

Behavioral Health 101: Bipolar

For Healthcare Providers

Learning Objectives

- Recognize symptoms of bipolar disorders
- Name 2 screening tools for bipolar disorders
- Identify 2 medications that are recommended for bipolar disorders
- List 2 treatment options for individuals who could have bipolar disorders
- Apply learning in an exercise utilizing screening options and identifying treatment options

Role of PH Providers in Treating BH



Only 20% of adult clients with mental health disorders are seen by BH providers

Clients often prefer and receive treatment in primary care settings

60% of premature death in persons with Schizophrenia are due to medical conditions such as cardiovascular, pulmonary, and infection diseases

(American Hospital Association, 2014; Unützer, Harbin, Schoenbaum, & Druss, 2013)

Role of PCPs in Suicide Prevention



- 75% of individuals who die by suicide are in contact with a primary care physician in the year before their death
- 45% do so within one month of their death
- Only 20% of these patients saw a mental health professional in the preceding month
- 62% of antidepressant prescriptions in the U.S. are written by generalists (internists, pediatricians, PCPs)

(McDowell, Lineberry, & Bostwick, 2011; Office of the Surgeon General, US & National Action Alliance for Suicide Prevention, US. (2012))

Systematic integration facilitates the communication and coordination of:

- Physical healthcare
- Behavioral healthcare
- Substance use disorder treatment

Integrated care promotes a cohesive service delivery system & better continuity of care.

Common Disorders

- Depression
- Bipolar Disorders
- Anxiety Disorders
- Posttraumatic Stress Disorder
- Substance Use Disorders
- Schizophrenia & Psychotic Disorders

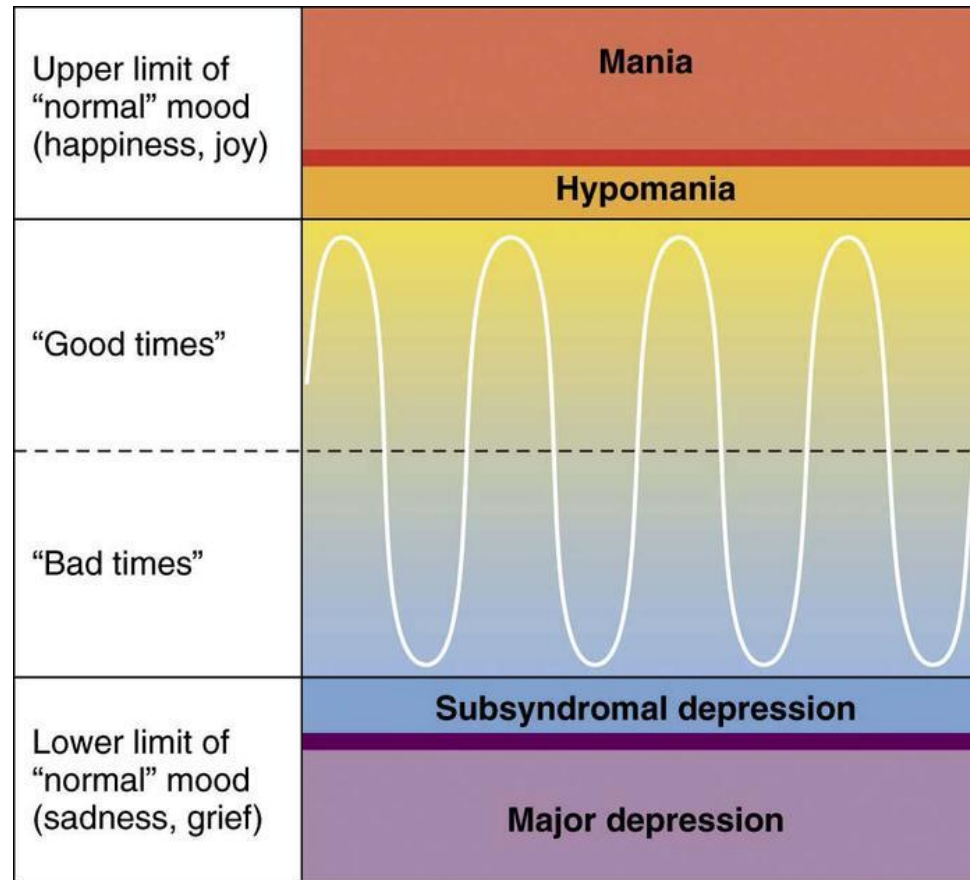
Bipolar Disorders



“Which of my feelings are real? Which of the me's is me? The wild, impulsive, chaotic, energetic, and crazy one? Or the shy, withdrawn, desperate, suicidal, doomed, and tired one? Probably a bit of both, hopefully much that is neither.”

