DSM-5 Update: Bipolar Disorders

Aaron Norton, LMHC, CAP, CRC, CFMHE

Bipolar Basics

- Bipolar and related disorders separated from depressive disorders in DSM-5 (no more Mood Disorder category)
  - Placed between the chapters on schizophrenia spectrum and other psychotic disorders and depressive disorders in recognition of their place as a bridge between the two diagnostic classes in terms of symptomatology, family history, and genetics.
- You cannot diagnose a bipolar disorder without at least one manic or hypomanic episode or mixed. Hypomanic symptoms that fall short of the full criteria for a manic/hypomanic episode.
- Essential feature of manic/hypomanic distinct period during which there is an abnormally persistently elevated, expansive, or irritable mood and persistently increased activity or energy that is present for most of the day, nearly every day
  - Manic episode: symptoms persist at least one week (or 4 days if requiring hospitalization or included psychotic symptoms)
- Hypomanic episode: symptoms persist at least 4 days, but less than 7

About the Presenter

Aaron Norton is a Licensed Mental Health Counselor, Certified Addictions Professional, Certified Rehabilitation Counselor, and Certified Forensic Mental Health Evaluator at Integrity Counseling, Inc., a group private practice in Largo, FL, where he specializes in mental health and substance abuse evaluations, cognitive behavioral therapy for depressive and anxiety disorders, motivational interviewing for addictive disorders, and clinical supervision for registered mental health counselor interns. He is the President of the Suncoast Mental Health Counselors Association, the Chair of the Florida Mental Health Counselors Association Education Committee, and an Adjunct Instructor for the Dept. of Rehabilitation & Mental Health Counseling at the University of South Florida's College of Behavioral & Community Sciences.

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What's New with DSM-5 and Bipolar Disorders?

- Bipolar Disorders now appear in a chapter entitled *Bipolar and Related Disorders*
- A few linguistic changes have been made to symptoms of manic and hypomanic episodes
- Bipolar I Disorder, Most Recent Episode Mixed no longer a stand-alone diagnosis
- Two new specifiers have been added
- New notes offered regarding two other specifiers
- NOS diagnosis replaced with two options: Other Specified and Unspecified
- New cross cutting symptom measures

Diagnostic Criteria Bipolar and Related Disorders

DSM-5 Bipolar and Related Disorders

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
- Substance/Medication Induced Bipolar and Related Disorder
  - Formally Substance-Induced Mood Disorder (DSM-IV-TR)
- Bipolar and Related Disorder Due to Another Medical Condition
  - Formally Mood Disorder Due to a General Medical Condition
- Other Specified Bipolar and Related Disorder
- Unspecified Bipolar and Related Disorder ← Formally Mood Disorder, NOS
- Specifiers for Bipolar and Related Disorders

What Can You Tell From the Diagnosis?

- 296.45 Bipolar I Disorder, Current or most recent episode manic, Severe, With psychotic features, With rapid cycling
- 296.89 Bipolar II Disorder, Current or most recent episode depressed, Moderate, With seasonal pattern
- 296.46 Bipolar I Disorder, Current or most recent episode hypomanic, partial remission, With peripartum onset
- 296.89 Bipolar II Disorder, Current or most recent episode depressed, With mixed features
- 301.13 Cyclothymic Disorder, With anxious distress
- 296.89 Other Specified Bipolar and Related Disorder, Short-duration cyclothymia

DSM-5 Resources

- Friday, 11/7/14, 3:00-4:30pm FMHCA DSM-5 Update Webinar
- 2015 FMHCA Annual Conference, *Psychotherapy & The Brain*, 2/5-2/7/15 on:
  - Navigating Through New Terrain: Using DSM-5 to Conduct Quality Substance Abuse Evaluations
  - DSM-5, ICD-10, Insurance, & Third Party Payers: Oh, My!
- DSM-5 Resource Page, www.anorton.com, click on "Resources," then "Counselor Resources," then "DSM-5 Resource Page"
  - 4-hour DSM-5 update video
  - DSM-5 presentation power point files
  - Online Assessment Measures
  - DSM-5 App
  - Other presenters' DSM-5 videos
  - DSM-5 substance use disorder assessment checklist

Questions & Answers

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- Hypomanic episode: symptoms persist at least 4 days but less than 7

