

MRCPPsych General Adult Module

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Bipolar Disorder-2

GA Module: Bipolar Disorder

Aims and Objectives

- Aims
 - The overall aim is to give an overview of psychopathology and diagnosis of bipolar disorder.
- Objectives:
 - Developed an understanding of the symptoms and psychopathology, diagnostic classification and differential diagnosis of bipolar disorder.

GA Module: Bipolar Disorder

To achieve this

- Case Presentation
 - Journal Club
 - 555 Presentation
 - Expert-Led Session
 - MCQs
-
- Please sign the register and complete the feedback

GA Module: Bipolar Disorder

Expert Led Session

Bipolar Disorder – Psychopathology & Diagnosis

Symptom Domains of Bipolar Disorder

Manic Mood and Behavior

- Euphoria
- Grandiosity
- Pressured speech
- Impulsivity
- Excessive libido
- Recklessness
- Social intrusiveness
- Diminished need for sleep

Dysphoric or Negative Mood and Behavior

- Depression
- Anxiety
- Irritability
- Hostility
- Violence or suicide

Bipolar Disorder

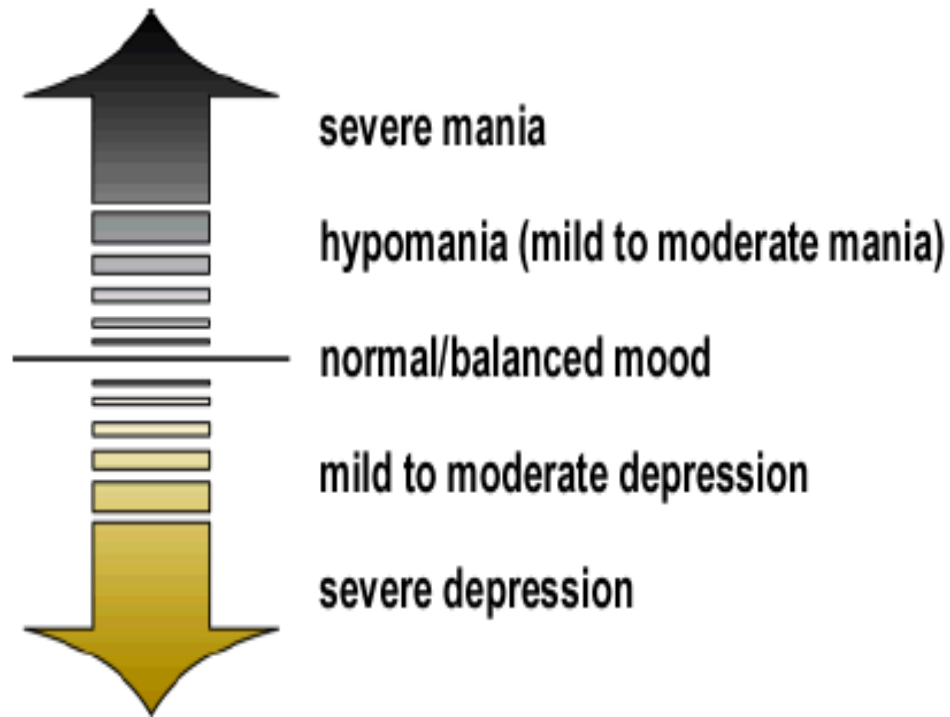
Psychotic Symptoms

- Delusions
- Hallucinations
- Formal thought disorder

Cognitive Symptoms

- Racing thoughts
- Distractibility
- Disorganization
- Inattentiveness

Bipolar spectrum



DSM-5 Diagnosis

- Diagnostic Classifications

1. Bipolar I Disorder

- One or more Manic Episode or Mixed Manic Episode
- Minor or Major Depressive Episodes often present
- May have psychotic symptoms
- Specifies: anxious distress, mixed features, rapid cycling, melancholic features, atypical features, mood-congruent psychotic features, mood incongruent psychotic features, catatonia, peri-partum onset, seasonal pattern
- Severity Ratings: Mild, Moderate, Severe

DSM-5 Diagnosis

- Manic Episode Criteria
 - A distinct period of abnormally and persistently elevated, expansive, or irritable mood.
 - Lasting at least 1 week.
 - Three or more (four if the mood is only irritable) of the following symptoms:
 1. Inflated self-esteem or grandiosity
 2. Decreased need for sleep
 3. Pressured speech or more talkative than usual
 4. Flight of ideas or racing thoughts
 5. Distractibility
 6. Psychomotor agitation or increase in goal-directed activity
 7. Hedonistic interests

