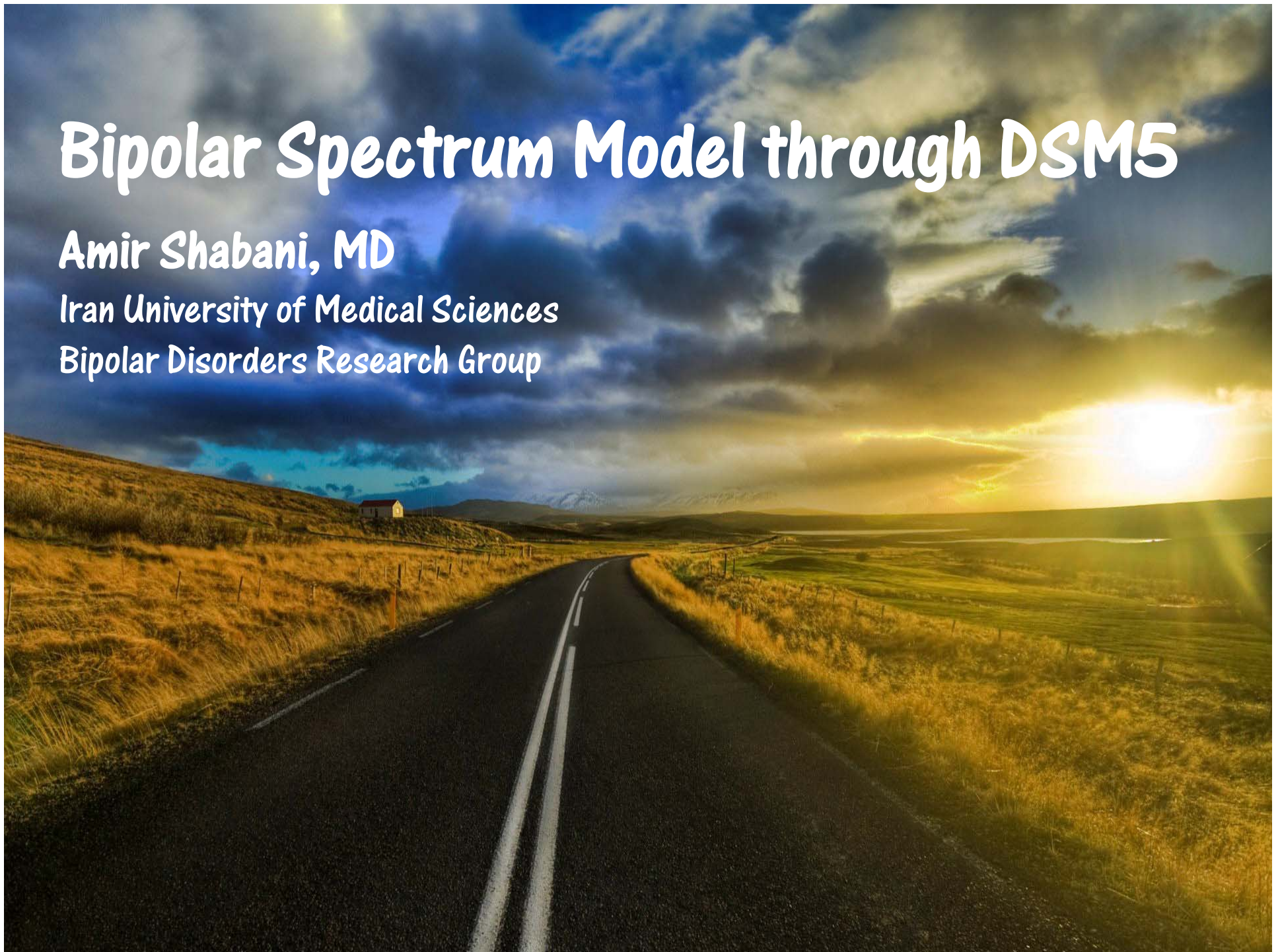


Bipolar Spectrum Model through DSM5

Amir Shabani, MD

Iran University of Medical Sciences

Bipolar Disorders Research Group



آقای الف ۲۹ ساله، بدون سابقه‌ای، از ۲۰ روز قبل
ناگهان دچار افسردگی شدید شده که تا کنون ادامه
دارد. در ضمن، در این ۲۰ روز بسیار **پر حرف،**
تحریک پذیر و ولخرج بوده است.

DSM-5: MDD

آقای ب ۲۹ ساله، بدون سابقه‌ای، از ۲۰ روز قبل
ناگهان بسیار پر حرف، تحریک پذیر و ولخرج شده
و پس از ۵ روز با فروکش علائم اولیه دچار
افسردگی شدید شده که تا کنون ادامه دارد.

DSM-5: Other Specified Bipolar and Related Disorder

خانم الف ۳۸ ساله، بدون سابقه‌ای، از ۲۰ روز قبل
ناگهان دچار **خلق بالا**، پرحرفی، پرش افکار،
بزرگ منشی و اختلال عملکرد شده که تا کنون
ادامه دارد.