Overdiagnosis & Underdiagnosis of Bipolar Disorder

- Some clients are misdiagnosed with depessive disorders vs. bipolar disorders, partly because depressive episodes are more common in clients with bipolar disorders than manic or hypomanic episodes.
- From 1994-2003, there was a 40-fold increase in childhood diagnosis of bipolar disorders (http://psychrights.org/research/Digest/CriticalThinkRxCites/moreno.pdf)
- Ronald Kessler: Irritability in major depressive disorder is associated with early age of onset, lifetime persistence, comorbidity with anxiety and impulse-control disorders, fatigue,a nd self-reproach during episodes, and disability (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3012558/)
- Ellen Leibenluft, NIMH senior investigator and DSM-5 Childhood and Adolescent Disorders Work Group panelist: the vast majority of irritability in children is not bipolar disorder (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3396206/)

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Diagnostic Criteria Bipolar and Related Disorders

DSM-5 Diagnostic Criteria for a Manic Episode

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

B. During that 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*:

Added to distinguish irritability as a nonpsychiatric marker for mania

Finding: Non-episodic irritability in adolescents correlates with increased likelihood of anxiety and depressive disorders in adulthood, but not bipolar disorders

Screening Questions

- Have there been times, lasting at least a few days, when you felt the opposite of depressed, when you were very cheerful or happy and this felt different from your normal self?
  - If no, game over.
  - If yes, ask:
    - During those times, did you feel this way all day or most of the day?
    - Did those times ever last at least a week or result in your being hospitalized?
    - Did these periods ever cause you significant trouble with your friends or family, at work, or in another setting?
      - If yes, proceed to examining diagnostic criteria for manic episode/Bipolar I.
      - If no, proceed to examining diagnostic criteria for hypomanic episode/Bipolar II.

Source: Nussbaum, A.M. (2013). The Patient Guide to DSM-5 Diagnosis. Essex: American Psychiatric Publishing: Washington, DC.

Manic Episodes (Bipolar I Disorder)

Requires at least 3 of the following ?:
- Inflated self-esteem or grandiosity
  - During that period, did you feel especially confident, as though you could accomplish something extraordinary that you could not have done otherwise?
- Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
  - During that period, d id you notice any change in how much sleep you needed to feel rested?
  - Did you feel rested after less than 3 hours of sleep?
- More talkative than usual or pressure to keep talking
  - During that period, did anyone tell you that you talked more than usual or that it was hard to interrupt you?
- Flight of ideas or subjective experiences that thoughts are racing
  - During that period, were your thoughts racing?
  - Did you have so many ideas you could not keep up with them?
- Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli, as reported or observed)
  - During that period, were you having more trouble than usual focusing?
  - Did you find yourself easily distracted?
- Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity).
  - During that period, were you having more trouble than usual focusing?
  - Did you find yourself easily distracted?
- 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).
  - During that period did you engage in activities that were unusual for you?
  - Did you spend money out of character, or engage in social activities in a way that is unusual for you?
  - Did any of these activities cause trouble for anyone?

DSM-5 Diagnostic Criteria for Manic Episode

C. The mood disturbance is sufficiently severe to cause impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

D. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or to another medical condition.
Note: A full manic episode that emerges during antidepressant treatment (e.g. medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a manic episode and, therefore, a bipolar I diagnosis.

Note: Criteria A–D constitute a manic episode. At least one lifetime manic episode is required for the diagnosis of bipolar I disorder.

Modifiers for Bipolar I Disorder

- Current (or most recent) episode
  - Manic
  - Depressed
  - Unspecified (if symptoms but not the duration of criteria are met)
- Specifiers
  - *With anxious distress*
  - *With mixed features* (if at least 3 of the symptoms of a major depressive disorder are present simultaneously)
  - Same as DSM-IV: With rapid cycling (at least 4 mood episodes in previous 12 months); melancholic features; atypical features; mood-congruent psychotic features; mood-incongruent psychotic features; catatonia; peripartum onset (post-partum in DSM-IV); seasonal pattern
- Course and Severity: Mild (2 sx), moderate (3 sx), moderate-to-severe (4–5 sx); severe (4–5 sx with motor agitation)
- Remission Status
  - In partial remission
  - In full remission
  - Unspecified

In 30% of cases, major depressive episodes start bd before puberty

New note clarifying use of "seasonal pattern"

