

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.

(SAHMSA, n.d.)

Common Disorders

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

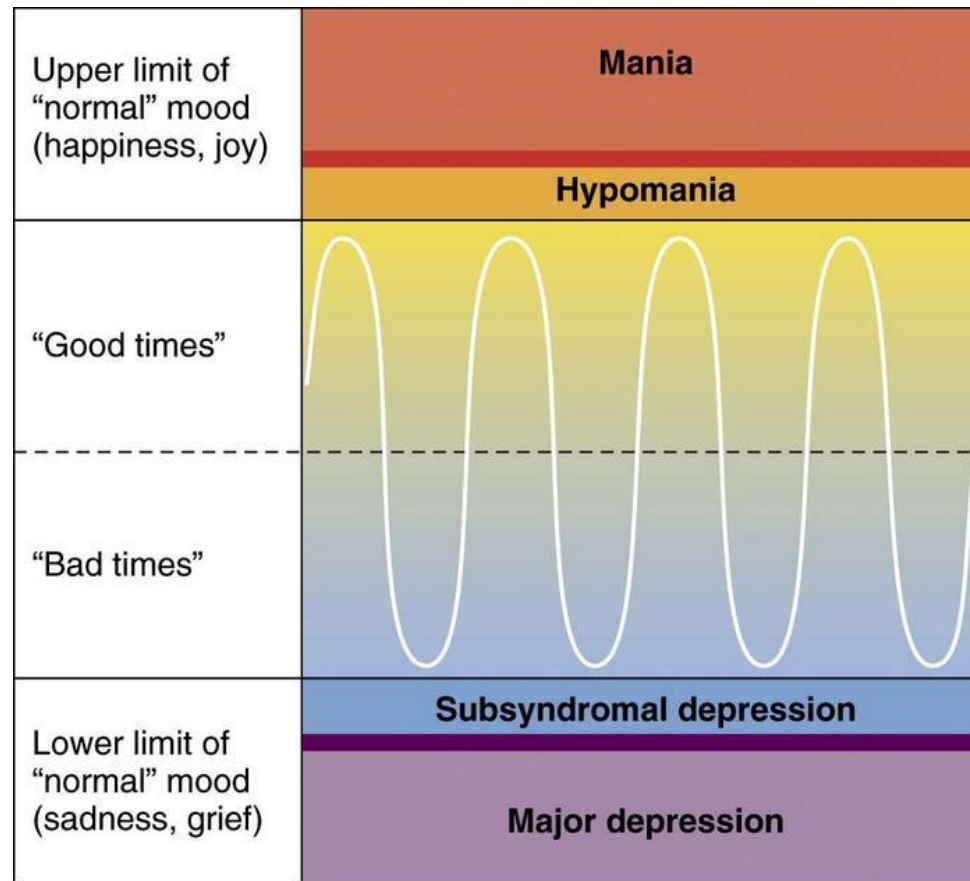
Bipolar Disorders



“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 Or the shy, withdrawn, desperate, suicidal, doomed, and tired one?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



