Navigating the Nuances of Mood Disorders Diagnosis

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Diagnosis

Depressive Disorders
Bipolar Disorders
Lifespan Considerations
Comorbidity

Diagnostic Conundrums in Bipolar Disorder

Often Misdiagnosed
- Diagnosed across the lifespan: Lifespan course unknown
- Depression is often first mood episode across the lifespan
- "Overdiagnosis" of BD resulted in DMDD diagnosis

Risk Factors/Predictors:
- Highest risk for suicide: 20% lifetime risk 28 × that of general population
- Affects 2.4% of US population, with a 4.4% lifetime prevalence, 1 in 22 people

Differential Diagnosis:
- Youth: ADHD, ODD, BD unspecified

Screening Methods and Diagnostic Tools have limitations

Possible indicators of bipolar disorder in depressed patients.
- Family history of BD
- Earlier onset of illness (early 20s)
- Seasonality
- Numerous past episodes
- History of psychiatric hospitalization
- Mixed states
- Mood reactivity
- History of TRD
- Switching on antidepressants
- History of suicide attempt

Disruptive Mood Dysregulation Disorder

Criteria A: Severe recurrent temper outbursts manifested verbally and/or behaviorally that are disproportionate in intensity or duration to the situation

Criteria B & C: Outbursts are inconsistent with developmental level and occur on average of ≥ 3 × per week. Persistent negative mood in between and observable by others

Criteria D: Present 12 months < 3 months symptom free

Criteria H: Age of onset before 10 years, at least 6 years-old

Case Presentation

Tommy
- 8 years old
- Single-parent home
- Previous diagnosis of ADHD
- No family history of illness
- Aggression, poor school functioning, poor sleep
- Swings of mood—tantrums
- Home and at school
- Neuro-psychologic testing notes ADHD, sensory processing
**DSM-5 Diagnoses**

**Depressive Disorders**
- Single episode → recurrent
- Unspecified, mild, moderate, severe, with/without psychotic features
- Partial remission → full remission
- Persistent Depressive Disorder
- Cyclothymic Disorder

**Bipolar Disorders**
- Bipolar I: Most recent episode depressed/manic, with/without psychotic features, mild → severe, partial remission → full remission
- Anxious, mixed subtypes
- Bipolar I unspecified
- Bipolar II

**Specifiers Can Help**

**Specifiers for Bipolar Disorders**
- With anxious distress (specify severity)
- With mixed features
- With rapid cycling
- With melancholic features
- With atypical features
- With mood-congruent or incongruent psychotic features
- With peripartum onset
- With seasonal pattern

**Diagnostic Challenges**
- Lack of clarity for identification of depressive episodes (better with DSM-5)
- Various types of Bipolar illness states
- Depressive symptoms more common than manic
- Mixed mood episodes are common
- Sub-threshold symptoms

**Selected Assessment Measures**

**Depression**
- Mood Disorder Questionnaire (MDQ) – 15 questions, self-rated, 5 minutes
- Inventory of Depressive Symptomatology (IDS-SR) – Self-rated, 30 items
- Quick Inventory of Depressive Symptomatology (QIDS) – 16-item self-rated
- Patient Health Questionnaire (PHQ-9) – self-rated, 9 questions

**Bipolar Disorder**
- Beck Depression Inventory (BDI) – self-rated, 21 items
- Bipolar Inventory of Symptom Scale (BISI)
- Hypomania/Mania Symptom Checklist (HCL-32) – 32 items, self-rated
- Screening Assessment of Depression Polarity (SAD-P)
- Mood Spectrum Self Report (MOSDS-SR)

**Diagnosis in Childhood**

**Somatic Symptoms**
- Sleep Disturbance
- Repetitive Thoughts and Behaviors
- Substance Use
- Inattention (Child)

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The following questions concern your child's mood and behavior in the past month. Please place a check mark or an "×" in a box for each item. Please consider it a problem if it is causing trouble and is beyond what is normal for your child's age. For example, check "never" if the behavior is not causing trouble.

