

How to Diagnose Bipolar Disorder

 **A Carlat Webinar**
Chris Aiken, MD



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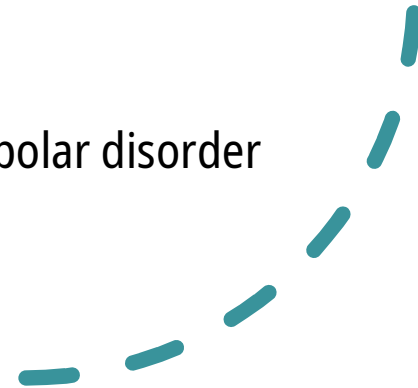
Conflicts and Disclosures

None

Learning Objectives

After this webinar, you should understand...

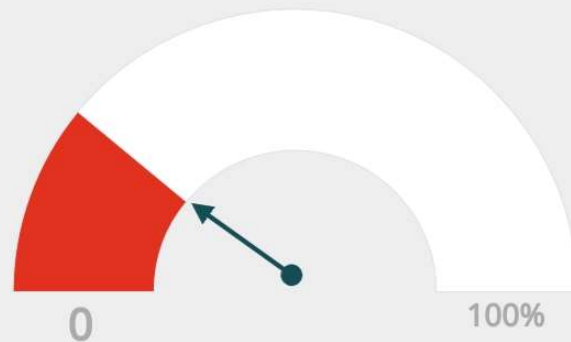
1. Six DSM-5 mood disorders
2. How to screen for hypomania
3. How to use screening tools for bipolar disorder



