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Psychiatry and Addictions Case Conference

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BIPOLAR DISORDER – SCREENING AND DIAGNOSING IN PRIMARY CARE

JOSEPH CERIMELE MD MPH

UNIVERSITY OF WASHINGTON

UW Medicine
UW SCHOOL OF MEDICINE

Integrated Care Training Program
UW Psychiatry & Behavioral Sciences

project ECHO

SPEAKER DISCLOSURES

✓ Any conflicts of interest?

None

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OBJECTIVES

1. Describe the clinical epidemiology of individuals w bipolar disorder in primary care settings

2. Describe techniques to improve the recognition of bipolar disorder in primary care patients

3. Describe clinical characteristics of patients with bipolar disorder in primary care

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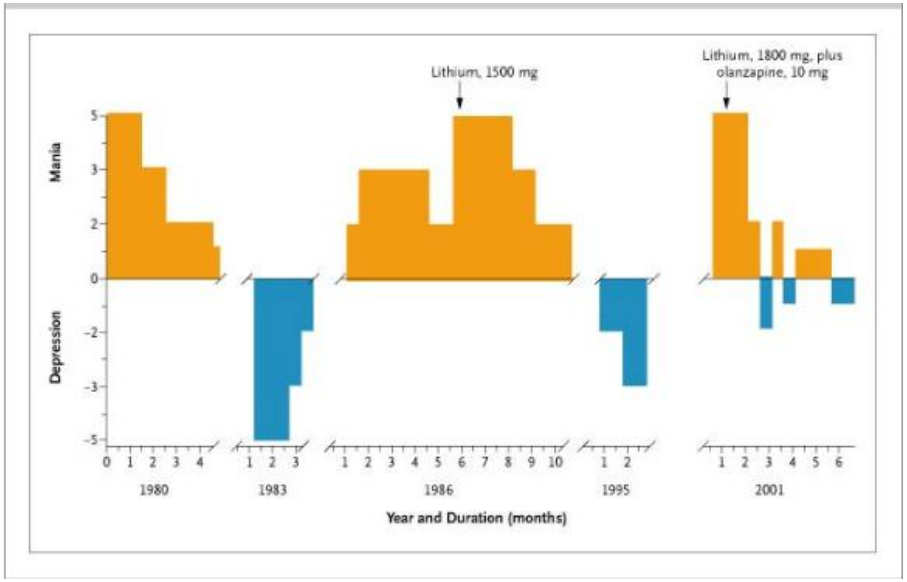
WHAT IS BIPOLAR DISORDER?

- Episodic, and often chronic, depressive symptoms.
- Less frequent hypomanic or manic symptoms and episodes



Belmaker RH. N Engl J Med 2004;351:476-486

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ISN'T BIPOLAR DISORDER A SPECIALTY ILLNESS?

- Intermittent specialty care
- Some individuals receive care exclusively in primary care
- Those dx w bipolar disorder often experience depression and most patients with depression present to primary care

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CLINICAL CHARACTERISTICS

Bipolar Disorder in Primary Care: Clinical Characteristics of 740 Primary Care Patients With Bipolar Disorder

Joseph M. Cerimele, M.D.
Ya-Fen Chan, Ph.D.
Lydia A. Chwastiak, M.D.
Marc Avery, M.D.
Wayne Katon, M.D.
Jürgen Unützer, M.D., M.P.H.