DSM-5: Other Specified Bipolar and Related Disorder

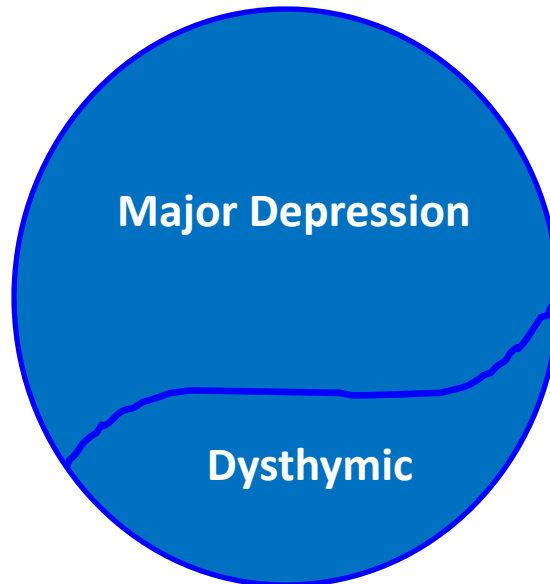
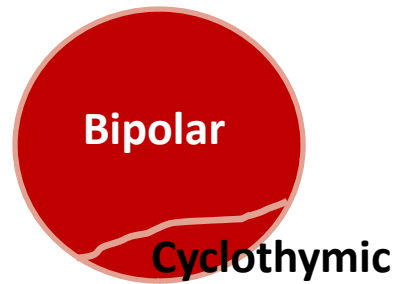
- خانم ب ۳۳ ساله، به دلیل روحیه افسرده، کم خوابی، کم اشتها، بی حوصلگی، اضطراب و از دست دادن امید به زندگی، از یک ماه قبل تحت درمان با **فلوکستین** است.
- امروز برای پیگیری درمان، در حالی به روانپزشک خود مراجعه کرده که در یک هفته اخیر بیش از حد شاد و پرحرف بوده است.

DSM-5: MDD

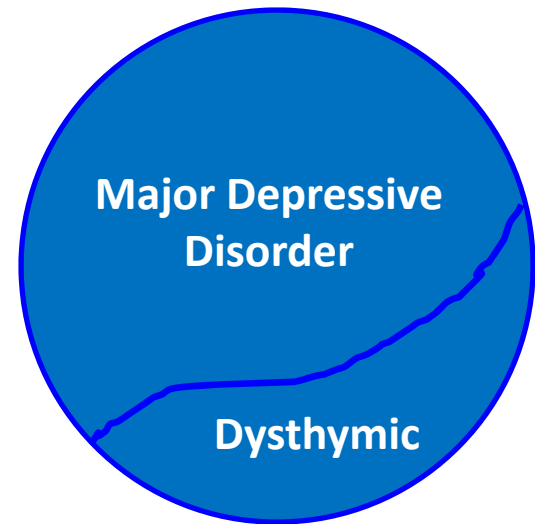
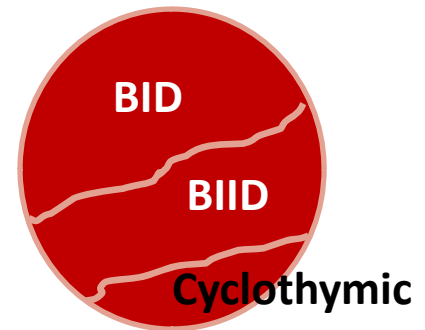
DSM-II



DSM-III



DSM-IV



Bipolar Disorder in DSM-5

DSM-5 changes

Division of the mood disorders	bipolar and depressive
Intermediary position for bipolar	
Changes in activity and energy	Gate question for (hypo)mania
“with mixed features” specifier	Bipolar and unipolar
New cyclothymia	No hypomania; unstable diagnosis
Other Specified Bipolar and Related Disorder	<ul style="list-style-type: none"> • Subcriteria hypomanic and MDE • Just hypomanic • Short cyclothymia
Disruptive Mood Dysregulation Disorder (DMDD)	Depressive
Premenstrual Dysphoric Disorder	Depressive
... full (hypo)manic episode ... during antidepressant	Just <u>beyond</u> the physiological effect AND <u>full</u>
Anxious Distress Specifier	

Manic episode

- **A:** ... elevated, expansive, or irritable mood **and persistently increased goal-directed activity or energy** ...
- **B:** ... three (or more) ... symptoms (four if the mood is only irritable) ... **and represent a noticeable change from usual behavior:** 1. 2. 3. 4. 5. 6. 7. ...
- **C:** ... marked impairment ... or ... hospitalization ... , or psychotic ... [ex-criterion C excluding mixed episode, was removed]
- **D:** ... not ... a substance ... or to another medical condition.
- **Note:** A full manic episode ... during antidepressant ... but persists at a **fully** syndromal level **beyond the physiological** effect ... a **manic** episode ... **bipolar I** diagnosis. [ex-note: Manic-like episodes ... by ... antidepressant ... should not count ... bipolar I ...]

Hypomanic episode-1

- **A:** ... elevated, expansive, or irritable mood **and persistently increased goal-directed activity or energy** ... 4 ... days and **present most of the day, nearly every day**. [“clearly different from the usual nondepressed mood” was removed.]
- **B:** ... three (or more) ... symptoms (four if the mood is only irritable) ... **represent a noticeable change from usual behavior** ...: 1. 2. 3. 4. 5. 6. 7. ...
- **C:** ... unequivocal change in functioning ...
- **D:** ... observable by others.
- **E:** ... not ... marked impairment ... or ... hospitalization. If ... psychotic ... is ... manic.
- **F:** ... not ... a substance ... ~~or to another medical condition~~.

 by default

Hypomanic episode-2

- **Note:** A full hypomanic episode ... during antidepressant ... but persists at a **fully** syndromal level **beyond the physiological** effect ... a **hypomanic** episode [ex-note: Hypomanic-like episodes ... by ... antidepressant ... should not count ... bipolar II ...].

