

# Depression vs. Bipolar Disorder: Why it Matters

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## Disclosures

- No financial conflicts
- Off-label uses or doses

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## The Mood Disorder Questionnaire

- Patient fills out, self-report
- Sensitivity 70%, specificity 90%
- Scoring instructions included
- Free download

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## Depressive episode, 2 weeks or longer

- S- sleep
- I- interest
- G- guilt
- E- energy
- C- concentration
- A- appetite
- P- psychomotor
- S- suicide

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## Patient Health Questionnaire (PHQ-9)

- Patient self-report
- Easily scored, instructions included

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## Bipolar I

- At least one episode of mania
- One-week abnormally and persistently elevated/irritable/expansive mood along with abnormally/persistently increased activity or energy
- 3-4/7 others: grandiosity, decreased need for sleep, talkative, flight of ideas/racing thoughts, distractibility, increased goal-directed activity or agitation, risky/unwise behaviors
- Severe enough to cause marked impairment of functioning, or requires hospitalization, or includes psychotic features

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## Bipolar II

- At least one hypomanic episode and one major depressive episode
- Hypomania criteria

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## Hypomania

- Same criteria except:
- 4 days duration
- Severe enough to be unequivocal change in functioning, but not requiring hospitalization or with psychotic features

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## Mania

- Distractibility
- Indiscretions
- Grandiosity
- Fast thoughts/flight of ideas
- Activity
- Sleep
- Talkativeness/pressured speech

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## Interview questions for possible bipolar disorder

- Age of onset (mean 21 yo vs 29 yo)
- Frequency of previous episodes
- Previous response to antidepressants
- Family history of mania/hypomania
- History of attempted suicide
- Comorbid substance use

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## Associated with bipolar

- Atypical features: hypersomnia, hyperphagia, leaden paralysis
- Psychotic features
- Labile mood, brief periods of increase goal-directed activity
- Irritability, impulsivity, irrationality
- Psychomotor retardation
- Racing thoughts preventing sleep

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## Associated with bipolar

- Multiple depressive episodes, early onset (<13 y.o.), or seasonal pattern
- Refractory to antidepressants
- Suicide attempt
- Postpartum psychosis
- Medication-induced manic symptoms (steroid or antidepressant)
- Family history

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## "Mood Swings"

- 31.5% of MDD patients had anger attacks
- Overreaction to minor annoyances
- Inappropriate anger or rage
- 2006 study of 203 patients

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## Associated with unipolar

- Reduced sleep, initial insomnia
- Decreased appetite/ weight loss
- Normal to decreased activity level
- Somatic dysfunction
- Onset after age 25
- Longer episodes, > 6 months
- No FH of bipolar

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## Treatment of MDD episode

- Psychotherapy for mild-moderate severity (PHQ<15)
- Psychotherapy plus antidepressant for more severe
- Hospitalization for suicidal/catatonic/nonfunctioning

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## Antidepressants

- SSRI's
- SNRI's
- Miscellaneous

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## SSRI's

- Sertraline up to 200 mg daily
- Fluoxetine up to 80 mg daily
- Paroxetine up to 60 mg daily
- Citalopram up to 40 mg daily
- Escitalopram up to 20 mg daily

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## SNRI's

- Venlafaxine ER up to 375 mg/day
- Desvenlafaxine 50 mg/day
- Duloxetine up to 120 mg/day

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## Others

- Bupropion SR or XL up to 450 mg/day
- Mirtazapine up to 45 mg/day
- Vortioxetine up to 20 mg/day

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## Bipolar depression

- Bipolar I patients spend three times as many weeks depressed as manic
- One study found 37: 1 ratio of depression: hypomania in BPD II patients

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## Treatment

- Nonantidepressant agent as monotherapy
- Best evidence is for SGA's and mood stabilizers
- Not all are equal

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## First-line treatment of bipolar depression

- Lamotrigine
- Lithium
- Lurasidone
- Quetiapine

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## Lamotrigine

- 6-week titration required due to risk of rash/Stevens Johnson
- Probably more effective for bipolar I than bipolar II
- Starting dose 25 mg/day, titrate to 200 mg/day

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## Lithium

- More effective for BP I than BP II
- Reduces suicidality
- Starting dose 300 mg BID
- Serum levels 0.6-1.0
- Multiple side effects

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## SGA's

- Asenapine
- Cariprazine
- Lurasidone
- Olanzapine
- Quetiapine
- Ziprasidone

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## Quetiapine

- First-line for bipolar II or bipolar I
- No increase in tremor/rigidity over placebo
- Weight gain, metabolic effects, sedation, risk of TD

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## Quetiapine

- 50 mg/day starting dose
- Target dose 300-600 mg/day

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## Lurasidone

- Possibly better for BP I than BP II
- Starting dose 20 mg/day, titrate up to 120 mg/day
- Food requirement

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## "Mood swings" part 2

- Cluster B personality disorders: antisocial, borderline, histrionic
- Antisocial criteria include: irritability and aggressiveness, as indicated by repeated fights or assaults
- Histrionic criteria include: displays rapidly shifting and shallow expression of emotions

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## Mood swings part 2— Borderline

- Better termed emotionally unstable personality disorder
- 5/9 of the following

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## Borderline PD

- Frantic efforts to avoid real or imagined abandonment
- Pattern of unstable and intense interpersonal relationships
- Identity disturbance
- Impulsivity in at least 2 areas
- *Recurrent suicidal behavior/gestures/threats or self-mutilating behavior*
- *Affective instability due to a marked reactivity of mood (intense dysphoria, irritability or anxiety lasting hours to a few days.)*
- Chronic feelings of emptiness
- *Inappropriate, intense anger or difficulty controlling anger*
- Transient, stress-related paranoia or dissociation

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## Borderline PD

- Treatment is primarily psychotherapeutic
- Dialectical behavioral therapy has best evidence
- Prolonged and expensive

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## Summary

- Important to screen for history of mania in all patients being treated for depression
- Bipolar disorder underdiagnosed and overdiagnosed
- Avoid antidepressants in bipolar patients

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## References

- American Psychiatric Association: Desk Reference to the Diagnostic Criteria From DSM-5. Arlington, VA, American Psychiatric Association, 2013
- DynaMed Plus (Internet). Ipswich (MA): EBSCO Information Services. 1995-. Record No. T114738, Bipolar disorder, (updated 2018 Dec 05, cited 2019 Oct 02). Available from <https://www.dynamed.com/topics/dmp-AN-T114738>. Registration and login required.
- Gitlin M: Antidepressants in bipolar depression: an enduring controversy. Int J Bipolar Disord. 2018; 6: 25.

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## References

- Loganathan M et al: When to suspect bipolar disorder. *Journ Fam Prac*, Dec 2010, 59:12.
- Querques J, Kontos N: An approach to the patient with dysregulated mood: major depression and bipolar disorder. *Med Clin N Am* 94 (2010) 1117-1126.
- Paris J, Black D: Borderline personality disorder and bipolar disorder. *Journ Nerv Ment Dis* (2015) 203: 3-7.