



Bipolar Disorder in Primary Care

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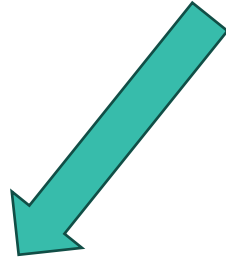


Disclosures

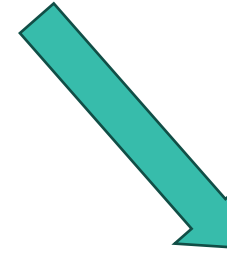
No financial disclosures or conflicts of interest



**Patient presents
depressed**



**Major Depressive
Disorder**



**Bipolar
Disorder**

?



Have there been times in the past when for many days your mood was super happy, you were more self-confident, and had much energy than normal?

-Irritable?

During those times did you feel this way all day or most of the day?

Did this period of time last for at least several days?

Hilt and Nussbaum, 2016





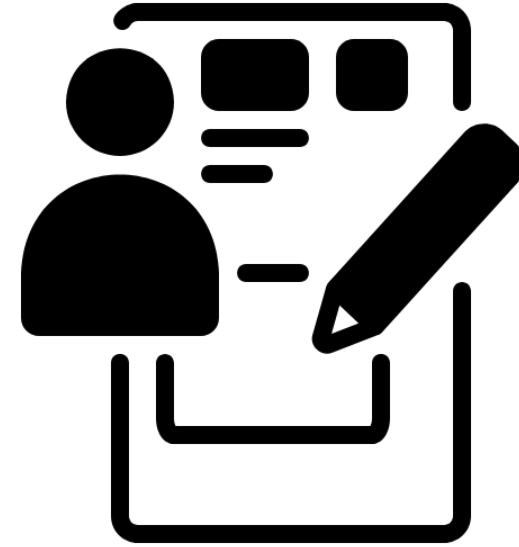
Rapid Mood Screener

Screening:

Score of ≥ 4 | Sens. 88% | Spec. 80%

Other:

- 6-item, self-report
- Industry funded
- Does not assess for hypomania



Mood Disorder Questionnaire

Screening:

Score of ≥ 7 | Sens. 58% | Spec. 93%

Other:

- Question 2 “yes” and Question 3 “moderate-severe”
- 13-items, self-report
- Lifetime history

Bipolar Disorder: Clinical Evaluation

- Bipolarity Index
 - Screening: Score of ≥ 50 | sensitivity 91% | specificity 90%
 - Clinician-rated scale
 - 5 domains:
 - Signs & Symptoms
 - Age of onset
 - Course of illness
 - Response to treatment
 - Family history
- Clinical interview is the gold standard



Directions: Circle the bulleted items that are positive in the patient’s history. Score each of the five sections by circling the highest number (0-20) for which there is at least one positive item. The final score is the sum of all five sections.

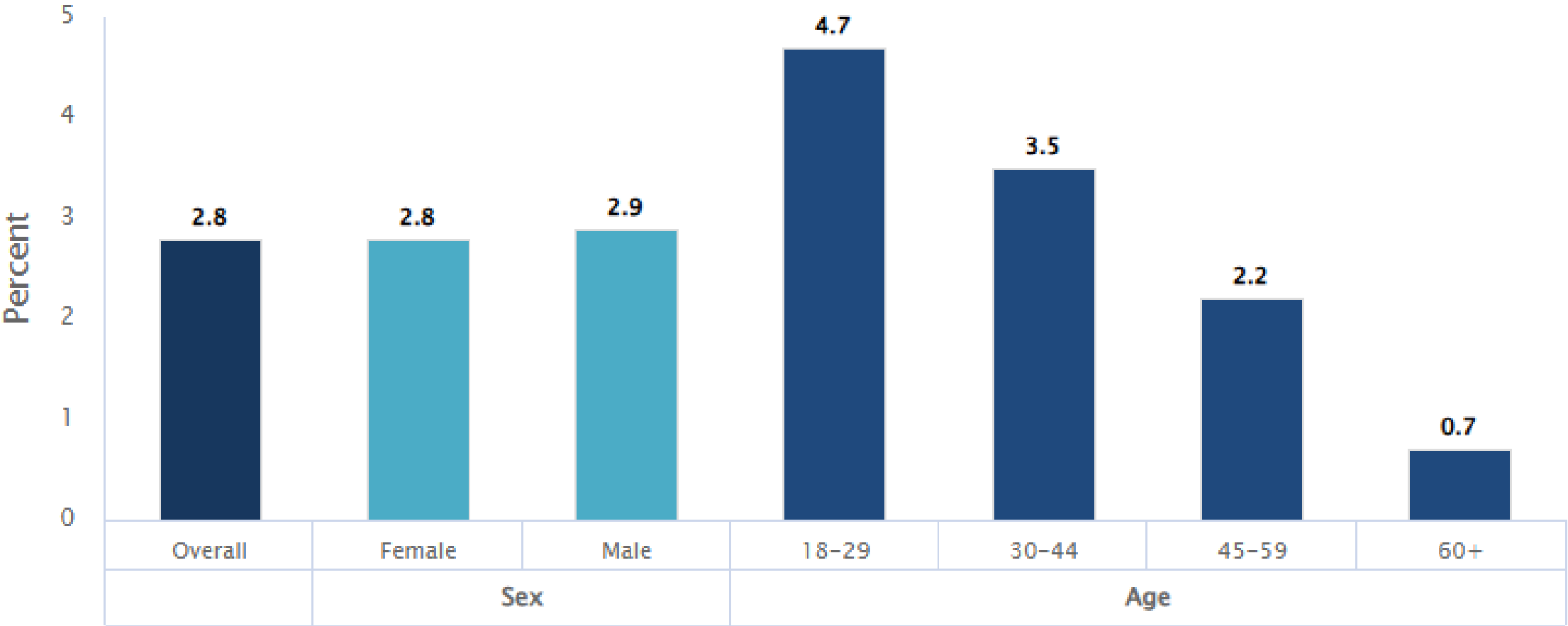
I. Episode Characteristics	
20	<ul style="list-style-type: none">Acute manic or mixed episode with prominent euphoria, grandiosity or expansiveness and no significant medical or other secondary etiology.
15	<ul style="list-style-type: none">Acute mixed episode or dysphoric or irritable mania with no significant medical or other secondary etiology.
10	<ul style="list-style-type: none">Hypomanic episode with no significant medical or other secondary etiology; orCyclothymia with no significant medical or other secondary etiology; orA manic episode within 12 weeks of starting an antidepressant.
5	<ul style="list-style-type: none">A hypomanic episode within 12 weeks of starting an antidepressantEpisodes with characteristic symptoms of hypomania, but symptoms, duration, or intensity are subthreshold for hypomania; orA single MDE with psychotic or atypical features (atypical is ≥2 of the following: hypersomnia, hyperphagia or leaden paralysis of limbs); orAny postpartum depression.
2	<ul style="list-style-type: none">Recurrent unipolar major depressive disorder (≥3 episode); orHistory of any kind of psychotic disorder (i.e., presence of delusions, hallucinations, ideas of reference or magical thinking).
0	<ul style="list-style-type: none">No history of significant mood elevation, recurrent depression or psychosis.
II. Age of Onset (first affective episode or syndrome)	
20	<ul style="list-style-type: none">15 to 19 years.
15	<ul style="list-style-type: none">Before age 15 or between age 20 and 30.
10	<ul style="list-style-type: none">30 to 45 years.
5	<ul style="list-style-type: none">After age 45.
0	<ul style="list-style-type: none">No history of affective illness (no episodes, cyclothymia, dysthymia or bipolar-NOS).
III. Course of Illness & Associated Features	
20	<ul style="list-style-type: none">Recurrent, distinct manic episodes separated by at least 2 months of full recovery.
15	<ul style="list-style-type: none">Recurrent, distinct manic episodes with incomplete inter-episode recovery; orRecurrent, distinct hypomanic episodes with full inter-episode recovery.
10	<ul style="list-style-type: none">Any substance use disorder (excluding nicotine/caffeine); orPsychotic features only during acute mood episodes; orIncarceration or repeated legal offenses related to manic behavior (e.g. shoplifting, reckless driving or bankruptcy).
5	<ul style="list-style-type: none">Recurrent unipolar MDD with ≥3 or more major depressive episodes; orRecurrent, distinct hypomanic episodes without full inter-episode recovery; orBorderline personality disorder, anxiety disorder (including PTSD and OCD), eating disorder; or history of ADHD with onset before puberty; orEngagement in gambling or other risky behaviors with the potential to pose a problem for patient, family or friends; orBehavioral evidence of perimenstrual exacerbation of mood symptoms.
2	<ul style="list-style-type: none">Baseline hyperthymic personality when not manic or depressed; orMarriage 3 or more times (including remarriage to the same individual); orIn two or more years, has started a new job and changed jobs after less than a year; orHas more than two advanced degrees.
0	<ul style="list-style-type: none">None of the above.
IV. Response to Treatment	
20	<ul style="list-style-type: none">Full recovery within 4 weeks of therapeutic treatment with a mood stabilizer.
15	<ul style="list-style-type: none">Full recovery within 12 weeks of therapeutic treatment with a mood stabilizer or relapse within 12 weeks of discontinuing treatment; orAffective switch to mania (pure or mixed) within 12 weeks of starting a new antidepressant or increasing dose.
10	<ul style="list-style-type: none">Worsening dysphoria or mixed symptoms during antidepressant treatment subthreshold for mania (exclude worsening that is limited to known antidepressant side effects such as akathisia, anxiety or sedation); orPartial response to one or two mood stabilizers within 12 weeks of therapeutic treatment; orAntidepressant-induced new or worsening rapid-cycling course.

