

Recognizing Bipolar Mania & Hypomania

An educational guide for people who live with bipolar disorder and supporters

This handout supports early recognition of bipolar mania and hypomania, informed by clinical guidance and lived experience from people living with bipolar disorder and caregivers.



Why Early Recognition Can Be Challenging

Mania and hypomania involve changes in energy, sleep, thinking, and behavior that often develop gradually and may be missed—especially when symptoms feel positive or productive. Many people are initially diagnosed with depression, which can delay appropriate care. Short appointments, limited provider training in bipolar disorder, and fragmented care can make it harder to recognize the full symptom picture.

What's the difference between mania and hypomania?

Mania

- A severe period of elevated or irritable mood with increased energy and activity
- Causes significant disruption to daily life, judgment, or safety
- May include psychotic symptoms such as paranoia or hallucinations
- Often requires urgent or emergency care

Hypomania

- A milder period of elevated or irritable mood with increased energy and activity
- Represents a clear change from usual behavior
- Does not cause major impairment in daily functioning
- Does not include psychotic symptoms

Both mania and hypomania can escalate if early warning signs are missed.

Common Early Signs of Mania

Early signs vary from person to person, but often include:

- ✓ Decreased need for sleep (feeling rested with very little sleep)
- ✓ Increased energy and activity
- ✓ Rapid speech, racing thoughts, or increased talkativeness
- ✓ Impulsivity or risk-taking, including overspending
- ✓ Irritability, agitation, or impatience
- ✓ Overconfidence or grandiose thinking
- ✓ Physical sensations, such as restlessness or a “bubbling” feeling in the chest
- ✓ Some people may experience paranoia or early psychotic symptoms as mania progresses.
- ✓ Many caregivers notice these changes before the person experiencing them does

Learn more about triggers and safety planning.

Manic symptoms may be influenced by certain patterns or triggers, including:



- ⚠️ Seasonal changes, especially longer daylight hours
- ⚠️ Stress, both negative and positive (loss, transitions, celebrations)
- ⚠️ Medication changes, particularly starting antidepressants or stopping mood stabilizers
- ⚠️ Disruptions to sleep or daily routines
- ⚠️ Using caffeine or stimulants, and poor nutrition can worsen symptoms
- ⚠️ Some individuals experience predictable cycles, making self-awareness especially important.



Safety Planning and Support

Having a plan—formal or informal—can help when symptoms begin to increase.

Helpful elements may include:

- Personal early warning signs
- Clear steps to take when symptoms appear
- Trusted support people to contact
- Agreement on when outside help is needed

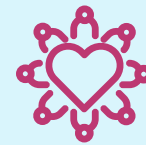
Experiences with hospitalization vary. While it can provide safety, some people find it distressing.



When to Seek Immediate Help

Seek urgent or emergency help if someone:

- Is experiencing psychosis
- Has not slept for several days
- Is behaving in unsafe or reckless ways
- Is unable to care for basic needs
- **Call, text, or chat 988 | 988lifeline.org**



You don't have to navigate this alone.

DBSA offers free, peer-led support groups for people living with bipolar disorder and for supporters.

- Share experiences and recognize early warning signs
- Learn how others manage sleep, routines, and triggers
- Talk openly about safety planning and crisis experiences
- Feel less isolated

Groups are available online and in person.



DBSAlliance.org/Support

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