



PRESENTATIONS OF “BIPOLAR SPECTRUM”: IMPLICATIONS FOR REFORM IN CLINICAL PRACTICE

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WHAT IS THE QUESTION?

- ❑ Does the structure of reality of mood disorders allow cleavage of discrete diagnostic categories?

or

- ❑ Would mood disorders be considered as a continuous spectrum?

Dichotomous vs Unitary:

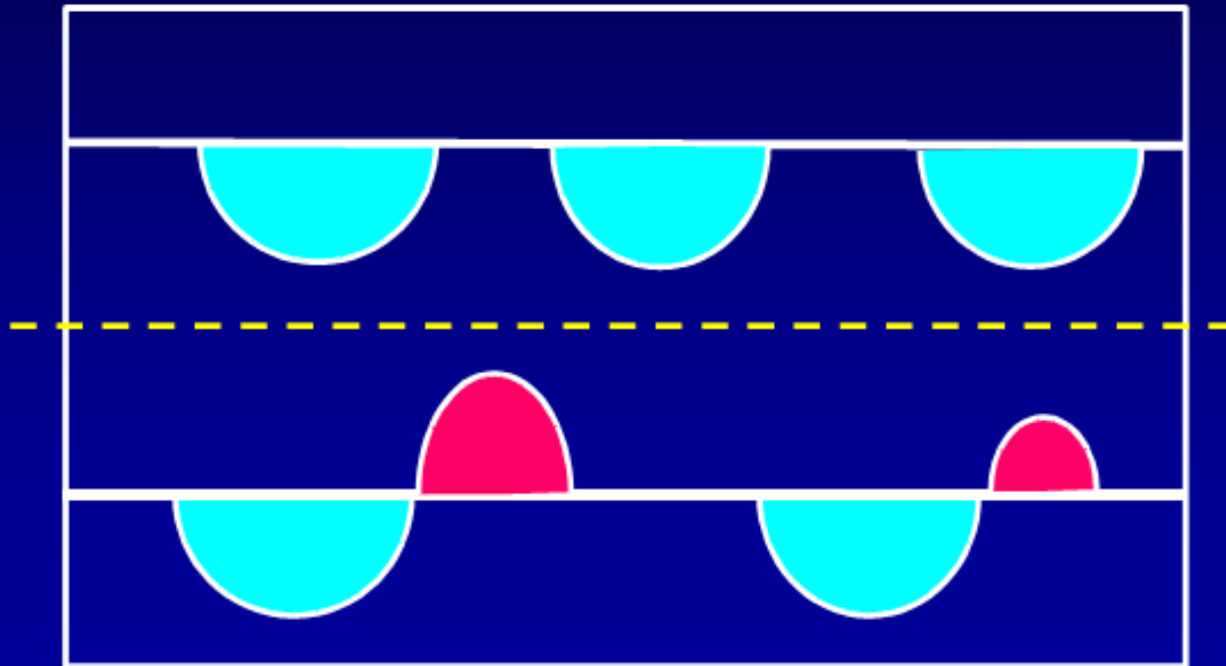
- ▣ Based on dichotomous positions proposed by Neele (1949), Leonhard (1958), Angst (1966/1973), Perris (1966), and Winokur et al. (1969), in the ICD-9 and 10; and DSM-III, and IV, bipolar (BP) and major depressive disorders of the unipolar type (MDD, UP) were distinct categories.
- ▣ This is contrary to Kraepelin's (1899/1921) earlier unitary concept of manic-depression, which included manic, circular, as well as recurrent depressive conditions.

Manic-Depressive Psychosis A Unitary Entity (Kraepelin, 1899)

Later dichotomized into unipolar versus bipolar
(Angst 1966; Perris 1966; Winokur & Clayton 1969)