Summary:

High symptom severity,
High psychosocial impairment

Specifics:

1. High burden of depressive symptoms measured by PHQ9 (mean 18)
2. Majority had past specialty mental health care; 1/3 had prior hospitalization
3. 15% homeless, 25% lack of support person, 33% lack of depen. transportation
4. 30% of patients experienced significant reduction in depression (PHQ9 < 10)
5. 25% of patients were referred from primary to specialty mental health care

BACKGROUND 1 --- BIPOLAR DISORDER IN PRIMARY CARE

- Perspective 1: Prevalence
  - Bipolar disorder – approx. double the prevalence
  - And up to 10-15% of individuals presenting with or receiving treatment for depression

Cerimele, et al. 2014;36:19-25

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PREVALENCE - GENERAL POPULATION

Table 1. Lifetime and 12-Month Prevalence and Age at Onset of *DSM-IV*/CIDI Bipolar Disorder in the 9282 Respondents

	Any BPD	BP-I	BP-II	Subthreshold BPD
Prevalence, mean (SD)				
Lifetime	4.4 (24.3)	1.0 (13.2)	1.1 (10.6)	2.4 (23.3)
12 mo	2.8 (18.9)	0.6 (9.2)	0.8 (9.9)	1.4 (15.1)
Age at onset, y*				
Mean (SE)	20.8 (11.8)	18.2 (11.6)	20.3 (9.7)	22.2 (12.6)
IQR†	12.6-24.9	12.3-21.2	12.1-24.0	13.0-28.3

Abbreviations: BPD, bipolar disorder; BP-I, *DSM-IV* bipolar I disorder; BP-II, *DSM-IV* bipolar II disorder; CIDI, Composite International Diagnostic Interview; IQR, interquartile range.

*Retrospectively reported age at onset of the first manic/hypomanic or major depressive episode. The means differ significantly across the 3 BPD subgroups at the $P=.05$ level using a 2-sided test ($\chi^2_2=7.8$; $P=.02$).

†The range between the 25th and 75th percentiles on the age-at-onset distribution.

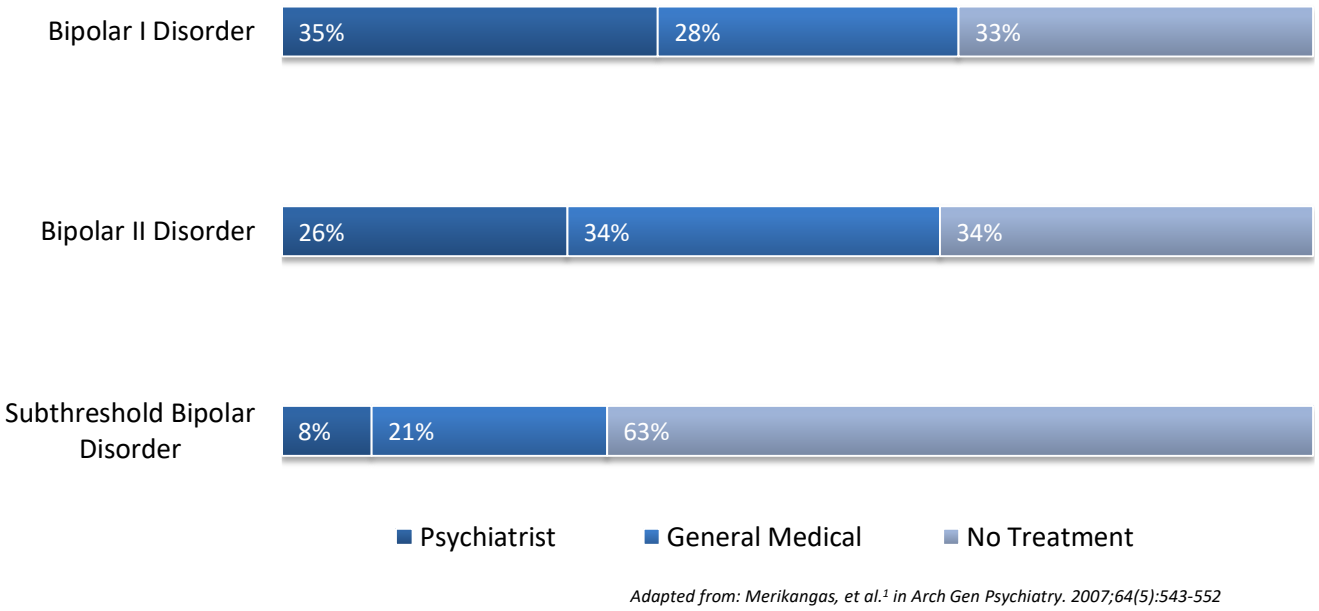
Lifetime and 12-Month Prevalence of Bipolar Spectrum Disorder in the National Comorbidity Survey Replication

