Adult Bipolar Disorder: Considerations to Assist with Diagnosis and Treatment

In any given year, more than 5.7 million Americans, or 2.6 percent of the population age 18 and older, have bipolar disorder. Bipolar disorder can be difficult to diagnose as it may present initially with depressive symptoms, anxiety symptoms or psychotic symptoms. Misdiagnosis of bipolar disorder is a common problem. The information in this tip sheet is intended to assist you in making an appropriate diagnosis.

Factors That Make Diagnosis Difficult
♦ First several episodes may present as depression
♦ Symptoms of adult bipolar disorder also can be seen in anxiety, unipolar depression, psychosis and personality disorders
♦ Patients may underreport hypomanic or manic episodes

Potential Consequences of Misdiagnosis
♦ Suicide
♦ Hospitalization
♦ Treatment delays
♦ Mood stabilizers are less effective after several episodes
♦ Antidepressants may trigger a hypomanic or manic episode

Improving Diagnostic Accuracy
To decrease the potential for misdiagnosis, it is recommended that you use a structured psychiatric interview and address the following elements as part of your interview.
♦ History of manic or hypomanic symptoms prior to the depressive episode?
♦ Evidence of a decreased need for sleep?
♦ Have friends or relatives noticed or commented on manic symptoms?
♦ History of sexual promiscuity?
♦ Have relatives noticed symptoms such as impulsivity, mania?
♦ Is there suicidal ideation/intent? (See Assessing and Managing the Suicidal Patient tip sheet)

In addition, you can improve your diagnostic accuracy by:
♦ Obtaining education regarding the diagnosis of bipolar disorders through Web sites such as Medscape (www.cme.medscape.com)
♦ Using a screening tool, such as the Mood Disorders Questionnaire found at: www.jbpub.com/catalog/9780763763077

Medication Options
The medications listed below are commonly prescribed for bipolar disorder. However, they represent different classes of drugs. Proper selection and initiation of treatment can be complex and is best managed by experienced mental/behavioral health professionals.
♦ Aripiprazole (Abilify)
♦ Carbamazepine (Tegretol)
♦ Lamotrigine (Lamictal)
♦ Lithium
♦ Olanzapine (Zyprexa)
♦ Quetiapine (Seroquel)
♦ Risperidone (Risperdal)
♦ Valproate (Depakote)
♦ Ziprasidone (Geodon)

If you are a primary care physician with any questions or concerns regarding diagnosis and treatment of a patient with bipolar disorder, it is recommended that you consider referral to a psychiatrist.

1 NIMH Publication “Mental Disorders in America”
Adapted from Improving Outcomes in Patients With Bipolar Disorder: Exploring the Distinction Between Efficacy and Effectiveness (Slides with Transcript) CME, Terence A. Ketter, M.D., Medscape CMEs.

© 2004-2009, Magellan Health Services. Adapted from: The APA Practice Guideline for the Treatment of Patients With Bipolar Disorder, Second Edition this tip sheet has been produced to provide assistance to psychiatrists and other mental health professionals, and to primary care physicians, in assessing and treating the bipolar patient. Comprehensive review of the guideline is recommended.

These guidelines are not intended to replace a practitioner’s clinical judgment. They are designed to provide information and to assist practitioners with decisions regarding care. The guidelines are not intended to define a standard of care or exclusive course of treatment. Health care practitioners using these guidelines are responsible for considering their patients’ particular situations in evaluating the appropriateness of these guidelines. This information is not a statement of benefits. Benefits may vary and individual coverage will need to be verified by the Plan.