Unipolar

Bipolar

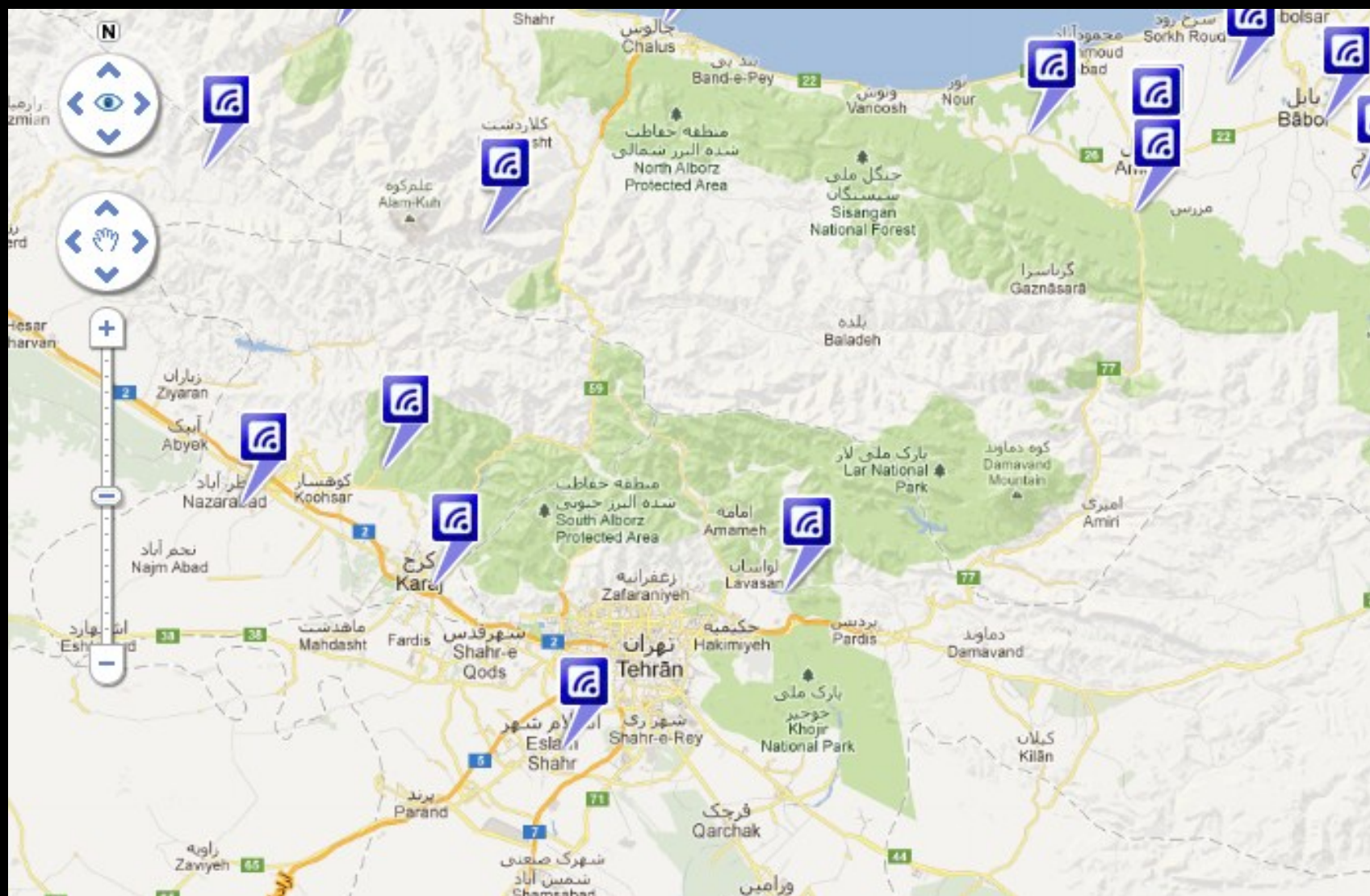


THE BORDERS!!

- ▣ Are the borders real? Or they are imaginary lines on sands!
- ▣ Do you think what are borders?
- ▣ What is the advantage of a border?

Let's Have a Trip!

















DSM LOGIC

- ▣ A disorder is determine by:
 - *Multiple, well defined symptoms,*
 - *Distinct, prolonged duration,*
 - *Critical, disturbed function*

SUBTHRESHOLD Sx

- ▣ Akiskal HS, Djenderedjian AH, Rosenthal RH, Khani MK.1977.
Cyclothymic disorder: validating criteria for inclusion in the bipolar affective group.
Am. J. Psychiatry. 134, 1227–1233.
- ▣ DSM-IV: 2 years of numerous periods with hypomanic symptoms and numerous periods with depressive symptoms that do not meet criteria for a major depressive episode,

MINOR DEPRESSIVE Sx

- ▣ low self-esteem or self-confidence, or feelings of inadequacy
- ▣ feelings of pessimism, despair, or hopelessness
- ▣ generalized loss of interest or pleasure
- ▣ social withdrawal
- ▣ chronic fatigue or tiredness
- ▣ feelings of guilt, brooding about the past
- ▣ subjective feelings of irritability or excessive anger
- ▣ decreased activity, effectiveness, or productivity
- ▣ difficulty in thinking, reflected by poor concentration, poor memory, or indecisiveness

HYPOMANIC Sx

- ▣ Impulsive
- ▣ Extremely outgoing
- ▣ Competitive
- ▣ Have a great deal of energy
- ▣ Aspiring
- ▣ Enthusiastic
- ▣ High productivity

Akiskal's GALLOP

- ▣ Akiskal HS. 1981. Subaffective disorders: dysthymic, cyclothymic and bipolar II disorders in the 'borderline' realm.
Psychiatr Clin NorthAm 4,25–46.
- ▣ Akiskal HS. 1983. The bipolar spectrum: New concepts in classification and diagnosis. In: Grinspoon L (Ed.), Psychiatry Update: The American Psychiatric Association Annual Review, vol.2. American Psychiatric Press, Washington, DC, pp.271–292.

- ▣ Akiskal HS, Mallya G. 1987. Criteria for the 'soft' bipolar spectrum: treatment implications.
Psychopharmacol Bull. 23, 68–73.

- ▣ Akiskal HS, Cassano GB, Muzetti L, Perugi G, Tundo A, Mignani V. 1989. Psychopathology, temperament and past course in primary major depressions: Review of evidence for a bipolar spectrum.
Psychopathology 22,268–277.

- ▣ Akiskal HS. 1992. Delineating irritable-choleric and hyperthymic temperaments as variants of cyclothymia.

J Person Disord. 6,326–342.