Kathleen R. Merikangas, PhD; Hagop S. Akiskal, MD; Jules Angst, MD; Paul E. Greenberg, MA; Robert M. A. Hirschfeld, MD; Maria Petukhova, PhD; Ronald C. Kessler, PhD

Arch Gen Psychiatry. 2007;64:543-552

BACKGROUND 2 --- BIPOLAR DISORDER IN PRIMARY CARE

- Perspective 2: Where people go



Adapted from: Merikangas, et al.[1] in Arch Gen Psychiatry. 2007;64(5):543-552

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BACKGROUND 3 --- BIPOLAR DISORDER, PTSD IN PRIMARY CARE

- Perspective 3: Recognition
  - Extended duration (i.e. years) until diagnosis
  - Limited assessment skills/protocols

- To help with recognition, some clinics are using screening instruments

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DIAGNOSIS IS DIFFICULT IN ANY SETTING

- Often seems like there isn't enough information
- Uncertainty about accuracy of past diagnoses
- Clinicians try to balance uncertainty with knowing that many individuals with bipolar disorder go 8 yrs without accurate diagnosis
- How do you manage diagnostic uncertainty?

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DEFINE THE TIME PERIOD

- Change in Mood (irritable or euphoric) and/or Energy (increased or restless)?
- When did that happen and was it for several days at least?
- When that happened did other things occur?

IMPROVING ACCURACY OF DIAGNOSIS

- Screening in primary care with commonly used measure the Mood Disorder Questionnaire over-estimates prevalence by 2-3x.
  - Majority of primary care patients with positive screen on MDQ do not have bipolar disorder

COULD USE STRUCTURED INTERVIEW QUESTIONS

- We used the CIDI measure
- Also could use follow-up questions
- Could curbside psychiatrist if available

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CIDI-based Bipolar Disorder Screening Scale

Stem Questions

Euphoria Stem Question

1. Some people have periods lasting several days when they feel much more excited and full of energy than usual. Their minds go too fast. They talk a lot. They are very restless or unable to sit still and they sometimes do things that are unusual for them, such as driving too fast or spending too much money.
   Have you ever had a period like this lasting several days or longer?

   If this question is endorsed, the next question (the irritability stem question) is skipped and the respondent goes directly to the Criterion B screening question

Irritability Stem Question

2. Have you ever had a period lasting several days or longer when most of the time you were so irritable or grouchy that you either started arguments, shouted at people or hit people?

Criterion B Screening Question

3. People who have episodes like this often have changes in their thinking and behavior at the same time, like being more talkative, needing very little sleep, being very restless, going on buying sprees, and behaving in many ways they would normally think inappropriate.
   Did you ever have any of these changes during your episodes of being excited and full of energy or very irritable or grouchy?

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Criterion B Symptom Questions

Think of an episode when you had the largest number of changes like these at the same time. During that episode, which of the following changes did you experience?

1. Were you so irritable that you either started arguments, shouted at people, or hit people?
   This first symptom question is asked only if the euphoria stem question (#1 above) is endorsed
2. Did you become so restless or fidgety that you paced up and down or couldn't stand still?
3. Did you do anything else that wasn't usual for you—like talking about things you would normally keep private, or acting in ways that you would usually find embarrassing?
4. Did you try to do things that were impossible to do, like taking on large amounts of work?
5. Did you constantly keep changing your plans or activities?
6. Did you find it hard to keep your mind on what you were doing?
7. Did your thoughts seem to jump from one thing to another or race through your head so fast you couldn't keep track of them?
8. Did you sleep far less than usual and still not get tired or sleepy?
9. Did you spend so much more money than usual that it caused you to have financial trouble?