BP II in Outpatient Depression

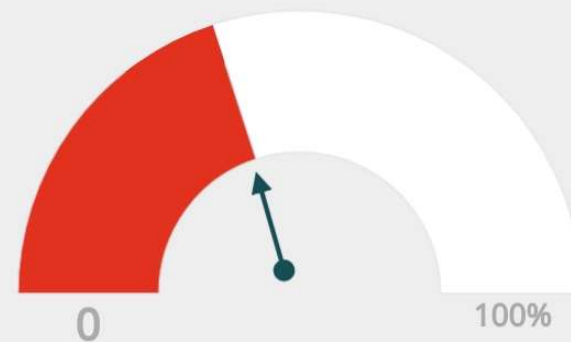
General Interview

22%

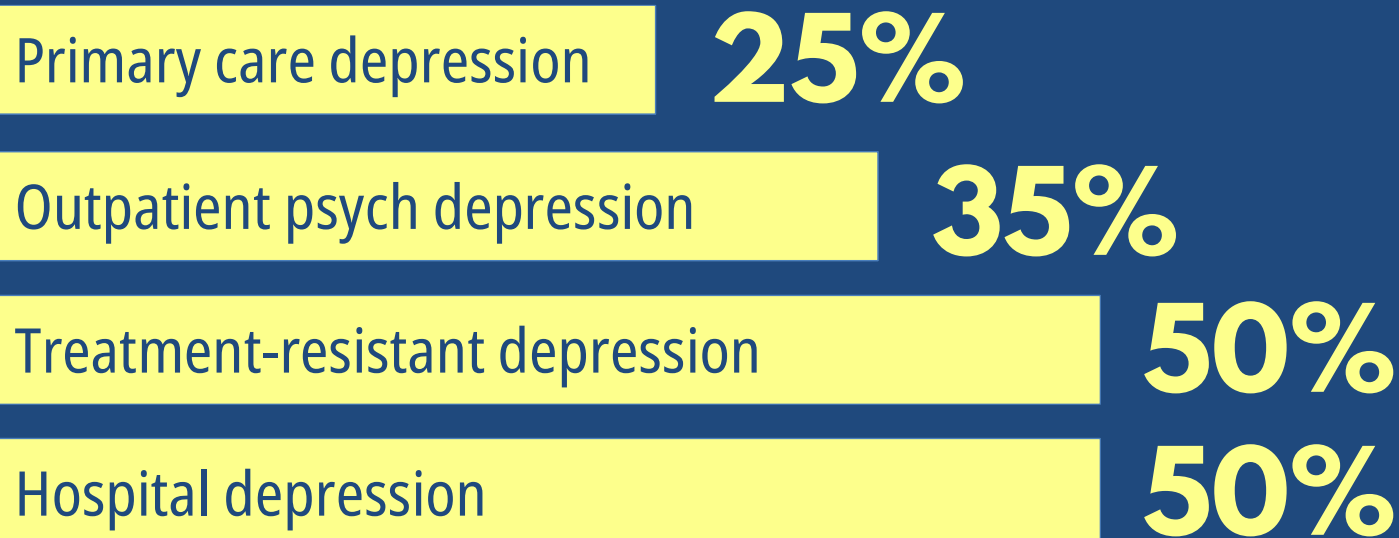


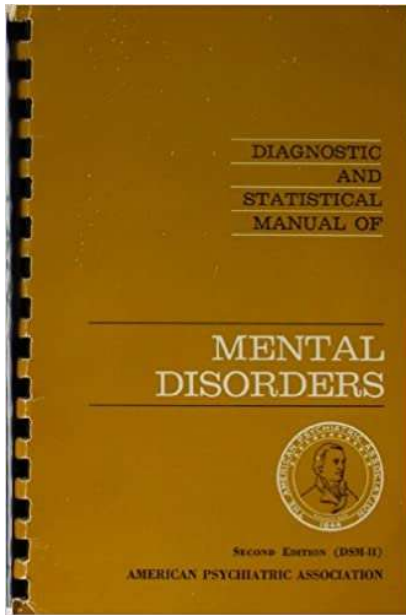
Structured Assessment

40%



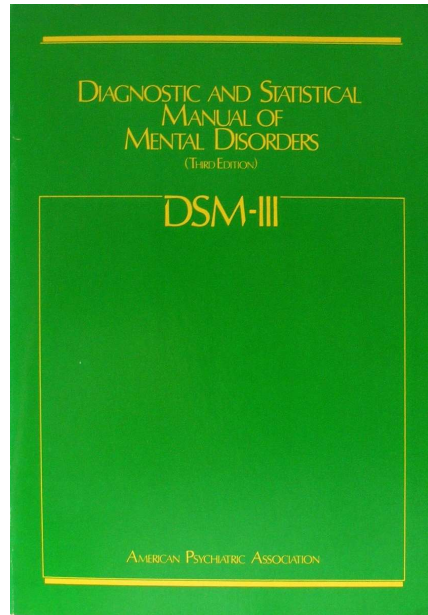
Rates of Bipolar by Setting






1900-1980

**Manic-
Depression
(Full spectrum)**



1980

**Bipolar I
Cyclothymic
Major Depression**



