Screening for Bipolar Disorder

OVERVIEW

The lifetime prevalence in the U.S. population of bipolar I or II disorders is 3.9 percent (National Comorbidity Survey; R. C. Kessler, Berglund, Demler, Jin, & Walters, 2005). This means that 1 out of 20 people has bipolar disorder. We expect that anyone with a history of bipolar mood episodes will have a recurrence without treatment.

Rarely do persons who are manic understand that they are mentally ill, even in retrospect when they are no longer manic. Thus, they will usually not volunteer a history of manic symptoms. Strangely, many people with bipolar disorder characterize mania as "feeling like myself." They feel great—motivated, brilliant, and full of life and ideas. A client of mine once described mania as life being "all sparkly." When they are feeling euthymic (e.g., normal), they think life is "blah." They do, however, understand accurately when they have major depression.

At least one-third of clients who present with major depression will have underlying bipolar disorder (Bowden, 2005). Therefore, every client who comes in with present or past major depression must be screened for a history of manic symptoms. Some screening questions for mania are presented for your use in this document. Note that anxiety disorders are also highly comorbid with bipolar disorders (Goodwin, et al, 2009).

Hypomania (a milder form of mania, as seen in bipolar II) is especially easy to miss. Recent research has pinpointed that the modal hypomanic episode lasts for 2 days (which is less than specified by the Diagnostic and Statistical Manual of Mental Disorders [4th ed., text revision; American Psychiatric Association, 2000] for diagnosis of the condition). These episodes can have mild symptoms, and thus the client can confuse hypomania with simply "feeling good"; therefore, the brevity of the hypomanic episodes and the client's lack of concern about them makes them difficult to detect by psychotherapists. In bipolar II, hypomanic symptoms often occur either before or after depressive episodes. Research suggests that clients may be more accurate recalling their hyperactive *behavior* during manic episodes rather than their irritable or expansive *mood*. Thus, behaviorally based questions ("*Did you stay up all night and hardly need any sleep?*") will more likely elicit manic symptoms than mood-based questions *("Did you feel 'on top of the world'?")*.

The Mood Disorder Questionnaire which is readily available online and is in the public domain may be helpful in that regard.

To add to the diagnostic confusion for the clinician, there is support for the existence of a disorder in which only manic episodes are present, without any identifiable history of depressive episodes (Cuellar, Johnson, & Winters, 2005). A final diagnostic issue with bipolar disorder is that there is evidence that attention-deficit/hyperactivity disorder and the manic phase of bipolar disorder are often mistaken for each other in children (Kim & Miklowitz, 2002).

A few bipolar clients are easy to diagnose. These are the ones with extreme mania that necessitates hospitalization or acute treatment. Any past or present diagnosis of mania or hypomania necessitates a diagnosis of bipolar disorder.

History Suggestive of Underlying Bipolar Disorder (Bowden, 2001, 2005)

- Earlier age of onset (mean of 18 for bipolar disorder versus mean of 25.5 for unipolar depression)
- High frequency of depressive episodes
- Greater proportion of time ill
- First-degree relative with bipolar disorder (e.g., parent, sibling, or child)
- Many family members with mood disorders
- Comorbid substance abuse (60 percent of bipolar clients have substance abuse)

Symptoms Suggestive of Underlying Bipolar Disorder (Bowden, 2005)

- Relatively acute onset and/or abatement of depressive symptoms
- Less anger and anxiety, fewer physical complaints, less psychomotor agitation, and less likely to lose weight in bipolar disorder compared to unipolar depression
- More social withdrawal, psychomotor retardation, and hypersomnia in bipolar disorder
- Self-description indicative of mood lability ("Everyone says I'm moody.")
- Development of mania or hypomania in response to antidepressants

SCREENING QUESTIONS

You can use the first two questions from the Mood Disorder Questionnaire (in public domain, readily available online) as screening questions, then administer the questionnaire or ask further questions as needed:

- *Has there ever been a period of time when you were not your usual self and you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?*
- *Has there ever been a period of time when you were not your usual self and you were so irritable that you shouted at people or started fights or arguments?*

I also like this screening question for mania:

- *Have you ever had a period of a couple days to a week where you only needed a few hours of sleep every night yet you were full of energy?*

If any of these questions are answered yes, follow up with further symptoms of mania/hypomania. Or you can follow up with manic/hypomanic symptoms anyway if you suspect there may be a history of mania and the client may be in some denial about that.

References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.

Bowden, C. (2001). Strategies to reduce misdiagnosis of bipolar depression. *Psychiatric Services, 52,* 51–55.

Bowden, C. (2005). A different depression: Clinical distinctions between bipolar and unipolar depression. *Journal of Affective Disorders, 84,* 117–125.

Cuellar, A. K., Johnson, S. L., & Winters, R. (2005). Distinctions between bipolar and unipolar depression. *Clinical Psychology Review, 25,* 307–339.

Goodwin, G. M. & Consensus Group of the British Association for Psychopharmacology (2009). Evidence-based guidelines for treating bipolar disorder: Revised second edition—recommendations from the British Association for Psychopharmacology. *Journal of Psychopharmacology, 23(4),* 346–388.

Kessler, R. C., Berglund, P., Demler, O., Jin, R. & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of *DSM-IV* disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry, 62,* 593–602.

Kim, E. Y., & Miklowitz, D. J. (2002). Childhood mania, attention deficit hyperactivity disorder and conduct disorder: A critical review of diagnostic dilemmas. *Bipolar Disorders, 4,* 215–225.

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