Bipolarity Index

5	<ul style="list-style-type: none">Treatment resistance: lack of response to complete trials of 3 or more antidepressants; orAffective switch to mania or hypomania with antidepressant withdrawal.
2	<ul style="list-style-type: none">Immediate, near-complete response to antidepressant withdrawal within 1 week or less.
0	<ul style="list-style-type: none">None of the above, or no treatment.
V. Family History	
20	<ul style="list-style-type: none">At least one first-degree relative with clear bipolar disorder.
15	<ul style="list-style-type: none">At least one second-degree relative with clear bipolar disorder; orAt least one first-degree relative with recurrent unipolar MDD and behavioral evidence suggesting bipolar disorder.
10	<ul style="list-style-type: none">First-degree relative with recurrent unipolar MDD or schizoaffective disorder; orAny relative with clear bipolar disorder or recurrent unipolar MDD and behavioral evidence suggesting bipolar disorder.
5	<ul style="list-style-type: none">First-degree relative with clear substance use disorder (excluding nicotine/caffeine); orAny relative with possible bipolar disorder.
2	<ul style="list-style-type: none">First-degree relative with possible recurrent unipolar MDD; orFirst-degree relative with anxiety disorder (including PTSD and OCD), eating disorder or ADD/ADHD.
0	<ul style="list-style-type: none">None of the above or no family history of psychiatric disorders.
← Total score (0 – 100). Add the highest number in each section. A score ≥50 indicates a high probability of bipolar disorder.	

Past Year Prevalence of Bipolar Disorder Among U.S. Adults (2001–2003)

Data from National Comorbidity Survey Replication (NCS–R)



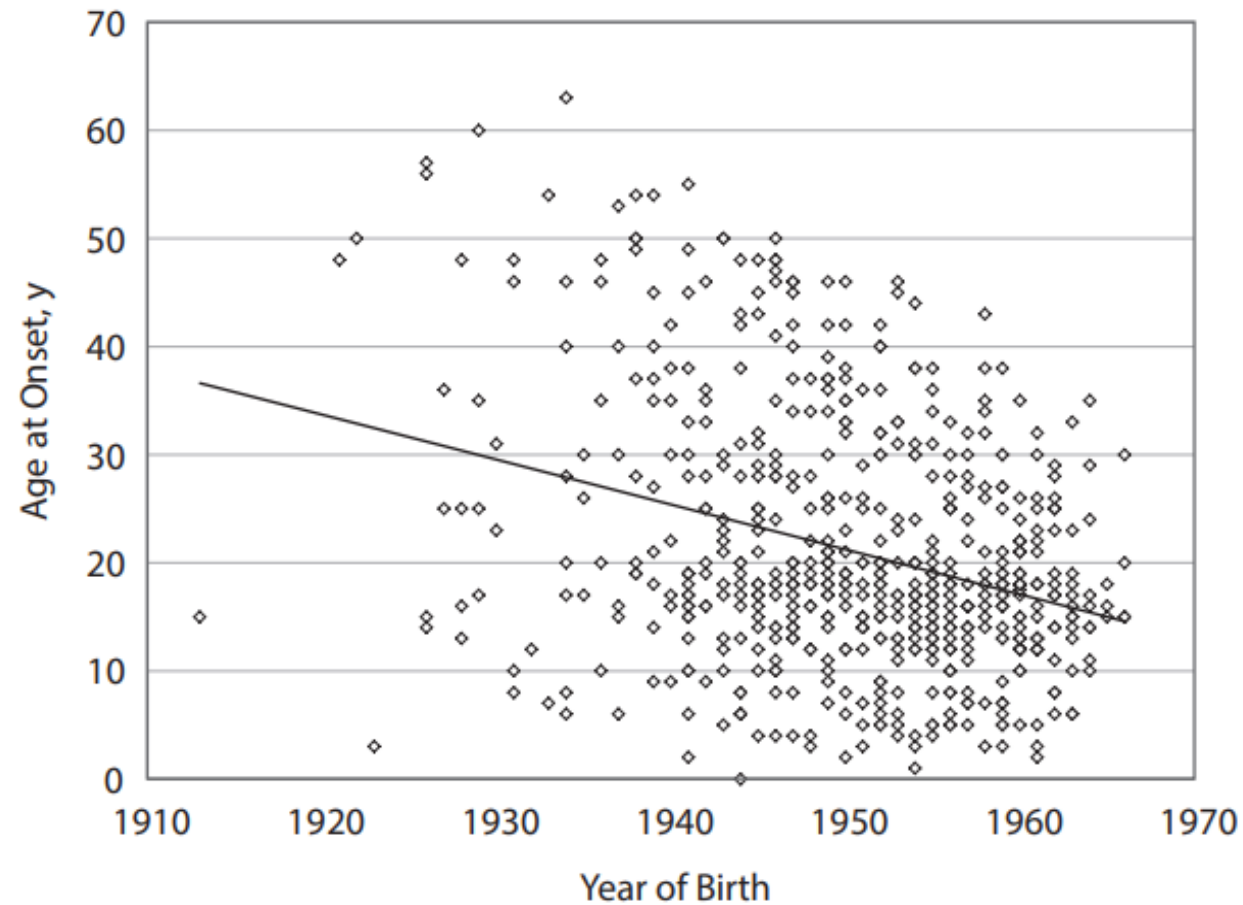
NCS-R Survey Data as visualized by the National Center for Health Statistics

Demographic Trends & Risk

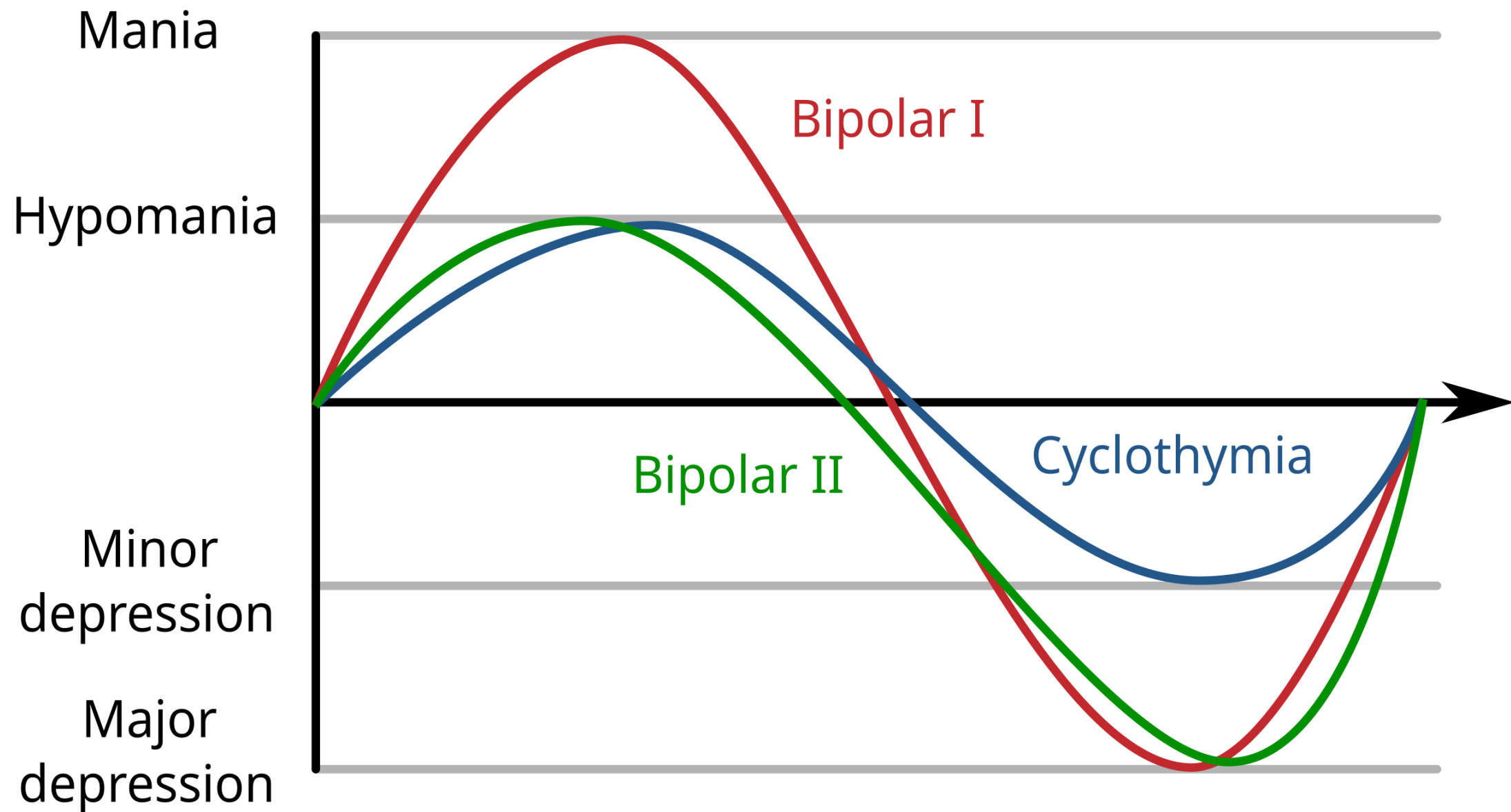
- Conversion from MDD (Kung et al. Eur Child Adolesc Psychiatry. 2024.)
 - Earlier age predictive
 - Other risk factors: family history, treatment resistance, presence of comorbidities
- Earlier age at diagnosis of bipolar disorder (Post et al. J Clin Psychiatry. 2016)
- Delay in diagnosis (Keramatian et al. J Affect Disord. 2022)
 - 5 years for BD I
 - 11 years for BD II



