

Refining Mixed Depression: Proposal for Bipolar-Expansive and Unspecific-Excitative Subtypes

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Abstract

Objectives: Mixed depression remains poorly operationalised in current nosologies, leading to misclassification and suboptimal treatment. We propose a two-subtype framework, bipolar-expansive depression (BXD) and unspecific-excitative depression (UXD), to improve recognition and guide safer treatment choices.

Methods: Narrative synthesis of historical accounts, critiques of DSM-5 and ICD-11, Koukopoulos' concepts, the ISBD Task Force report (2022), validation of the Shahin Mixed Depression Scale (SMDS), and introduction of the Shahin Activated Depression Screener (SADS).

Results: BXD combines depressive mood with expansive/energised features (pressured speech, goal-directed bursts, racing thoughts, reduced need for sleep). UXD presents depressive mood with excitatory distress (agitation, irritability, inner tension, motor restlessness, mood lability, crowded/racing thoughts). SMDS has been validated for non-DSM excitatory features. SADS is under development and has not yet been validated.

Conclusion: Recognising BXD and UXD refines the concept of mixed depression, addressing DSM-5/ICD-11 gaps and improving patient care.

Keywords: Mixed depression, Bipolar disorder, DSM-5, ISBD Task Force, Shahin Mixed Depression Scale, Shahin Activated Depression Screener.

INTRODUCTION

Mixed states have been described since Kraepelin and Weygandt, but remain under-recognised in DSM-5 and ICD-11. DSM-5's "mixed features" specifier excludes overlapping symptoms like agitation and irritability, reducing diagnostic sensitivity (Koukopoulos & Sani, 2013). ICD-11 applies mixed features only to bipolar I (WHO, 2019), excluding many patients seen in clinical practice.

Alternative Frameworks

- **Koukopoulos' model:** Expanded mixed depression with agitation, irritability, inner tension, crowded thoughts, and lability (Koukopoulos & Sani, 2014; Sani et al., 2014).
- **ISBD Task Force (2022):** Proposed broader recognition of mixed depression (Yatham et al., 2022).

- **Verdolini (2015):** Reviewed DSM-5's mixed specifier and recommended clinical refinements.

The Shahin Proposal

Bipolar-Expansive Depression (BXD)

Depressive mood + pressured speech, racing thoughts, goal-directed bursts, reduced need for sleep. Often linked to cyclothymic temperament, high risk of antidepressant-induced switching.

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Unspecific-Excitative Depression (UXD)

Depressive mood + agitation, irritability, inner tension, motor restlessness, mood lability, crowded/racing thoughts. Marked by psychic pain but no expansiveness.

Tools

SMDS: validated, self-rated scale covering agitation, irritability, inner tension, racing/crowded thoughts, mood lability.

SADS: a conceptual screener under development, not yet validated, intended to detect activation/expansive signs.

Clinical Implications

Diagnosis: SMDS supports UXD detection; SADS remains experimental.

Treatment

BXD → mood stabilisers/SGAs; avoid antidepressant monotherapy.

UXD → manage excitatory distress (SGAs ± benzodiazepines); cautious antidepressant use.

Patient engagement: self-rating tools improve awareness.

Impact: reduces misdiagnosis and iatrogenic risks.

Future Directions

Further validation of SMDS. Formal development and validation of SADS. Prospective studies comparing outcomes for BXD and UXD.

Conclusion

Mixed depression remains insufficiently captured by DSM-5/ICD-11. Distinguishing BXD and UXD, with SMDS validated and SADS under development, provides a more clinically grounded framework for diagnosis and treatment.

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