... caution is indicated so that **one or two symptoms** (particularly increased irritability, edginess, or agitation following antidepressant use) are not taken as sufficient for diagnosis of a hypomanic episode, nor necessarily indicative of a bipolar diathesis.

Hypomanic episode-3

The DSM-5 Mood Disorders Work Group **used to be considering:**

- (i) reducing the duration requirement for a hypomanic episode to **2 days**
- (ii) allowing hypomania to be diagnosed **just** on the basis of increased **energy/activity**

Manic or hypomanic episode

With mixed features

A. ... at least **3** ... **symptoms** ... during the **majority** of days (~~1-week~~) ... current or most recent episode

1. ... dysphoria or depressed mood ... subjective ... or observation ...
2. Diminished interests or pleasure ... subjective ... or observation ...
3. Psychomotor retardation ... observable ...
4. Fatigue or loss of energy
5. ... worthlessness or ... guilt
6. Recurrent thoughts of death, ... suicide ideation ...

B. ... observable ... change from ... usual behavior

C. ... full ... criteria for both mania and depression ... diagnosis should be manic ...

D. ... not ... a substance ...

~~Weight/appetite change~~

~~Sleep change~~

~~Psychomotor agitation~~

~~Diminished ability to think or concentrate, or indecisiveness~~

Depressive episode

With mixed features

- ... at least **3** ... **symptoms** ... during the **majority** of days (~~1-week~~)
... current or most recent episode

1. Elevated, expansive mood
2. Inflated self-esteem or grandiosity
3. More talkative ...
4. Flight of ideas or ... thoughts are racing
5. Increase **in energy** or goal-directed activity
6. Increased or excessive involvement in **pleasurable** activities that ... painful consequences ...
7. Decreased need for sleep ...

B. ... observable ... change from ... usual behavior

C. ... full ... criteria for both mania and depression ... diagnosis
should be manic ...

D. ... not ... a substance ...

~~Irritable mood~~

~~Distractibility~~

~~Psychomotor agitation~~

Cyclothymic Disorder

- A. For at least 2 years ... do **not** meet criteria for a **hypomanic** episode ...
- B. ... periods have been present for **at least half** the time ...
- C. ~~During the above 2-year period ...~~ Criteria for a major depressive, manic, or hypomanic episode have **never** been met.

Wrong!

- If a major depressive episode occurs after the first 2 years of cyclothymic disorder, the **additional diagnosis** of bipolar II disorder is given.
- If an individual with cyclothymic disorder subsequently (i.e., after the initial 2 years ...) experiences a major depressive, manic, or hypomanic episode, the diagnosis **changes to MDD**, BID, or other specified or unspecified bipolar and related disorder (...), respectively, and the **cyclothymic** disorder diagnosis is **dropped**.

Other Specified Bipolar and Related Disorder

1. Short-duration hypomanic episodes (2-3 days) and MDEs
2. Hypomanic episodes with insufficient symptoms and MDEs
[↑mood+1 or 2 other symptoms OR Irritable mood+ 2 or 3 other symptoms]
3. Hypomanic episodes without prior MDEs
[If it occurs with PDD, both diagnoses can be concurrently applied.]
4. Short-duration cyclothymia (less than 24 months)

Bipolar+Unipolar

Unspecified Bipolar and Related Disorder

Insufficient information

DSM-5 changes

Substance/Medication-Induced Bipolar and Related Disorder:

- elevated, expansive, or irritable mood *[old]*
- ... during or soon after ~~[during a month of]~~ and ... substance/medication is capable of producing the symptoms in Criterion A. *[new]*

• Instead of Substance-Induced Mood Disorder

- ~~• With manic features~~
- ~~• With mixed features~~

Bipolar and Related Disorder Due to Another Medical Condition:

- abnormally elevated, expansive, or irritable mood, *[old]*
- and abnormally ↑ activity or energy that predominates in the clinical picture *[new]*
- With manic features *[old]*
- With manic- or hypomanic-like episode *[new]*
- With mixed features *[old]*

• Instead of Mood Disorder Due to a GMC

Bipolar

Bipolar Spectrum

Psychotic mania

Mania

Mixed mania

Hypomania

Mixed hypomania

Short hypomania

Hypomanic symptoms

Depressive mixed state

Induced (hypo)mania

Familial bipolar

Recurrent depression

Psychotic depression

Early onset depression

Agitated depression

Irritable depression

Cyclothymic depression

Hyperthymic depression

Depression with racing thoughts

True unipolar

Unipolar

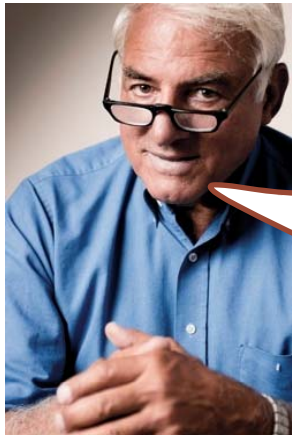
Schizophrenia

→
Schizoaffective

→
Bipolar

→
Bipolar Spectrum

→
Unipolar



Allan Frances

Overdiagnosis



Thomas Insel
Director of the NIMH

**No validity
Just a dictionary**



David Kupfer
Chair of the DSM-5 task force



Underdiagnosis



**The loss of
agitation**

**Athanasios
Koukopoulos**



Michael Berk

**Fundamentally
wrong, but useful**

Spectrum-phobia



SN Ghaemi

Challenges for DSM-5

- **Mixed states**
- **Subthreshold hypomania**
- **Overactivity**
- **Antidepressant-Induced (hypo)mania**
- **Bipolar without (hypo)mania**
- **Borderline personality**