Figure 1. Decrease in Age at Onset of Bipolar Disorder in More Recently Born Patients Among Participants Aged 35 Years or Older



Post et al. J Clin Psychiatry.
2016.



DSM-5-TR Mania

Criterion A

A **distinct** period of **abnormally** and **persistently** elevated, expansive, or irritable mood and abnormally **AND** persistently **increased activity or energy**, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary)



DSM-5-TR Mania

Criterion	Description
B	<p>During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior:</p> <ul style="list-style-type: none">• Inflated self-esteem or grandiosity.• Decreased need for sleep (e.g., feels rested after only three hours of sleep).• More talkative than usual or pressure to keep talking.• Flight of ideas or subjective experience that thoughts are racing.• Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.• Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).• Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).
C	<p>The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.</p>
D	<p>The episode is not attributable to the physiological effects of a substance (e.g., medication, drug of abuse) or another medical condition.</p>
Notes	<p>1. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or to another medical condition.</p> <p>2. At least one lifetime manic episode is required for the diagnosis of bipolar I disorder.</p>

DSM-5-TR Hypomania

Criterion	Simplified	Full
A	Distinct, 4+ days	A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least four consecutive days and present most of the day, nearly every day.
B	3+ symptoms causing noticeable change	During the period of mood disturbance and increased energy and activity, three (or more) of the following symptoms (four if the mood is only irritable) have persisted, represent a noticeable change from usual behavior, and have been present to a significant degree: <ul style="list-style-type: none">• Inflated self-esteem or grandiosity.• Decreased need for sleep (eg, feels rested after only three hours of sleep).• More talkative than usual or pressure to keep talking.• Flight of ideas or subjective experience that thoughts are racing.• Distractibility (ie, attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed.• Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation.• Excessive involvement in activities that have a high potential for painful consequences (eg, engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).
C	Unequivocal change in function uncharacteristic of individual	The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.
D	Noticeable by others	The disturbance in mood and the change in functioning are observable by others .
E	No Impairment	The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization. If there are psychotic features, the episode is, by definition, manic.
F	Not substance induced	The episode is not attributable to the physiological effects of a substance (eg, a drug of abuse, a medication, or other treatment).

DSM-5-TR Bipolar Spectrum Disorder: Diagnostic Criteria

- Bipolar I
 - Mania- 1 single episode
 - +/- Bipolar Depression symptoms (5% will have mania only)
- Bipolar II
 - Hypomania + Bipolar Depression
- Rapid Cycling
 - Four or more mood episodes in a 12-month period
- Mixed Features
 - Combined manic/hypomanic + depressive episode

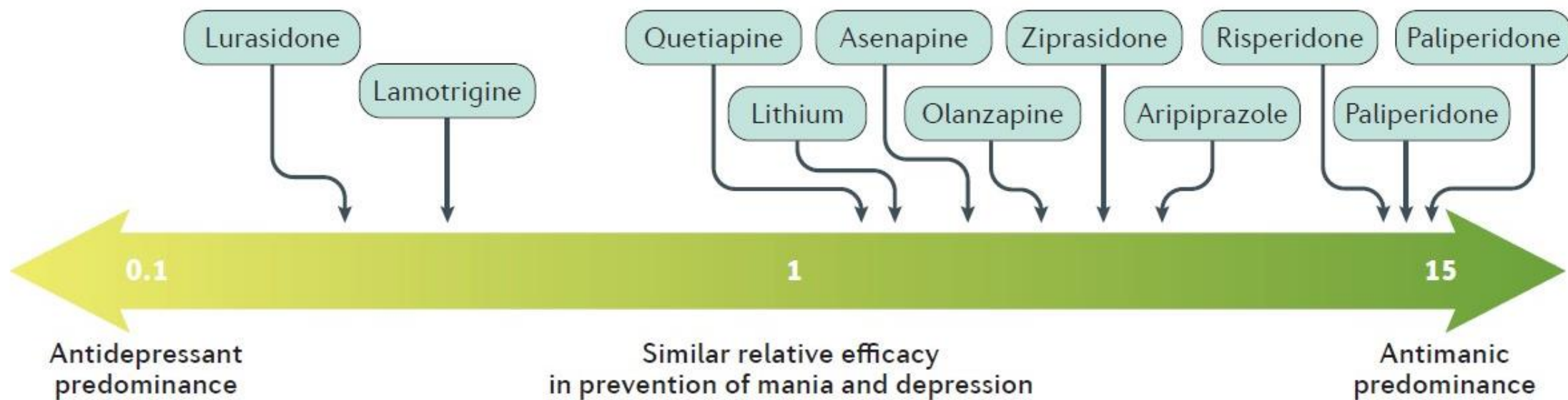


Differential Diagnosis

Differential Diagnosis	Common Symptoms	Differentiating Symptoms
MDD	Unipolar depression and bipolar depression dx criteria are similar	mania/hypomania, but this may occur 5+ years after initial depressive episode
Schizoaffective Disorder	Mania + Mood episodes	Psychosis in bipolar disorder only occurs during manic episodes (up to 75% of patients), where as in schizoaffective they can occur outside of mood episodes
Borderline Personality Disorder	"Mood swings" / Irritability	Bipolar less connected to events/relationships. Absence of true mania
Behavioral Health Disorder (e.g. MDD/PTSD) + Substance use	Depressive symptoms + substance induced mania/psychosis	mania/psychosis only occur in the context of substances

Pharmacotherapy with **antipsychotics** is the mainstay of treatment, and nonpharmacologic treatment is adjunctive.