DSM-5 Diagnosis

- Manic Episode Criteria (cont.)
 - Causes marked impairment in occupational functioning in usual social activities or relationships, **or**
 - Necessitates hospitalization to prevent harm to self or others, **or**
 - Has psychotic features
 - Not due to substance use or abuse (e.g., drug abuse, medication, other treatment), or a general medical condition (e.g., hyperthyroidism).
 - A full manic episode emerging during antidepressant treatment

DSM-5 Diagnosis

- Diagnostic Classifications
 2. Bipolar II Disorder
 - One or more Major Depressive Episode
 - One or more Hypomanic Episode
 - No full Manic or Mixed Manic Episodes
 - No evidence of psychotic symptoms
 - Severity Ratings: Mild, Moderate, Severe

DSM-5 Diagnosis

- Hypomanic Criteria
 - Similarities with Manic Episode
 - Same symptoms
 - Differences from Manic Episode
 - Length of time
 - Impairment not as severe
 - Psychotic symptoms not present
 - May not be viewed by the individual as pathological
 - However, others may be troubled by erratic behavior

DSM-5 Diagnosis

- Diagnostic Classifications

3. Cyclothymia

- For at least 2 years (1 in children and adolescents), numerous periods with hypomanic *symptoms* that do not meet the criteria for hypomanic episode
 - Present at least $\frac{1}{2}$ the time and not without for longer than 2 months
 - Short periods of depression alternating with short periods of hypomania.
- Criteria for major depressive, manic, or hypomanic episode have never been met

DSM-5 Diagnosis

- Diagnostic Classifications
 4. Unspecified Bipolar and Related Disorder
 - Bipolar features that do not meet criteria for any specific bipolar disorder.

Diagnosis

- Rapid-Cycling Specifier
 - Can be applied to Bipolar I or II
 - Four or more mood episodes (i.e., Major Depressive, Manic, Mixed, or Hypomanic) per 12 months
 - May occur in any order or combination
 - Must be demarcated by ...
 - a period of full remission, **or**
 - a switch to an episode of the opposite polarity
 - Manic, Hypomanic, and Mixed are on the same pole
 - NOTE: This definition is different from that used in some literature, where in cycling refers to mood changes within an episode (Geller et al., 2004).

Bipolar –ICD-10 criteria

F31 BIPOLAR AFFECTIVE DISORDER

- Note: Episodes are demarcated by a switch to an episode of opposite or mixed polarity or by a remission.

F31.0 Bipolar affective disorder, current episode hypomanic

- A. The current episode meets the criteria for hypomania (F30.0).
- B. There has been at least one other affective episode in the past, meeting the criteria for hypomanic or manic episode (F30.-), depressive episode (F32.-) or mixed affective episode (F38.00).

F31.1 Bipolar affective disorder, current episode manic without psychotic symptoms

- A. The current episode meets the criteria for mania without psychotic symptoms (F30.1).
- B. There has been at least one other affective episode in the past, meeting the criteria for hypomanic or manic episode (F30.-), depressive episode (F32.-) or mixed affective episode (F38.00).

Bipolar –ICD-10 criteria

F31.2 Bipolar affective disorder, current episode manic with psychotic symptoms

- A. The current episode meets the criteria for mania with psychotic symptoms (F30.2).
- B. There has been at least one other affective episode in the past, meeting the criteria for hypomanic or manic episode (F30.-), depressive episode (F32.-) or mixed affective episode (F38.00).
- A fifth character may be used to specify whether the psychotic symptoms are congruent or incongruent with the mood:
- F31.20 with mood congruent psychotic symptoms
- F31.21 with mood incongruent psychotic symptoms

Bipolar –ICD-10 criteria

- **F31.3 Bipolar affective disorder, current episode moderate or mild depression**
- A. The current episode meets the criteria for a depressive episode of either mild (F32.0) or moderate severity (F32.1).
- B. There has been at least one other affective episode in the past, meeting the criteria for hypomanic or manic episode (F30.-), or mixed affective episode (F38.00).
- A fifth character may be used to specify the presence of the somatic syndrome as defined in F32, in the current episode of depression:
- F31.30 without somatic syndrome
- F31.31 with somatic syndrome

- **F31.4 Bipolar affective disorder, current episode severe depression without psychotic symptoms**
- A. The current episode meets the criteria for a severe depressive episode without psychotic symptoms (F32.2).
- B. There has been at least one well authenticated hypomanic or manic episode (F30.-) or mixed affective episode(F38.00) in the past.

