CONDITION

Cyclothymic disorder

Cyclothymic disorder causes long-term shifts between mild elevated and depressive symptoms.

WHAT IT IS
Long-term cycling between mild elevated and depressive symptoms

BODY SYSTEM
Brain and mental health

MAIN SYMPTOMS
Mood highs, mood lows, sleep changes, unstable energy

WHAT CAUSES IT
Genetic and biological factors; exact cause unknown

HOW IT IS DIAGNOSED
Psychiatric assessment and long-term mood history

MAIN TREATMENT
Psychotherapy, mood-stabilising medication, and regular routines

CAN IT BE CURED?
No - symptoms can often be managed

IS IT AN EMERGENCY?
Sometimes - suicidal thoughts or severely unsafe behaviour

LONG-TERM OUTLOOK
Symptoms often persist, but treatment can improve stability

Overview

Cyclothymic disorder is a long-term mental health condition involving repeated shifts in mood, energy, activity, and sleep. It is part of the bipolar spectrum, but symptoms do not initially meet the full criteria for bipolar I or bipolar II disorder.

During higher periods, you may feel unusually energetic, confident, talkative, restless, or irritable. These are called hypomanic symptoms. During lower periods, you may feel sad, tired, discouraged, or less interested in life. These are depressive symptoms.

The shifts are more persistent and disruptive than ordinary mood changes. In adults, they continue for at least two years. In children and teenagers, the required period is at least one year.

Cyclothymic disorder can affect work, education, relationships, finances, and health routines. Some people find higher periods productive or enjoyable, making the pattern harder to recognise. Treatment aims to reduce mood changes and support more consistent functioning.

Symptoms

Symptoms come and go over months or years, sometimes with relatively stable periods in between. During the first two years in adults, symptom-free periods generally do not last longer than two months.

Higher-mood symptoms may include:

Lower-mood symptoms may include:

These symptoms are less severe, shorter, or fewer than those required for a full hypomanic, manic, or major depressive episode. However, frequent shifts can still cause significant distress or interfere with daily life.

Symptoms may also be mixed. For example, you might feel restless while also feeling low or hopeless. Tracking symptoms over time can make the pattern easier to recognise.

- Needing less sleep without initially feeling tired
- Having more energy or activity than usual
- Talking more or speaking quickly
- Feeling unusually confident, cheerful, or irritable
- Having racing thoughts or becoming easily distracted
- Starting many projects
- Acting impulsively with money, sex, travel, work, or substances
- Sadness, emptiness, or irritability
- Low energy and motivation
- Sleeping too much or having trouble sleeping
- Loss of interest or enjoyment
- Difficulty concentrating or making decisions
- Feelings of guilt, inadequacy, or hopelessness
- Withdrawing from other people

Causes and risk factors

The exact cause is unknown. Cyclothymic disorder probably results from a combination of inherited traits, brain biology, and life experiences.

Bipolar conditions can run in families. Having a close relative with bipolar disorder or cyclothymic disorder may increase risk, but many people with a family history never develop the condition, while others have no known family history.

Symptoms often begin during adolescence or early adulthood. Stress, disrupted sleep, alcohol, cannabis, stimulants like methylphenidate or lisdexamfetamine , and other substances may trigger or intensify mood changes in someone who is vulnerable.

Some medicines and physical conditions can cause similar symptoms. These include thyroid and sleep disorders and the effects of steroids or stimulants. Cyclothymic disorder is not caused by weak character, lack of effort, or ordinary emotional sensitivity.

Diagnosis

There is no blood test or brain scan that confirms cyclothymic disorder. Diagnosis is based on a mental health assessment and the pattern of symptoms over time.

A clinician will ask about moods, sleep, energy, behaviour, relationships, work or school, substance use, medicines, and family history. With your permission, information from someone who knows you well may help because people do not always notice their own behaviour during higher periods.

For an adult diagnosis, numerous periods of hypomanic and depressive symptoms must have occurred for at least two years. Symptoms must be present for at least half that time, without a symptom-free period longer than two months. For children and teenagers, the minimum duration is one year.

The pattern must cause significant distress or interfere with important parts of life. Full manic, hypomanic, or major depressive episodes must not better explain the original pattern. If a full episode develops later, the diagnosis may need to be reassessed.

Blood tests may be used to check for another cause, such as a thyroid problem. A clinician may also consider attention deficit hyperactivity disorder, personality disorders, anxiety, substance-related conditions, and other bipolar conditions.

A mood diary recording sleep, energy, mood, menstrual changes, substance use, and major events can support assessment.

Treatment and management

Treatment depends on how often moods change, how much they affect your life, and whether you have other health conditions.

Psychotherapy can help you recognise early mood changes and understand how thoughts, behaviour, sleep, and stress interact. Cognitive behavioural therapy may help with depressive thinking, impulsive choices, and routines. Psychoeducation covers mood patterns, warning signs, and relapse planning.

A clinician may consider mood-stabilising medicines or certain antipsychotic medicines. Evidence specifically for cyclothymic disorder is limited, so decisions often draw on experience with other bipolar-spectrum conditions.

Antidepressants like sertraline or fluoxetine require careful assessment because they can sometimes worsen mood cycling or cause unusually elevated or agitated states, particularly without a mood stabiliser. Do not start, stop, or change psychiatric medicine without medical guidance. Stopping suddenly can cause withdrawal or returning symptoms.

