table 2: Comorbidities in Unipolar Mania vs. Bipolar Mania

Comorbidity	Unipolar Mania (%)	Bipolar Mania (%)	p-value
Anxiety Disorders	35%	50%	0.063
Depression	20%	45%	0.001
Substance Use Disorder	40%	25%	0.035

Anxiety and depression were more prevalent in the bipolar mania group. Conversely, substance use disorders were more commonly found in the unipolar mania group.

Discussion

This study compares the clinical characteristics of unipolar mania and bipolar mania. One of the key findings is that patients with unipolar mania tend to have an earlier onset of manic episodes and a shorter duration of symptoms. This finding is consistent with previous research that suggests the clinical course of unipolar mania may differ from that of bipolar mania (6). Additionally, the higher prevalence of substance abuse in unipolar mania is a notable observation and may have implications for treatment strategies, as addressing substance use could be essential in managing the condition (7).

The presence of psychotic features was more common in unipolar mania, which may suggest a more severe presentation in some cases (8). However, these results should be interpreted with caution, as psychotic features could also be linked to the intensity of the manic episode rather than the type of mania.

Another important aspect of this study is the comparison of comorbid conditions. Patients with bipolar mania showed higher rates of depression and anxiety compared to those with unipolar mania. This is consistent with the understanding that bipolar disorder, with its alternating manic and depressive episodes, often involves more mood dysregulation and comorbidity (9).

Overall, the findings suggest that while unipolar mania and bipolar mania share common characteristics, there are distinct differences that warrant further exploration, particularly in terms of the age of onset, comorbidity, and substance abuse. This study emphasizes the need for individualized treatment plans and further research into the long-term outcomes and optimal management strategies for both conditions.

Conclusion

Unipolar mania and bipolar mania, although sharing some clinical features, exhibit distinct differences in onset, duration, comorbidities, and associated complications. The earlier onset and shorter duration of manic episodes in unipolar mania, along with the higher prevalence of substance abuse, suggest that the two conditions may require different treatment approaches. Further studies are necessary to improve diagnostic accuracy and to develop targeted interventions for both disorders.

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