



One-third of depressed people
in primary care likely have
some form of bipolar disorder¹

Self-Administered Screening
Questionnaire for Bipolar Disorder

Scoring Algorithm

Bipolar Spectrum Disorder (BSD)
The Mood Disorder Questionnaire



Is it bipolar or unipolar depression?

Detecting bipolar disorder during the depressive phase

Since people with bipolar disorder often deny that anything is wrong during their manic or hypomanic phases, they often avoid consulting doctors. Unless behaviour is highly disruptive, patients may not get medical attention during periods of hypomania or mania. When patients crash into a depressed cycle, doctors have a great opportunity to uncover bipolar disorder. Although the episodes of depression in bipolar disorder may include the usual problems affecting mood, sleep, and experience of pleasure, there are subtle, but important, differences:

Clinical differences between bipolar and unipolar disorders²

Bipolar depression

- Calm withdrawal
- Psychomotor retardation
- Sleeping too much (hypersomnia)
- Fewer anxiety symptoms or physical complaints
- Less anger
- Hyperphagia³

Unipolar depression

- More physical and mental activity
- Physical complaints
- Sleep disorders
- Anxiety
- Anger

Adapted from Diagnosis and Management of Bipolar Disorders, Bowden, CL.²
Adapted from The Treatment of Bipolar Disorder: Review of the Literature, Guidelines, and Options. CANMAT.³

Positive Screen

1. At least 7 out of 13 positive (yes) responses

PLUS

2. Positive (yes) response

PLUS

3. "Moderate" or "serious" response

If 1, 2 and 3 are positive, then you should have a strong suspicion of bipolar disorder.

Other important questions for your patient:

- Do you have a family history of bipolar disorder?
- Do you drink a lot of alcohol or use either over-the-counter or street drugs (steroids, stimulants, cocaine, etc.)?
- Have you ever thought about committing suicide? Have you ever tried to commit suicide?



Patterns of bipolar episodes⁴

On average, without treatment, hypomanic (expansive or irritable mood for 4 or more days plus milder symptoms of mania¹) or manic episodes last a few months, while depressions often last well over 6 months. Some individuals recover completely between episodes and may go for years without symptoms, while others continue to have low-grade but troubling depressions or mild swings up and down. The following terms are used to describe these common patterns:

Bipolar 1 Disorder: A person has manic or mixed episodes and may have depressive episodes. If someone becomes ill for the first time with a manic episode, the illness is still considered bipolar even though depressions have not yet occurred. It is highly likely that future episodes will involve depression as well as mania unless effective treatment is received.⁴

Bipolar 2 Disorder: A person has only full depressive and hypomanic episodes, but never full mania or psychotic symptoms. Bipolar 2 is often very hard to recognize because episodes of hypomania may be overlooked and these patients usually seek treatment only for depression. These patients are likely to be only minimally affected and, as a result, are still able to function quite well in society. If a mood stabilizer is not prescribed with an antidepressant for unrecognized bipolar 2 disorder, the antidepressant may trigger a “high” or set off more frequent cycles.⁴

Rapid-Cycling Disorder: The most severe state, in which a person has 4 or more episodes a year, in any combination of manic, hypomanic, mixed, or depressive episodes. It is sometimes associated with the use of antidepressants without mood stabilizers, which may increase cycling.⁴

Mixed Episode: Symptoms of both mania and depression occurring at the same time or alternating frequently during the day for a full week. Individuals are agitated and excited, but also feel irritable and depressed. Due to the combination of high energy and depression, mixed episodes represent the highest risk of suicide.^{4,5}

Cyclothymia: A pattern of mood swings between hypomania and/or sub-clinical depression for at least two years. Less than two months without symptoms. No major depressive, manic or mixed episode.⁵

Not otherwise specified (NOS) bipolar type episode: This category includes unusual types of bipolar illness, such as: recurrent hypomanic episodes; manic or mixed episodes plus delusional disorder, residual schizophrenia or psychotic disorder of the not otherwise specified type; or bipolar disorder due to general medical condition or substance induced.⁵

References:

1. Parikh S. Bipolar disorder in primary care. *Medicine North America* Sep./Oct. 1997;23:29.
2. Bowden CL. Diagnosis and Management of Bipolar Disorders. Science Press.
3. Adapted from The Treatment of Bipolar Disorder: Review of the Literature, Guidelines, and Options (CANMAT). *Canadian Journal of Psychiatry* Aug. 1997;42(2).
4. Kahn D. et al. Treatment of Bipolar Disorder: A Guide for Patients and Families. A Postgraduate Medicine Special Report Apr. 2000.
5. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington: American Psychiatric Association, 1994.