**What about the
bipolar spectrum?**

Hagop Akiskal, MD

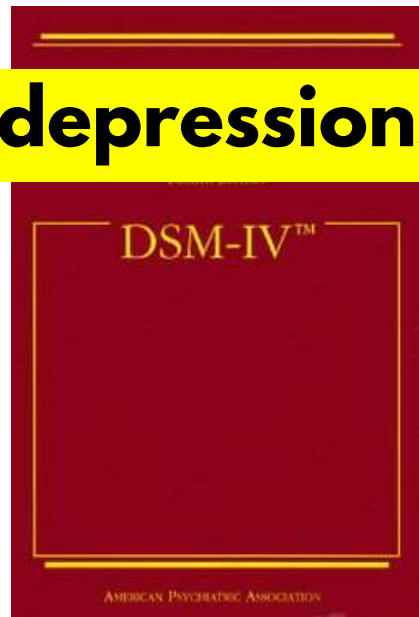
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25% of recurrent depressions have *mixed features*



1980

Bipolar I
Cyclothymic
Depression



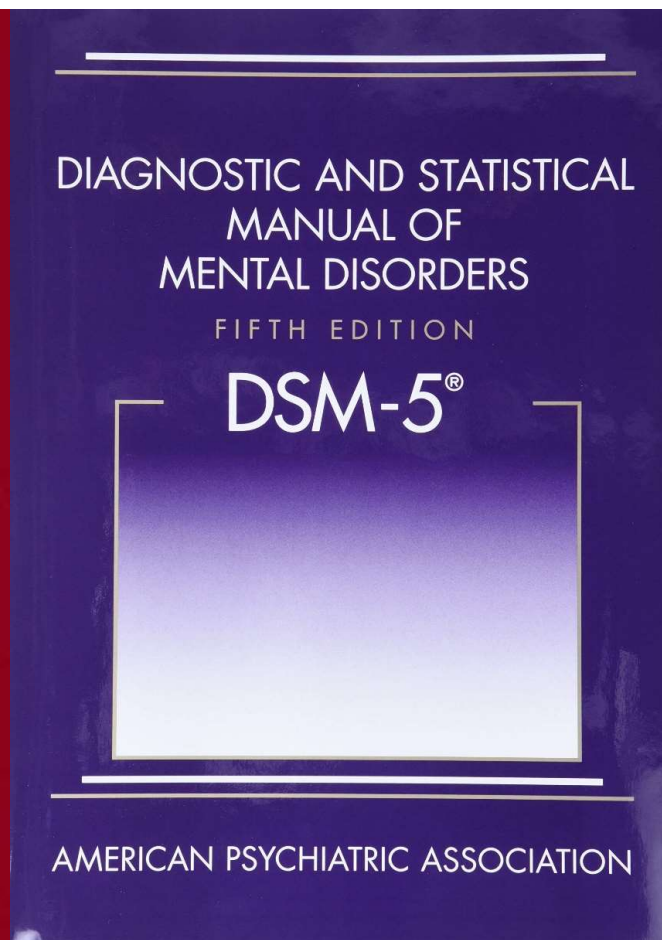
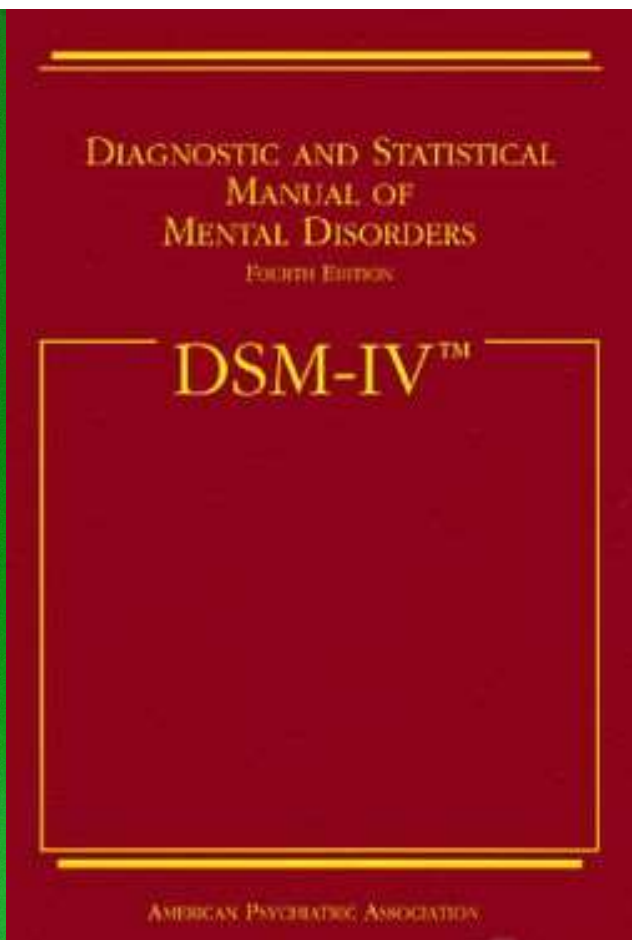
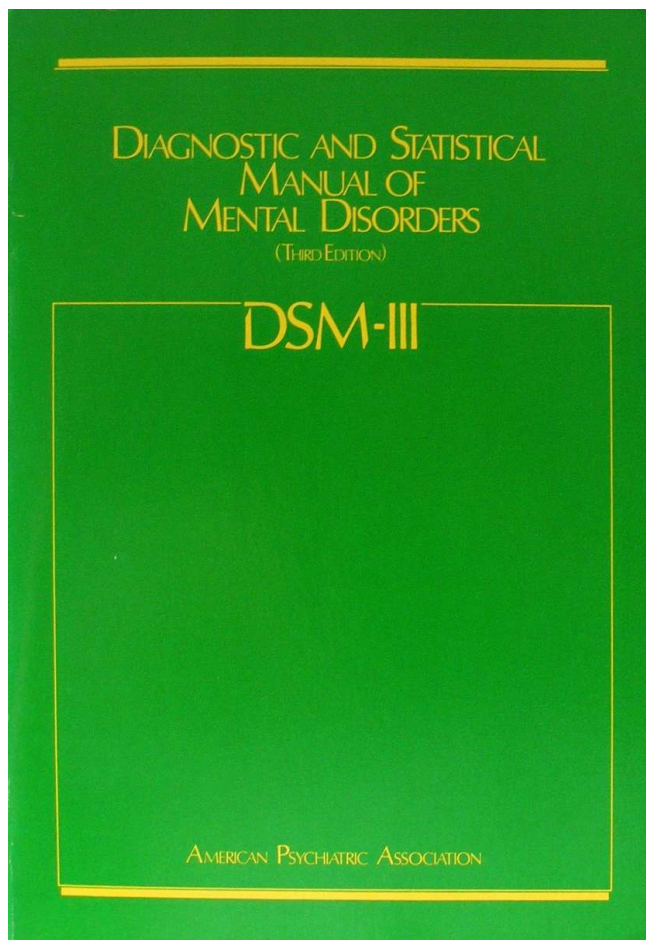
1994