- ▣ Akiskal HS. Akiskal K. 1992. Cyclothymic, hyperthymic and depressive temperaments as subaffective variants of mood disorders. In: Tasman A, Riba MB (Eds.), American Psychiatric Association Review. American Psychiatric Press, Washington,DC,. 43–62.

Attributes, Assets, and Liabilities of Temperaments

Depressive	Hyperthymic
Gloomy, incapable of fun, complaining	Cheerful and exuberant
Humorless	Articulate and jocular
Pessimistic and given to brooding	Overoptimistic and carefree
Guilt-prone, low self-esteem, and preoccupied with inadequacy or failure	Overconfident, self-assured, boastful, and grandiose
Introverted with restricted social life	Extroverted and people seeking
Sluggish, living a life out of action	High energy level, full of plans
Few but constant interests	Versatile with broad interests
Passive	Overinvolved and meddlesome
Reliable, dependable, and devoted	Uninhibited and stimulus seeking

- ▣ Akiskal HS. 1996. The prevalent clinical spectrum of bipolar disorders: beyond DSM-IV.

J Clin psycho-pharmacol. 16 (Suppl1),4s–14s.

- ▣ Akiskal HS, Pinto OC. 1999. The evolving bipolar spectrum. Prototypes I, II, II, and IV.

Psychiatr Clin NorthAm 22,517–534.

- ▣ Angst J, Gamma A. 2002. A new bipolar spectrum concept: a brief review.

Bipolar Disord. 4 (Suppl 1), 11–14.



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Journal of Affective Disorders 107 (2008) 307–315

Journal of
**Affective
Disorders**

www.elsevier.com/locate/jad

Preliminary communication

A case series on the hypothesized connection between dementia and bipolar spectrum disorders: Bipolar type VI?

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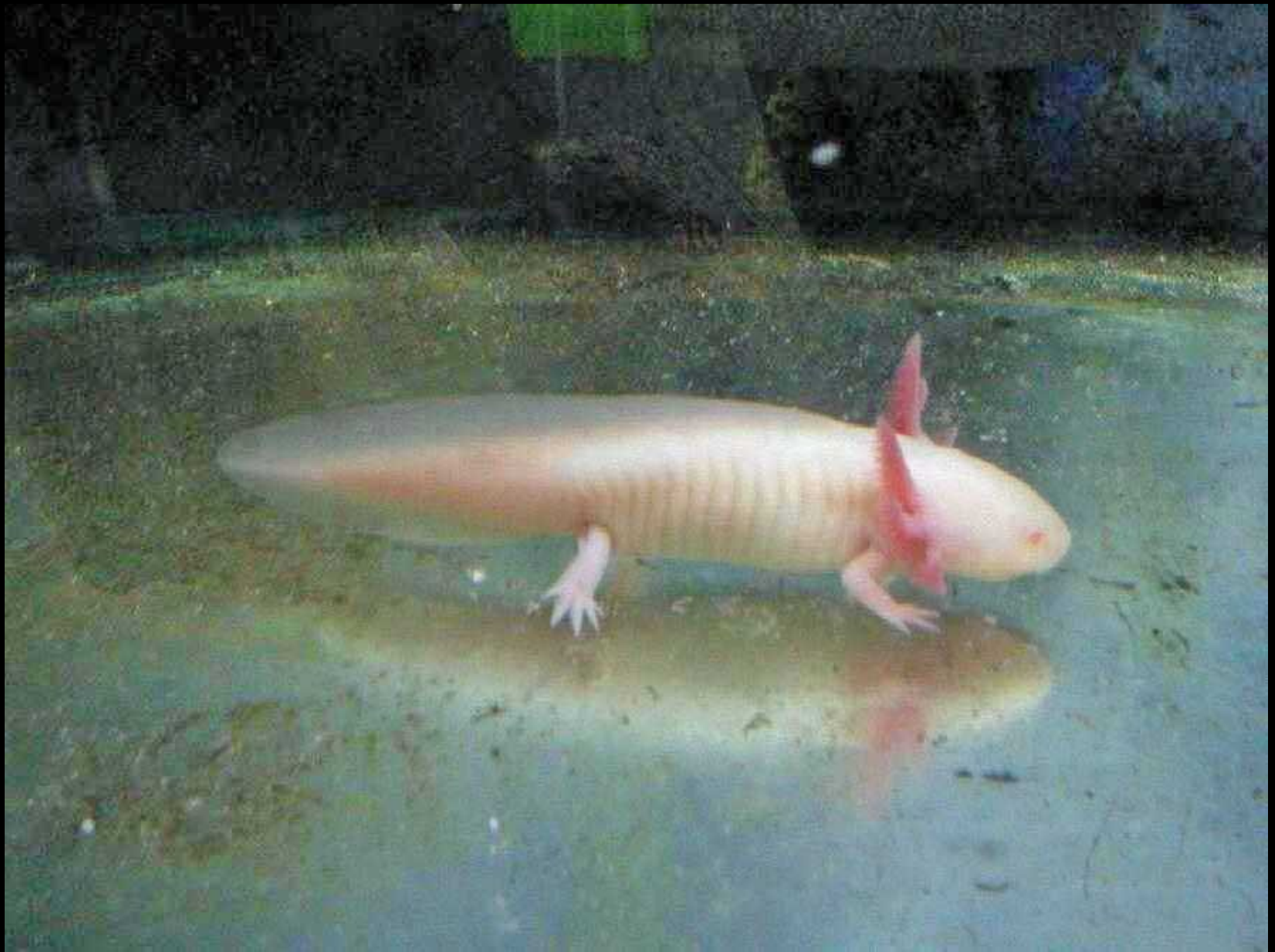
^d *Pontifícia Universidade Católica do Rio Grande do Sul (PUCRS), Porto Alegre, Brazil*

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History Hates Borders!



