

## BIPOLAR DISORDER SCREENING AND ASSESSMENT PROTOCOL

### I. Recognize Symptoms

#### Features of Mania

- Excessive euphoria (especially in hypomania)
- Extreme irritability and distractibility
- Greatly increased energy, restlessness
- Racing, rapidly shifting thoughts
- Rapid, pressured speech
- Decreased need for sleep
- Unrealistic or grandiose beliefs in abilities
- Reckless, impulsive behavior
- Increased sexual drive, risky sexual behavior
- Abuse of drugs or alcohol
- In severe cases, hallucinations, delusions, paranoia

#### Features of Bipolar Depression

- Persistent, sad, anxious or empty mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness
- Loss of interest in ordinary activities
- Decreased energy, increased fatigue
- Difficulty concentrating or making decisions
- Diminished self-care
- Restlessness or irritability
- Insomnia or oversleeping
- Changes in appetite or weight
- Unexplained aches and pains
- Thoughts of death or suicide

### II. Review History

**Review depression and mania symptom list. Inquire about family and personal history of manic symptoms using three threshold questions.**

*Have you ever had:*

*...a week or more of unusually elevated mood, like a "high," out-of-control behavior (such as risky sex, overspending), racing thoughts and little need for sleep?*

*...a week or more of sustained, excessively irritable mood, with anger, arguments, or breaking things that led to difficulties with others?*

*...any close blood relative (parent, child, sister, brother) with depression, manic-depression, alcohol abuse or who was psychiatrically hospitalized?*

### III. Risk Assessment (Suicide)

**Suicide risk in bipolar patients is elevated, particularly in the depressed and mixed dysphoric-agitated states. Do a specific inquiry for...**

- Presence of thoughts or preoccupation with death or suicide
- Previous suicide attempts or other self-destructive acts
- Family history of suicide
- Recent losses, separations, social isolation
- Presence of a specific plan or method, time and place for suicide
- Presence of a firearm, potentially lethal drugs or other method

*This protocol was developed by Douglas G. Jacobs, MD and Ross J. Baldessarini, MD for Screening for Mental Health, Inc., a nonprofit 501(c)(3) organization  
One Washington Street, #304 Wellesley Hills, MA 02481-1706*

*Editing and card design by Joelle Reizes*

## BACKGROUND, FACTS AND FEATURES: BIPOLAR DISORDER

### Bipolar Disorder (manic-depression) is...

A mood disorder involving swings in mood, usually between overly "high" or irritable to sad and hopeless and back again, with periods of normal mood in between.

- Type I: Extreme upswings in mood (mania) coupled with depression or mixed states.  
--a mixed state involves symptoms of mania and depression occurring simultaneously
  - Type II: Severe depression with mild upswings (hypomania).
- 

### Epidemiology: (U.S. Figures)

- 1%-2% of general population; over 2 million cases annually
  - Comprises at least 20%-25% of all major mood disorder cases
  - Occurs nearly equally in women and men
  - No clear ethnic or racial risk
  - Half of cases start before age 25
  - Approximately 10%-15% of bipolar patients cycle rapidly with at least 4 episodes in any year
  - BPD in children or adolescents often cycles rapidly or is nonepisodic; typical symptoms include dysphoria, irritability and aggression
- 

### Risk and Danger of Misdiagnosis

- Often confused with unipolar depression with delays in diagnosis of 8-10 years
  - Misdiagnosis as unipolar depression may lead to use of antidepressant medication without a mood stabilizer, with increased risk of switching into mania or hypomania, or of developing rapid cycling
  - Misdiagnosis increases risk of progressive worsening, disability, and suicide
  - Suicide rate is at least 20 times that of general population
  - Mortality also increased due to comorbid stress-sensitive medical disorders (usually cardiopulmonary), accidents and medical complications of substance abuse
- 

### Differences Between Unipolar Depression and Bipolar Depression

- Bipolar depression signaled by past or current mania or hypomania; likely in cases with a family history of affective or psychotic illness, suicide, or alcohol abuse
  - Bipolar depression is often anergic, with psychomotor retardation, hypersomnia, and hyperphagia, and less often agitated
  - Dysphoria coupled with agitation often signals mixed manic-depressive state
  - Bipolar depression is linked with postpartum period and earlier age of onset (early 20's)
- 

### Additional Sources of Information

- Screening for Mental Health ([www.mentalhealthscreening.org](http://www.mentalhealthscreening.org))
- Depression and Bipolar Support Alliance ([www.dbsalliance.org](http://www.dbsalliance.org))
- National Institute of Mental Health ([www.nimh.nih.gov/publicat/bipolarresfact.cfm](http://www.nimh.nih.gov/publicat/bipolarresfact.cfm))
- Child & Adolescent Bipolar Disorder Foundation ([www.cabf.org](http://www.cabf.org))
- *The Harvard Medical School Guide to Suicide Assessment and Intervention*  
Douglas G. Jacobs, MD, Editor, Jossey-Bass, San Francisco, CA., 1998

For information about National Depression Screening Day and screening programs for depression and manic-depression, call Screening for Mental Health at 781-239-0071