Bipolar I
Bipolar II
Cyclothymic
Depression



2013

Bipolar I
Bipolar II
Cyclothymic
Depression + brief hypomania
Depression + mixed features
Depression





Depression and bipolar are part of “a continuum, with variable expressions of vulnerability to hypomania or mania”

David Kupfer, Chair of DSM-5, 2013

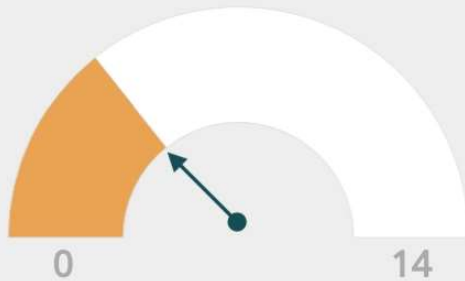
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DSM-5 Criteria

DSM-5 Durations

Hypomania

4 days



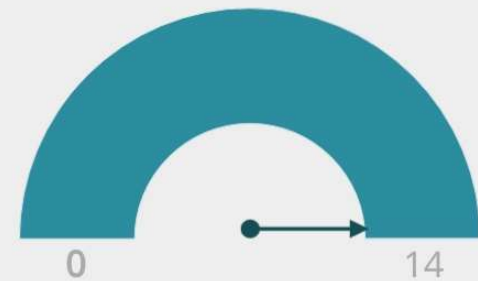
Mania

7 days



Depression

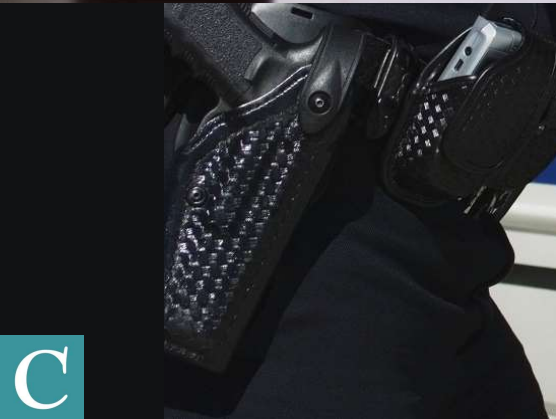
14 days

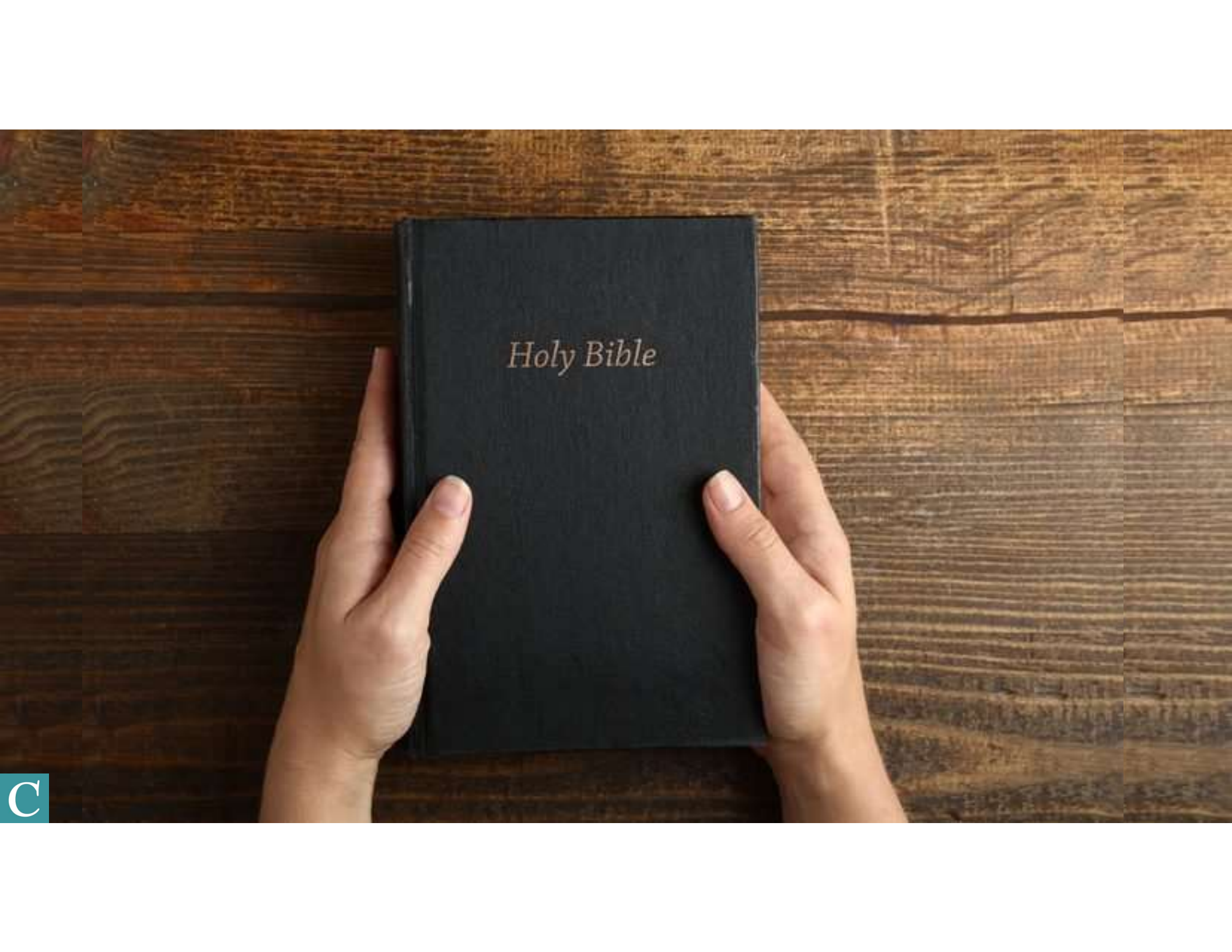




Mania = Irreversible consequences





A top-down view of a person's hands holding a black, textured Bible. The Bible is centered in the frame, and the words "Holy Bible" are embossed in a light-colored, serif font on the front cover. The hands are positioned on the left and right sides of the Bible, with the thumbs resting on the edges. The background is a dark brown wooden surface with a prominent vertical grain pattern. The lighting is soft and even, highlighting the texture of the Bible cover and the wood.

Holy Bible

Bipolar Disorders

Bipolar I

Full mania with or without depression

Mania ≥ 7 days; Significant impairment, psychosis, or requires hospitalization (any duration if hospitalized)

Bipolar II

Hypomania with depression

Hypomania ≥ 4 days; Mild-moderate impairment

Cyclothymic disorder

Brief depressions (< 14 days) cycling frequently with brief hypomania (can be < 4 days), often overlapping in mixed states, for at least 2 years

Unipolar Disorders

Depression with Brief Hypomania

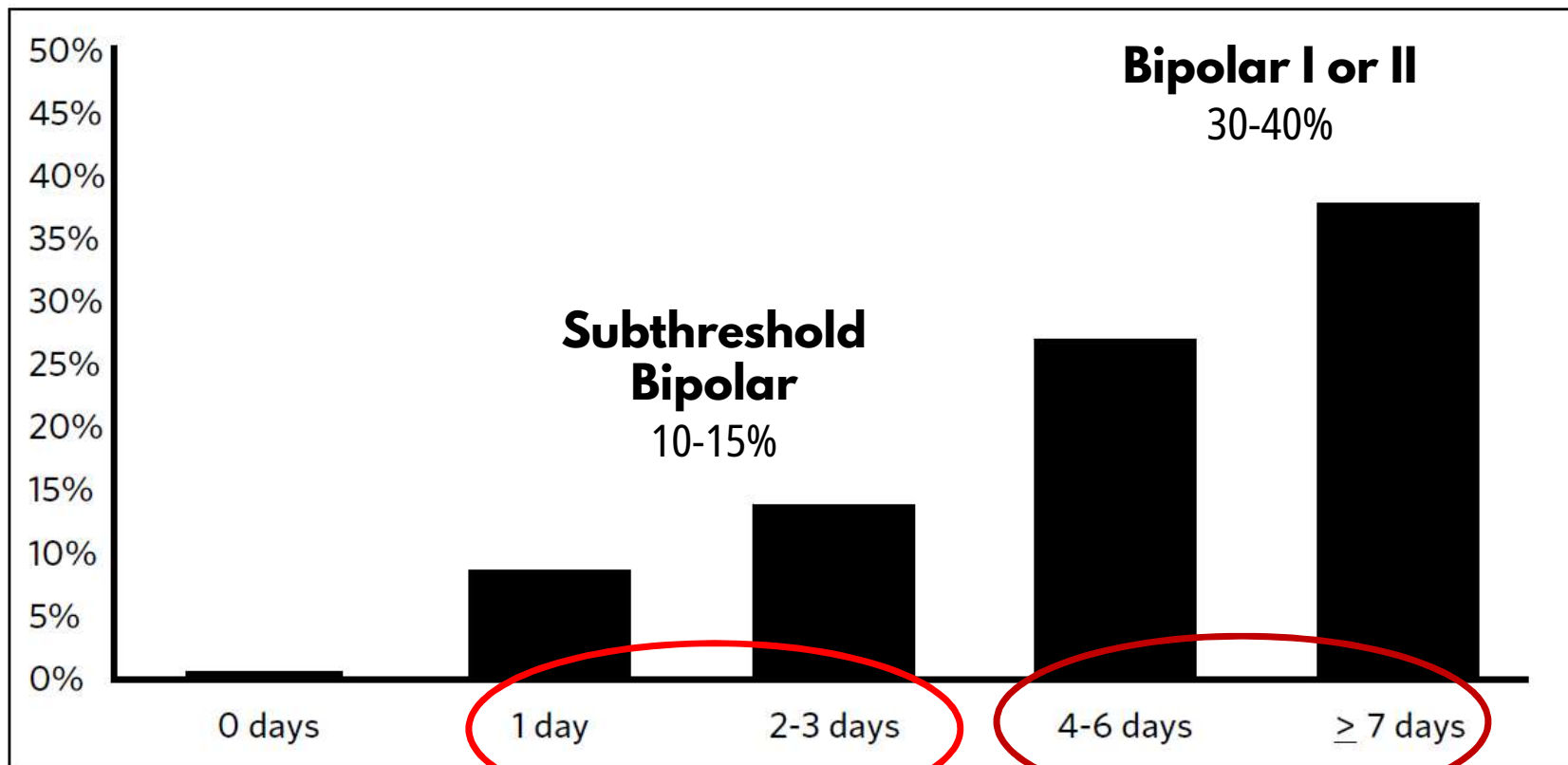
Recurrent depression (≥ 14 days) cycling with brief hypomania (< 4 days)
Under “Diagnoses for further study”

Depression with Mixed Features

Depression overlapping with 3 manic features
(irritability, distractibility, and hyperactivity excluded)

Major Depression

Depression (≥ 14 days)
Persistent Depressive Disorder (≥ 2 years)



Risk of mood worsening on an antidepressant rises with duration of hypomania (Angst et al., 2012)

“Have you ever had a period of time when you were feeling ‘up’ or ‘high’ or ‘hyper’ and so active or full of energy or full of yourself that you got into trouble, or that other people thought you were not your usual self?”