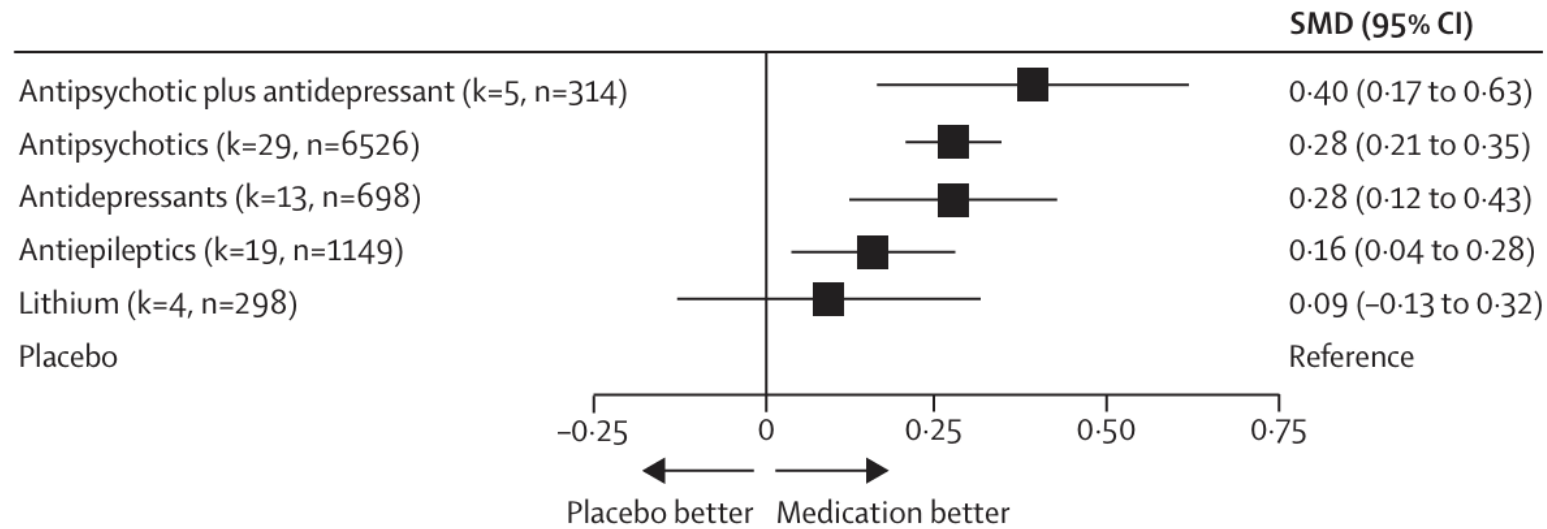




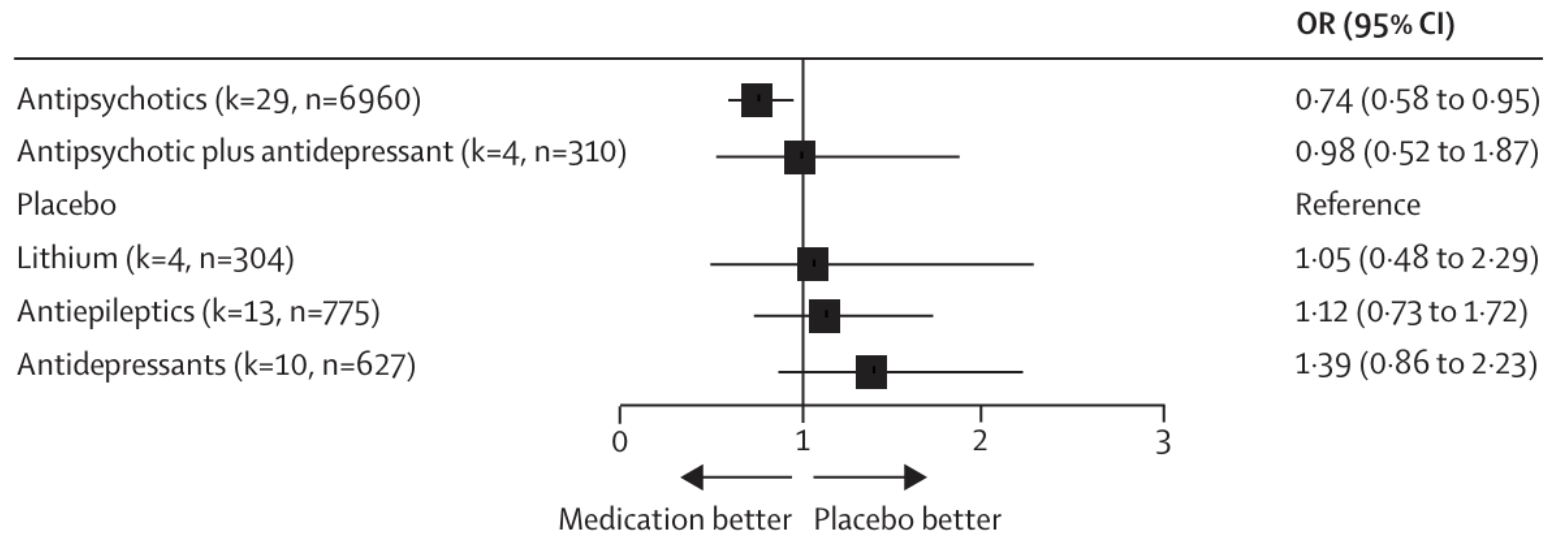
Nature Reviews | Disease Primers

Vieta et al. Nat Rev Dis Primers. 2018.

A Depressive symptoms



B Mania switch



Yildiz, et al. *The Lancet*. 10.9 (2023): 693–705.