NEW STUDY BIPOLAR DISORDER SCREENING AND PSYCHIATRIST DIAGNOSIS

- 767 patients with psychiatrist consultation
- All completed screening with CIDI for bipolar disorder and PCL6 for PTSD

	Mean (SD) Or %
Age	39.6 (13) years
Female	70%
Currently unemployed	50%
Medicaid, Medicare	68%, 24%
# Physical health conditions	4 (2.7) conditions

- 495 (65%) screened positive PCL6 only
- 249 (32%) screened positive both PCL6 and CIDI
- 23 (3%) screened positive CIDI only

Cerimele, et al. Gen Hosp Psychiatry. 2020;65:28-32.

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RESULTS 2 - PSYCHIATRIST DIAGNOSES

- +PCL/-CIDI (n=495)
  - Depressive disorders 69%
  - Bipolar disorder 15%
  - PTSD 64%
  - Anxiety disorder 42%
- +PCL/+CIDI (n= 249)
  - Depressive 43%
  - Bipolar disorder 42%
  - PTSD 67%

# of Dx categories	PCL + / CIDI - N= 495	PCL + / CIDI + N= 249
1	19%	12%
2-3	71%	73%
4 or more	10%	14%

- Other points – ≈15% substance use
  ≈10% personality disorder

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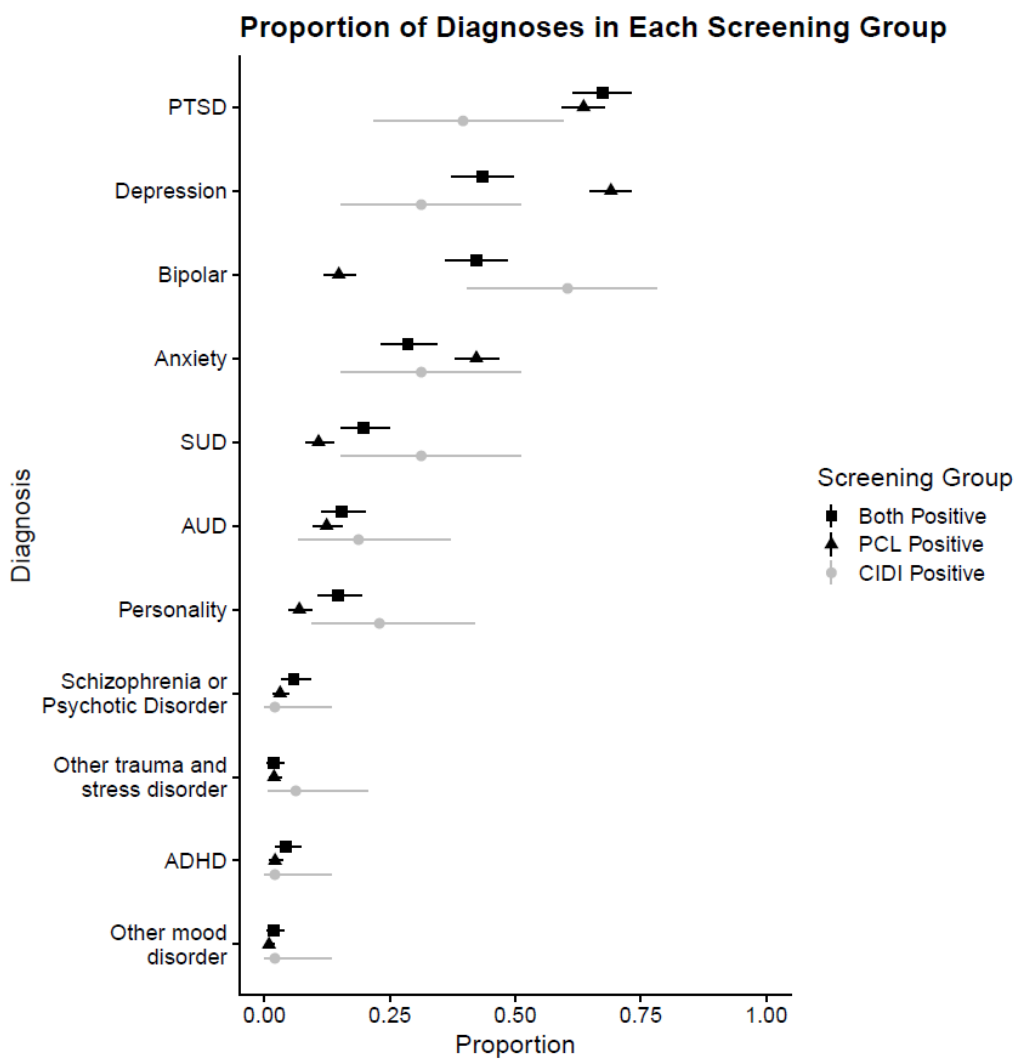
RESULTS 3 - PSYCHIATRIST DIAGNOSES