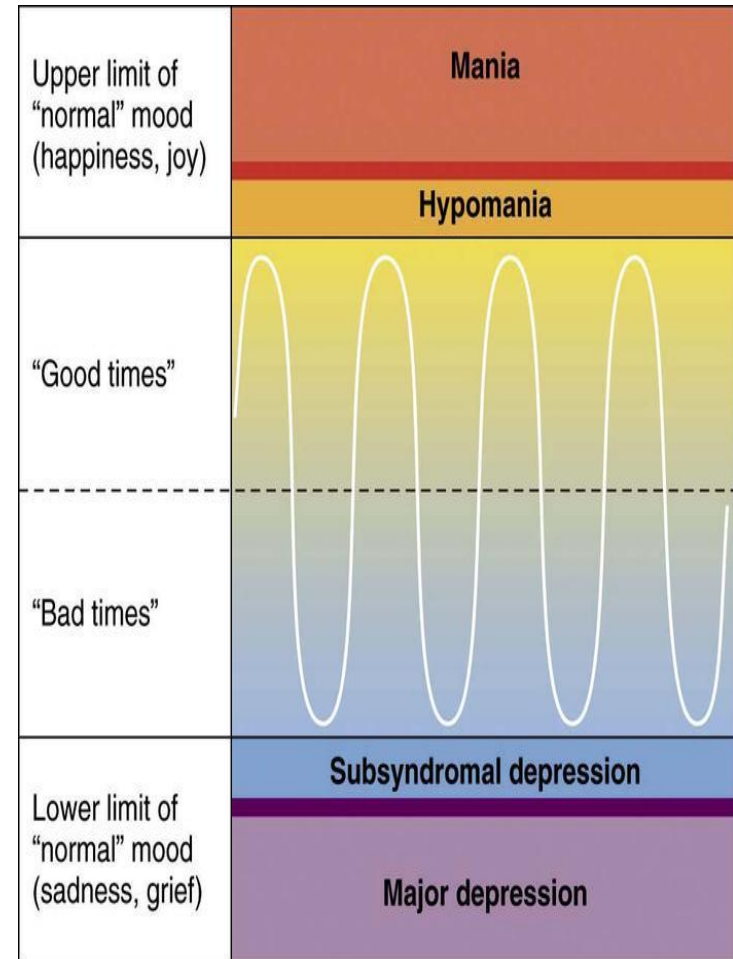
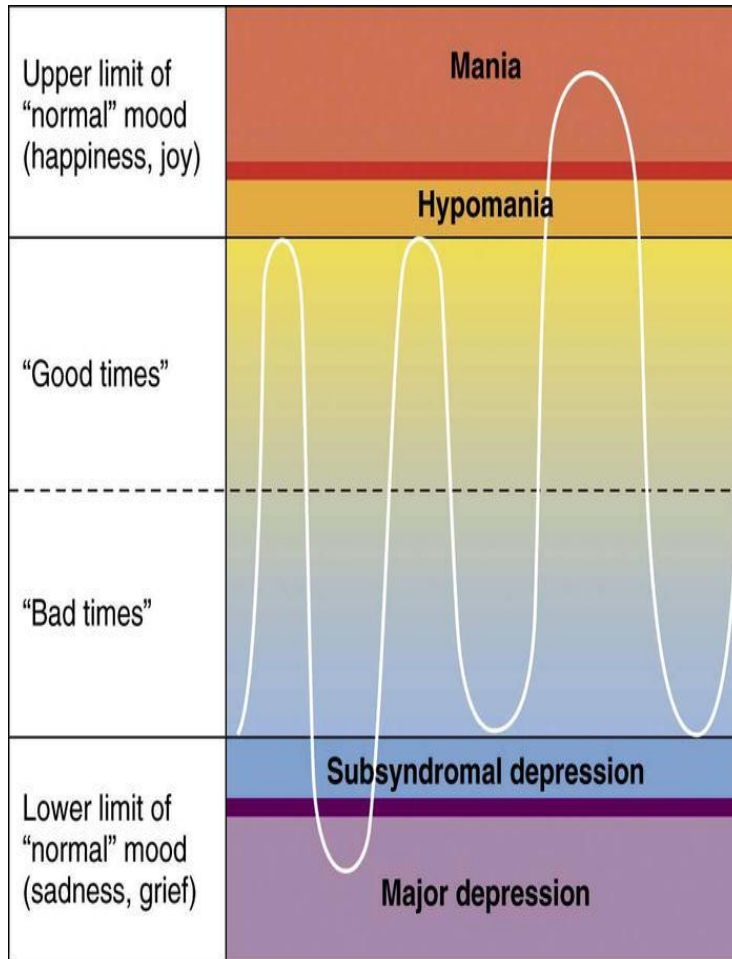
Bipolar Disorder Types

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):