Bipolar II Disorder

- Essentially the same as Bipolar I Disorder, except the client has experienced one or more hypomanic episodes and no manic episodes.
- Fundamental difference between hypomanic and manic episodes is severity.
- The only different in the diagnostic criteria for a hypomanic episode is symptom duration (at least 4 days but less than 1 week)
- Criterion D of hypomanic episode includes a new requirement: "The disturbance in mood and the change in functioning are observable by others."
- Criterion E now reads. "The episode is not severe enough to cause marked impairment in social or occupational function to necessitate hospitalization. *If there are psychotic features, the episode is, by definition, manic.*"

Cyclothymic Disorder

A. For at least 2 years (at least 1 year in children and adolescents) there have been numerous periods with hypomanic symptoms that do not meet criteria for a hypomanic episode and numerous periods with depressive symptoms that do not meet criteria for a major depressive episode.

B. During the above 2-year period (1 year in children and adolescents), the hypomanic and depressive periods have been present for at least half the time and the individual has not been without the symptoms for more than 2 months at a time.

C. Criteria for a major depressive, manic, or hypomanic episode have never been met.
Note: After the initial 2 years (1 year in children and adolescents) of Cyclothymic Disorder, there may be superimposed Manic or Mixed Episodes (in which case both Bipolar I Disorder and Cyclothymic Disorder may be diagnosed) or Major Depressive Episodes (in which case both Bipolar II Disorder and Cyclothymic Disorder may be diagnosed).

D. The symptoms in Criterion A are not better explained by schizoaffective disorder, bipolarmia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.

E. The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Cyclothymia is to Bipolar Disorder as Dysthymia is to Major Depressive Disorder

Specify if: With anxious distress

Substance/Medication-Induced Bipolar and Related Disorder

A. A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterized by elevated, expansive, or irritable mood, with or without depressed mood, or marked diminished interest or pleasure in all, or almost all, activities.
B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):
  1. The symptoms in Criterion A developed during or soon after substance intoxication or withdrawal or after exposure to a medication.
  2. The involved substance/medication is capable of producing the symptoms in Criterion A.
C. The disturbance is not better explained by a bipolar or related disorder that is not substance/medication-induced. Such evidence of an independent bipolar or related disorder could include the following:
  The symptoms precede the onset of the substance/medication use; the symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication; or there is other evidence suggesting the existence of an independent non-substance/medication-induced bipolar and related disorder (e.g., history of recurrent non-substance/medication-related episodes).
D. The disturbance does not occur exclusively during the course of a delirium.
E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Bipolar and Related Disorder Due to Another Medical Condition

A. A prominent and persistent period of abnormally elevated, expansive, or irritable mood and abnormally increased activity or energy that predominates in the clinical picture.
B. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct pathophysiological consequence of another medical condition.
C. the disturbance is not better explained by another mental disorder.
D. The disturbance does not occur exclusively during the course of a delirium.
E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning, or necessitates hospitalization to prevent harm to self or others, or there are psychotic features.

Specify if: With manic features (full criteria are not met for a manic or hypomanic episode); with manic- or hypomanic-like episode (full criteria are met except Criterion D for a manic episode or except Criterion F for a hypomanic episode; with mixed features (symptoms of depression are also present but do not predominate in the clinical picture)

Other Specified Bipolar and Related Disorder

Symptoms characteristic of a bipolar disorder cause clinically significant distress or impairment but do not meet the full criteria of any of the disorders in the bipolar and related class and the clinician chooses to communicate the specific reason why not (e.g., other specified bipolar and related disorder, short-duration cyclothymia.

Unspecified Bipolar and Related Disorder

Symptoms characteristic of a bipolar and related disorder cause clinically significant distress or impairment but do not meet the full criteria for any of the disorders in the bipolar and related disorders diagnostic class, and the clinician chooses not to specify why not.

DSM-5 Diagnostic Criteria for a Manic Episode

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

Added to distinguish irritability as a nonpsychiatric marker for mania

B. During that 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*:

Finding: Non-episodic irritability in adolescents correlates with increased likelihood of anxiety and depressive disorders in adulthood, but not bipolar disorders