Bipolar –ICD-10 criteria

F31.5 Bipolar affective disorder, current episode severe depression with psychotic symptoms

- A. The current episode meets the criteria for a severe depressive episode with psychotic symptoms (F32.3).
- B. There has been at least one well authenticated hypomanic or manic episode (F30.-) or mixed affective episode (F38.00) in the past.
- A fifth character may be used to specify whether the psychotic symptoms are congruent or incongruent with the mood.
- F31.50 with mood congruent psychotic symptoms
- F31.51 with mood incongruent psychotic symptoms

Bipolar –ICD-10 criteria

F31.6 Bipolar affective disorder, current episode mixed

- A. The current episode is characterized by either a mixture or a rapid alternation (i.e. within a few hours) of hypomanic, manic and depressive symptoms.
- B. Both manic and depressive symptoms must be prominent most of the time during a period of at least two weeks.
- C. There has been at least one well authenticated hypomanic or manic episode (F30.-), depressive (F32.-) or mixed affective episode (F38.00) in the past.

F31.7 Bipolar affective disorder, currently in remission

- A. The current state does not meet the criteria for depressive or manic episode in any severity, or for any other mood disorder in F3 (possibly because of treatment to reduce the risk of future episodes).
- B. There has been at least one well authenticated hypomanic or manic episode

Deferential Diagnosis

Bipolar I

Alternative Diagnosis	Differential Consideration
Major Depressive Disorder	Person with depressive Sx never had Manic/Hypomanic episodes
Bipolar II	Hypomanic episodes, w/o a full Manic episode
Cyclothymic Disorder	Lesser mood swings of alternating depression - hypomania (never meeting depressive or manic criteria) cause clinically significant distress/impairment
Normal Mood Swings	Alternating periods of sadness and elevated mood, without clinically significant distress/impairment
Schizoaffective Disorder	Sx resemble Bipolar I, severe with psychotic features but psychotic Sx occur absent mood Sx
Schizophrenia or Delusional Disorder	Psychotic symptoms dominate. Occur without prominent mood episodes

Bipolar II

Alternative Diagnosis	Differential Consideration
Major Depressive Disorder	No Hx of hypomanic (or manic) episodes
Bipolar I	At least 1 manic episode
Cyclothymic Disorder	Mood swings (hypomania to mild depression) cause clinically significant distress/impairment; no history of any Major Depressive Episode
Normal Mood Swings	Alternately feels a bit high and a bit low, but with no clinically significant distress/impairment
Substance Induced Bipolar Disorder	Hypomanic episode caused by antidepressant medication or cocaine
ADHD	Common Sx presentation, but ADHD onset is in early childhood. Course chronic rather than episodic. Does not include features of elevated mood.

Cyclothymic Disorder

Alternative Diagnosis	Differential Consideration
Normal Mood Swings	Ups & downs without clinically significant distress/impairment
Major Depressive Disorder	Had a major depressive episode
Bipolar I	At least one Manic episode
Bipolar II	At least one clear Major Depressive episode
Substance Induced Bipolar Disorder	Mood swings caused by antidepressant medication or cocaine. Stimulant drugs can produce bipolar symptoms

Diagnostic difficulties of Bipolar

- **Lack of reliable assessment tools for Bipolar Disorder**
- **Misdiagnosed as unipolar depression**
- Children, adolescents and young adults are often diagnosed with ADHD
- People often do not have clear cut, discrete mood episodes
- Mania is often unrecognized or considered irritability/ aggression
- Psychotic features are often mistaken for Schizophrenia
- Unwillingness of the client to seek treatment
- Lack of insight from client in mood episodes
- Clinicians missing manic/hypomanic episodes- and reliance on self-reports

PRECIPITATING FACTORS

- 60% of first episodes precipitated by psychosocial, physical, or drug causes
- 30% of second episodes-similar causes can be identified
- 10% of third episodes have a notable cause
- None of fourth episodes
- Illness starts as exogenous and becomes more endogenous
- Concept of kindling