Shame on Border Makers!



The Final Destiny!





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Journal of Affective Disorders 54 (1999) 319–328

JOURNAL OF
**AFFECTIVE
DISORDERS**

Special article

The bipolar spectrum: a clinical reality in search of diagnostic criteria and an assessment methodology

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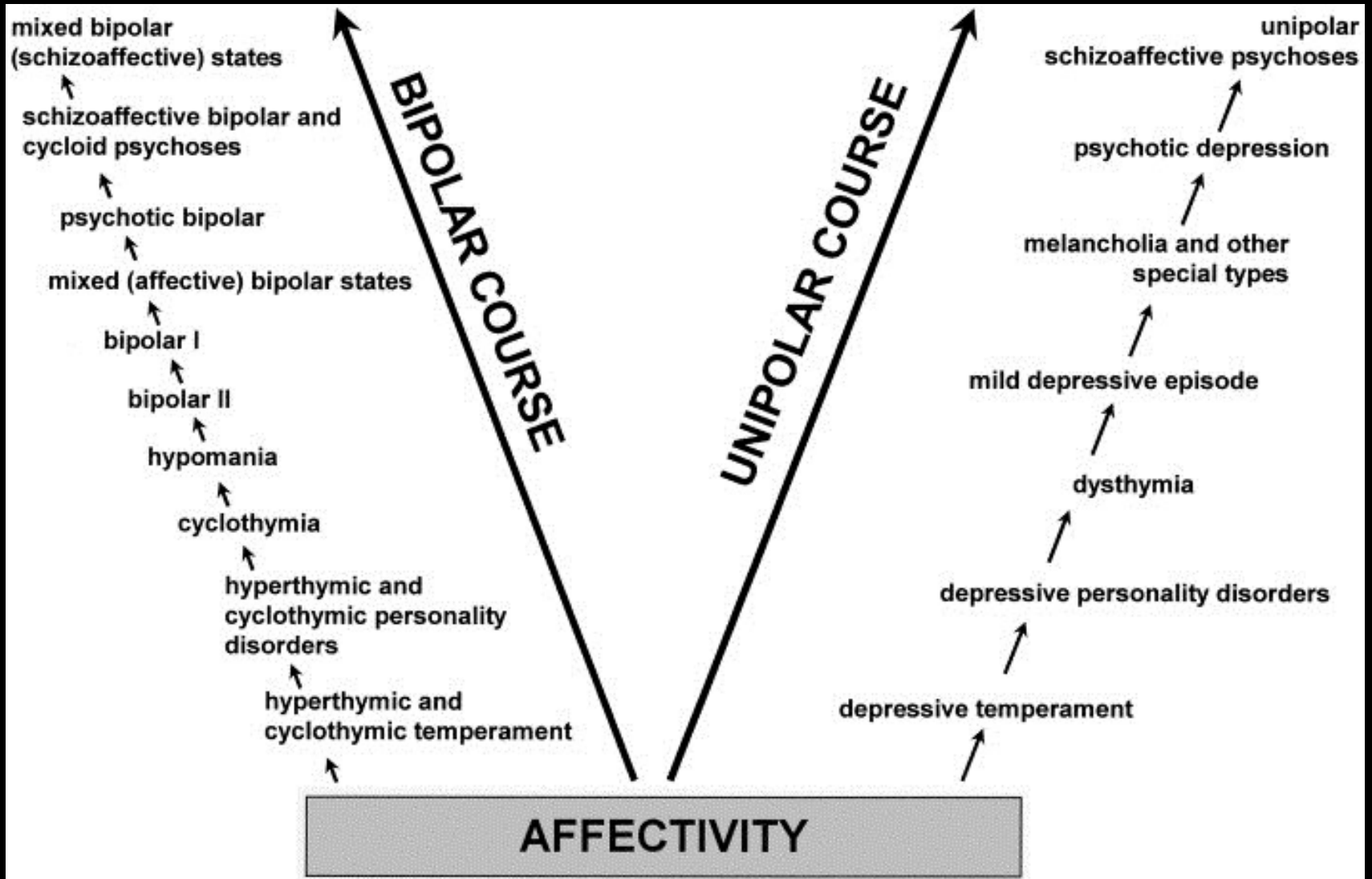
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Which Continuum?