— Kay Redfield Jamison, *An Unquiet Mind: A Memoir of Moods and Madness*

Normal Moods



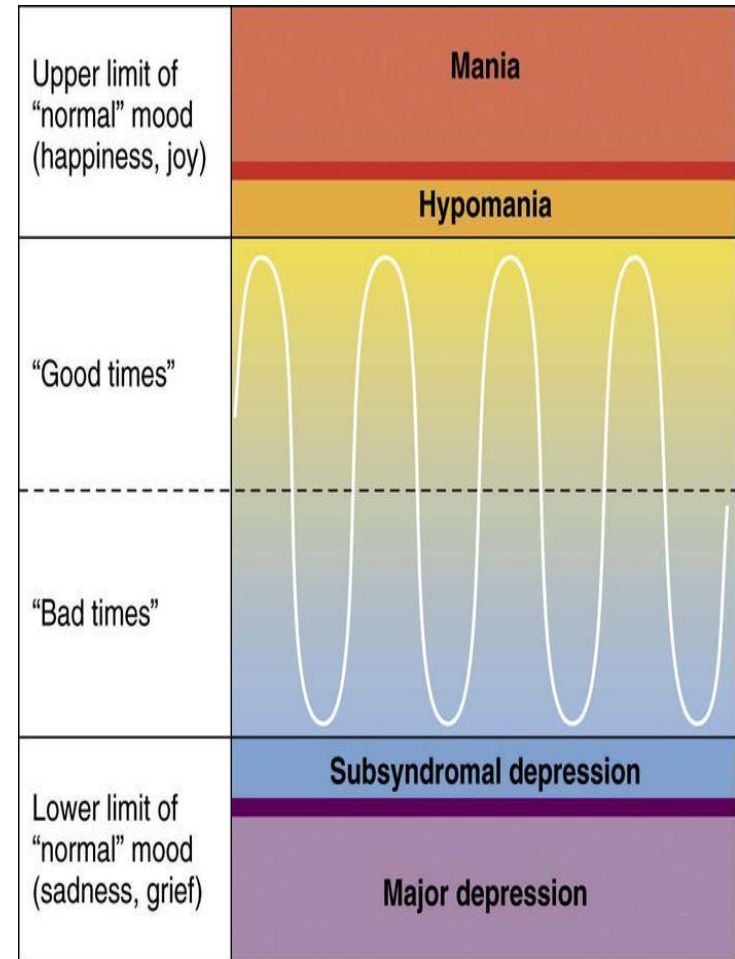
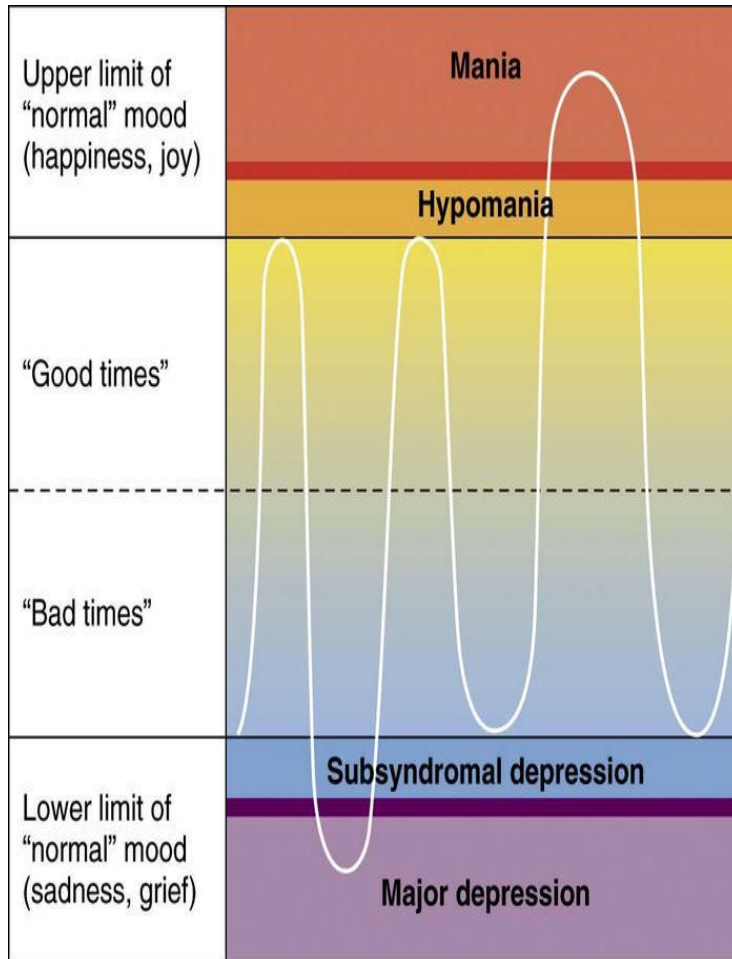
Bipolar Disorder Types