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DISCUSSION 1 – **MAIN POINTS**

- High rate + screen on both instruments
- An individual screening + on one or both instruments likely to have >1 condition
- Clinics using these instruments should be prepared
- Screening results only will not correctly identify many individuals w bipolar disorder

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Question	Reasoning
How long do the hypomanic/manic episodes last (hours/days/weeks/months)?	*Few hours or more -alternate disorder. A few days or greater - hypomanic or manic episode.*
How frequently do the hypomanic/manic episodes occur (e.g., how many times a year)?	*Episodes occurring several times a week or even weekly are not characteristic of bipolar disorder.*
Have the hypomanic/manic episodes occurred only when drugs were being used?	*Episodes only occurring during substance use may be more indicative of a substance induced mood disorder.*
How many depressive episodes have occurred to date (e.g., just a few e.g. < 4, or very many)?	*Patients with a high number of depressive episodes are more likely to have bipolar disorder.*
Do you have a family history of bipolar disorder ?	*Positive family history increases risk*
Have you been previously diagnosed with bipolar disorder, and if so, by whom?	*Was it by a clinician?*
Have you previously been treated with antidepressants, and if so, how did you respond	*Patients with bipolar disorder may experience increased energy, sleep problems or emotional lability*
At what age did the mood episodes begin?	*Bipolar disorder usually has an earlier age of onset than major depressive disorder.*

CLINICAL FEATURES

Table 2. Proposed "Probabilistic" Approach to the Diagnosis of Bipolar I Depression in a Person Experiencing a Major Depressive Episode with No Clear Prior Episodes of Mania*

Consider Bipolar I depression if five or more of the following features are present:	*Consider Unipolar Depression if four or fewer of the following features are present:*
Symptomatology and Examination findings	
-Hypersomnia and/or increased daytime napping	-Initial insomnia/reduced sleep
-Hyperphagia and/or increased weight	-Reduced appetite and/or weight loss
-Other atypical depressive symptoms such as leaden paralysis	
-Psychomotor retardation	-Normal or increased activity levels
-Psychotic features and/or pathological guilt	-Somatic complaints (e.g. headache)
-Lability of mood/co-occurring manic symptoms	
Course of illness	
-Early onset of first depression (before age 25	-Later onset of first depression (after age 25)
-Multiple prior episodes of depression (five or more episodes)	-Long duration of current episodes (6 months or more)
Family history	
-Positive family history of bipolar disorder	-Negative family history of bipolar disorder
Additional clinical factors that are more suggestive of bipolar depression (not included in the probabilistic approach by Mitchell et al.[19])	
Substance use occurs more often in bipolar disorder than unipolar disorder	
Post-partum mood episode—many women with bipolar disorder have had a postpartum mood episode	
Response to antidepressant medication—may see increased activity, such as onset or worsening of racing thoughts or irritability in patients with bipolar disorder	