- ▣ From unipolar depression to bipolar I,
- ▣ From infrequent bipolar episodes to continuous cycling (cycle rate as a dimensional concept),
- ▣ Continuum of mixed states, from those meeting full manic and depressive criteria, to depression which appears purely unipolar but a few or even a single manic symptom,
- ▣ From bipolar disorder to schizophrenia,

- ▣ From bipolar disorder to borderline personality disorder,
- ▣ From bipolar spectrum to ADHD,
- ▣ From bipolar spectrum to impulse control disorders,
- ▣ Apparent continuum of symptom presentation from normal to pathologic,



Bipolar Spectrum in Children

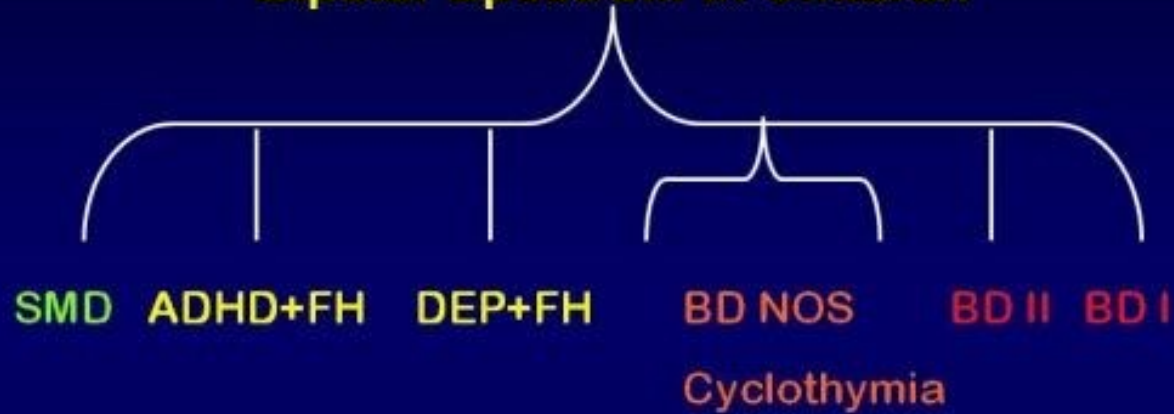
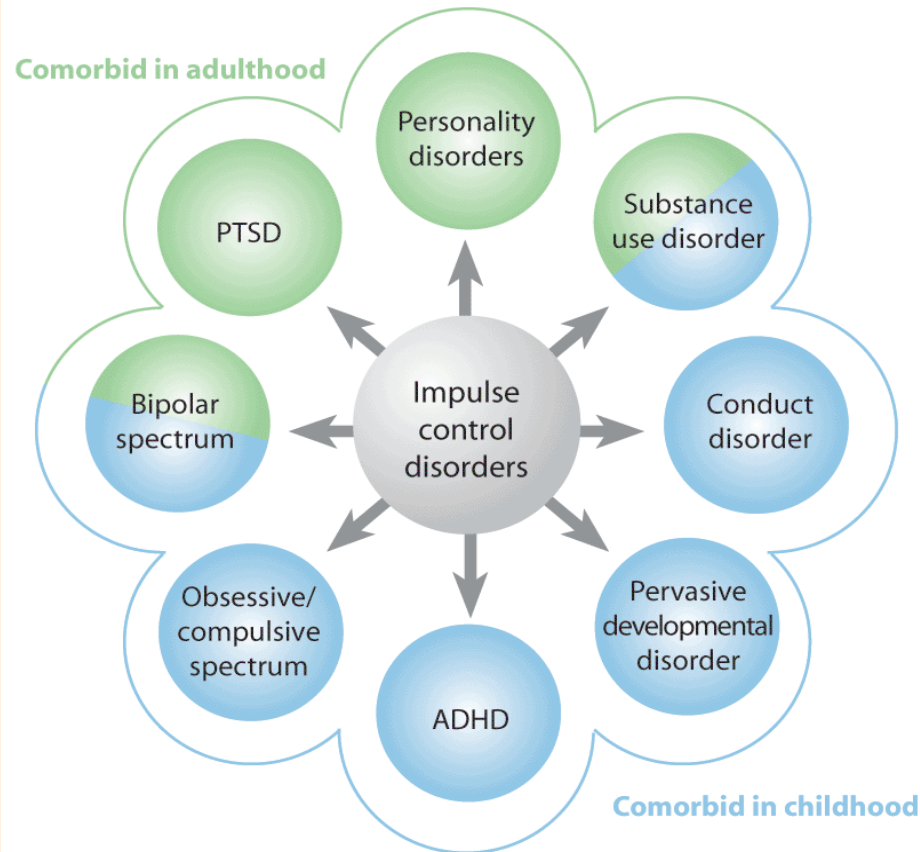


Figure 3

Comorbidities of impulse control disorders



ADHD, attention-deficit/hyperactivity disorder; PTSD, posttraumatic stress disorder.

Phelps J, Angst J, Katzow J, Sadler J. 2008.

Validity and utility of bipolar spectrum models.

Bipolar Disord. 10:179–193.