Bipolar Disorder

Evaluate for SI/HI,
aggression, psychosis

High
risk

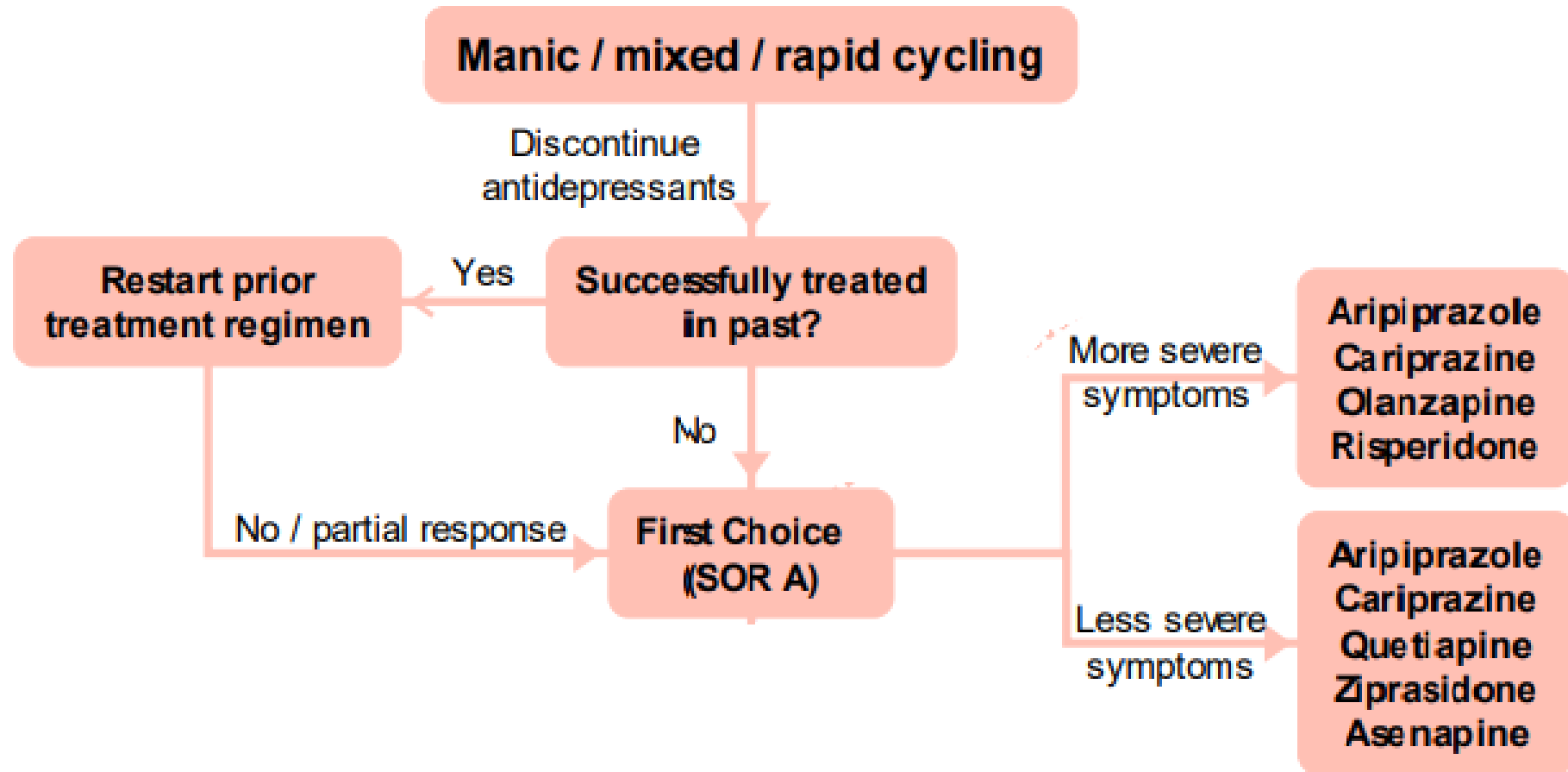
ER for hospitalization
assessment

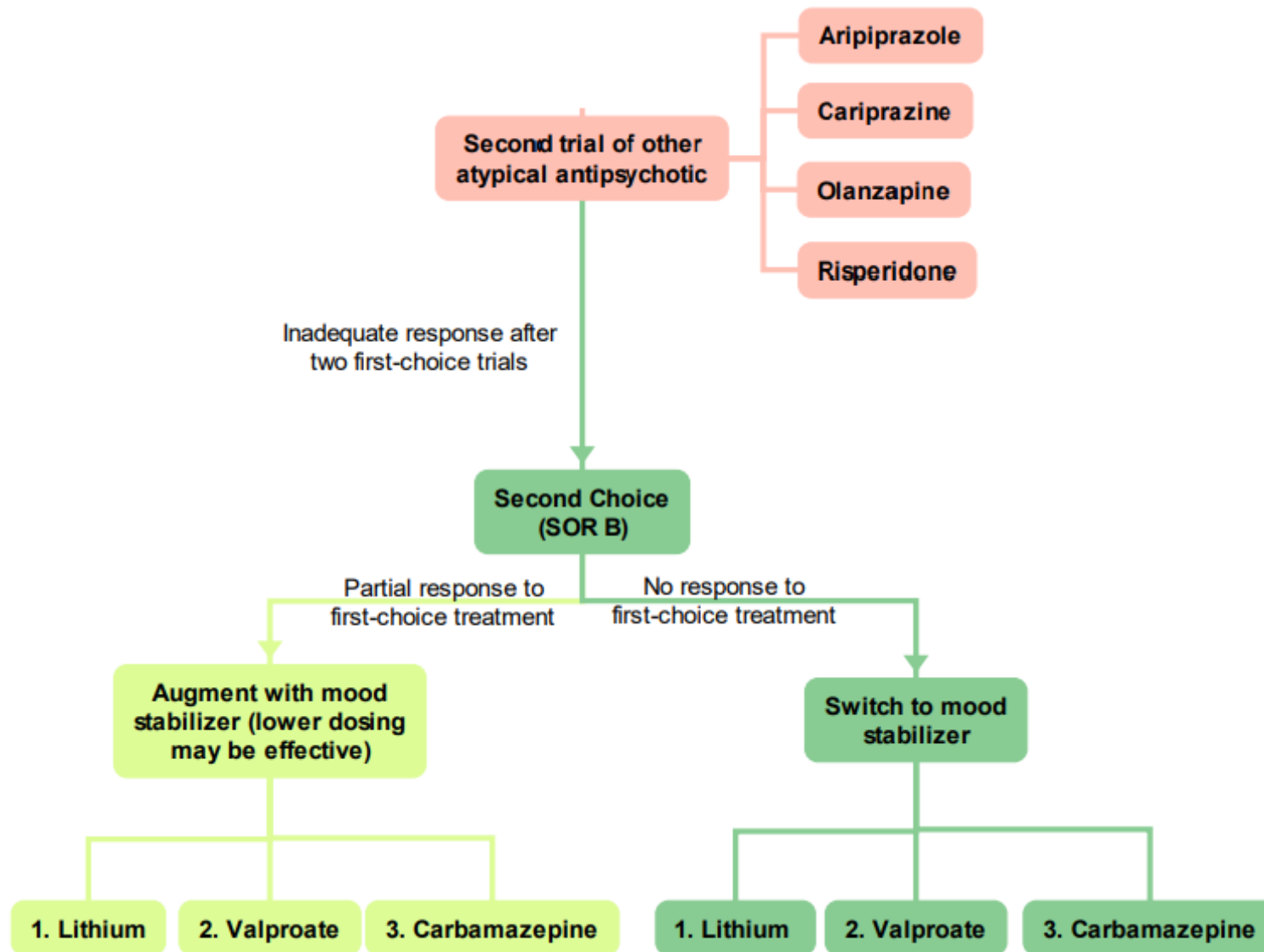
Evaluate symptoms

Maintenance therapy indicated
in majority of patients with Bipolar

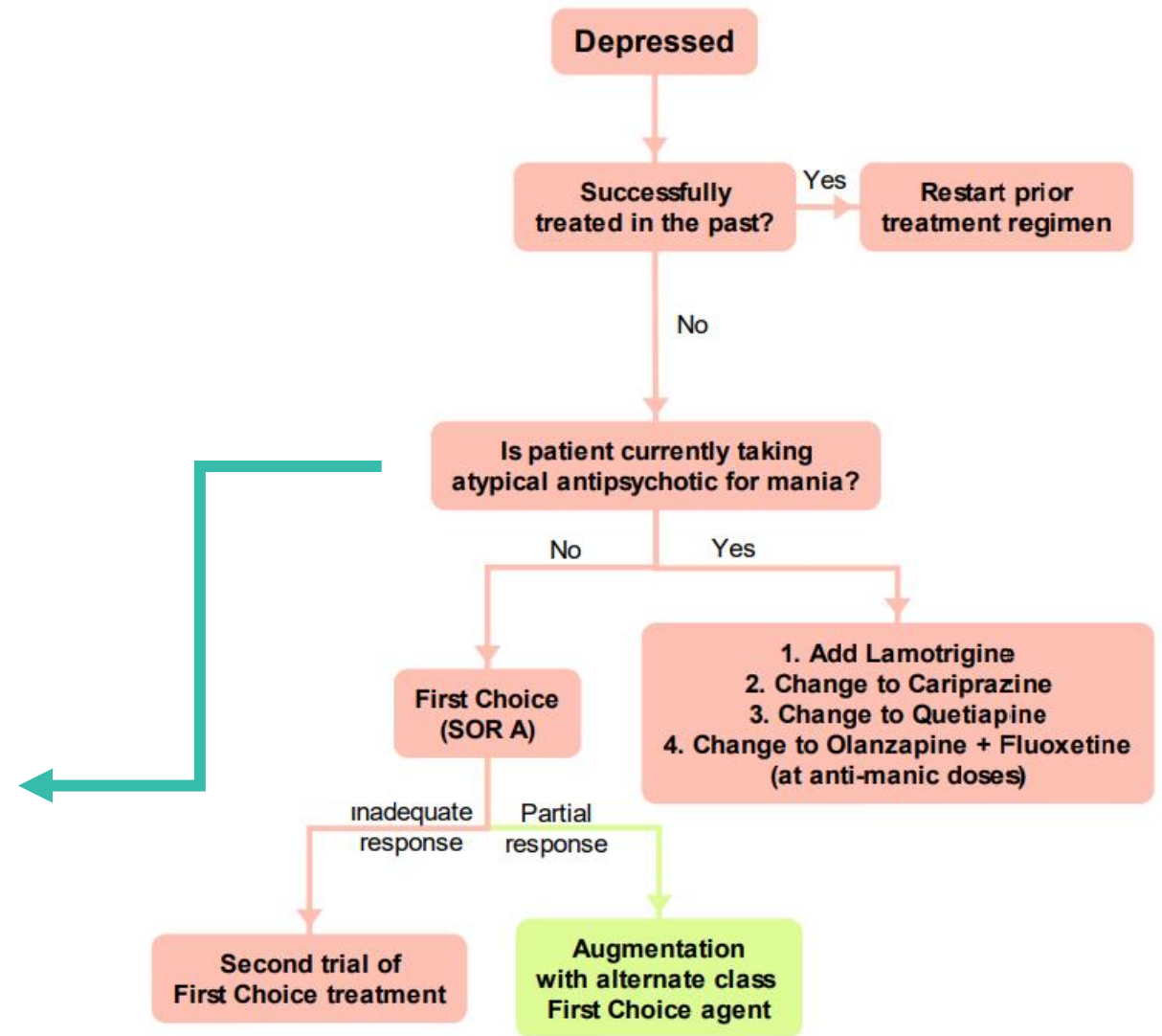
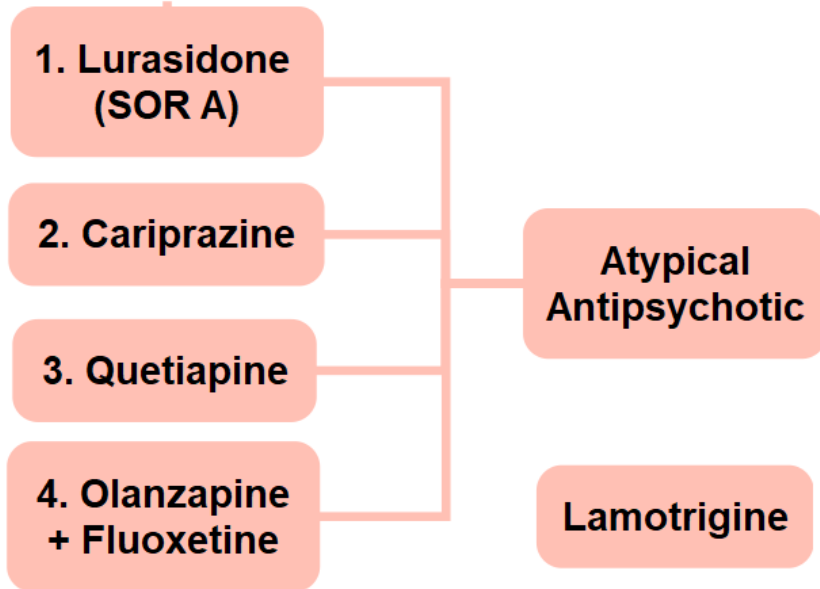
Does patient have acute mania
or history of recent / severe mania?