Challenges for DSM-5

- **Mixed states**
- Subthreshold hypomania
- Overactivity
- Antidepressant-Induced (hypo)mania
- Bipolar without (hypo)mania
- Borderline personality



Kraepelin



Weygandt

Mixed states:

Excited depression

Depression with flight of ideas

Manic stupor



DSM5

Trisha Suppes

Mixed hypomania



DSM5

Athanasios Koukopoulos

Agitated depression = Bipolar disorder

Bipolar depression:

Agitated depression

Mixed depression



Athanasios Koukopoulos

- ✓ **Mixed-mood states of the DSM-5= 0-12%**
- ✓ **In the writings of the classical authors, there is no mention of 5 of 7 DSM-5 mixed criteria.**



Roy H. Perlis

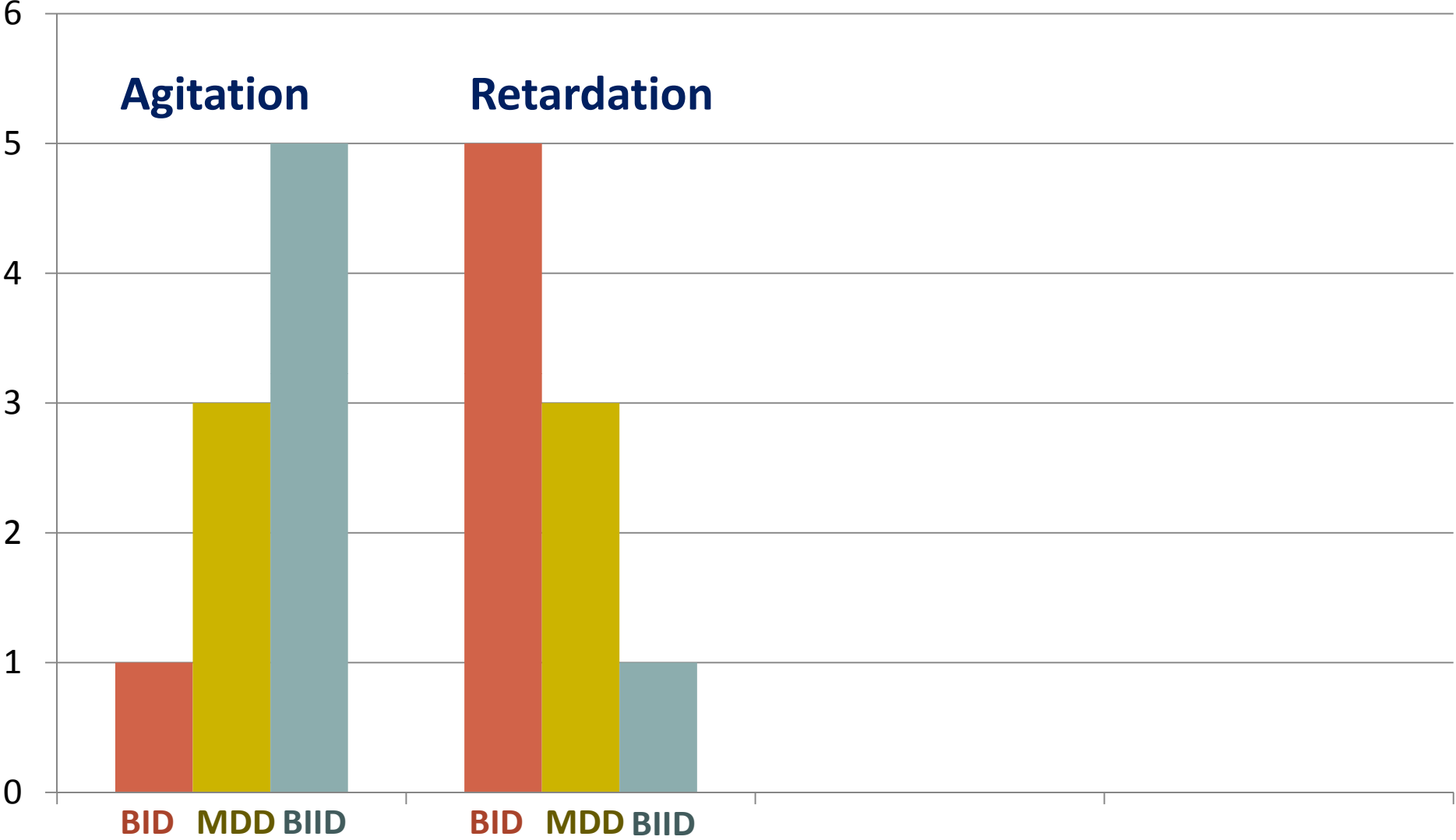


Athanasios Koukopoulos

- Proposed DSM-5 **mixed** state features were associated with a greater rather than a lesser likelihood of **remission**.