<table>
<thead>
<tr>
<th>Question</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
<th>[Never]</th>
<th>Sometimes</th>
<th>Often</th>
<th>Very Often</th>
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<tbody>
<tr>
<td>1. Have periods of feeling super happy for hours or days at a time, extremely wound up and excited, such as feeling &quot;on top of the world&quot;</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>2. Feel irritable, cranky, or mad for hours or days at a time</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>3. Think that he or she can be anything or do anything (eg, president, millionaire, princess) beyond what is usual for that age</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4. Believe that he or she has unrealistic abilities or powers that are unusual, and may try to act upon them, which causes trouble</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
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</tbody>
</table>

**Objective**

1. Assessment to separate ADHD from PBD
2. Brain circuitry in ADHD and PBD: How do domains operate?
3. Differential intervention for ADHD and PBD

**Affective Psychopathology**

- Narrow Phenotype
  - Bipolar and Related Disorder
  - DMDD
  - Chronic anger and irritability
  - DMDD

**Symptoms of ADHD and BD**

**ADHD**
- Increased activity
- Distractions
- Talkativeness/pressured speech
- Impulsivity
- Irritability
- Inattentive
- Concentration impairment
- Difficulty following directions
- Disorganized

**BD**
- Increased activity
- Distraction
- Talkativeness/pressured speech
- Impulsivity
- Irritability
- Elated or expansive mood
- Inflated self-esteem/grandiosity
- Decreased need for sleep
- Flight of ideas, racing thoughts
- Hypersexuality
**CMRS-P Total Score**

![Graph showing CMRS-P Total Score for different groups (HC, ADHD, BD Only, BD+ADHD).]

**Decoding for Families**

- **Domain**
  - Working Memory
  - Impulse Control
  - Executive Function
  - Emotional Regulation
  - Perspective & Anxiety

- **Disorder**
  - ADHD
  - Bipolar Disorder
  - Anxiety
  - Autism Spectrum

- **Academics**
  - Reading
  - Writing
  - Math
  - Spelling

- **Parent Concerns**
  - Not listening
  - Failing in class
  - Excessive worrying
  - Explosive & bullying
  - Not enjoying play dates

**Objectives**

1. Assessment to separate ADHD from PBD
2. Brain circuitry in ADHD and PBD: How do domains operate?
3. Differential Intervention for ADHD and PBD

**Why is it an urgent problem?**

**What is the Engineering behind this problem?**
Cognition and Emotion are Interlinked: The Brain Functional Model in BD

Sharing the Diagnosis

AMG = amygdala; CN = caudate nucleus; DACC = dorsolateral anterior cingulate cortex; DLPFC = dorsolateral prefrontal cortex; Hi = hippocampus; VACC = ventral anterior cingulate cortex; VLPFC = ventrolateral prefrontal cortex; OC = occipital cortex; Rt = right; Lt = left.

Mixed States

- Symptoms of mania and depression are not necessarily negatively correlated regardless if patients are depressed, manic, or on a continuum.
- Mixed states have a recurrent course of illness with early onset and comorbid anxiety, medical and substance use disorders.
- Higher risk of unemployment and suicidality.

Mixed States

- Under DSM-5 criteria, depressive episodes with mixed features were the most severe episode type across multiple assessment measures.
- These findings highlight that individuals with depressive with mixed features episodes may have a particularly high burden of bipolar illness.

Case Presentation: Mixed States

Lucy

- 16 years old
- Do I have borderline personality disorder?
- Affective dysregulation, anxiety, distractibility, irritability
- Indecision about school and has several relationships in the past year
- Insomnia
- Agitation
- “My moods are depressed, but I’m also pissed.”

Take-Aways

- Symptom severity and specifiers of depressive and bipolar disorders in DSM-5 are present to better address the unique nuances of complex presentations of patients with mood disorders across the lifespan.
- Incorporating diagnostic tools and a clinical framework for understanding the unique aspects of diagnostic criteria across the domain of mood disorders will build confidence in new and more seasoned clinicians as they incorporate DSM-5 changes into their daily practice.
- Discussing the appropriate DSM-5 diagnosis and the use of the diagnosis for developing a personalized collaborative plan of care with patients results in improved outcomes and therapeutic relationships.