**Title:**  Hypomania versus Post-Traumatic Stress Disorder in Returning War Veterans: Is the Fog of War Clouding the Issue?

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**Abstract**

**Background:** Substantial numbers of military veterans returning from war display symptoms of poor sleep, poor concentration, irritability, and reckless behavior. These symptoms can be seen as a manifestation of either hypomania or posttraumatic stress disorder, but operational criteria for distinguishing between the two are lacking. Current research is scant on this issue. A search on PubMed for “Hypomania” and “PTSD” resulted in almost 600 hits, most of which discussed PTSD or bipolar disorder separately. Of this list, there were 18 hits that included a discussion on how these diagnoses exist as comorbidities, but there is little discussion about how the symptoms of hypomania can overlap or be confused with the symptoms of PTSD. How should a clinician differentiate between these two disorders?

**Case History:** Upon returning home from the battlefield, a 24-year-old combat veteran with no formal psychiatric history displayed increased irritability, emotional lability, difficulty concentrating and impaired sleep (less than 4 hours per night). Careful review of this patient’s history informs us that his symptoms are more consistent with bipolar disorder. We review the distinguishing clinical features between hypomania and PTSD.

**Conclusions:** This case illustrates the importance of distinguishing between hypomanic and PTSD symptoms. Current and former military service members who are evaluated for posttraumatic stress disorder would benefit from being screened for hypomania. Research is needed to operationalize the distinction of these two conditions.