(**STAR*D**; Perlis et al., 2012)

Psychomotor in Depressive Episodes



Challenges for DSM-5

- Mixed states
- **Subthreshold hypomania**
- **Overactivity**
- Antidepressant-Induced (hypo)mania
- Bipolar without (hypo)mania
- Borderline personality



David L. Dunner

Major depression + Hypomania = Bipolar disorder (type II)

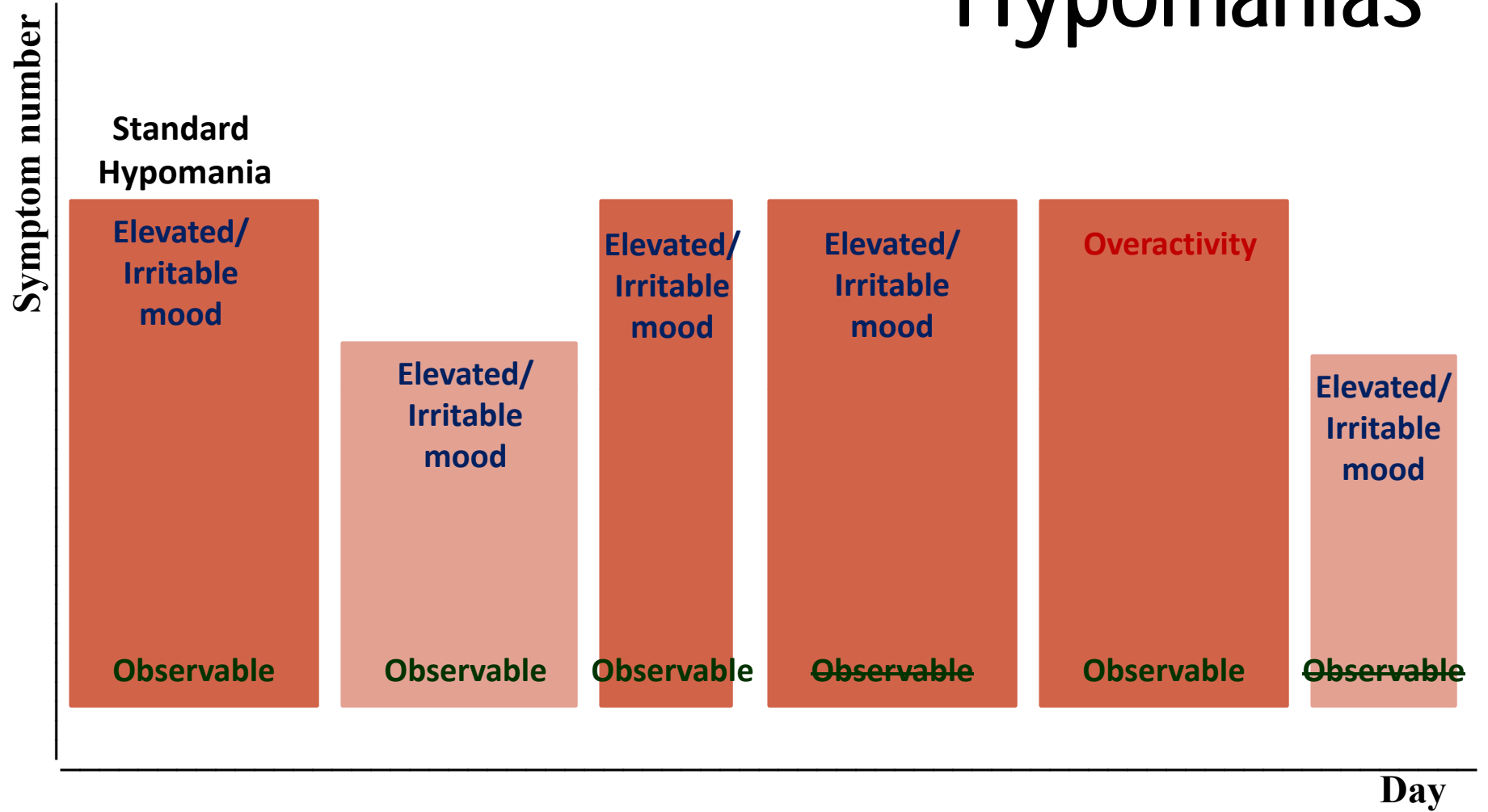


Jules Angst

Subthreshold hypomania = Bipolar disorder

Bipolar disorder **without mood change**

Hypomanias



Subthreshold Hypomanias

1. Clinically significant

- ↑ role impairment
- More severe and pernicious course
- ↑ converting to a bipolar diagnosis
- ↑ rates of comorbid psychiatric illness
- ↑ depressive episodes

2. Consequences of the documentation

- Prevention-oriented treatment model
- ↓ underdiagnosis
- Implications for research

- ↓ reliability
- No operational definition
- Hard to differentiate from borderline
- ↑ overdiagnosis
- No optimal interventions