Pure Hypo/mania

Hypo/manic symptom	How it looks in real life
Elevated energy	Motivated, driven, able to accomplish a lot without getting tired.
Elevated mood	Happy, excited, giddy, good humored, feeling a spiritual sense of connection.
Irritable	Impatient, reactive, short-fused, feeling people have it out for them, starting fights or arguments.
Hyperactive	Exercising or moving more, feeling restless, socializing more, making lots of plans or starting many projects.
Impulsive	Spending more money, driving faster, engaging in sudden travel, starting new relationships or projects, gambling, using drugs, hypersexuality.
Decreased need for sleep	Able to stay active despite sleeping less than 6 hours a day.
Increased confidence	Being more certain of their ideas or abilities, optimistic, self-important, or arrogant.
Distracted	Changing tasks frequently, thoughts shift from topic to topic, easily distracted by things around them.
Racing thoughts	Having lots of ideas, thoughts may be crowded or hard to keep up with, or so intense that they can't shut them off.
Rapid or pressured speech	People can't follow what they're saying. They interrupt a lot or talk over people.



Depression



Mania

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6 Ways to Miss Hypomania

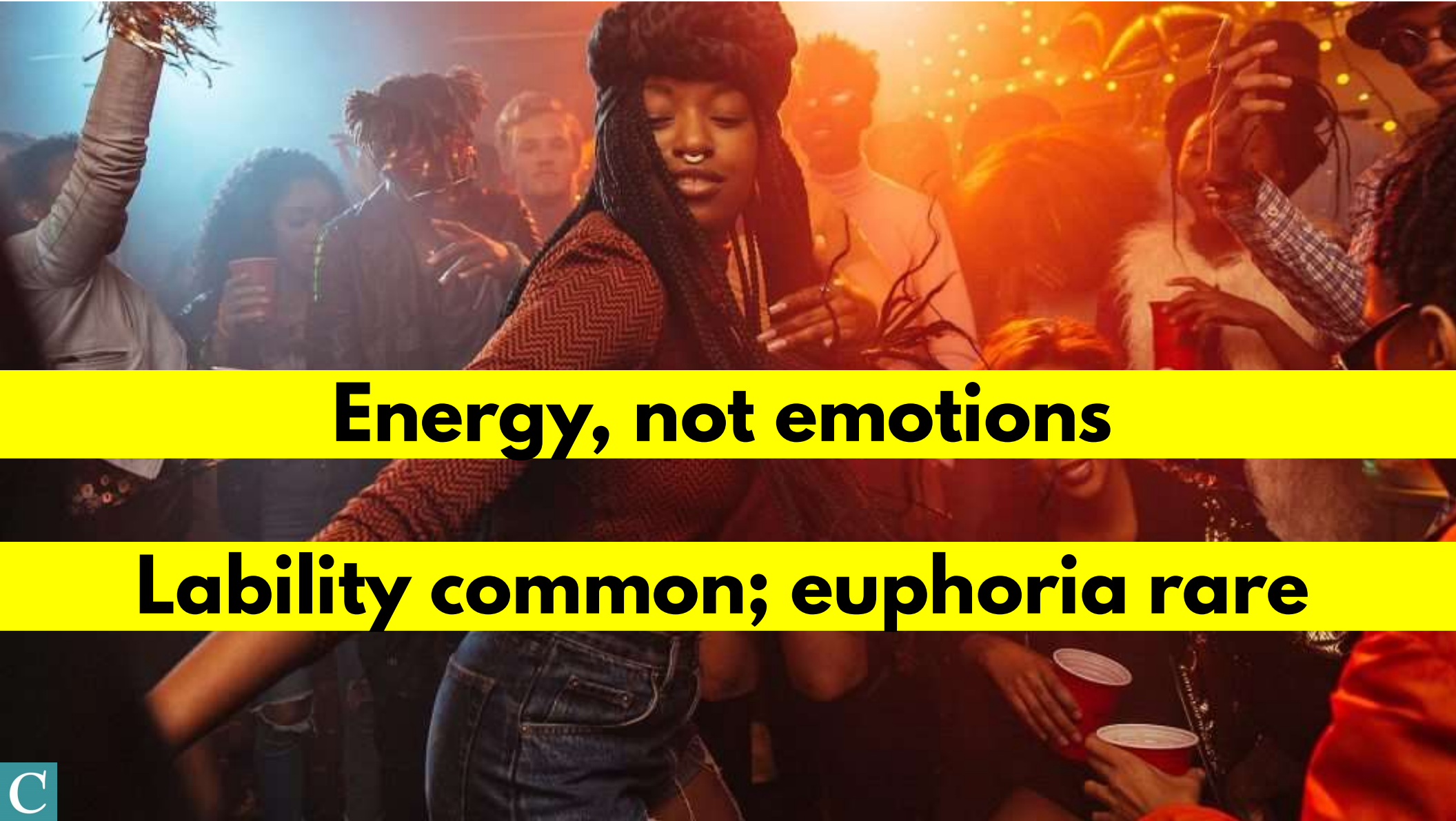
1. Happiness Myth





**“I felt infinitely worse
[during mania] than when in
the midst of my worst
depressions...”**

**—Kay Redfield Jamison,
An Unquiet Mind, 1996**



Energy, not emotions

Lability common; euphoria rare



Loss of control over your own mind

Doing much more than usual...

Taking on risks...

Driving aggressively

Spending too much, breaking the law

Making major life decisions

Suddenly starting/ending relationships

3. Rationalizations

“Yes, but...”



“Only when I have a lot to do”

“Just when good things happen”

“Having a good time with friends”



“Retail therapy, porn, gambling, binge eating...

the only way I can feel better when depressed”

A man with short dark hair, wearing a white long-sleeved shirt, is shown from the chest up. He is looking slightly to his left with a thoughtful expression, resting his chin on his right hand. The background is a light blue gradient. A bright yellow horizontal banner is positioned across the middle of the image, containing the text '4. Ambiguous Answers' in bold black font.

