

UNSEEN AND UNSPOKEN

The importance of identifying, diagnosing,
and treating bipolar I disorder



What Is Bipolar I Disorder?

Bipolar I disorder is a mood disorder that causes sudden, major, and extended shifts in a patient's mood (episodes). These episodes are classified as either depressive episodes or manic episodes.¹

Examples of signs and symptoms of bipolar I disorder

Bipolar Depression¹

- Sadness that doesn't go away
- Changes in sleep patterns
- Changes in eating patterns
- Lack of pleasure in things they once enjoyed
- Unable to concentrate or perform routine tasks
- Suicidal thoughts

Bipolar Mania¹

- Overly energetic at odd hours
- Able to go without sleep
- Hyper-talkative
- Having racing thoughts
- Feeling giddy, irritable, or panicked for long periods of time
- Making impulsive or grandiose decisions

Manic and depressive symptoms can occur at the same time; this is known as bipolar I with mixed features.²

How is bipolar I diagnosed?

A person experiencing manic symptoms nearly all day, every day for a week, or whose symptoms lead to hospitalization, is considered to be having a manic episode. **Just one manic episode is all it takes for a diagnosis of bipolar I disorder.¹**

What are the risk factors for bipolar I?³

Highly predictive factors for identifying bipolar I in depressed patients:

- Family history of bipolar disorder
- Onset of illness in late teens to early 20s
- Seasonality of symptoms
- Numerous past episodes
- History of psychiatric hospitalization
- Simultaneous manic and depressive symptoms
- Abrupt mood swings or overly reactive
- History of treatment-resistant depression
- Antidepressant-activated mania
- History of suicide attempt

Patients with depressive symptoms that have not improved with antidepressants may suggest bipolarity³

Bipolar disorder is common and treatment is crucial

According to the National Institute of Mental Health (NIMH), an estimated 4.4% of adults in the U.S. will suffer from bipolar disorder, affecting men and women equally.⁴

Undiagnosed bipolar I is common in patients with depression

It has been documented that patients often provide unreliable or inaccurate self-reports of acute mood episodes, often due to lack of awareness or even embarrassment about their symptoms. Patients may not even view certain symptoms as problematic, all of which help explain the frequency with which bipolar disorder is misdiagnosed as depression.⁵

- On average, patients who were eventually diagnosed with bipolar disorder reported delays in diagnosis, with 1/3rd spending 10 years or more before being diagnosed⁵
- 25% of patients being treated for major depressive disorder in a primary care setting actually have bipolar disorder³
- More than half of bipolar patients experience a comorbid anxiety disorder which may complicate the diagnosis⁵

Treating bipolar I early is a priority

Delayed treatment or untreated bipolar disorder has been associated with a number of poor health outcomes and decreases in quality of life, including:



Decreased job performance⁶



Strained family relationships⁶



Cardiovascular disease⁷

Earlier treatment showed improvement across a range of outcomes:



Higher treatment response rate⁸



Reduced episode duration⁸



May slow progression of illness⁸

How are patients treated?

Despite not being FDA approved for bipolar I disorder, and carrying a warning of activating mania or hypomania in bipolar patients, antidepressants are the most commonly prescribed medication class^{9,10}:



The Mood Disorder Questionnaire (MDQ)

The MDQ is a proven and simple tool for screening bipolar disorder and can be administered by a clinician or self-administered by the patient.^{3,11,12}



5 minutes to complete



15 questions

The MDQ has strong predictive power^{3,11,12}

In one of many validation studies, the MDQ was evaluated in 198 patients:

- Identified ~75% of bipolar patients^{3,12}
- Screened out bipolar disorder in 9 of 10 patients without the condition^{3,12}



Sensitivity

The MDQ correctly diagnosed bipolar disorder 73% of the time.^{3,12}



Specificity

The MDQ is highly accurate, with a low risk of false positive results.^{3,12}

The MDQ has been translated into 19 languages and cited in more than 600 publications³

References: **1.** American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. DSM-5. 5th ed. Arlington, VA: American Psychiatric Publishing; 2013. **2.** Fagiolini A, Coluccia A, Maina G, et al. *CNS Drugs*. 2015; 29(9):725-740. **3.** Hirschfeld RM. *J Affect Disord*. 2014;169(Suppl 1):S12-S16. **4.** National Institute of Mental Health. Bipolar Disorder. <https://www.nimh.nih.gov/health/statistics/bipolar-disorder.shtml>. Published 2019. Accessed August 20, 2019. **5.** Perlis R. *Am J Manag Care*. 2005;11(9):S271-S274. **6.** Hirschfeld RMA, Lewis L, Vornik LA. *J Clin Psychiatry*. 2003;64(2):161-174. **7.** Angst F, Stassen HH, Clayton PJ, Angst J. *J Affective Disord*. 2002;68(2-3):167-181. **8.** Joyce K, Thompson A, Marwaha S. *Int J Bipolar Disord*. 2016;4(1):19. **9.** RxList - The Internet Drug Index for prescription drug information, interactions, and side effects. RxList. <https://www.rxlist.com/script/main/hp.asp>. Published 2019. Accessed August 20, 2019. **10.** Data on File. Allergan, Madison NJ. **11.** Phelps JR, Ghaemi SN. *J Affective Disord*. 2006;92(2-3):141-148. **12.** Hirschfeld RMA, Williams JBW, Spitzer RL, et al. *Am J Psychiatry*. 2000;157(11):1873-1875.