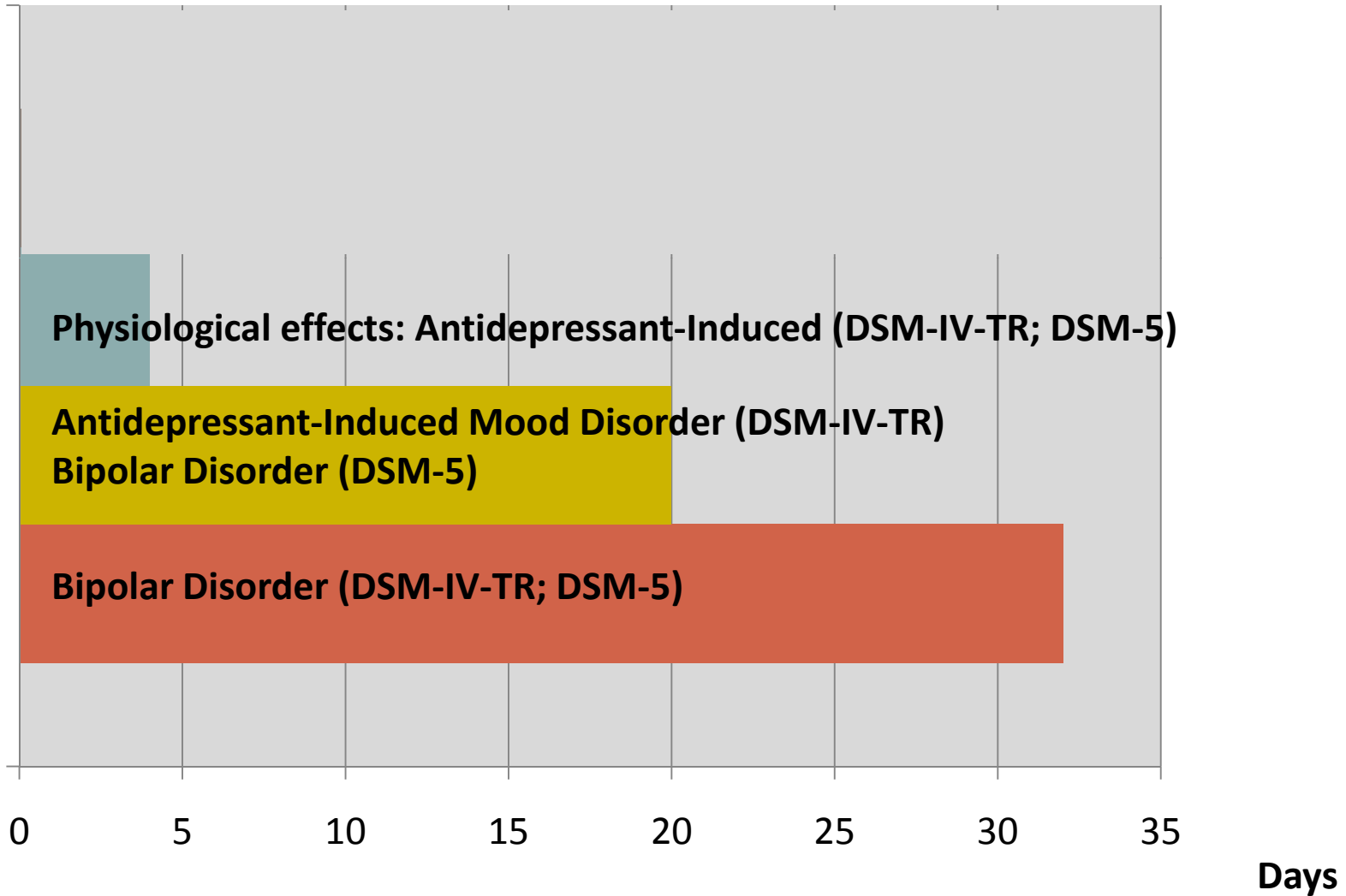
Challenges for DSM-5

- Mixed states
- Subthreshold hypomania
- Overactivity
- **Antidepressant-Induced (hypo)mania**
- Bipolar without (hypo)mania
- Borderline personality

Antidepressants and Bipolarity

DSM-III-R	DSM-IV	DSM-V
It cannot be established that an organic factor initiated and maintained the disturbance.	The symptoms are not due to the direct physiological effects of a substance or a GMC.	The symptoms are not attributable to the direct physiological effects of a substance or to another medical condition.
Note: Somatic antidepressant treatment that apparently precipitates a mood disturbance should not be considered an etiologic organic factor.	Manic (Hypomanic)-like episodes that are clearly caused by somatic antidepressant treatment should not count toward a diagnosis of BID (BIID).	A full (hypo) manic episode ... during antidepressant ... but persists at a fully syndromal level beyond the physiological effect ... a manic episode ... bipolar I (II) diagnosis.
		... caution is indicated ... 1or2 symptoms (particularly ↑irritability, edginess, or agitation following antidepressant use) are not taken as sufficient for diagnosis of a hypomanic episode, nor necessarily indicative of a bipolar diathesis .

Antidepressants and Bipolarity



DSM-5: Antidepressant-Induced Bipolar Disorder

- **Antidepressant → elevated mood + talkativeness**
- **Antidepressant → mania while antidepressant continues**

- There is still **controversy** regarding the extent to which **antidepressant** treatment precipitates hypo/manic episodes and cycle acceleration even among BID/BIID patients.



Gary S. Sachs
STEP-BD study

Challenges for DSM-5

- Mixed states
- Subthreshold hypomania
- Overactivity
- Antidepressant-Induced (hypo)mania
- **Bipolar without (hypo)mania**
- Borderline personality

DSM5 and Bipolar Spectrum Markers

Not found

Strongly associated

- First degree relative with BD
- Highly recurrent MDEs
- Early-onset MDEs
- Psychotic MDEs
- Postpartum depression

Weakly associated

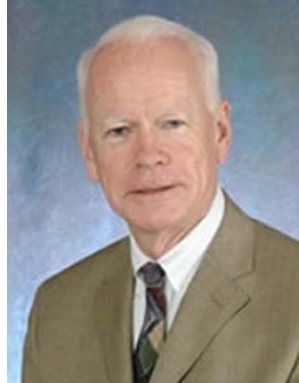
- Treatment resistant
- Atypical depressive symptoms
- Hyperthymic when non-depressed
- Brief MDEs

Pointed

- Antidepressant-induced (hypo)mania
- Mixed features



S. Nassir Ghaemi



Frederick K. Goodwin



Roy H. Perlis

**Bipolar Spectrum Disorder
(categorical)**

STAR*D study (2011; N=4041):
Bipolar spectrum features (MDD)
are not associated with
antidepressant resistance.