4. Ambiguous Answers



These may mean yes...

“Not really”

“Sort of”



“Not really”

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These may mean yes...

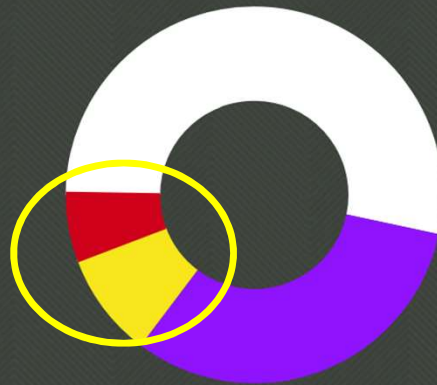
“Very rarely”

“Not in a long time”

Depression Predominates

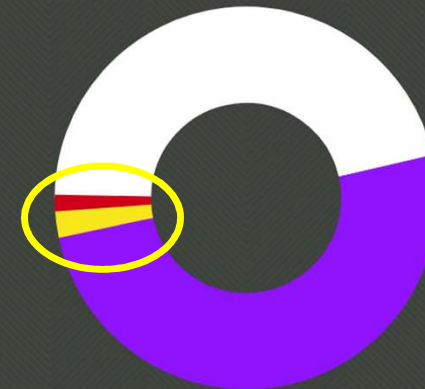
Manic/mixed = 4-15% of lifespan

Bipolar I

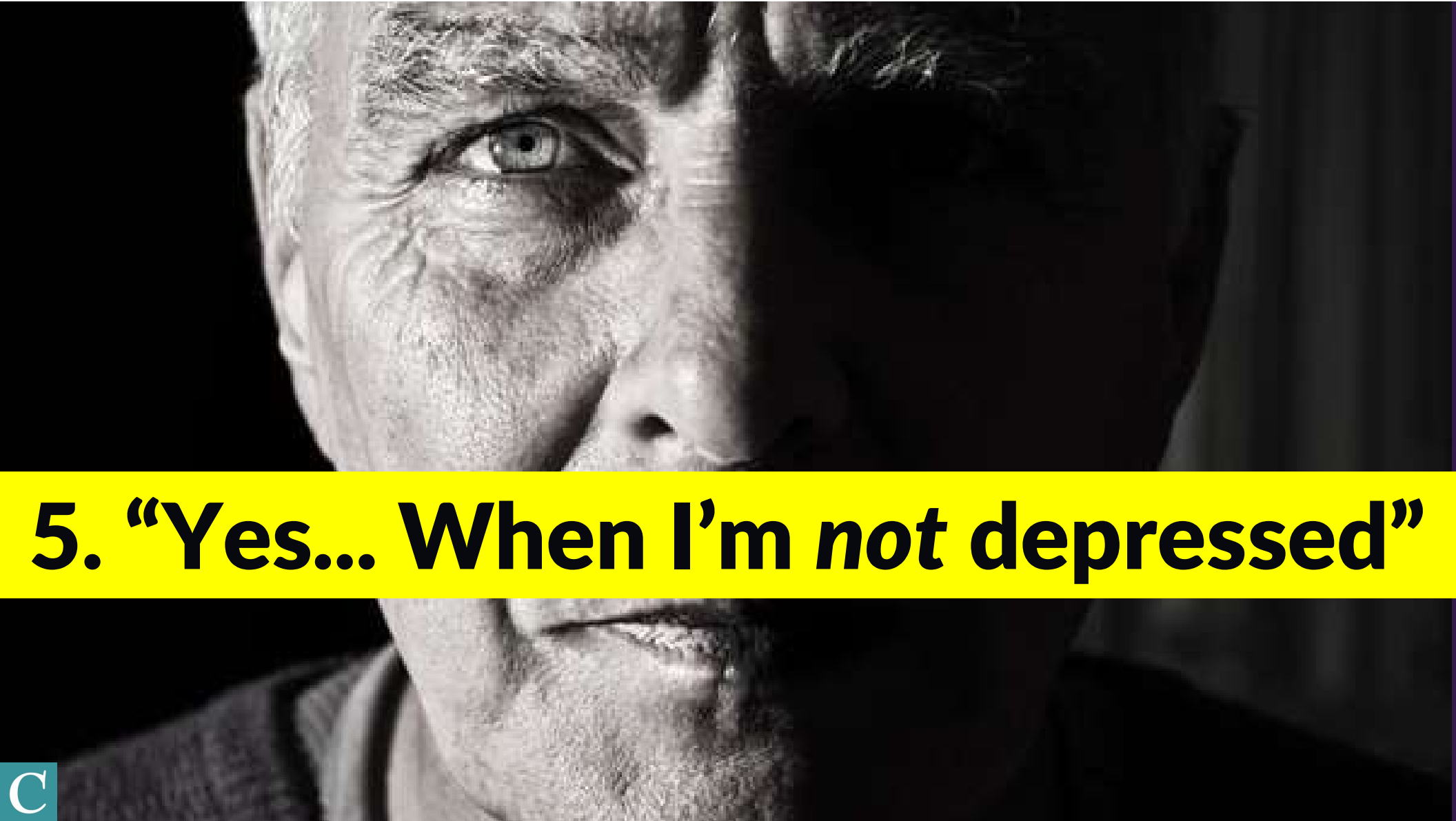


Relative well (53.30%) Depression (31.90%) Mixed (8.90%)
Mania/Hypomania (5.90%)

Bipolar II



Relative well (46.20%) Depression (50.30%) Mixed (2.30%)
Hypomania (1.20%)



5. “Yes... When I’m *not* depressed”

The Sydney Bipolar Screener

Apart from times when you are depressed or in a normal mood state, do you have times when you feel “up”? If so, check whether you experience any of the following features.