Associated Impairments

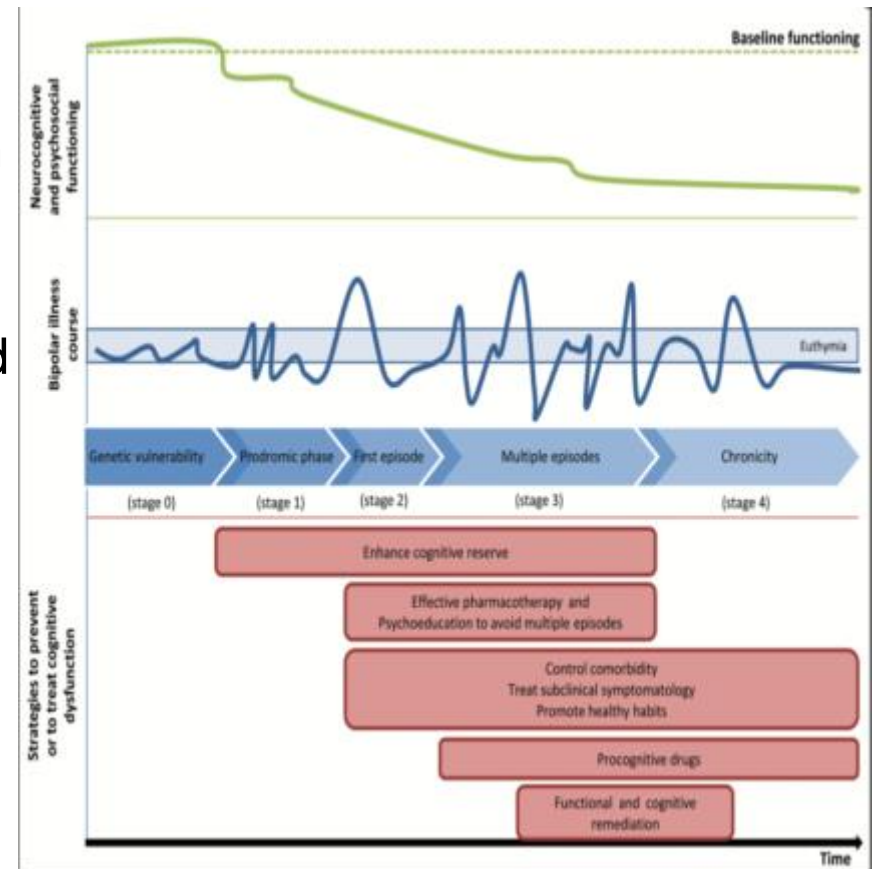
Suicidal Behaviors

- Prevalence of suicide attempts
 - 40-45% in Bipolar vs. 19% in Unipolar
- Age of first attempt-tends to be younger than patients with unipolar depression
- Multiple attempts-87% vs. 50% of unipolar patients
- Severity of attempts
- Suicidal ideation-significantly more (72% vs.52% in unipolar)

Associated Impairments

Cognitive Deficits

- Executive Functions-mainly problem solving, self-monitoring, temporal sequencing of information and impulse control
- Attention-mainly selective, sustained and set-shifting
- Memory-new learning and recall affected
- Sensory-Motor Integration-sequencing of motor acts affected
- Nonverbal Problem-Solving
- Academic Deficits
 - Mathematics



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Associated Impairments

Psychosocial Deficits

- Relationships
 - Peers
 - Family members
- Recognition and Regulation of Emotion
- Social Problem-Solving
- Self-Esteem
- Impulse Control & Risk taking behavior

COMORBID DISORDERS

- Substance Abuse – At least 61%
 - Alcohol, Cocaine, THC(Cannabis)
 - Effect – More mixed and rapid cycling, poorer response to Lithium, slower time to recovery, and more lifetime hospitalizations
- Narcissistic PD
- Borderline PD
- 20-30% OCD, Panic Disorder
- ADHD

Substance Abuse and Bipolar Disorder

- BPAD has high rate of comorbid/concurrent substance misuse
- 21-61% of people with BPAD abuse or are addicted to substances as compared to 3-13% in the general population
- BPAD is second to antisocial personality disorder in terms of concurrent substance abuse
- Substance use adversely affects medication, predisposes to earlier onset of symptoms and often leads to hospitalization

Bipolar Disorder and Personality Disorders

- Approximately 50% of all Bipolar patients also meet criteria for a personality disorder
- The most common comorbid conditions are in cluster B and C
- The most common Cluster B disorders include Borderline, Histrionic, Narcissistic
- The most common Cluster C disorders include Avoidant and Obsessive-Compulsive

References & further reading

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- NIMH. (2007). Bipolar disorder. Bethesda, MD: Author. Retrieved May 28, 2007, from <http://www.nimh.nih.gov/publicat/bipolar.cfm>
- Some of the slides were taken from a PowerPoint presentation freely available online: Assessment and Intervention for Bipolar Disorder: Best Practices for School Psychologists by Stephen Brock, California State University Sacramento.
- WORLD HEALTH ORGANIZATION. (1992). The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines. Geneva, World Health Organization.

