

# Busting Bipolar Myths

## Better Data Starts With Better Understanding

Accurate diagnosis, protocol design, and patient stratification are critical to bipolar disorder research success, yet common misconceptions continue to cloud the science.

### Unpack Some of the Most Pressing Bipolar Disorder Myths to Avoid Common Trial Mistakes:

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MYTH

BIPOLAR DISORDER IS MOSTLY ABOUT MANIA.

Most people with bipolar disorder spend the majority of their symptomatic time in a depressed state, especially people with bipolar II.

✓

TRUTH

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MYTH

THERE ARE PLENTY OF TREATMENT OPTIONS FOR EVERY BIPOLAR DISORDER PHASE.

While there are many treatments for mania and maintenance, there are only five approved for bipolar depression — all atypical antipsychotics with intense side effects.

✓

TRUTH

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MYTH

AN APPROVED BIPOLAR DISORDER DRUG IS APPROVED FOR ALL THE DISORDER'S PHASES: MANIA, DEPRESSION, AND MAINTENANCE.

Each treatment indication for bipolar disorder requires a separate clinical study to demonstrate efficacy and a separate FDA approval.

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TRUTH

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MYTH

BIPOLAR II IS JUST "MILD" BIPOLAR I.

Bipolar I is diagnosed based on manic episodes, even if depression hasn't occurred, while bipolar II is diagnosed based on hypomania plus depression.

✓

TRUTH

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MYTH

BIPOLAR DEPRESSION PRESENTS THE SAME AS MAJOR DEPRESSIVE DISORDER (MDD).

Bipolar depression can look like MDD at first glance, but key differences like younger onset, abrupt symptoms, and atypical features (e.g., sleeping too much or increased appetite) may point to bipolarity.

✓

TRUTH

### Clinilabs Is the CRO for Better Bipolar Research

With decades of CNS experience, tailored methodologies, and a proven track record in complex mood disorder research, Clinilabs is the ideal full-service CRO for bipolar disorder clinical trials.

Let's work together to bring much-needed therapies to patients faster.

Get Started Today