Three Primary Types:

- Bipolar I
 - Full manic episode
 - No depressive episode required
- Bipolar II
 - Hypomanic episode
 - At least one depressive episode required
- Cyclothymic Disorder
 - Two years of symptoms (hypomanic and depressive)
 - Does not meet criteria for mania or depression

(APA, 2013)

Bipolar I



Bipolar I - Mania

For at least one week (or if hospitalized):

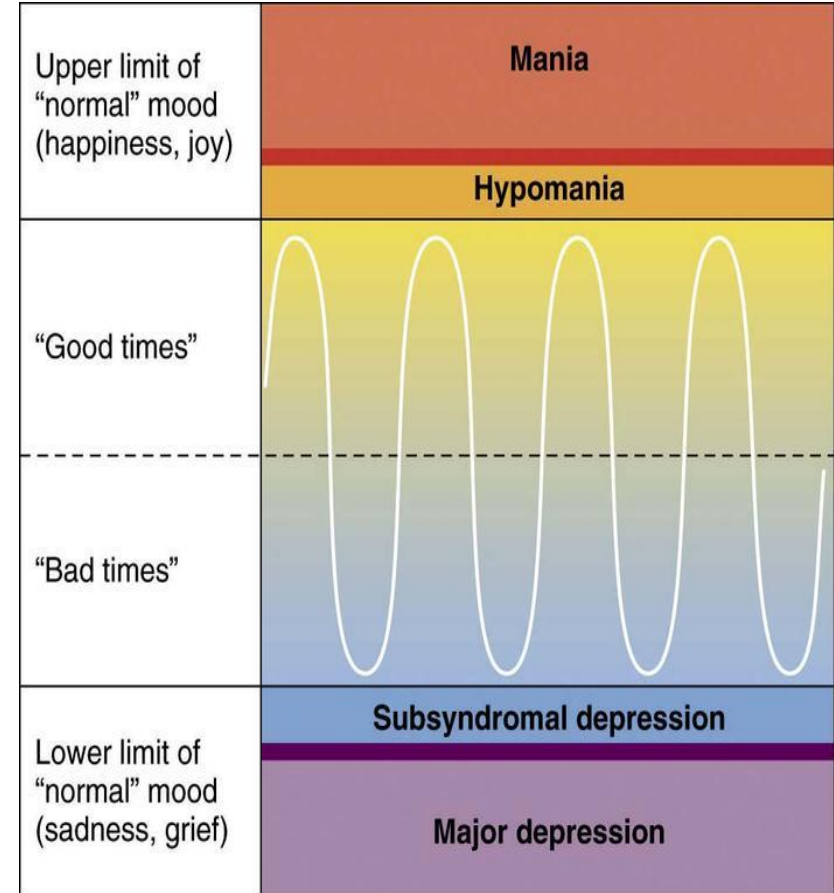
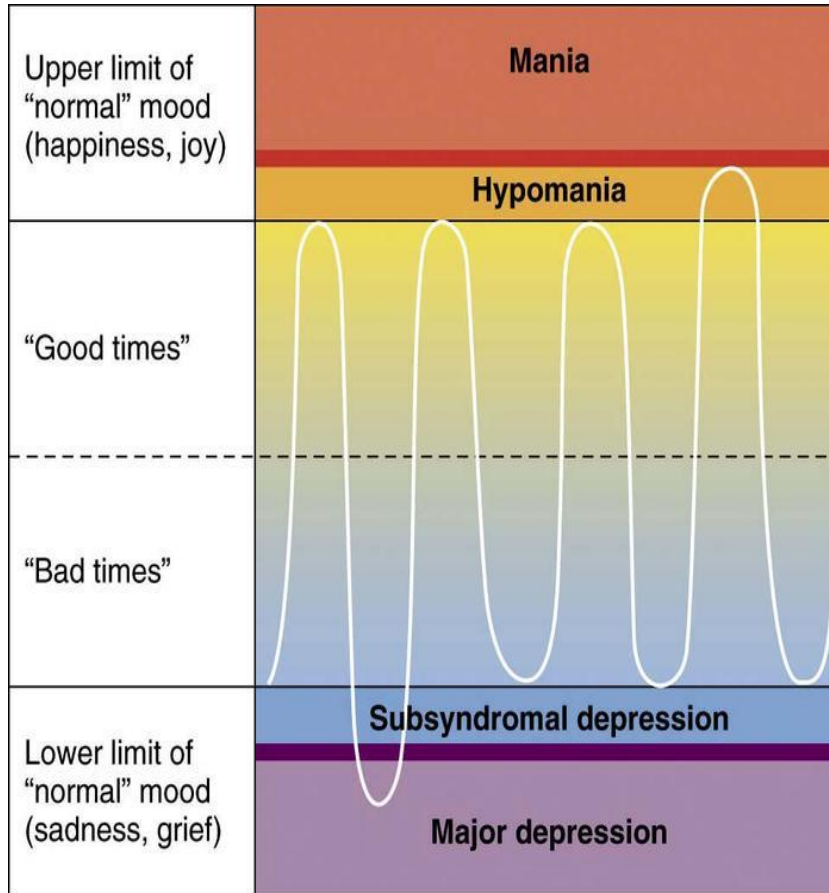
- Inflated self-esteem (overconfidence, feeling “high”)
- Decreased need for sleep (e.g. 3 hours)
- More talkative than usual
- Racing thoughts
- Distractability
- Increased goal-directed activity
- Risky behaviors w/ potential consequences
 - Sexual indiscretions
 - Shopping sprees
 - Gambling or foolish investments with savings