I have very high levels of energy	<input type="checkbox"/> Yes <input type="checkbox"/> No
I feel “bulletproof” or invulnerable	<input type="checkbox"/> Yes <input type="checkbox"/> No
I talk over people and am difficult to interrupt	<input type="checkbox"/> Yes <input type="checkbox"/> No
My thoughts race so quickly that it is difficult to retain them	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am irritable and angry	<input type="checkbox"/> Yes <input type="checkbox"/> No
My judgment becomes impaired	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am much more creative	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am very distractible	<input type="checkbox"/> Yes <input type="checkbox"/> No
I feel that I can achieve great things	<input type="checkbox"/> Yes <input type="checkbox"/> No
I talk more quickly	<input type="checkbox"/> Yes <input type="checkbox"/> No

Score 1 point for each item endorsed. For patients with a history of depression, a score of 6 or more suggests a strong likelihood of bipolar disorder (97% sensitivity and 96% specificity).

Parker G, *Carlat Psychiatry Report*, 19:11&12,
Nov/Dec 2021

6. Missing Mixed States



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Mixed States

Hypo/manic symptom	How it looks in a mixed state
Elevated energy	An uncomfortable, anxious energy that is commonly described as “wired, restless, crawling out of my skin.”
Elevated mood	Emotions swing rapidly from one to another (e.g., oscillating between irritable, sad, anxious, despairing, and – rarely – giddy or happy).
Irritable	Angry, impatient, reactive, short-fused, feeling people have it out for them, starting arguments or isolating themselves to avoid other people.
Hyperactive	Pacing from room to room without a clear purpose, feeling agitated or tense, going on random walks or drives.
Impulsive	Engaging in reckless, destructive actions (e.g., suddenly leaving relationships or jobs, breaking things, driving aggressively). Sometimes, pleasure is pursued impulsively, in which case it feels like a desperate attempt to relieve the depression (e.g., overspending through “retail therapy,” binge eating, addictive behavior, pornography).
Decreased need for sleep	Sleep is random; they may be up all night and asleep during the day. When their amount of sleep is decreased, they still feel like they need it, in part because sleep offers some relief from the terrible anxiety of a mixed state.
Increased confidence	They probably don’t feel too good about themselves, but they may come across as demanding, pushy, or stubborn to others.
Distracted	Changing tasks frequently, disorganized, finding it hard to think, shifting thoughts from one anxious topic to another.
Racing thoughts	Their mind is crowded with depressive or anxious thoughts, imagining the worst-case scenario. It’s hard to shut their mind off, particularly at night.
Rapid or pressured speech	There’s an urgent, emotional tone to their speech.

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Bipolar Markers

Age of onset 15-20

Mood worse on antidepressants

Family history of bipolarity

Recurrence, comorbidities

The Rapid Mood Screen

1	Have there been at least 6 different periods of time (at least 2 weeks) when you felt deeply depressed?	Y	N
2	Did you have problems with depression before the age of 18?	Y	N
3	Have you ever had to stop or change your antidepressant because it made you highly irritable or hyper?	Y	N
4	Have you ever had a period of at least 1 week during which you were more talkative than normal with thoughts racing in your head?	Y	N
5	Have you ever had a period of at least 1 week during which you felt any of the following: unusually happy; unusually outgoing; or unusually energetic?	Y	N
6	Have you ever had a period of at least 1 week during which you needed much less sleep than usual?	Y	N

Cut off ≥ 4 items

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**The final scale had
better predictive
properties than than
most self-rated
screening instruments
for bipolar disorder**

≥ 4
Cut-off

0.88
Sensitivity

0.80
Specificity

Bipolarity Index

1. Episode Characteristics
2. Age of onset
3. Course of illness, comorbidity
4. Treatment response
5. Family history

Cut off = 50 out of 100

Sensitivity/Specificity = 0.9

Aiken C et al, *Journal of Affective Disorders* 2015

I. Episode Characteristics	
20	• Acute manic or mixed episode with prominent euphoria, grandiosity or expansiveness and no significant medical or other secondary etiology.
15	• Acute mixed episode or dysphoric or irritable mania with no significant medical or other secondary etiology.
10	• Hypomanic episode with no significant medical or other secondary etiology; or • Cyclothymia with no significant medical or other secondary etiology; or • A manic episode within 12 weeks of starting an antidepressant.
5	• A hypomanic episode within 12 weeks of starting an antidepressant • Episodes with characteristic symptoms of hypomania, but symptoms, duration, or intensity are subthreshold for hypomania; or • A single MDE with psychotic or atypical features (atypical is ≥ 2 of the following: hypersomnia, hyperphagia or leaden paralysis of limbs); or • Any postpartum depression.
2	• Recurrent unipolar major depressive disorder (≥ 3 episode); or • History of any kind of psychotic disorder (i.e., presence of delusions, hallucinations, ideas of reference or magical thinking).
0	• No history of significant mood elevation, recurrent depression or psychosis.
II. Age of Onset (first affective episode or syndrome)	
20	• 15 to 19 years.
15	• Before age 15 or between age 20 and 30.
10	• 30 to 45 years.
5	• After age 45.
0	• No history of affective illness (no episodes, cyclothymia, dysthymia or bipolar-NOS).
III. Course of Illness & Associated Features	
20	• Recurrent, distinct manic episodes separated by at least 2 months of full recovery.
15	• Recurrent, distinct manic episodes with incomplete inter-episode recovery; or • Recurrent, distinct hypomanic episodes with full inter-episode recovery.
10	• Any substance use disorder (excluding nicotine/caffeine); or • Psychotic features only during acute mood episodes; or • Incarceration or repeated legal offenses related to manic behavior (e.g. shoplifting, reckless driving or bankruptcy).
5	• Recurrent unipolar MDD with ≥ 3 or more major depressive episodes; or • Recurrent, distinct hypomanic episodes without full inter-episode recovery; or • Borderline personality disorder, anxiety disorder (including PTSD and OCD), eating disorder; or history of ADHD with onset before puberty; or • Engagement in gambling or other risky behaviors with the potential to pose a problem for patient, family or friends; or • Behavioral evidence of perimenstrual exacerbation of mood symptoms.
2	• Baseline hyperthymic personality when not manic or depressed; or • Marriage 3 or more times (including remarriage to the same individual); or • In two or more years, has started a new job and changed jobs after less than a year; or • Has more than two advanced degrees.
0	• None of the above.
IV. Response to Treatment	
20	• Full recovery within 4 weeks of therapeutic treatment with a mood stabilizer.
15	• Full recovery within 12 weeks of therapeutic treatment with a mood stabilizer or relapse within 12 weeks of discontinuing treatment; or • Affective switch to mania (pure or mixed) within 12 weeks of starting a new antidepressant or increasing dose.
10	• Worsening dysphoria or mixed symptoms during antidepressant treatment subthreshold for mania (exclude worsening that is limited to known antidepressant side effects such as akathisia, anxiety or sedation); or • Partial response to one or two mood stabilizers within 12 weeks of therapeutic treatment; or • Antidepressant-induced new or worsening rapid-cycling course.
5	• Treatment resistance: lack of response to complete trials of 3 or more antidepressants; or • Affective switch to mania or hypomania with antidepressant withdrawal.
2	• Immediate, near-complete response to antidepressant withdrawal within 1 week or less.
0	• None of the above, or no treatment.
V. Family History	
20	• At least one first-degree relative with clear bipolar disorder.
15	• At least one second-degree relative with clear bipolar disorder; or • At least one first-degree relative with recurrent unipolar MDD and behavioral evidence suggesting bipolar disorder.
10	• First-degree relative with recurrent unipolar MDD or schizoaffective disorder; or • Any relative with clear bipolar disorder or recurrent unipolar MDD and behavioral evidence suggesting bipolar disorder.
5	• First-degree relative with clear substance use disorder (excluding nicotine/caffeine); or • Any relative with possible bipolar disorder.
2	• First-degree relative with possible recurrent unipolar MDD; or • First-degree relative with anxiety disorder (including PTSD and OCD), eating disorder or ADD/ADHD.
0	• None of the above or no family history of psychiatric disorders.



