

Magellan Adult Bipolar Disorder: Consideration 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.¹ 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.

Symptoms you may see in a patient presenting with bipolar disorder

- family history of bipolar disorders;
- abrupt onset of symptoms;
- rapid speech, racing thoughts;
- mood lability;
- feelings of euphoria and grandiosity;
- decreased need for sleep;
- poor judgment (high-risk behavior such as shoplifting, spending sprees, and sexual acting out);
- history of extroversion/impulsivity;
- increased anxiety.

Also note:

- Mood disorders in the postpartum period are more likely to be bipolar.
- Seasonal depression is more likely to be bipolar.

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 under-report hypomanic or manic episodes.

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](#))

Adapted for use by AmeriHealth from the Magellan Behavioral Health Substance-Use Disorders Tip Sheet

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In addition, you can improve your diagnostic accuracy by:

- obtaining education regarding the diagnosis of bipolar disorders through websites such as Medscape (www.cme.medscape.com);
- using a screening tool, such as the Mood Disorders Questionnaire found at: www.jbpub.com/catalog/9780763763077.

Potential consequences of misdiagnosis

- suicide;
- hospitalization;
- treatment delays;
- mood stabilizers are less effective after several episodes;
- antidepressants may trigger a hypomanic or manic episode.

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 the Practice Guideline for the Treatment of Patients With Bipolar Disorder Second Edition, American Psychiatric Association, 2002. Adapted from Strategies to Reduce Misdiagnosis of Bipolar Depression, Charles L. Bowen, M.D., Psychiatric Services, January 2001, Vol, 52, No. 1 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.