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See the next page for the MDQ

Uncover or rule out bipolar I in a current or future patient in approximately 5 minutes.

The Mood Disorder Questionnaire (MDQ) – Overview

Bipolar mania—the unseen and unspoken symptoms

Identifying unapparent or unreported mania in your depressed patients can aid in making a correct diagnosis and inform your treatment approach. This screening tool was developed by a team of psychiatrists, researchers, and consumer advocates to aid in identifying patients with bipolar disorder. It has been extensively used and validated for over 20 years, and it can be administered by you or your staff, or self-administered by the patient, in approximately 5 minutes.

Using the MDQ

- The MDQ is a brief self-report instrument that takes about 5 minutes to complete.¹
- However, a positive screen is not a diagnosis of bipolar disorder. It is recommended to follow up by checking for recent symptoms, past symptoms, and family history.²

Scoring MDQ Results¹

In order to screen positive for possible bipolar disorder, all three parts of the following criteria must be met:

- “Yes” to 7 or more of the 13 items in Question 1 **and**
- “Yes” to Question 2 **and**
- An answer of “Moderate Problem” or “Serious Problem” to Question 3

Identifying Bipolar Disorder in Different Populations

Population/type	Sensitivity & Specificity
Outpatient clinic serving primarily a mood disorder population ³	Sensitivity 0.73 Specificity 0.90
General Population ⁴	Sensitivity 0.28 Specificity 0.97
Primary care patients receiving treatment for depression ²	Sensitivity 0.58 Specificity 0.93

See next page for questionnaire.

References:

1. Hirschfeld RMA. *J Affect Disord.* 2014;169(S1):S12-S16.
2. Hirschfeld RMA, Cass AR, Holt DCL, Carlson CA. *J Am Board Fam Pract.* 2005;18(4):233-239.
3. Hirschfeld RMA, Williams JBW, Spitzer RL, et al. *Am J of Psychiatry.* 2000;157(11):1873-1875.
4. Hirschfeld RMA, Calabrese JR, Weissman MM, et al. *J Clin Psychiatry.* 2003;64(1):53-59.

Mood Disorder Questionnaire³

Name:

Date: / /

Please answer the questions as best you can by putting a check in the appropriate box.

1. Has there ever been a period of time when you were not your usual self and ...

	Yes	No
... 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?	<input type="checkbox"/>	<input type="checkbox"/>
... you were so irritable that you shouted at people or started fights or arguments?	<input type="checkbox"/>	<input type="checkbox"/>
... you felt much more self-confident than usual?	<input type="checkbox"/>	<input type="checkbox"/>
... you got much less sleep than usual and found that you didn't really miss it?	<input type="checkbox"/>	<input type="checkbox"/>
... you were more talkative or spoke much faster than usual?	<input type="checkbox"/>	<input type="checkbox"/>
... thoughts raced through your head or you couldn't slow your mind down?	<input type="checkbox"/>	<input type="checkbox"/>
... you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="checkbox"/>	<input type="checkbox"/>
... you had much more energy than usual?	<input type="checkbox"/>	<input type="checkbox"/>
... you were much more active or did many more things than usual?	<input type="checkbox"/>	<input type="checkbox"/>
... you were much more social or outgoing than usual; for example, you telephoned friends in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
... you were much more interested in sex than usual?	<input type="checkbox"/>	<input type="checkbox"/>
... you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="checkbox"/>	<input type="checkbox"/>
... spending money got you or your family into trouble?	<input type="checkbox"/>	<input type="checkbox"/>

2. If you checked Yes to more than one of the above, have several of these ever happened during the same period of time?

	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How much of a problem did any of these cause you? (like being unable to work; having family, money, or legal troubles; and/or getting into arguments or fights)

	No Problem	Minor Problem	Moderate Problem	Serious Problem
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The Mood Disorder Questionnaire (MDQ) was developed by Robert M. A. Hirschfeld, MD (University of Texas Medical Branch), and published in the *Am J Psychiatry*. (Hirschfeld RMA, Williams JBW, Spitzer RL, et al. Development and validation of a screening instrument for bipolar spectrum disorder: the Mood Disorder Questionnaire. *Am J Psychiatry*. 2000;157:1873-1875.

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