(APA, 2013, p. 124)

Bipolar I - Symptomology



Bipolar II



Bipolar II - Hypomania

For at least 4 days:

Expansive, elevated or irritable mood

Decreased need for sleep (e.g. 3 hours)

More talkative than usual

Racing thoughts

Distractibility

Increased goal-directed activity

Risky behaviors w/ potential consequences

Major depressive episode (past or current)

(APA, 2013, pp. 132-133)

Screening Tools



Bipolar Disorders

Mood Disorder Questionnaire (MDQ)

CIDI-based Bipolar Disorder Screening Scale 3.0

Screening Questions

Opening question(s)

- “Have you had periods of feeling so happy or energetic that your friends told you were talking too fast or that you were too ‘hyper’?”
- “Have you ever had a period lasting several days where most of the time you were so grouchy or irritable that you started arguments, shouted at people, or hit people?”

Mood Disorder Questionnaire (MDQ)

- Best for screening bipolar I
- 5 minutes to administer
- “Yes” or “No” questions
- NOT for diagnosing
- Free to use

(<http://www.integration.samhsa.gov/images/res/MDQ.pdf>)

(Hirschfield, 2002)

CIDI-based Bipolar Disorder Screening Scale 3.0



- Developed by World Health Organization
- Screens for bipolar I and II
- 3 minutes to administer
- “Yes” or “No” questions
- NOT for diagnosing
- Free to use (http://www.cqaimh.org/pdf/tool_cidi.pdf)

Treatment for Bipolar Disorders

Primary treatments

- Medication
- Psychotherapy

Other treatments

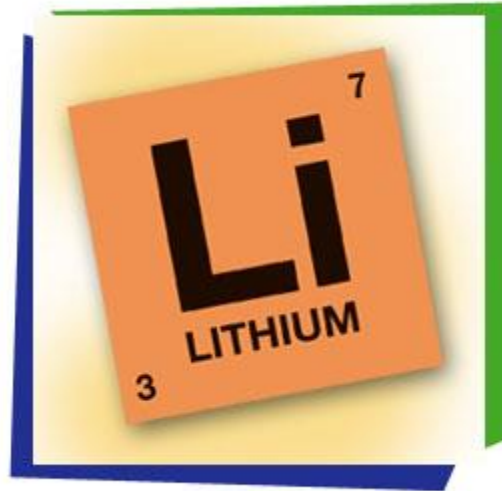
- Electroconvulsive therapy (ECT)
- Psycho education
- Family education