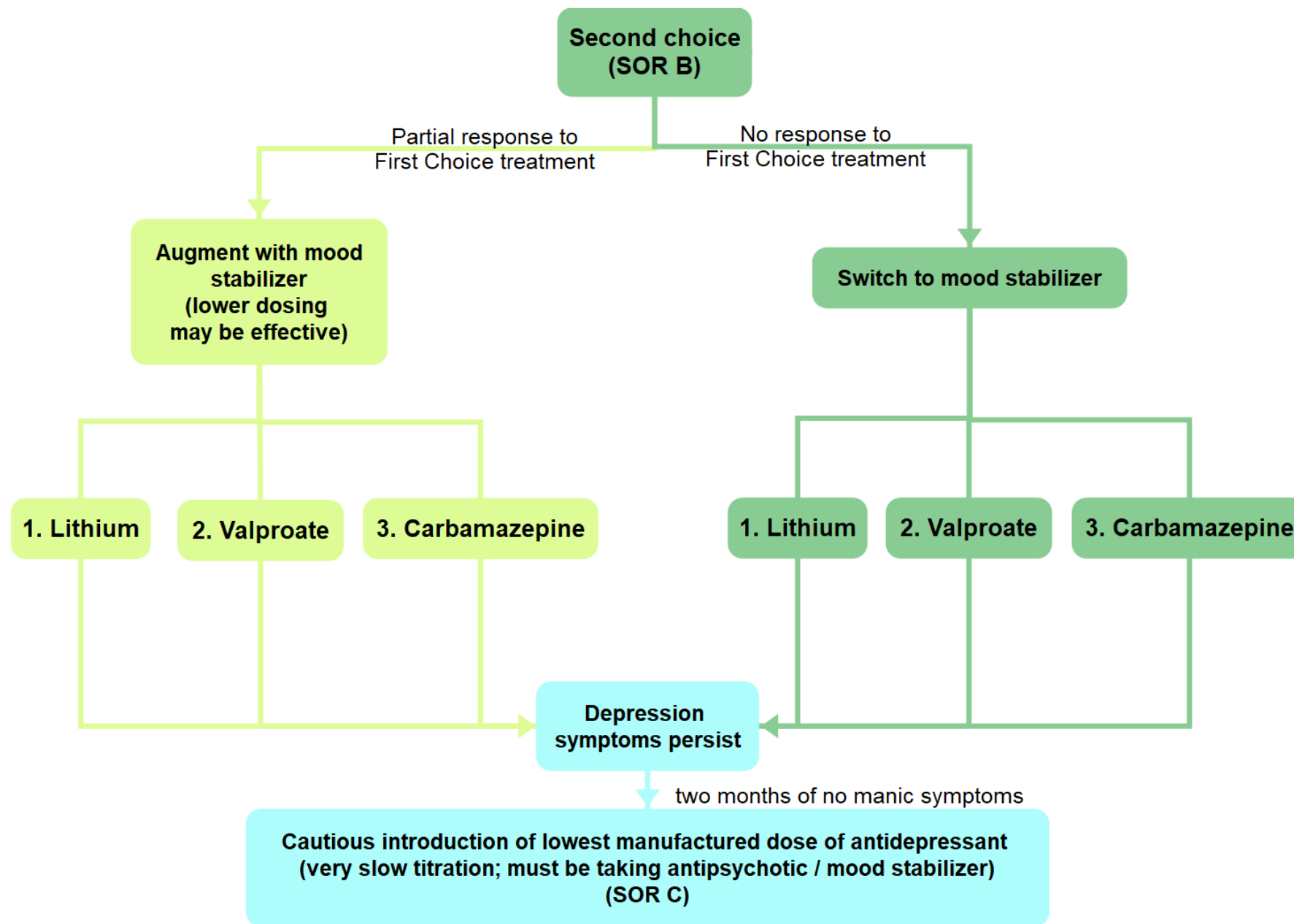






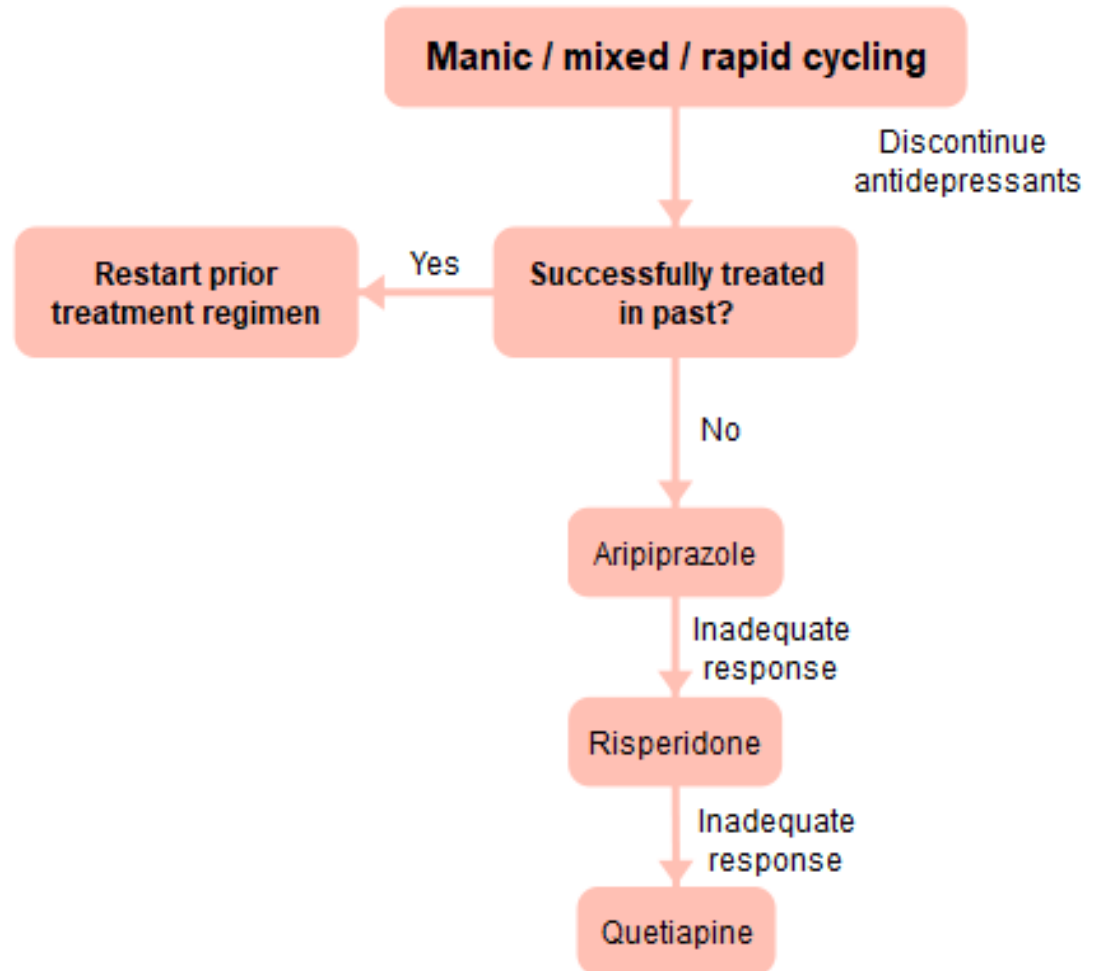
titrate slowly; watch for emerging manic symptoms; uncommon cases will need mood stabilizer