Screening Questions

- Have there been times, lasting at least a few days, when you felt the opposite of depressed, when you were very cheerful or happy and this felt different from your normal self?
  - If no, game over.
  - If yes, ask:
    - During those times, did you feel this way all day or most of the day?
    - Did those times ever last at least a week or result in your being hospitalized?
    - Did these periods ever cause you significant trouble with your friends or family, at work, or in another setting?
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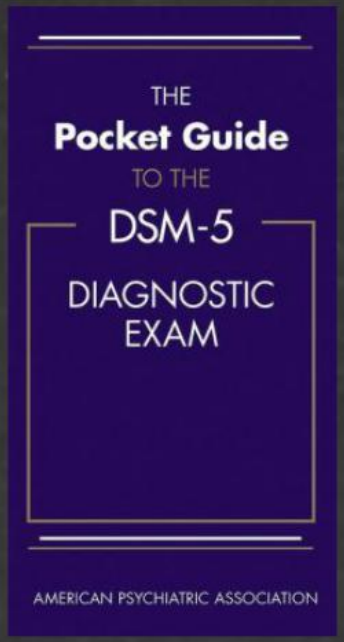
      - If no, proceed to examining diagnostic criteria for hypomanic episode/Bipolar II.



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  - During that period did you engage in activities that were unusual for you?
  - Did you spend money, use substances, or engage in sexual activities in a way that is unusual for you?
  - Did any of these activities cause trouble for anyone?

DSM-5 Diagnostic Criteria for Manic Episode

C. The mood disturbance is sufficiently severe to cause impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

D. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or to another medical condition.
Note: A full manic episode that emerges during antidepressant treatment (e.g. medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a manic episode and, therefore, a bipolar I diagnosis.

Note: Criteria A-D constitute a manic episode. At least one lifetime manic episode is required for the diagnosis of bipolar I disorder.

Major Depressive Episode

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.
Note: Do not include symptoms that are clearly attributable to another medical condition.

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, or hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).
3. Significant weight loss when not dieting or weight gain (e.g. a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children consider failure to make expected weight gain.)

Major Depressive Episode (continued)

4. Insomnia or hypersomnia nearly every day.
5. Psychomotor agitation or retardation nearly every day (observable by others; not merely subjective feelings of restlessness or being slowed down).
6. Fatigue or loss of energy nearly every day.
7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach about being sick).
8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

Major Depressive Episode (Continued)

B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning
C. The episode is not attributable to the physiological effects of a substance or another medical condition.

Note: Criteria A-C constitute a major depressive episode. Major depressive episodes are common in bipolar I disorder but are not required for the diagnosis of bipolar I disorder.

Bipolar I Disorder

A. Criteria have been met for at least one manic episode (Criteria A-D under "Manic Episode)

B. The occurrence of the manic and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder)

Rule Out Stuff!!!

Modifiers for Bipolar I Disorder

- Current (or most recent) episode
  - Manic
  - Depressed
  - Unspecified (if symptoms but not the duration of criteria are met)
- Specifiers
  - *With anxious distress*
  - *With mixed features* (if at least 3 of the symptoms of a major depressive disorder are present simultaneously)
  - Same as DSM-IV: With rapid cycling (at least 4 mood episodes in previous 12 months); melancholic features; atypical features; mood-congruent psychotic features; mood-incongruent psychotic features; catatonia; *peripartum onset* (post-partum in DSM-IV); seasonal pattern
- Course and Severity: Mild (2 sx), moderate (3 sx), moderate-to-severe (4-5 sx); severe (4-5 sx with motor agitation)
- Remission Status
  - In partial remission
  - In full remission
  - Unspecified

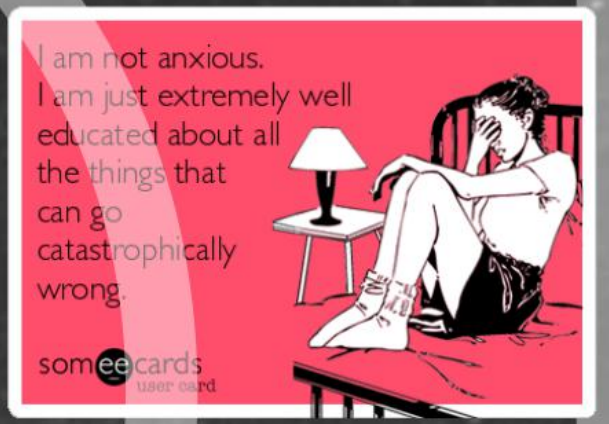
In 50% of cases, major depressive episodes started before delivery

New note clarifying use of "seasonal pattern"

With Anxious Distress

Presence of at least two of the following symptoms during the majority of days of the current or most recent episode of mania, hypomania, or depression:

1. Feeling keyed up or tense
2. Feeling unusually restless
3. Difficulty concentrating because of worry
4. Fear that something awful may happen
5. Feeling that the individual might lose control of himself or herself



* High levels of anxiety associated with bipolar and depressive episodes correlated with higher suicide risk, longer-term depressive illness, and greater likelihood of treatment nonresponse. Antidepressant medications may adversely impact recovery.