Helpful daily measures include:

If you could become pregnant, are pregnant, or are breastfeeding, discuss medicines with your healthcare professionals. Some mood-stabilising medicines require special planning before and during pregnancy. Do not stop them on your own.

- Keeping sleep and waking times consistent
- Tracking mood, energy, sleep, and impulsive behaviour
- Limiting alcohol and avoiding recreational drugs
- Planning for periods when judgement or spending may change
- Using regular, manageable physical activity
- Sharing agreed warning signs with trusted people

Complications

Repeated mood changes can disrupt routines and long-term plans. Higher periods may lead to overspending, unsafe driving, sexual risks, arguments, unrealistic commitments, or substance use. Lower periods may lead to absence from work or school, withdrawal, and reduced self-care.

Cyclothymic disorder can occur alongside anxiety, attention difficulties, sleep problems, or

substance misuse. These may require separate treatment.

Some people later experience a full manic, hypomanic, or major depressive episode and receive a diagnosis of bipolar I or bipolar II disorder. It is not possible to predict who will experience this change.

Depressive symptoms can include thoughts of self-harm or suicide. These require prompt support even without a full major depressive episode.

Prevention

There is no proven way to prevent cyclothymic disorder. Its causes are not fully understood, and inherited or biological vulnerability cannot be changed.

Recognising the pattern early may reduce its effects. Regular sleep, avoiding substances that destabilise mood, taking prescribed treatment consistently, and responding to warning signs may limit future symptoms. These steps reduce risk but cannot guarantee that symptoms will stop.

If bipolar conditions run in your family, knowing the early signs may help you seek assessment sooner. It does not mean that you or your children will develop cyclothymic disorder.

Living with it and what to expect

Cyclothymic disorder usually follows a long-term course. Mood shifts may change in frequency or intensity over time. Some people have extended periods of stability, while others continue to experience frequent changes.

Treatment may take time to adjust, and what helps one person may not suit another. Regular follow-up allows treatment to be reviewed as your mood pattern, health, or circumstances change.

Many people continue to work, study, maintain relationships, and care for families. Predictable routines and early action on warning signs can help. During higher periods, spending limits or delaying major decisions may reduce unwanted consequences.

Consider creating a written plan describing your early signs, support contacts, current medicines, and what others should do if your judgement becomes impaired. Update it during routine appointments.

Cyclothymic disorder does not always progress to another bipolar condition. However, a full episode of depression, hypomania, or mania should be assessed because it may change the

diagnosis and treatment.

When to get medical help

Arrange a routine appointment if repeated periods of unusually high and low mood have continued for months or years. Seek assessment if they affect relationships, work, education, sleep, spending, or substance use.

Contact a healthcare professional promptly if symptoms intensify, you sleep very little, your behaviour feels difficult to control, or others notice a major change. Prompt review is also important if medicine makes you unusually restless, energised, impulsive, or low.

Seek urgent or emergency help if you or someone else:

Contact local emergency services or a crisis service. If possible, stay with a trusted person and move away from weapons, large amounts of medicine, or other means of harm.

- Has thoughts of suicide with an intention or plan
- Has recently attempted suicide or serious self-harm
- Cannot stay safe because of impulsive or dangerous behaviour
- Is hearing or seeing things others do not, or has lost touch with reality
- Is severely agitated, aggressive, confused, or unable to meet basic needs

Common questions

Is cyclothymic disorder a type of bipolar disorder?

It is a bipolar-spectrum condition. Elevated and depressive symptoms do not initially reach the full severity or duration required for bipolar I or bipolar II disorder.

Is cyclothymic disorder just normal moodiness?

No. Cyclothymic disorder involves repeated symptoms over a long period and can affect sleep, judgement, relationships, work, or education.

Can cyclothymic disorder turn into bipolar disorder?

Some people later have a full manic, hypomanic, or major depressive episode and are reassessed for bipolar I or bipolar II disorder. This does not happen to everyone.

Does cyclothymic disorder ever go away?

It is generally considered long term. Symptoms may become less frequent or disruptive with

treatment and stable routines, but future mood changes remain possible.

Do I need medication?

Treatment needs vary. Psychotherapy and practical mood-management strategies are important. Medication may be considered when symptoms are persistent, impairing, or risky.

Can I work or study with cyclothymic disorder?

Many people do. Consistent sleep, realistic workloads, treatment, and plans for early mood changes can help. Temporary adjustments may be useful when symptoms are more active.

Sources

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders , Fifth Edition, Text Revision (DSM-5-TR). American Psychiatric Association Publishing; 2022.
- National Health Service. Cyclothymia . NHS.
- National Institute for Health and Care Excellence. Bipolar disorder: assessment and management, Clinical Guideline CG185 . NICE.
- World Health Organization. ICD-11 for Mortality and Morbidity Statistics: Cyclothymic disorder, 6A62 . WHO.
- Van Meter AR, Youngstrom EA, Findling RL. Cyclothymic disorder: a critical review. Clinical Psychology Review . 2012;32(4):229-243. doi:10.1016/j.cpr.2012.02.001.
- Merck Manual Professional Edition. Cyclothymic disorder . Merck & Co.