Long-term, continuous treatment required

(NIMH, 2012)

Medications – Mood Stabilizers

- Lithium
- Depakote
- Lamictal
- Tegretol
- Neurontin
- Topamax
- Trileptal



Medications – Atypical Antipsychotics

- Zyprexa
- Ability
- Seroquel
- Risperdal
- Geodon



Group Activity



- Healthcare professional
 - Interviews patient with the screening questions
 - Completes either a verbal MDQ or CIDI 3.0 or hands to patient
- Patient
 - Gets interviewed and answers “yes” to one of screening questions
 - Answers MDQ or CIDI 3.0 however they want to
- Observer
 - Evaluates interviewer
 - Times interaction
 - Gives feedback to interviewer
 - Asks interviewer what they would do
 - Rotate roles 7 minutes for each round

Process



How difficult was it to conduct the screening?

How long did it take to conduct the screening?

What decisions did interviewers make after the screening?

How could you use what you've learned for integrated patient care in your practice?

What Questions Do You Have?



Learning Objectives Revisited



- Recognize symptoms of bipolar disorders
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Reflection



- What are two or three of the important things you're taking away from this training?
- What changes will you make in your practice as a result of this training?

Parting Thought

“Never give up on someone with a mental illness. When ‘I’ is replaced by ‘We’, illness becomes wellness.”

Shannon L. Alder



References



- American Hospital Association (2014, February). Integrating behavioral health across the continuum of care. Chicago, IL: Health Research & Educational Trust. Retrieved from <http://www.hpoe.org/Reports-HPOE/Behavioral%20health%20FINAL.pdf>
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders 5th ed.). Washington, DC: Author.
- Anxiety and Depression Association of America (AADA). (2016). Find help: Treatment. Retrieved from <http://www.adaa.org/finding-help/treatment>
- Aldwin, C.M., Sutton, K.J., Chiara, G & Spiro III, A. (1996). Age differences in stress, coping, and appraisal: Findings from the Normative Aging Study. Journal of Gerontology: Psychological Sciences, 51(4), 179-188.
- Boyd, N. (n.d.). Symptoms of Schizophrenia: Positive and negative. Retrieved from <http://study.com/academy/lesson/symptoms-of-schizophrenia-positive-and-negative.html>
- Brady, K. T., Killeen, T. K., Brewerton, T., & Lucerini, S. (2000). Comorbidity of psychiatric disorders and posttraumatic stress disorder. The Journal of Clinical of Psychiatry, (suppl 7), 1-478.

References Continued...



- Brewin C.R, Andrews B., Valentine J.D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. J Consult Clin Psychol. 68(5):748-66.
- Carlat, D. J. (1998). The psychiatric review of symptoms: a screening tool for family physicians. American Family Physician, 58(7), 1617-1624.
- Charney D.S. Psychobiological mechanisms of resilience and vulnerability: implications for successful adaptation to extreme stress. Am J Psychiatry. 2004 Feb; 161(2):195-216.
- Center for Quality Assessment and Improvement in Mental Health. (2007). STABLE resource toolkit. Retrieved from http://www.integration.samhsa.gov/images/res/STABLE_toolkit.pdf
- Colton, C. W., & Manderscheid, R. W. (2006). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. Prev Chronic Dis, 3(2), A42.

References Continued...



- Earls, M. F. (2010). Incorporating recognition and management of perinatal and postpartum depression into pediatric practice. *Pediatrics*, 126(5), 1032-1039.
- Gold, K. J., Kilbourne, A. M., & Valenstein, M. (2008). Primary care of patients with serious mental illness: your chance to make a difference: a primary care visit may lead to regular care of side effects and comorbidities, especially if you coordinate care. *Journal of Family Practice*, 57(8), 515-526.
- Groberman, A. (2012). Difference between stress and anxiety. Retrieved on March 11, 2016 from <http://www.psyweb.com/articles/anxiety/difference-between-stress-and-anxiety>
- Hafner, H., Maurer, K., Löffler, W., & Fatkenheuer, B. an der Heiden W, Riecher-Rossler A, Behrens S, Gattaz WF. (1994). The epidemiology of early schizophrenia: Influence of age and gender on onset and early course. *Br. J. Psychiatry Suppl*, 23, 29-38.