With Mixed Features

Full criteria are met for a manic episode or hypomanic episode, and at least 3 of the following symptoms are present during the majority of days of the current or most recent episode of mania or hypomania:

1. Prominent dysphoria or depressed mood as indicated by either subjective report (e.g. feels sad or empty) or observation made by others (e.g. appears tearful)
2. Diminished interest or pleasure in all, or almost all, activities (as indicated by either subjective account or observation made by others)
3. Psychomotor retardation nearly every day (observable by others; not merely subjective feelings of being slowed down)
4. Fatigue or loss of energy
5. Feelings of worthlessness or excessive or inappropriate guilt (not merely self-reporach or guilt about being sick)
6. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

Rationale for "Mixed Features" Specifier

- DSM-5 Mood Disorders Work Group determined that individuals with bipolar disorders rarely meet full criteria for both a major depressive episode and manic/hypomanic episode concurrently.
- Many clients with mixed features demonstrate poor response to lithium or become less table when taking antidepressants.
- IMO it was often difficult and time-consuming to determine if a client was experiencing a mixed episode using DSM-IV

New Note for "With Seasonal Pattern" Specifier

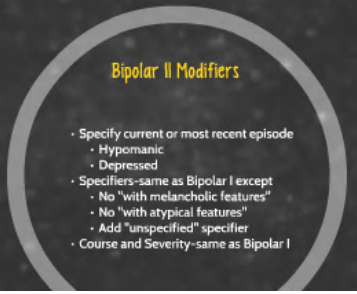
The pattern of onset and remission of episodes must have occurred during at least a two-year period, without any nonseasonal episodes occurring during that time.

Remission Status

- In partial remission: Symptoms of the immediately previous manic, hypomanic, or depressive episode are present, but full criteria are not met, or there is a period lasting less than 2 months without any significant symptoms of a manic, hypomanic, or major depressive episode following the end of such an episode.
- In full remission: During the past 2 months, no significant signs or symptoms of the disturbance were present.

Bipolar II Disorder

- Essentially the same as Bipolar I Disorder, except the client has experienced one or more hypomanic episodes and no manic episodes.
- Fundamental difference between hypomanic and manic episodes is severity.
- The only different in the diagnostic criteria for a hypomanic episode is symptom duration (at least 4 days but less than 1 week)
- Criterion D of hypomanic episode includes a new requirement: "The disturbance in mood and the change in functioning are observable by others."
- Criterion E now reads, "The episode is not severe enough to cause marked impairment in social or occupational function to necessitate hospitalization. *If there are psychotic features, the episode is, by definition, manic*."



Bipolar II Modifiers

- Specify current or most recent episode
  - Hypomanic
  - Depressed
- Specifiers-same as Bipolar I except
  - No "with melancholic features"
  - No "with atypical features"
  - Add "unspecified" specifier
- Course and Severity-same as Bipolar I

Cyclothymic Disorder

A. For at least 2 years (at least 1 year in children and adolescents) there have been numerous periods with hypomanic symptoms that do not meet criteria for a hypomanic episode and numerous periods with depressive symptoms that do not meet criteria for a major depressive episode.

B. During the above 2-year period (1 year in children and adolescents), the hypomanic and depressive periods have been present for at leats half the time and the individual has not been without the symptoms for more than 2 months at a time.

C. Criteria for a major depressive, manic, or hypomanic epsiode have never been met.
Note: After the initial 2 years (1 year in children and adolescents) of Cyclothymic Disorder, there may be superimposed Manic or Mixed Episodes (in which case both Bipolar I Disorder and Cyclothymic Disorder may be diagnosed) or Major Depressive Episodes (in which case both Bipolar II Disorder and Cyclothymic Disorder may be diagnosed)

D. The symptoms in Criterion A are not better explained by schizoaffective disorder, zophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.

