50 Useful Sociodemographic and Clinical Tips to Overcome the Challenge Differentiating Bipolar Depression from Unipolar Depression

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Differential diagnosis of bipolar depression from unipolar depression is very important in psychiatric practice because of different clinical prognosis and treatment strategies between them. It has been mentioned in the literature that it takes nearly 10 years for a patient with bipolar disorder to get the correct diagnosis, especially in whom hypomanic episodes are overlooked, if the patient often applies to clinician during depressive episodes and the illness starts and/or mainly continues with depressive episodes. This leads to misdiagnosis of bipolar depression as unipolar depression, which in turn leads to delayed correct diagnosis and treatment and may severely affect the patient's entire life. Here, we tried to gather the mentioned clinical characteristics and differences of bipolar depression in English and Turkish literature. We used different combinations of bipolar depression, unipolar depression, major depression, differential diagnosis, differences, distinction between bipolar and unipolar depression, bipolar unipolar depression difference, clinical symptoms, and characteristics, which were the keywords for literature search. We examined more than 100 papers and made a literature summary. In Turkey, a psychiatrist working in a government hospital often examines 20–80 patients a day; this gives us the opportunity to see many patients with different clinical symptoms. Our hospital is a reference hospital in the eastern part of Turkey. In this paper, we aimed to gather all the mentioned clinical characteristics of bipolar depression differentiating from unipolar depression in Table 1. We also aimed to share some new findings according to our clinical experiences and observations as reference "*" on discrimination of bipolarity in depression.

Table 1. Clinical Characteristics in Favour of Bipolarity in Depression

1.	No race and sex differences but being male for bipolar type 1, female for bipolar type 2 [1-3]
2.	Living in urban area [2]
3.	Being single or divorced especially more than one [4]
4.	Lower income and education level than general community but higher than unipolar depression [5]
5.	Severe impairment in interpersonal relationships, inconsistency in business life [6]
6.	Having legal issues [7]
7.	Early age of onset especially before age 25 [8]
8.	Hyperthymic or cyclothymic personality traits in pre-illness life [9]
9.	High number of relatives and family history of bipolar disorder>unipolar depression>psychotic disorders; in unipolar depression generally just unipolar depression [10]
10.	History of prodrome symptoms such as adolescence depression, hypomania or cycling lasting a few days before a full episode [11] [sometimes before years of a full episode]*, psychotic symptoms [sometimes a full psychotic episode, sometimes brief psychotic symptoms]*
11.	History of hypomania, mania or mixed episode [12]
12.	Sudden onset [13] [within a few days with or without stressor]* and termination of depression [14] [within a few days with or without treatment]*
13.	Psychomotor retardation [8]

Table 1. Clinical Characteristics in Favour of Bipolarity in Depression (Continue)

14. History of psychotic depression especially before age 30 [8]
15. History of psychotic depression shortly after giving childbirth [13] [notably at postpartum 3 months]*
16. Frequent catatonic symptoms [8] especially in young patients*
17. Mood swings, quick decision changes and transition of depression-mixed-mania symptoms [15] [especially on the same day or in a few days]*
18. Atypical depressive features [8]
19. Not giving an impression of being depressed to the clinician during the psychiatric examination*
20. In spite of a severe depression anamnesis from the patient, the existence of smiling [14], good talking, having no apathy and being in a good mood range of the patient*
21. Low or no narrowing in the affective range*
22. Concomitant psychomotor agitation, anger, anxiety, extroversion, talkativeness, increased thinking speed in case of mixed depression [16], but less in case of pure bipolar depression*
23. Atypical physical symptoms in young patients during or preceding the episode such as dizziness, blurred vision, sensitivity to light, headache, backache, etc.*
24. Common feeling of numbness and anhedonia; less common sadness and feelings of guilt*
25. Mood instability, volatility in temperament [14], frequent change in affect, daydreaming during the episode and daily life [17]
26. Short duration of depression <3 months [18] [especially at first years of disease]e also prolonged depression in chronic patients [19]
27. Occurrence of atypical and temporary anxiety attacks*
28. Touchiness during depressive episode*
29. Hypersentivity especially to pain, stress, noise [20-22]
30. Poor cognitive functions during depressive episode [23] or poor/good cognitive functions in case of mixed depression [24, 25]
31. Increased vegetative symptoms such as hypersomnia and/or increased daytime nap, hyperphagia and/or weight gain [26]
32. High rates of childhood trauma, suicidal ideation, suicide attempts and completed suicides especially in case of existing comorbid psychiatric disorders [27]
33. Periods of impulsivity such as sexual behaviors, gambling, etc. [28]
34. Generally similar symptom severity during the day and night*
35. Seasonal variations of mood, depression severity especially more depressed in autumn or winter] and vegetative symptoms [29]
36. Eveningness type of chronotype [30]
37. High frequency of lifetime depressive episodes [31]
38. Frequent illness time, admission and/or hospitalization during lifetime [31]
39. High comorbidity of obsessive compulsive disorder, attention deficit and hyperactivity, anxiety disorder, alcohol and substance use, eating disorders especially bulimia, binge eating, atypic eating habits* autism spectrum disorder especially with agitation, atypic mixed or minus symptoms and poor treatment response*, mental retardation*, and personality disorders [32] also rare but especially mild borderline and antisocial personality features*
40. Frequent medical comorbidities migraine, obesity, hypertension, diabetes, thyroid disorders, etc and in physical examination existence of neurological soft signs* [32]
41. Childhood irritability and impulse control difficulty [33]
42. Menstrual irregularities, premenstrual syndrome history [34]
43. Less dreaming and nightmares than unipolar depression*
44. Irritability related to antidepressant use [35]
45. Hypomanic or manic shift due to antidepressants [36], other medications or substance use [37, 38]
46. Rapid response to antidepressants [39] also response within less than 4 weeks sometimes in a few days, usually in 1 week*
47. Non-response to different antidepressants despite high dose and appropriate duration of usage, treatment resistance to antidepressants [40, 41]
48. The rapid loss of antidepressant drug efficacy after the initial response has been observed at least three times [42]
49. Worsening of depression with antidepressants [41]
50. Positive treatment response to mood stabilizers and antipsychotics during a prior or current depressive episode or within the whole illness process [43,*]

*=expert opinion

Peer-review: Externally peer-reviewed.

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