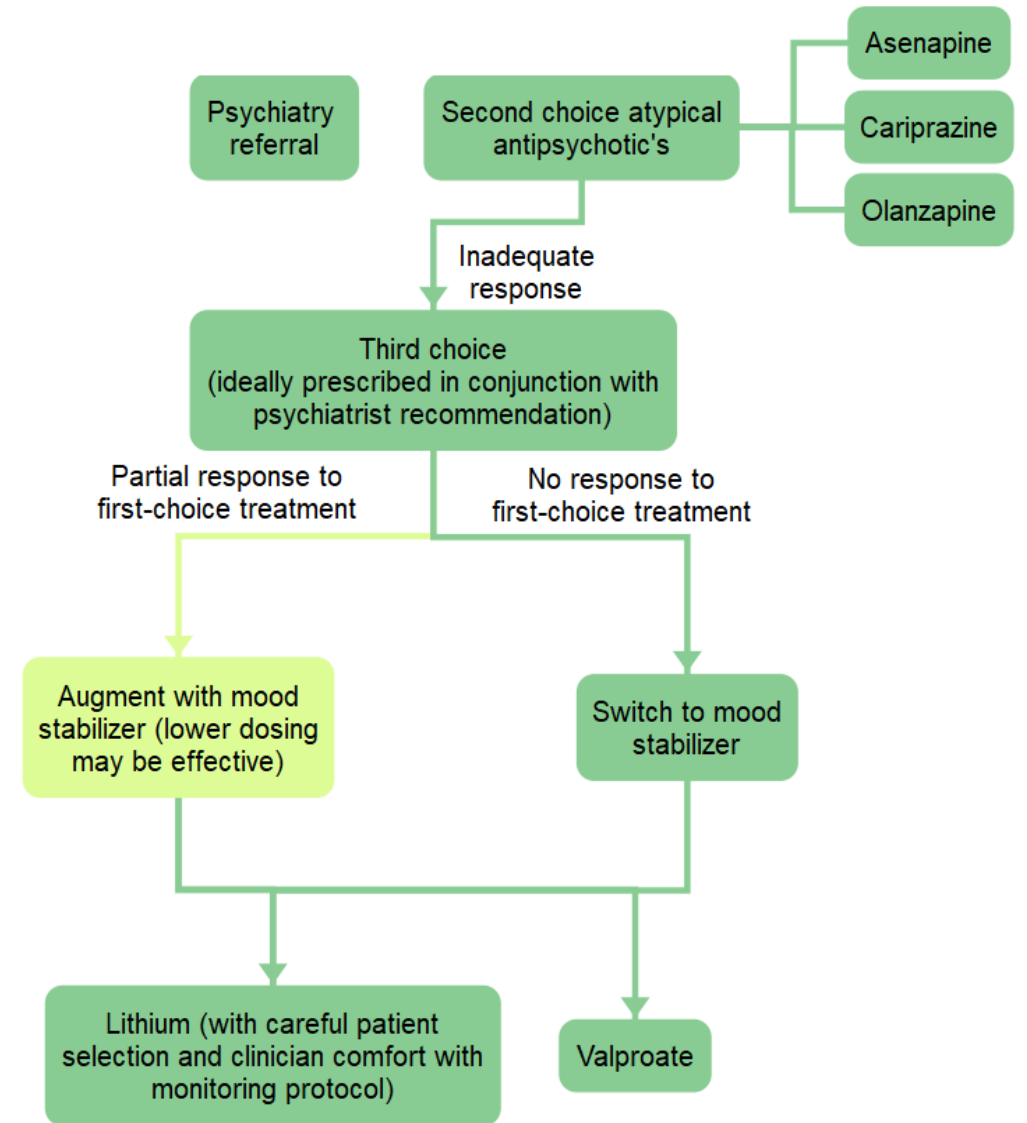
Bipolar Mania: Adolescents

- Restart prior successful medication
- Aripiprazole first choice
- Risperidone second choice
- Psychiatry Consultation if inadequate response to Aripiprazole and Risperidone
- Mood Stabilizers for refractory symptoms, ideally involve Psychiatry



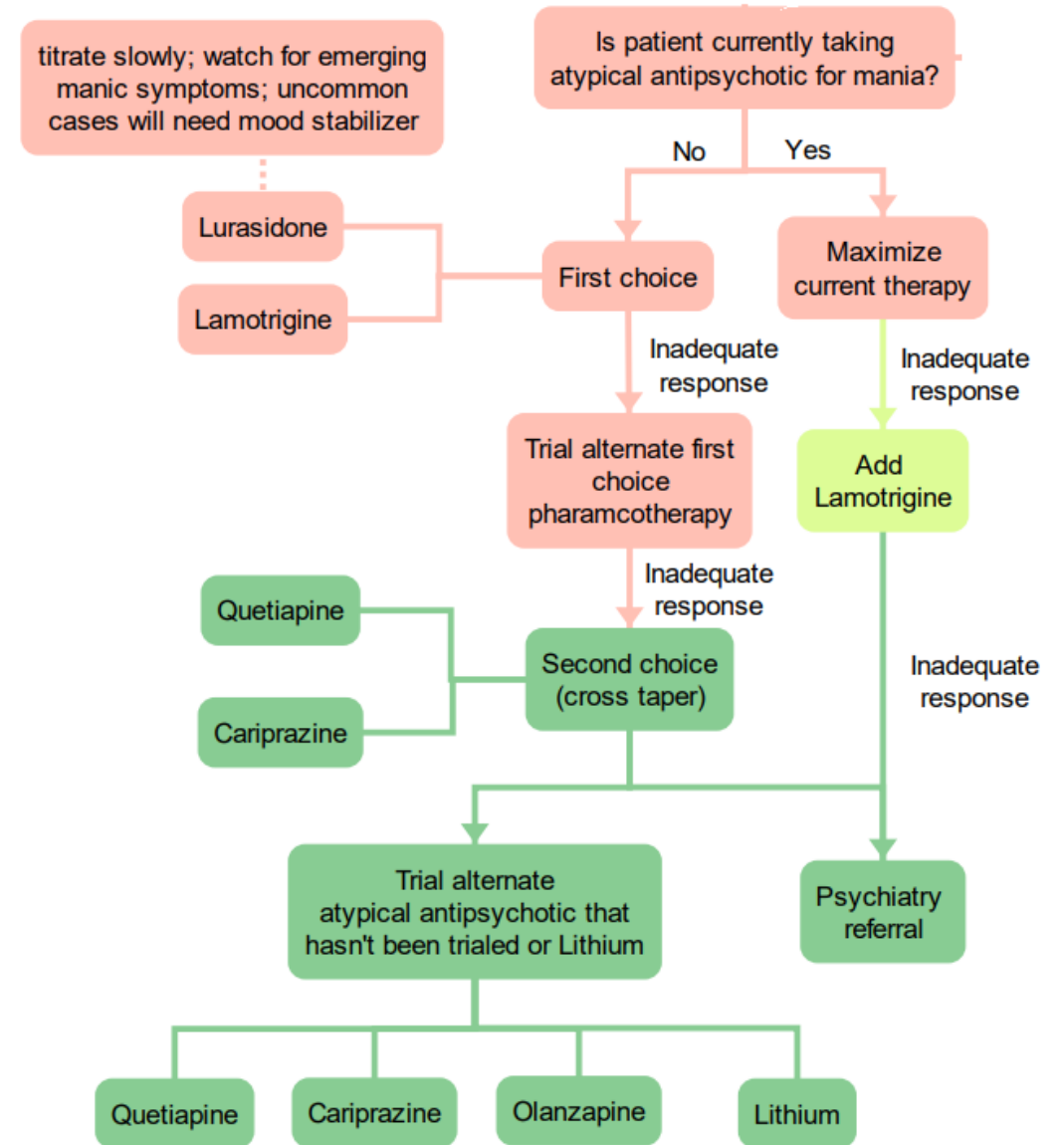
Bipolar Mania: Adolescents

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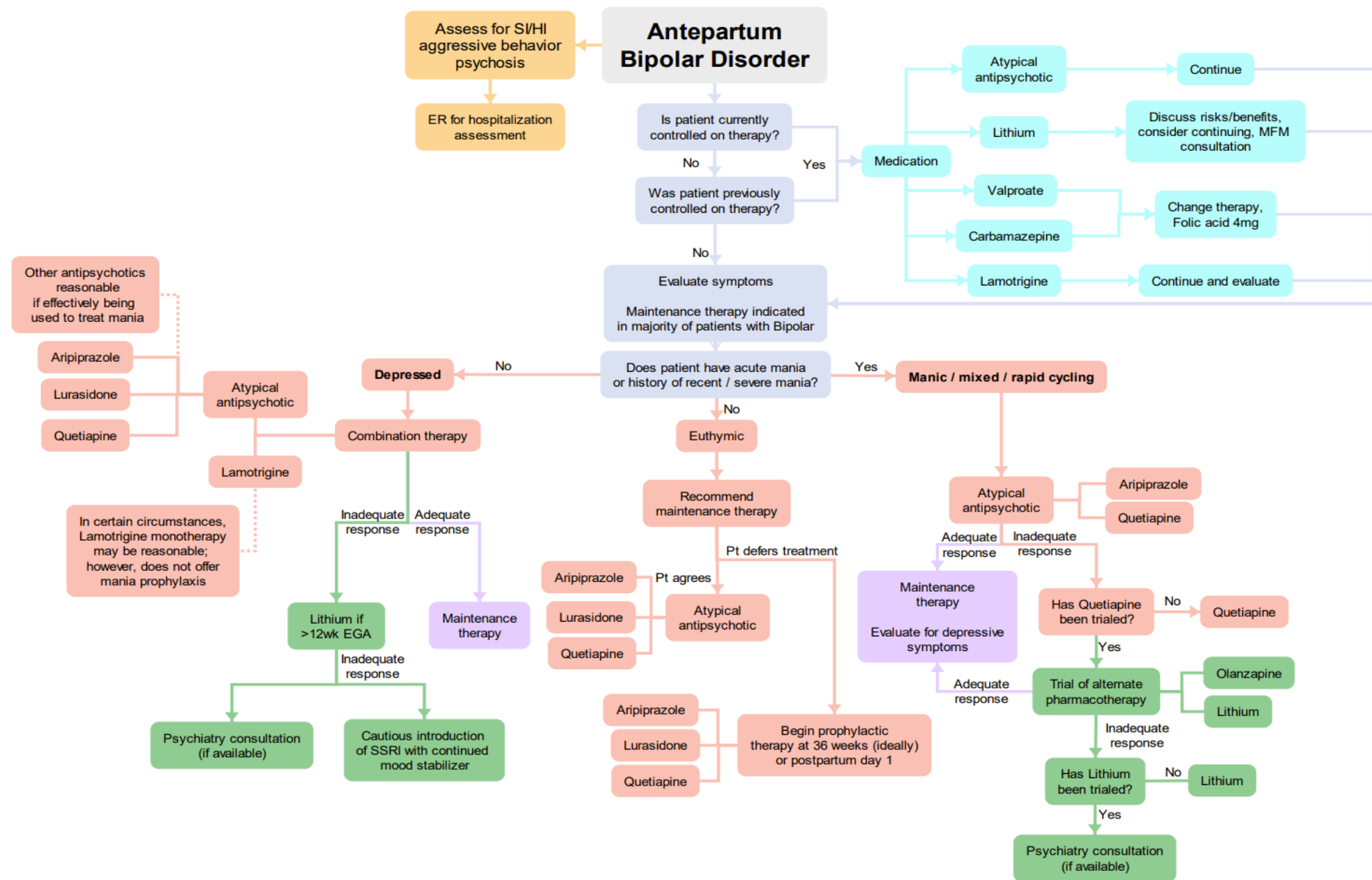
Bipolar Depression: Adolescents