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Questions
Discussion

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MCQs

1. The experience of numerous periods of hypomanic symptoms (that do not meet the criteria for hypomanic episodes) over 2 years may be diagnosed as:
 - A. Dysthymic disorder
 - B. Cyclothymic disorder
 - C. Rapid Cycling disorder
 - D. Personality disorder
 - E. Bipolar disorder NOS

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MCQs

Answer: **B. Cyclothymic disorder**

- For at least 2 years (1 in children and adolescents), numerous periods with hypomanic symptoms that do not meet the criteria for hypomanic episode
- Present at least $\frac{1}{2}$ the time and not without for longer than 2 months
- Short periods of depression alternating with short periods of hypomania.
- Criteria for major depressive, manic, or hypomanic episode have never been met

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MCQs

2. The Cognitive deficits associated with Bipolar Disorder may include:
- A. Executive functioning deficits
 - B. Verbal learning and memory
 - C. Difficulties in sequencing of motor acts
 - D. Processing and psychomotor skills including fine motor skills
 - E. All of the above

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MCQs

Answer: **E. All of the above**

- Euthymic bipolar patients demonstrate relatively marked impairment in aspects of executive function and verbal memory.
- However, In a meta analysis by Bourne et al, findings were inconsistent both across primary studies and previous meta-analyses.

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MCQs

3. Which of the following statements is false?
- A. The term 'melancholia' in DSM-IV is equivalent to somatic symptoms in ICD-10
 - B. Dysthymia is characterized by subthreshold depressive symptoms
 - C. Bipolar I is characterized by hypomanic episodes only
 - D. 'Endogenous' depression is characterized by somatic symptoms
 - E. 'Reactive' depression is characterized by anxiety, irritability, and phobias

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Answer: B. Bipolar I is characterized by hypomanic episodes only

- One or more Manic Episode or Mixed Manic Episode
- Minor or Major Depressive Episodes often present
- May have psychotic symptoms

Table 1. Definitions of Bipolar Disorders

Disorder	Definition
Bipolar I disorder	Manic or mixed episode with or without psychosis and/or major depression
Bipolar II disorder	Hypomanic episode with major depression; no history of manic or mixed episode*
Cyclothymia	Hypomanic and depressive symptoms that do not meet criteria for bipolar II disorder; no major depressive episodes
Bipolar disorder not otherwise specified	Does not meet criteria for major depression, bipolar I disorder, bipolar II disorder, or cyclothymia (e.g., less than one week of manic symptoms without psychosis or hospitalization)

NOTE: Criteria for mood episodes involved in diagnosing bipolar disorders are defined in Table 2.

*—Mixed episodes are proposed as a diagnostic feature of bipolar II disorder for the upcoming Diagnostic and Statistical Manual of Mental Disorders, 5th ed.

Information from reference 3.

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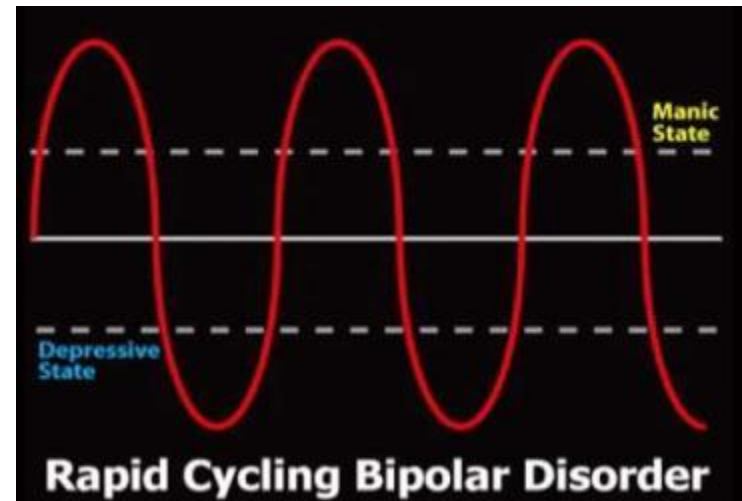
MCQs

4. Which of the following statements is FALSE about Rapid Cycling bipolar disorder:
- A. History of antidepressant induced hypomania is a risk factor
 - B. Evidence of low thyroxin levels is found even when not under treatment
 - C. Lasts less than 2 years in 50% of cases
 - D. Patients cycle between hypomania and depression each week
 - E. Is not genetically inherited in families with bipolar disorder

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MCQs

Answer: D. Patients cycle between hypomania and depression each week



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MCQs

5. Which of the following statements is TRUE regarding Cyclothymia:
- A. Is more common in males
 - B. Prevalence around 5%
 - C. Usual age of onset is between 35-40 years
 - D. Results in a diagnosis of bipolar disorder in a third of patients
 - E. Mood stabilisers are usually ineffective

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MCQs

Answer: D. Results in a diagnosis of bipolar disorder in a third of patients

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Thank you