Table 1. Diagnostic schema for a bipolar spectrum

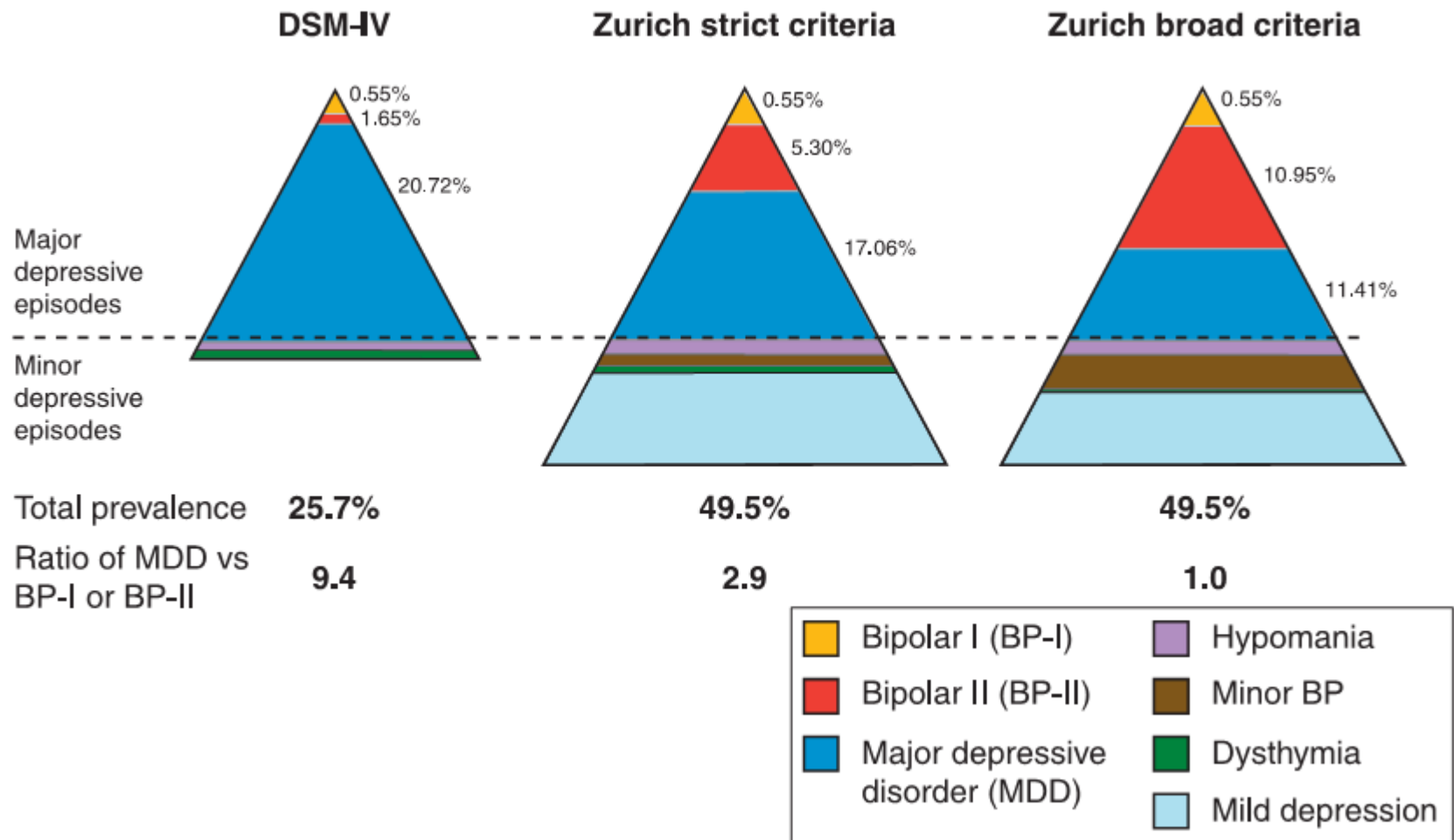
Authors	Year	System	Criteria
Akiskal et al. (29)	1977	Cyclothymia-bipolar continuum	'Intuitive' selection then prospective evaluation
Angst (88)	1978	Bipolar subtypes along a spectrum	Retrospective subgrouping
Klerman (30)	1981	Categories I–VI	Literature review of the 'spectrum of mania'
Akiskal and Pinto (31)	1999	Categories I–IV including 1½, 2½, 3½	Narrative, case illustrations
Ghaemi et al. (50)	2002	New category: 'bipolar spectrum disorder'	List of non-manic bipolar markers; DSM-like schema
Angst et al. (46)	2003	Add minor bipolar disorders	Epidemiology based
Sachs (67)	2004	100-point 'Bipolarity Index'	Bipolar markers grouped in five dimensions

Angst Model

Psychotic (mood congruent or mood incongruent)	D	Dm	MD	Md	M
Non-psychotic	D	Dm	MD	Md	M
Subthreshold	d		md		m
'Normal'	dsx		mdsx		msx

- ▣ The problem with lowering cut-offs, is that setting the bar for a diagnosis anywhere below full mania makes the condition difficult to define operationally.
- ▣ Decreased Inter-rater reliability (especially between incompetence raters),
- ▣ Specificity immolate for higher sensitivity,
- ▣ Higher prevalence rate,

Epidemiology: The Trick!