Challenges for DSM-5

- Mixed states
- Subthreshold hypomania
- Overactivity
- Antidepressant-Induced (hypo)mania
- Bipolar without (hypo)mania
- **Borderline personality**



Hagop Akiskal



S.N. Ghaemi

Jole Paris

J. Gunderson

M. Zimmerman

Borderline 1 = Bipolar

Borderline 2 = Nonspecific personality

Agitated depression = Bipolar

Drug-associated mania = Bipolar

Cyclothymic temp. = Bipolar

Hyperthymic temp. = Bipolar

Borderline # Bipolar

مقاله

مروری

Review

Article

اختلال شخصیت مرزی نوعی از اختلال دوقطبی نیست

دکتر مهرداد افتخار^۱، دکتر امیر شعبانی^۲

Borderline Personality Disorder Is Not a Subtype of Bipolar Disorder

Mehrdad Eftekhari¹, Amir Shabani²

Abstract

Broadening the concept of bipolar spectrum, selective attention to similarities between the spectrum and other disorders and ignoring the differences, abandonment of skillful clinical judgment and permissiveness in diagnosing this spectrum have led to the inclusion of several disorders such as borderline personality disorder in this spectrum. Grouping together borderline personality disorder and bipolar disorder might have therapeutic consequences for patients and, may even deprive them from appropriate treatment; therefore, clarifying the differences between the two is of significant importance. Biological aspects such as neurotransmitter abnormalities, serum cortisol level, dexamethasone suppression test and sleep abnormalities of

چکیده

گسترش دامنه تشخیص اختلال‌های طیف دوقطبی، تکیه بر شباهت‌های این طیف با دیگر اختلال‌ها و نادیده گرفتن تفاوت‌های آنها، به کار بردن قصاصات بالینی ماهرانه و همچنین آسان‌گیری در تشخیص این گروه از اختلال‌ها موجب شده تا بسیاری از بیمارانی که از دیگر اختلال‌های روانپزشکی مانند اختلال شخصیت مرزی رنج می‌برند، در این طیف طبقه‌بندی شوند. از آن‌جا که در یک گروه‌بندی دادن اختلال دوقطبی و اختلال شخصیت مرزی می‌تواند پیامدهای درمانی برای بیماران داشته باشد و حتی سبب محروم شدن آنان از درمان‌های مورد نیاز گردد، روشن کردن تفاوت‌های این دو اختلال از اهمیت زیادی برخوردار است. جنبه‌های زیست‌شناختی شامل تغییر در پیام‌رسان‌های عصبی، کورتیزول خون و آزمون سد که با که و تدهال و اختلال‌های خواب در بیماران

Conclusion

Challenges for DSM-5

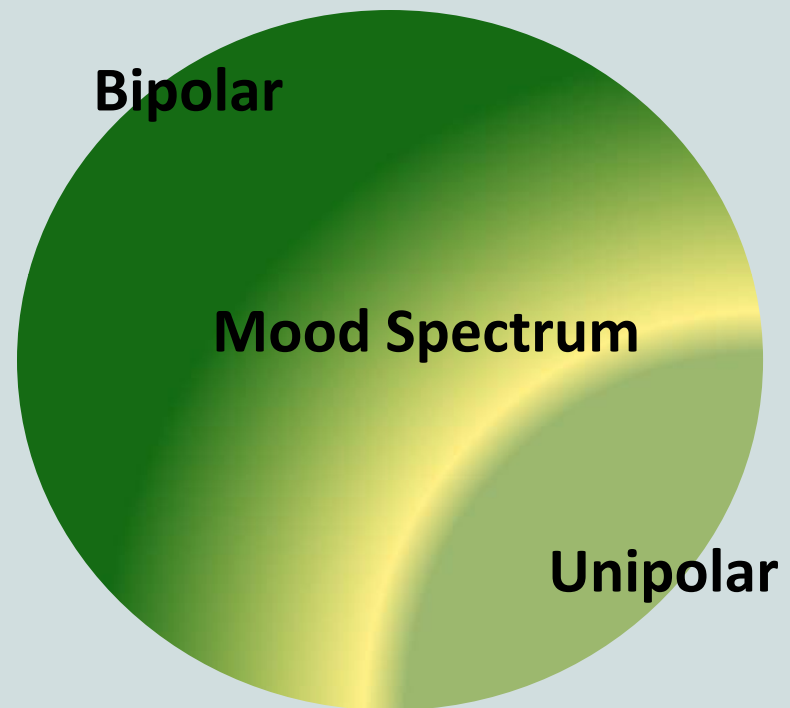
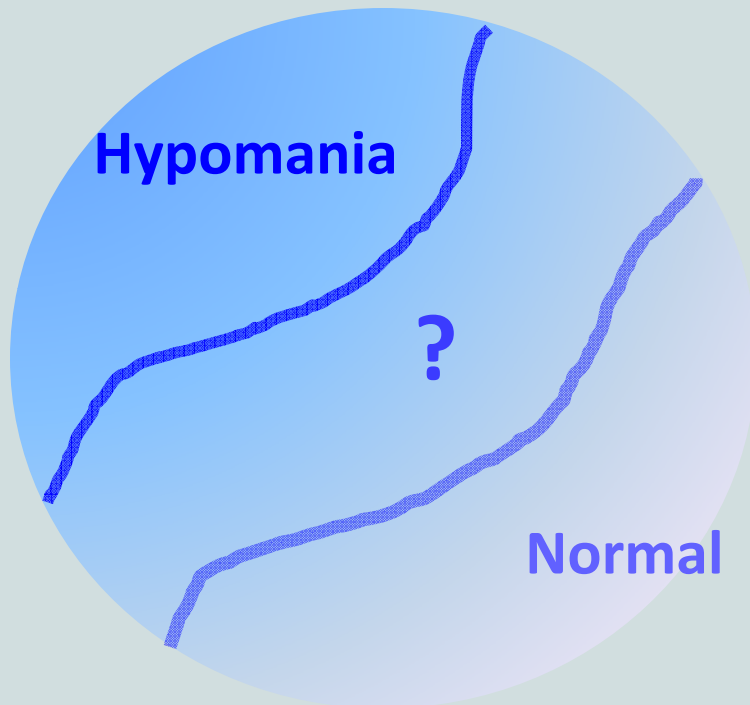
- **Mixed states**
- **Subthreshold hypomania**
- **Overactivity**
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- **Bipolar without (hypo)mania**
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Why narrow bipolar?