The Bipolarity Index

Directions: Circle the bulleted items that are positive in the patient's history. Score each of the five sections by circling the highest number (0-20) for which there is at least one positive item. The final score is the sum of all five sections.

I. Episode Characteristics	
20	<ul style="list-style-type: none"> Acute manic or mixed episode with prominent euphoria, grandiosity or expansiveness and no significant medical or other secondary etiology.
15	<ul style="list-style-type: none"> Acute mixed episode or dysphoric or irritable mania with no significant medical or other secondary etiology.
10	<ul style="list-style-type: none"> Hypomanic episode with no significant medical or other secondary etiology; or Cyclothymia with no significant medical or other secondary etiology; or A manic episode within 12 weeks of starting an antidepressant.
5	<ul style="list-style-type: none"> A hypomanic episode within 12 weeks of starting an antidepressant Episodes with characteristic symptoms of hypomania, but symptoms, duration, or intensity are subthreshold for hypomania; or A single MDE with psychotic or atypical features (atypical is ≥ 2 of the following: hypersomnia, hyperphagia or leaden paralysis of limbs); or Any postpartum depression.
2	<ul style="list-style-type: none"> Recurrent unipolar major depressive disorder (≥ 3 episode); or History of any kind of psychotic disorder (i.e., presence of delusions, hallucinations, ideas of reference or magical thinking).
0	<ul style="list-style-type: none"> No history of significant mood elevation, recurrent depression or psychosis.
II. Age of Onset (first affective episode or syndrome)	
20	<ul style="list-style-type: none"> 15 to 19 years.
15	<ul style="list-style-type: none"> Before age 15 or between age 20 and 30.
10	<ul style="list-style-type: none"> 30 to 45 years.
5	<ul style="list-style-type: none"> After age 45.
0	<ul style="list-style-type: none"> No history of affective illness (no episodes, cyclothymia, dysthymia or bipolar-NOS).
III. Course of Illness & Associated Features	
20	<ul style="list-style-type: none"> Recurrent, distinct manic episodes separated by at least 2 months of full recovery.
15	<ul style="list-style-type: none"> Recurrent, distinct manic episodes with incomplete inter-episode recovery; or Recurrent, distinct hypomanic episodes with full inter-episode recovery.
10	<ul style="list-style-type: none"> Any substance use disorder (excluding nicotine/caffeine); or Psychotic features only during acute mood episodes; or Incarceration or repeated legal offenses related to manic behavior (e.g. shoplifting, reckless driving or bankruptcy).
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2	<ul style="list-style-type: none"> Baseline hyperthymic personality when not manic or depressed; or Marriage 3 or more times (including remarriage to the same individual); or In two or more years, has started a new job and changed jobs after less than a year; or Has more than two advanced degrees.
0	<ul style="list-style-type: none"> None of the above.
IV. Response to Treatment	
20	<ul style="list-style-type: none"> Full recovery within 4 weeks of therapeutic treatment with a mood stabilizer.
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10	<ul style="list-style-type: none"> First-degree relative with recurrent unipolar MDD or schizoaffective disorder; or Any relative with clear bipolar disorder or recurrent unipolar MDD and behavioral evidence suggesting bipolar disorder.
5	<ul style="list-style-type: none"> First-degree relative with clear substance use disorder (excluding nicotine/caffeine); or Any relative with possible bipolar disorder.
2	<ul style="list-style-type: none"> First-degree relative with possible recurrent unipolar MDD; or First-degree relative with anxiety disorder (including PTSD and OCD), eating disorder or ADD/ADHD.
0	<ul style="list-style-type: none"> None of the above or no family history of psychiatric disorders.
<p>← Total score (0 – 100). Add the highest number in each section. A score ≥ 50 indicates a high probability of bipolar disorder.</p>	

I. Episode Characteristics	
20	<ul style="list-style-type: none"> Acute manic or mixed episode with prominent euphoria, grandiosity or expansiveness and no significant medical or other secondary etiology.
15	<ul style="list-style-type: none"> Acute mixed episode or dysphoric or irritable mania with no significant medical or other secondary etiology.
10	<ul style="list-style-type: none"> Hypomanic episode with no significant medical or other secondary etiology; or Cyclothymia with no significant medical or other secondary etiology; or A manic episode within 12 weeks of starting an antidepressant.
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0	<ul style="list-style-type: none"> No history of significant mood elevation, recurrent depression or psychosis.

“The most noxious assumption that we can fulfill is the feeling by patients that we represent the “system,” the status quo of power and privilege.

We will label the patient as sick, and then send them through a rigamarole of diagnosis and treatment that will end up with his extrusion as a “patient,” often without an active and productive role in society or a strong sense of self-worth.”

—Ghaemi and Havens,
American Journal of Psychotherapy, 2005



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The End