Bipolarity independent of hypomania or mania (Bipolar markers)

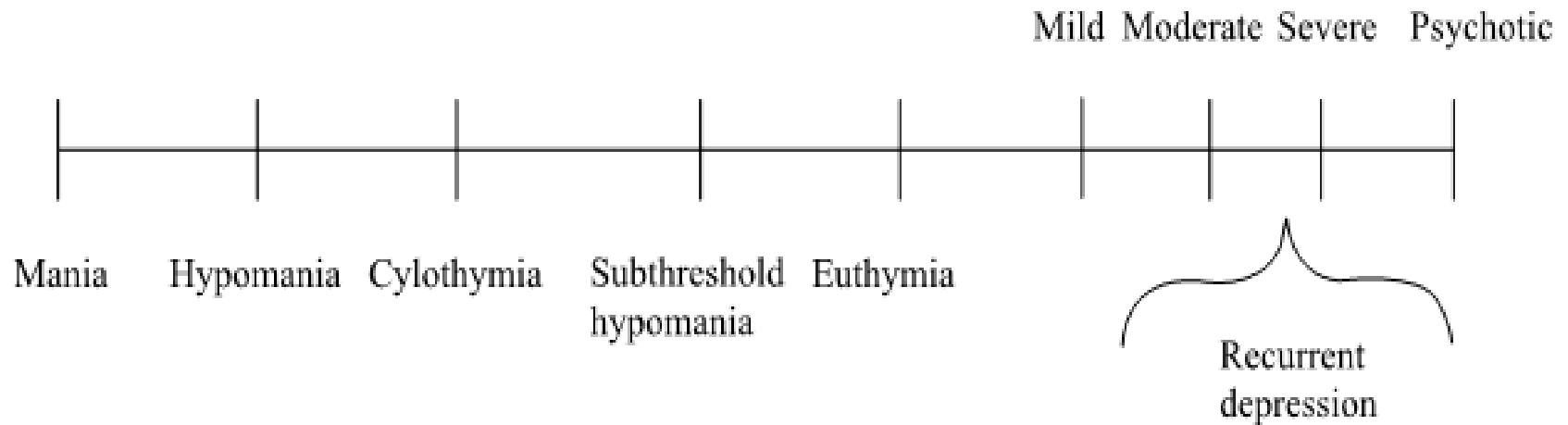
- ▣ The criteria of Ghaemi et al. (2002) for the BP spectrum disorders restricted the concept of BP spectrum to what is beyond DSM-IV BP-II.

MDE plus indicators of bipolarity:

- ▣ Bipolar family history,
- ▣ Early age at onset,
- ▣ High depressive recurrence,

- ▣ Antidepressant-associated hypomania,
- ▣ Atypical features,
- ▣ Postpartum onset
- ▣ Hyperthymic temperament

Ghaemi Model



- ▣ Oops! What was happened? We have a new category!
- ▣ Where is the spectrum in this purposed category!?
- ▣ We have a new box for putting those patients who do not settle in previous boxes!
- ▣ Up to what number we can increase the boxes?

Akiskal Model



Table 13.7–34.
Evolving Spectrum of Bipolar Disorders

Bipolar $1/2$: Schizobipolar disorder

Bipolar I: Core manic-depressive illness

Bipolar $1^{1/2}$: Depression with protracted hypomania

Bipolar II: Depression with discrete spontaneous hypomanic episodes

Bipolar $II^{1/2}$: Depression superimposed on cyclothymic temperament

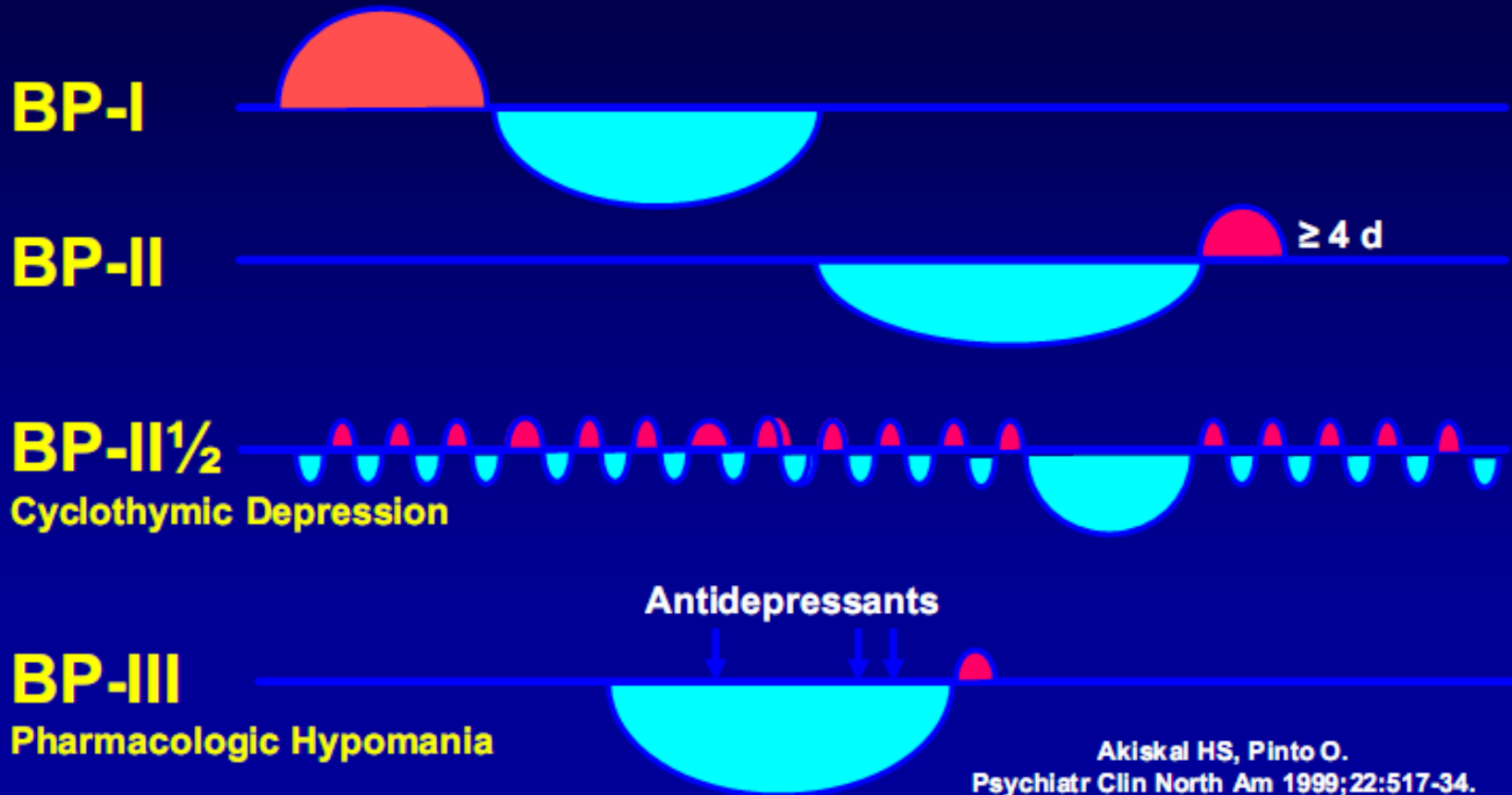
Bipolar III: Depression plus *induced* hypomania (i.e., hypomania occurring solely in association with antidepressant or other somatic treatment)

