UNDERSTANDING YOUR DIAGNOSIS

Long-Running Mood Swings

Also called Cyclothymic Disorder

Your mood has swung up and down for years without ever hitting a full high or a full depression - and that is treatable.

HOW COMMON	OFTEN STARTS	HOW LONG IT RUNS	WORTH TREATING
Under 1 in 100 adults	Teens or early 20s	2 years or more of swings	Yes - early care helps

What this is

- This is years of up-and-down mood where neither side ever reaches a full high or a full depression.
- It counts once the swings have run **2 years** or more in adults, with no calm stretch longer than two months.
- It is not a personality flaw or being dramatic. It sits on the bipolar spectrum and answers to the same tools.
- Some people later develop a full episode. Treating this early is part of how you lower that chance.

What it can look and feel like

- Your mood shifts every few days or weeks, and you cannot recall a long stretch of steady, even ground.
- Up phases bring energy, ideas, less need for sleep, and a sociable, productive version of you.
- Down phases bring fatigue, self-doubt, and a strong pull to cancel everything and stay home.
- Work or school performance swings along with the mood - brilliant stretches, then dropped balls.
- Relationships get strained, because the people around you cannot predict which version will show up.
- You may make fast decisions in an up phase that you regret as soon as the mood turns over.
- Alcohol or other substances often get used to stretch out a high or to cut a low phase short.

What is happening in your brain and body

- This clusters in families alongside bipolar disorder, which is the strongest sign that it is biological.
- Your body clock is unstable. How long and when you sleep swings around, and your mood tends to follow it.
- Your reward system reacts strongly to wins and losses, but with smaller, faster swings than in type 2.
- Because the pattern started young, it gets woven into how you see yourself, which hides the illness underneath.
- Antidepressants taken alone can speed the cycling up and reveal a full high, so they are used carefully here.

What can make it more likely

- A family history of bipolar disorder or depression is the single biggest risk factor for this pattern.
- An irregular schedule - shift work, all-nighters, frequent travel - makes the size of the swings bigger.
- Alcohol and stimulant use make the cycle rougher and can stop any treatment from working properly.
- Long-running stress and early hardship raise how strongly you react, so swings get easier to trigger.

What to expect

- With steady routines and the right medicine, the swings get smaller and the level stretches get longer.
- Between **15 and 50** of every 100 people go on to develop bipolar disorder, so yearly check-ins matter.
- Charting your mood for **8 to 12 weeks** usually shows the pattern clearly and guides what to change first.
- Treatment can feel like it flattens the good highs at first. Say so out loud - the plan can be adjusted.

What helps

Treatment works. Most people get better.

Talking therapies

- **Psychoeducation** about the bipolar spectrum and your own triggers is the best-supported treatment here.
- **IPSRT** locks in sleep and daily routines, which is the most direct handle you have on how often you swing.
- **CBT** addresses the low-phase thinking and the risky choices that tend to come with the up phases.
- **DBT** skills help with impulsive moves and with the relationship fallout that usually follows them.
- Couples or family sessions reduce the conflict that unpredictable swings create at home over time.

Medicines

- No medicine is FDA approved for this, so treatment borrows from bipolar disorder and is used off label.
- **Lithium** is used to smooth the swings, and it needs regular blood, kidney, and thyroid checks.
- **Lamotrigine** is a common choice when the low phases dominate, and most people tolerate it easily.
- Low-dose **quetiapine** can steady things when mood changes from hour to hour are the main problem.
- Antidepressants alone are avoided. Cutting back alcohol and stimulants matters as much as any pill does.

Everyday things that help

- Fix your wake time and your meal times. Regular rhythms shrink the size of the swings measurably.
- Chart your mood daily. This pattern is nearly impossible to see clearly without a written record.
- Limit alcohol. It turns a low into something heavier and makes the up phases harder to steer.
- Protect sleep on both sides - do not ride an up phase all night, and do not sleep a low phase away.
- Ask two people you trust to flag changes early, since up phases are almost invisible from the inside.

Get help right away if

- If you are thinking about ending your life, call or text **988** (Suicide and Crisis Lifeline) now.
- Go to the nearest emergency room if you feel unsafe or out of control of your own choices.
- Call your team if you stop needing sleep for several days - that may be a full high starting.

Questions to ask your care team

- *How will we tell if this ever turns into full bipolar disorder?*
- *Is a mood stabilizer worth trying for me, and what would we watch for?*
- *How should I chart my mood, and how often should we review it together?*
- *What should I do differently during shift work or long travel?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.