RAPID CYCLING TYPE II BIPOLAR DISORDER

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Objectives

To present a case of a Rapid Cycling type II Bipolar Disorder (**RCBDII**) as well as review its clinical characteristics and discuss the difficulty of its management.

Background and aims:

As initially described by Dunner & Fieve (1974), and now included in the DSM 5 as a course specifier for Bipolar Disorder (BD), **Rapid Cycling (RC)** is a course of illness in which four or more mood episodes occur during the previous year.

Studies have failed to determine clinical characteristics that define patients with RC as a specific subgroup. Despite this, RC has been associated with lower response to available treatments. Although studies are still scarce, thyroid disease has been pointed out as risk factor for RC. Also, the RC resistance to lithium (a goiterogenic drug) has been linked to the development of hypothyroidism.

Materials and methods:

Patient's clinical files consultation and literature search using the search engine Pubmed® and the keywords *rapid cycling bipolar disorder*.

Results

Clinical Case:

- ♂, 56 years old
- 3 years evolution of cycling affective states between depressive states, with anhedonia, avolition, asthenia, social isolation, laboral incapacity, and states of euthymia or energy increase, each lasting about 2 to 3 weeks.
- Laboratory tests: innocent
- His medication was adjusted several times (lamotrigine, quetiapine, valproate) without ever reaching remission of symptoms or decreasing cycling frequency.

Conclusions:

RC is a course variant of BD with a poor outcome and response to treatment. Although its origin remains unknown, the impact of antidepressants use and the thyroid function must be clarified.

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