Bipolar $III^{1/2}$: Prominent mood swings occurring in the context of
substance or alcohol use or abuse

Bipolar IV: Depression superimposed on a hyperthymic temperament

Adapted from Akiskal HS, Pinto O: The evolving bipolar spectrum: Prototypes I, II, III, IV. *Psychiatr Clin North Am.* 1999;22:517.

Akiskal Bipolar Spectrum



Other Proposed Akiskal Bipolar Spectrum Subtypes

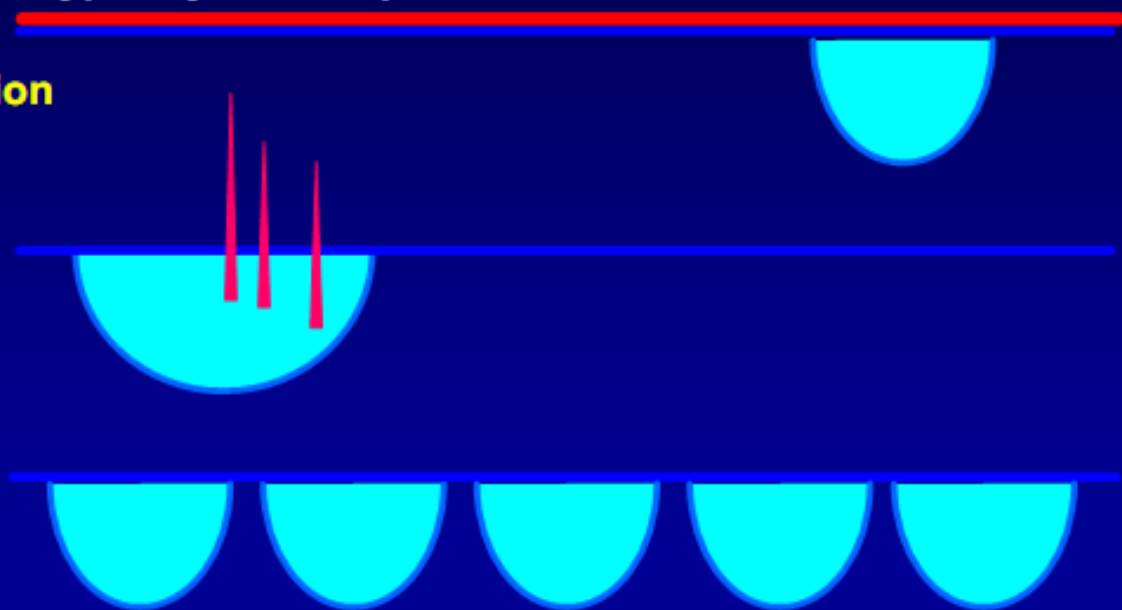
BP-IV

Hyperthymia + Depression

Depressive
Mixed State

Recurrent
“Unipolar”

Hyperthymic Temperament



Akiskal, et al. J Affect Disord 2000;59(Suppl 1):S5-S30.

Bipolar Index:

- ▣ Allows for the illness to exist as a matter of degree, and places patients on a presumed continuum of bipolarity.
- ▣ This instrument is currently in use as part of the Massachusetts General Hospital Bipolar Clinics Affective Disorders Evaluation.

- ▣ In the Index, bipolar markers are organized in five dimensions, each worth 20 points, for a 100-point total scale:
 - 1) Episode characteristics
 - 2) Age of onset
 - 3) Course of illness/associated features
 - 4) Response to treatment
 - 5) Family history

الهی

قطره دانش که بخشیدی ز پیش

متصل گردان به دریا های خویش