References Continued...



- Hirschfeld, R. M. (2002). The Mood Disorder Questionnaire: a simple, patient-rated screening instrument for bipolar disorder. *Primary Care Companion J Clin Psychiatry*, 4(1), 9-11.
- Kessler R.C., Chiu W.T., Demler O., Walters E.E. (2005). Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R). *Archives of General Psychiatry*, 62(6):617-27.
- Kessler R.C., Berglund P.A., 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 (NCS-R). *Archives of General Psychiatry*, 62(6):593-602.
- Kroenke, K., & Spitzer, R. L. (2002). The PHQ-9: a new depression diagnostic and severity measure. *Psychiatric annals*, 32(9), 509-515.
- Lane, C. (2015). Schizophrenia delusions. Retrieved from <http://www.schizophrenic.com/content/schizophrenia/symptoms/schizophrenia-delusions>

References Continued...



- Lang, A.J., Stein, M.B. (2005). An abbreviated PTSD checklist for use as a screening instrument in primary care. Behaviour Research and Therapy, 43, 585-594.
- Lang, A. J., Wilkins, K., Roy-Byrne, P. P., Golinelli, D., Chavira, D., Sherbourne, C., Rose, R. D., Bysritsky, A., Sullivan, G., Craske, M. G., & Stein, M. B. (2012). Abbreviated PTSD Checklist (PCL) as a Guide to Clinical Response. General Hospital Psychiatry, 34, 332-338.
- Lanius, R., Brand, B., Vermetten, E., & Spiegel, D. (2012). The dissociative subtype of posttraumatic stress disorder: Rationale, clinical and neurobiological evidence, and implementations. Depression and Anxiety, 29, 701-708. doi: 10.1002/da.21889.
- Mayo Clinic. (2010). How SSRI's work. Retrieved from <http://www.mayoclinic.org/diseases-conditions/depression/multimedia/antidepressants/vid-20084764>
- Mayo Clinic Staff. (2014). Generalized anxiety disorder: Lifestyle and home remedies. Retrieved from <http://www.mayoclinic.org/diseases-conditions/generalized-anxiety-disorder/basics/lifestyle-home-remedies/con-20024562>

References Continued...



- Mayo Clinic Staff. (2015). Diseases and conditions: Depression (major depressive disorder). Retrieved from <http://www.mayoclinic.org/diseases-conditions/depression/basics/definition/con-20032977>
- McDowell, A. K., Lineberry, T. W., & Bostwick, J. M. (2011). Practical Suicide-Risk Management for the Busy Primary Care Physician. Mayo Clinic Proceedings, 86(8), 792–800. <http://doi.org/10.4065/mcp.2011.0076>
- Mental Health America. (2015). Schizophrenia. Retrieved from <http://www.mentalhealthamerica.net/conditions/schizophrenia>
- Mental Health Guru Media, Inc. (2015). Symptoms of schizophrenia. Retrieved from <http://mental.healthguru.com/video/symptoms-of-schizophrenia>
- Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in US adolescents: Results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A). Journal of the American Academy of Child & Adolescent Psychiatry, 49(10), 980-989.

References Continued...



- National Council for Behavioral Health. (2015). First episode psychosis: Early intervention treatments for psychosis. Retrieved from <http://www.thenationalcouncil.org/topics/first-episode-psychosis/>
- National Institute of Mental Health. (2016). Anxiety Disorders. Retrieved from <http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>
- National Institute of Mental Health. (2016). Schizophrenia. Retrieved from <http://www.nimh.nih.gov/health/statistics/prevalence/schizophrenia.shtml>
- National Institute for Mental Health. (2009). Schizophrenia. Retrieved from <http://www.nimh.nih.gov/health/publications/schizophrenia/index.shtml>
- Nestler Laboratory at the Icahn School of Medicine at Mount Sinai. (n.d.) Brain reward pathways. Retrieved from <http://neuroscience.mssm.edu/nestler/brainRewardpathways.html>

References Continued...



