

Screening and Clinical Relevance of Irritability in Bipolar I Disorder in Adult and Pediatric Patients

Key clinical takeaway

In bipolar I disorder (BP-1), **irritability** is a clinically meaningful symptom that may indicate a more complex clinical presentation. During mania, irritability—particularly when occurring with anxiety and agitation—may indicate mixed features and a more complex or severe clinical presentation of BP-1.¹ Therefore, it is important for healthcare providers (HCPs) to assess patients with BP-1 for symptoms of irritability to identify potential mixed features and guide appropriate management.

Why irritability matters

Across BP-1 mood states, irritability may provide important clinical context for assessing mixed features, symptom severity, treatment response, and safety risk.

In a post-hoc analysis of two randomized, controlled trials of adult patients with BP-1 manic or mixed episodes, irritability was present in 62.4% of patients. The study showed that irritability commonly occurs with other high-acuity symptoms—anxiety and agitation—with the proportion of patients with all three symptoms (AIA) being 34%.¹

Baseline symptom burden in bipolar I mania (N = 960)

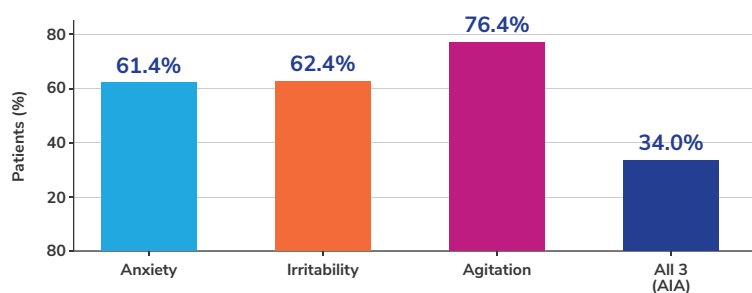


Figure 1. Baseline symptoms in BP-1 mania.¹ Adapted from Suppes T, et al. 2017. AIA = anxiety, irritability, and agitation.

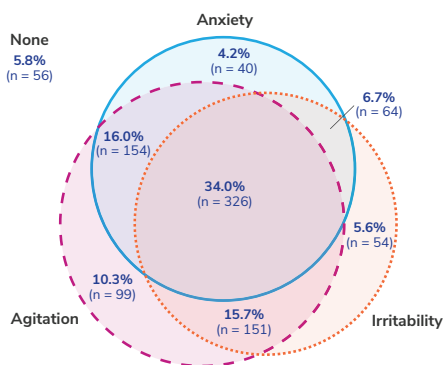


Figure 2. Overlap of AIA symptoms in BP-1 mania.¹ Adapted from Suppes T, et al. 2017.

- Irritability, anxiety, and the combined AIA pattern were more common in patients who also had depressive symptoms during mania, suggesting that irritability may be a symptom that can be associated with mixed features in BP-1.¹
- Patients with baseline symptoms of anxiety or the full AIA cluster were less likely to reach remission in the short-term trial analysis, suggesting that this symptom pattern may identify a harder-to-treat manic presentation.¹
- On the other side of the bipolar polarity, in a longitudinal study of patients with bipolar disorder who entered the study during a major depressive episode (MDE), overt irritability was the most frequently observed subsyndromal manic symptom, occurring in 57% of bipolar MDEs.²
- The presence of the subsyndromal symptom of irritability during a bipolar MDE was associated with a higher rate of serious suicide attempts during follow-up and longer episode duration.²

These findings suggest that irritability—particularly when occurring with anxiety and agitation—may help identify BP-1 patients with more clinically complex or difficult-to-remit presentations.

How irritability can present in adults vs youths with BP-1

Adult presentations

Often appears in acute mania or mania with depressive symptoms, alongside anxiety and agitation, which may suggest a more complex or mixed presentation.¹

When irritability is prominent in an adult with mania, clinicians should assess for mixed features, suicide risk, agitation, and need for closer monitoring or follow-up.³

Pediatric presentations

Irritability has been reported as a very frequent feature of pediatric mania, with some studies reporting sensitivity as high as 95% to 100%.⁴

Pediatric bipolar presentations often differ from the classical adult presentations and may be associated with high levels of impairment, morbidity, impulsive and reckless behaviors, violent gestures, and impulsive suicidality.⁴

However, severe nonepisodic irritability should not automatically be considered pediatric bipolar disorder.⁵

Longitudinal findings suggest that chronic nonepisodic irritability is associated more strongly with unipolar depression and anxiety than with bipolar disorder later in life.⁵

Irritability may be severe and impairing in pediatric patients; however, episodicity remains central when diagnosing BP-1 mania.^{4,5}

References

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Clinical implications for practice

In patients with BP-1, irritability should be assessed across mood states as part of the broader manic, mixed, or depressive clinical presentation. In studies examining irritability in BP-1 manic/mixed episodes and bipolar MDEs, irritability was common and often occurred alongside symptoms that may signal greater clinical complexity. These findings highlight the importance of assessing irritability across both poles of BP-1, including its relationship to anxiety, agitation, depressive symptoms, and safety risk.^{1,2}

When irritability is present during mania, clinicians should assess for symptoms that may be consistent with mixed features. Because mixed features are associated with a more complex disease course and greater risk of suicidality, careful evaluation for anxiety, agitation, depressive symptoms, and suicidal thinking, along with closer monitoring, may be needed.¹

Irritability should be tracked over time to clarify symptom patterns, clinical context, and treatment response. Longitudinal assessment can help distinguish episodic change from baseline from more persistent irritability and may help clinicians evaluate whether irritability is occurring alongside other factors relevant to treatment planning and follow-up.⁶

Quick Screening Tips for Clinicians

- ☒ Ask patients about irritability across mood states (eg, "Have you been more easily annoyed or angered than usual?")^{1,2}
- ☒ Assess co-occurring symptoms such as anxiety, agitation, sleep changes, and depressive symptoms^{1,2}
- ☒ Evaluate whether irritability is episodic (suggesting BP-1) vs chronic (may suggest alternative diagnoses)⁶
- ☒ Consider further assessment if irritability occurs with suicidality, agitation, or depressive symptoms^{1,2}
- ☒ Monitor patients over time to assess pattern, severity, and treatment response⁶