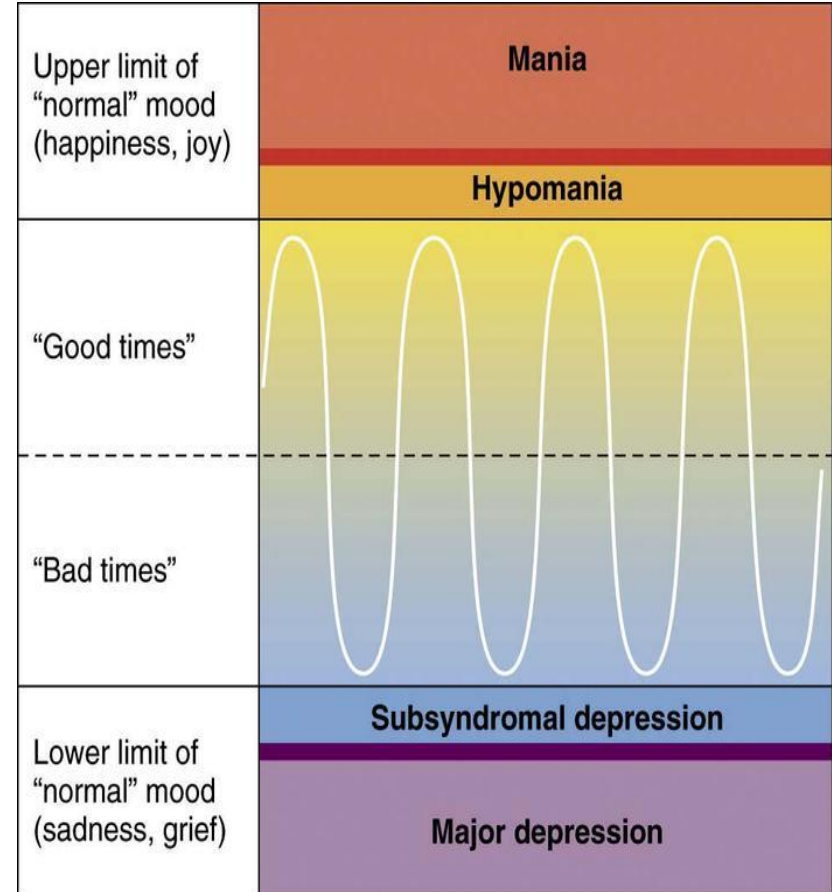
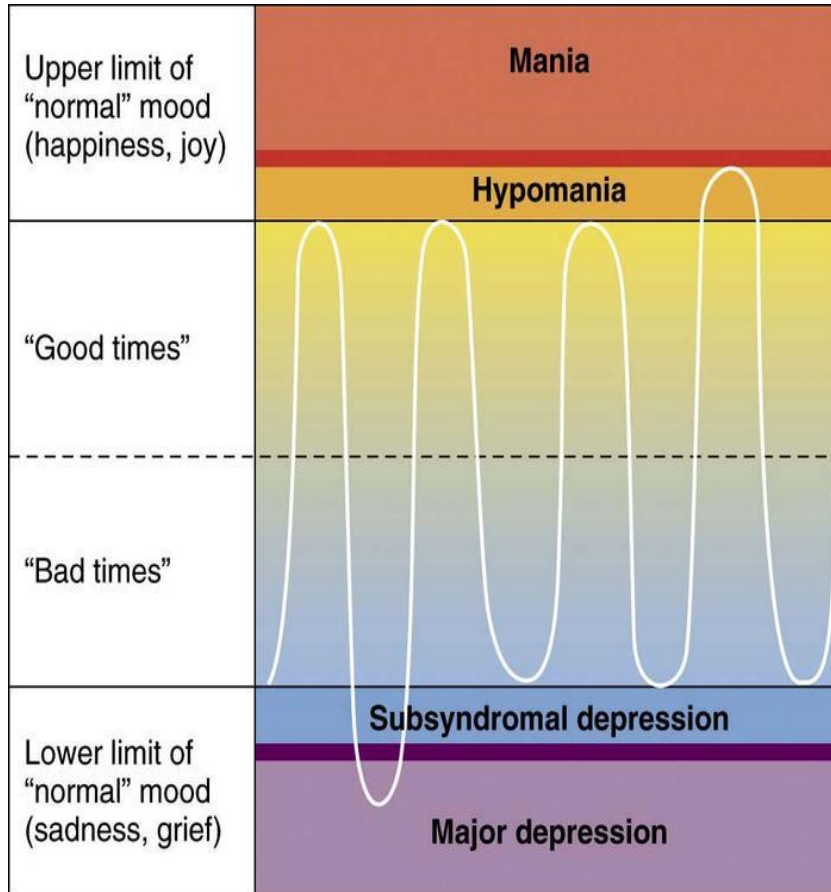
- Inflated self-esteem (overconfidence, feeling “high”)
- Decreased need for sleep (e.g. 3 hours)
- More talkative than usual
- Racing thoughts
- Distractability
- Increased goal-directed activity
- Risky behaviors w/ potential consequences
 - Sexual indiscretions
 - Shopping sprees
 - Gambling or foolish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

(Carlat, 1998; CQAIMH, 2007)

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

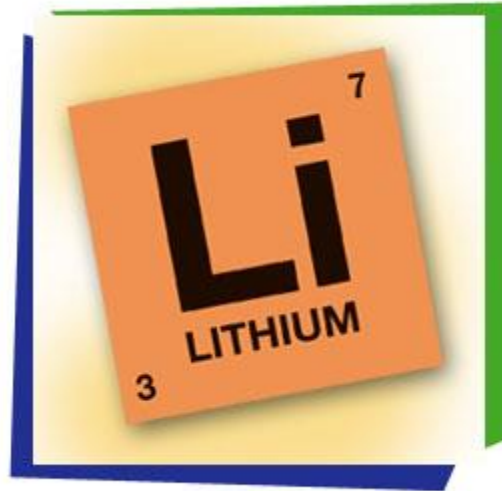
- Electroconvulsive therapy (ECT)
- Psycho education
- Family education

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
- Name 2 screening tools for 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



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Resources