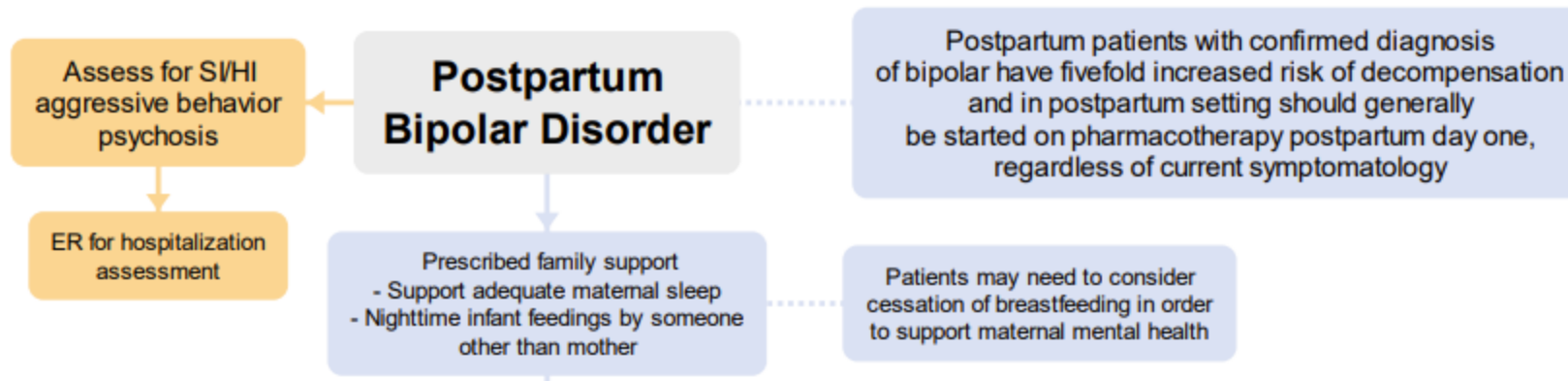
- First choice: Lurasidone and Lamotrigine first choice
- Second choice: Quetiapine and Cariprazine
- Lamotrigine preferred augmentation agent for pt already stabilized on AAP for Bipolar Mania

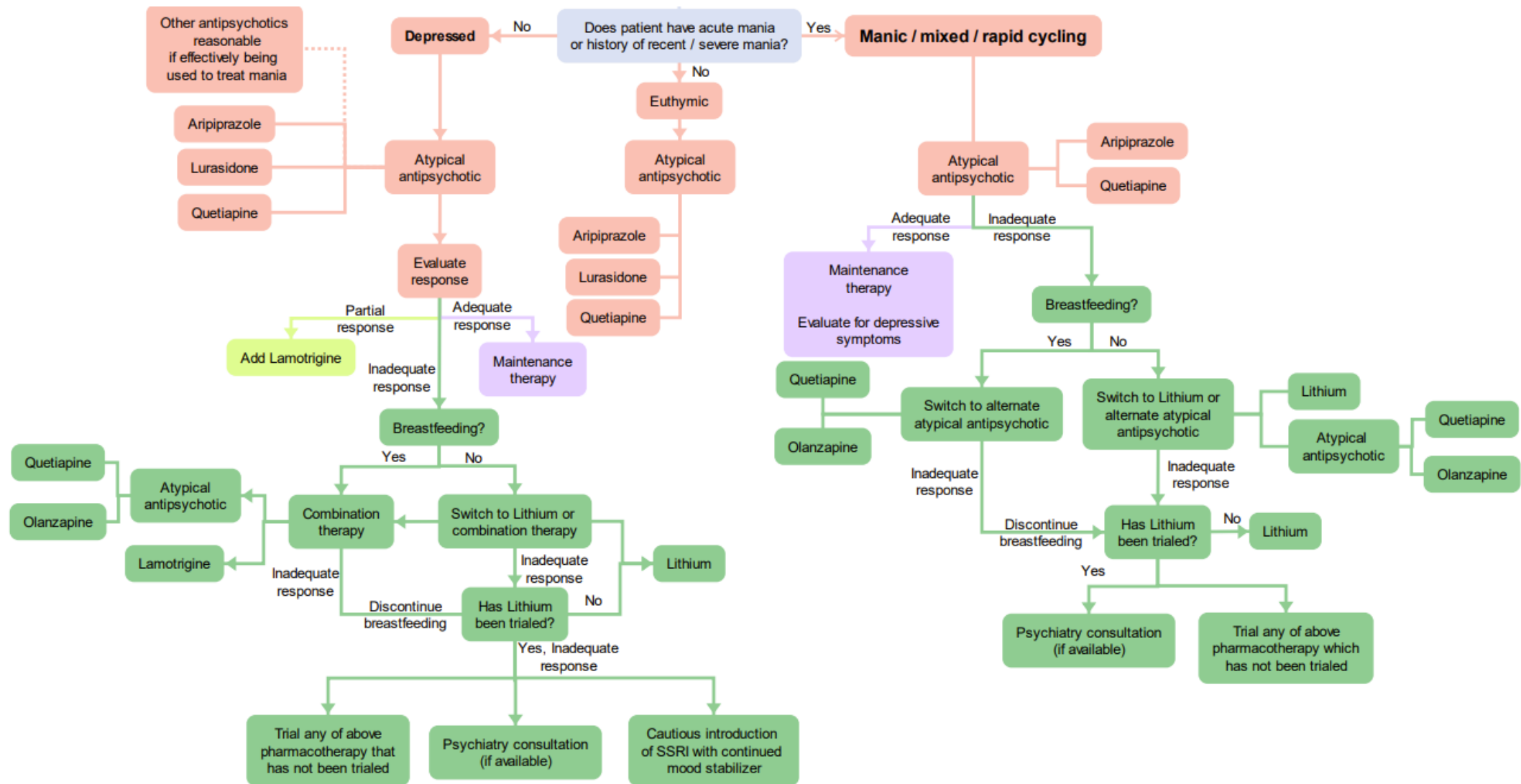


Bipolar Depression: Perinatal









Nonpharmacologic Interventions

- Psychoeducation
 - Focus: Teaching about bipolar disorder & medication adherence
 - First-line adjunct therapy
- IPSRT (Interpersonal and Social Rhythm Therapy)
 - Focus: Circadian rhythm regulation & interpersonal stress
 - Best for: Prevention of relapses, bipolar I maintenance
- Cognitive Behavioral Therapy (CBT)
 - Focus: Identifying & modifying maladaptive thoughts
 - Best for: Depressive episodes, comorbid anxiety
- Family-Focused Therapy (FFT)
 - Focus: Family education & communication
 - Best for: Patients with high family conflict, relapse prevention

Bottom Line

- Suspect bipolar disorder mood episodes are episodic and atypical
- Use bipolarity index for diagnostic evaluation
- Educate patients and their families about the chronic nature of bipolar disorder
- Early signs of relapse: increased talkativeness, energy, and goal-directedness; racing thoughts
- Avoid antidepressants without antimanic medication
- Psychosis may occur in up to 75% of patients with acute mania