- Norman, S. B., Campbell-Sills, L., Hitchcock, C. A., Sullivan, S., Rochlin, A., Wilkins, K. C., & Stein, M. B. (2011). Psychometrics of a brief measure of anxiety to detect severity and impairment: The Overall Anxiety Severity and Impairment Scale (OASIS). *Journal of Psychiatric Research*, 45(2), 262–268. <http://doi.org/10.1016/j.jpsychires.2010.06.011>
- Norman, S. B., Hami Cissell, S., Means-Christensen, A. J. and Stein, M. B. (2006). Development and validation of an Overall Anxiety Severity And Impairment Scale (OASIS). *Depression and Anxiety*, 23, 245–249. doi: 10.1002/da.20182
- Norris, F.H. (1992). Epidemiology of trauma: Frequency and impact of different potentially traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology*, 60, 409-418.
- Office of the Surgeon General, US & National Action Alliance for Suicide Prevention, US. (2012). 2012 National Strategy for Suicide Prevention: Goals and Objectives for Action: A Report of the US Surgeon General and of the National Action Alliance for Suicide Prevention. Retrieved from http://www.surgeongeneral.gov/library/reports/national-strategy-suicide-prevention/full_report-rev.pdf

References Continued...



- Pfizer, Inc. (2002-2016). Patient health questionnaire (PHQ) screeners. Retrieved from <http://www.phqscreeners.com/>
- Prins, A. O., Ouimette, P., Kimerling, P., Cameron, R., Hugelshofer, R. P., Shaw-Hegwer, D. S., & Sheikh, J. J. (2003). The primary care PTSD screen (PC-PTSD): Development and operating characteristics. *Primary Care Psychiatry*, 9(1), 9-14.
- SAMHSA. (n.d.). What is integrated care?. Retrieved from <http://www.integration.samhsa.gov/about-us/what-is-integrated-care>
- SAMHSA. (n.d.). Medication assisted treatment. Retrieved from <http://www.samhsa.gov/medication-assisted-treatment>
- SAMHSA. (n.d.). Treatment for substance use disorders. Retrieved from <http://www.samhsa.gov/treatment/substance-use-disorders>
- Scheeringa, M.S., Zeanah, C.H., & Cohen, J.A. (2011). PTSD in children and adolescents: Toward an empirically based algorithm. *Depression and Anxiety*, 28, 770-782. doi:10.1002/da20736.

References Continued...



- Seitz, D. P. (2005). Screening mnemonic for generalized anxiety disorder. *Canadian Family Physician*, 51(10), 1340–1342.
- Skinner, H. A. (1982). The Drug Abuse Screening Test. *Addictive Behavior*, 7(4), 363–371.
- Spitzer, R. L., Kroenke, K., Williams, J. B., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: the GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097.
- University of Michigan Health System. (2011, August). Depression guideline update. Retrieved from <http://www.med.umich.edu/1info/FHP/practiceguides/depress/depress.pdf>
- Unützer, J., Harbin, H., Schoenbaum, M., & Druss, B. (2013). The collaborative care model: An approach for integrating physical and mental health care in Medicaid health homes. HEALTH HOME, Information Resource Center, 1-13. Retrieved from <https://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Downloads/HH-IRC-Collaborative-5-13.pdf>

References Continued...



- U.S. Department of Veterans Affairs/Department of Defense. (2010). VA/DoD clinical practice guideline for management of post-traumatic stress. Retrieved from http://www.healthquality.va.gov/ptsd-sum_2010a.pdf (PDF)
- Viron, M., Baggett, T., Hill, M., & Freudenreich, O. (2012). Schizophrenia for primary care providers: how to contribute to the care of a vulnerable patient population. *The American Journal of Medicine*, 125(3), 223-230.
- Wisner, K. L., Parry, B. L., Piontek, C. M. (2002). Postpartum depression. *New England Journal of Medicine*, 347(3), 194-199.
- Zivin, K., Kim, H.M., McCarthy, J.F., Austin, K.L., Hoggatt, K.J., Walters, H.M., Valstein, M. (2007). Suicide mortality among individuals receiving treatment for depression in the VA health system: Associations with patient and treatment setting characteristics. *American Journal of Public Health*, 97(12), 2193-2198.

Resources