* *Adapted with permission from Mitchell et al.*[19]

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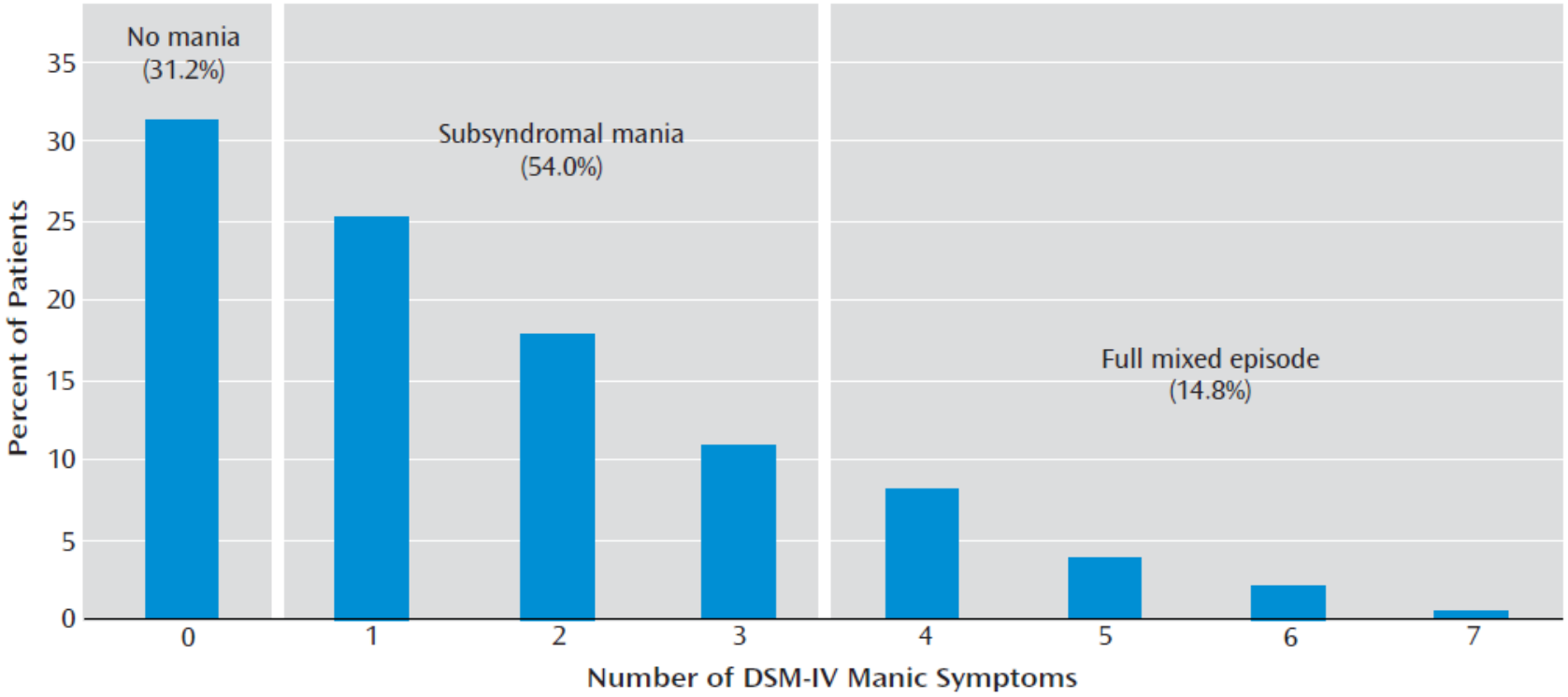
Majority of individuals with bipolar depression experience 1 or more concurrent manic symptom

FIGURE 1. Number of DSM-IV Manic Symptoms During an Index Episode of Bipolar Depression in STEP-BD (N=1,380)



Goldberg JF, et al. Am J Psychiatry. 2009;166:173-181

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