E. The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Cyclothymia is to Bipolar Disorder as Dysthymia is to Major Depressive Disorder

Specify if: With anxious distress

Substance/Medication-Induced Bipolar and Related Disorder

A. A prominent and persistent disturbance in mood that predominates in the clinical picture and is characterized by elevated, expansive, or irritable mood, with or without depressed mood, or markedly diminished interest or pleasure in all, or almost all, activities.

B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):

1. The symptoms in Criterion A developed during or soon after substance intoxication or withdrawal or after exposure to a medication.
2. The involved substance/medication is capable of producing the symptoms in Criterion A.

C. The disturbance is not better explained by a bipolar or related disorder that is not substance/medication-induced. Such evidence of an independent bipolar or related disorder could include the following:

The symptoms precede the onset of the substance/medication use; the symptoms persist for a substantial period of time (e.g. about 1 month) after the cessation of acute withdrawal or severe intoxication; or there is other evidence suggesting the existence of an independent non-substance/medication-induced bipolar and related disorder (e.g.a history of recurrent non-substance/medication-related episodes)

D. The disturbance does not occur exclusively during the course of a delirium.

E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Bipolar and Related Disorder Due to Another Medical Condition

A. A prominent and persistent period of abnormally elevated, expansive, or irritable mood and abnormally increased activity or energy that predominates in the clinical picture.
B. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct pathophysiological consequence of another medical condition.
C. the disturbance is not better explained by another mental disorder.
D. The disturbance does not occur exclusively during the couse of a delirium.
E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning, or necessitates hospitalization to prevent harm to self or others, or there are psychotic features.

Specify if: With manic features (full criteria are not met for a manic or hypomanic episode); with manic- or hypomanic-like episode (full criteria are met except Criterion D for a manic episode or except Criterion F for a hypomanic episode; with mixed features (symptoms of depression are also present but do not predominate in the clinical picture)

Other Specified Bipolar and Related Disorder

Symptoms characteristic of a bipolar disorder cause clinically significant distress or impairment but do not meet the full criteria of any of the disorders in the bipolar and related class and the clinician chooses to communicate the specific reason why not (e.g., other specified bipolar and related disorder, short-duration cyclothymia.

Unspecified Bipolar and Related Disorder

Symptoms characteristic of a bipolar and related disorder cause clinically significant distress or impairment but do not meet the full criteria for any of the disorders in the bipolar and related disorders diagnostic class, and the clinician chooses not to specify why not.

Prevalence & Risk Factors

- More common in high-income than low-income countries (1.4 vs. 0.7%)
- Higher rates for separated, divorced, or widowed individuals
- Family history is one of the strongest and most consistent risk factors: average 10-fold increased risk among adult relatives of individuals with bipolar I and bipolar II disorders
- Shared genetic origin with schizophrenia spectrum disorders
- Comorbidity with anxiety disorders (3/4); disruptive/impulse control disorders/conduct disorders; ADHD; substance use disorders; migraines
- Bipolar I Disorder:
  - DSM-IV: 12-month prevalence 0.6% U.S.
  - DSM-5: 12-month prevalence across 11 countries ranged from 0.0% to 0.6%
  - Lifetime male-to-female ratio approximately 1.1:1
- Bipolar II Disorder:
  - 12-month prevalence internationally is 0.3% (0.8% U.S.)
  - DSM-IV bipolar disorders (all combined) 1.8% internationally; 2.7% when you include 12 years of age and older

What Can You Tell From the Diagnosis?

- 296.43 Bipolar I Disorder, Current or most recent episode manic, Severe, With psychotic features, With rapid cycling
- 296.89 Bipolar II Disorder, Current or most recent episode depressed, Moderate, With seasonal pattern
- 296.45 Bipolar I Disorder, Current or most recent episode hypomanic, partial remission, With peripartum onset
- 296.89 Bipolar II Disorder, Current or most recent episode depressed, With mixed features
- 301.13 Cyclothymic Disorder, With anxious distress
- 296.89 Other Specified Bipolar and Related Disorder, Short-duration cyclothymia

Case Example

A man named Bob contacts your office and explains that his 19 year-old son, Evan, who lives with his mother but works at the same place as the father, recently visited his girlfriend in Gainesville. Evan called Bob on the Friday night of this trip and explained that he got kicked out of his girlfriend's apartment for "touching another girl's butt" who he could tell "wanted me to" even though she never said she wanted him to. His rate of speech was accelerated and "he wasn't make a lot of sense." Bob told Evan to come home, but Evan said he is going to visit another friend in Orlando. Later that night Bob wakes up to a second call from Evan, explaining that his friend is "mad at me" and that he is coming home, again speaking in an accelerated rate of speech and "not making much sense." Evan arrives home approximately 1.5 hours later and talked about how he has now "reached enlightenment," how he "can do things I never thought I could do," such as beating John Daly at golf because he can read John Daly's mind. He also talked about how 1984 was real and how he needs to tell everyone so that they, too, can be enlightened. A week prior to these events, Evan pulled Bob aside at work and tearfully explained that he has been smoking marijuana and is very sorry. Evan agrees to come see you for an evaluation, telling Bob that he would love to "spread my enlightenment" to you.

What Questions do you want to ask Evan (and, assuming Evan consents to it, his family members) at the initial appointment?

DSM-5 Resources

- Friday, 11/7/14, 3:00-4:30pm FMHCA DSM-5 Update Webinar
- 2015 FMHCA Annual Conference, P*sychotherapy & The Brain*, 2/5-2/7/15 on:
  - Navigating Through New Terrain: Using DSM-5 to Conduct Quality Substance Abuse Evaluations
  - DSM-5, ICD-10, Insurance, & Third Party Payers: Oh, My!
- DSM-5 Resource Page: www.anorton.com, click on "Resources," then "Counselor Resources," then "DSM-5 Resource Page"
  - 4-hour DSM-5 update video
  - DSM-5 presentation power point files
  - Online Assessment Measures
  - DSM-5 App
  - Other presenters' DSM-5 videos
  - DSM-5 substance use disorder assessment checklist

Questions & Answers

Aaron Norton, LMHC, CAP, CRC
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DSM-5 Update: Bipolar Disorders

Aaron Norton, LMHC, CAP, CRC, CFMHE

Bipolar Basics

- Bipolar and related disorders separated from depressive disorders in DSM-5 (no more Mood Disorder category)
  - Placed between the chapters on schizophrenia spectrum and other psychotic disorders and depressive disorders in recognition of their place as a bridge between the two diagnostic classes in terms of symptomatology, family history, and genetics.
- You cannot diagnose a bipolar disorder without at least one manic or hypomanic episode or mixed. Hypomanic symptoms that fall short of the full criteria for a manic/hypomanic episode.
- Essential feature of manic/hypomanic distinct period during which there is an abnormally persistently elevated, expansive, or irritable mood and persistently increased activity or energy that is present for most of the day, nearly every day
  - Manic episode: symptoms persist at least one week (or 4 days if requiring hospitalization or included psychotic symptoms)
- Hypomanic episode: symptoms persist at least 4 days, but less than 7

About the Presenter

Aaron Norton is a Licensed Mental Health Counselor, Certified Addictions Professional, Certified Rehabilitation Counselor, and Certified Forensic Mental Health Evaluator at Integrity Counseling, Inc., a group private practice in Largo, FL, where he specializes in mental health and substance abuse evaluations, cognitive behavioral therapy for depressive and anxiety disorders, motivational interviewing for addictive disorders, and clinical supervision for registered mental health counselor interns. He is the President of the Suncoast Mental Health Counselors Association, the Chair of the Florida Mental Health Counselors Association Education Committee, and an Adjunct Instructor for the Dept. of Rehabilitation & Mental Health Counseling at the University of South Florida's College of Behavioral & Community Sciences.

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What's New with DSM-5 and Bipolar Disorders?

- Bipolar Disorders now appear in a chapter entitled *Bipolar and Related Disorders*
- A few linguistic changes have been made to symptoms of manic and hypomanic episodes
- Bipolar I Disorder, Most Recent Episode Mixed no longer a stand-alone diagnosis
- Two new specifiers have been added
- New notes offered regarding two other specifiers
- NOS diagnosis replaced with two options: Other Specified and Unspecified
- New cross cutting symptom measures

Diagnostic Criteria Bipolar and Related Disorders

DSM-5 Bipolar and Related Disorders

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder
- Substance/Medication Induced Bipolar and Related Disorder
  - Formally Substance-Induced Mood Disorder (DSM-IV-TR)
- Bipolar and Related Disorder Due to Another Medical Condition
  - Formally Mood Disorder Due to a General Medical Condition
- Other Specified Bipolar and Related Disorder
- Unspecified Bipolar and Related Disorder ← Formally Mood Disorder, NOS
- Specifiers for Bipolar and Related Disorders

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