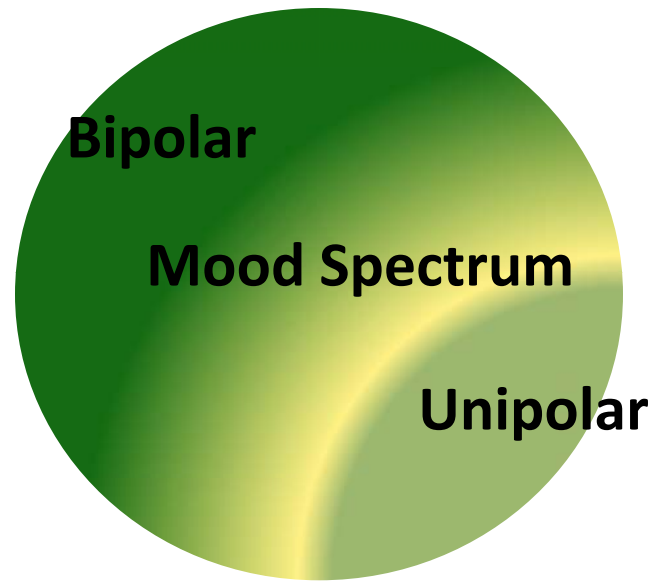
- ↓ **overdiagnosis**
- ↑ reliability
- ↓ stigma
- ↓ risk of drugs side effects
- ↓ insurance premium rates
- ↓ misdiagnosing relatives as having BD
- **Antidepressant**-induced switch is under question
- No evidence-based data for efficacy of **mood stabilizers** on subthreshold disorders

Why broad bipolar?

- ↓ **underdiagnosis**
- Mood **destabilizing** effects of **antidepressants**
- Prevention-oriented treatment model
- ↓ impairment
- Implications for research

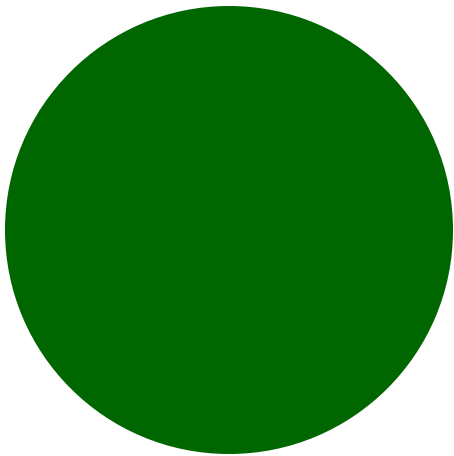


Theory

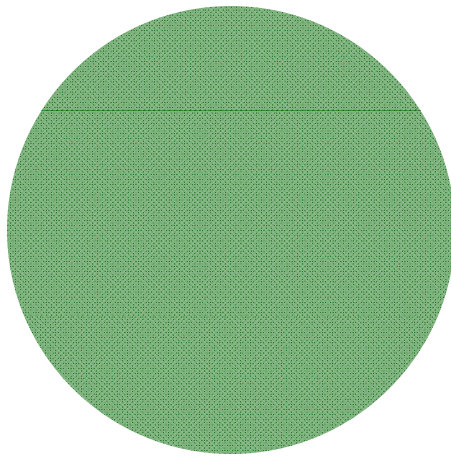


Practice

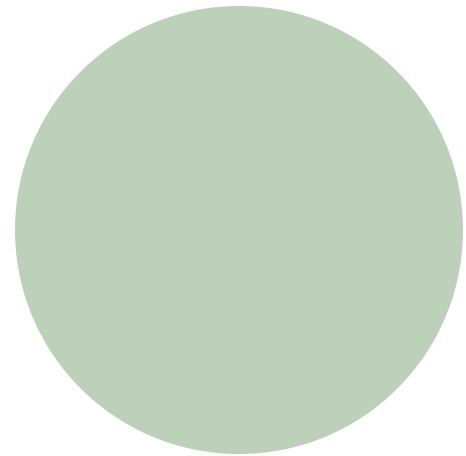
Bipolar



Mood Spectrum

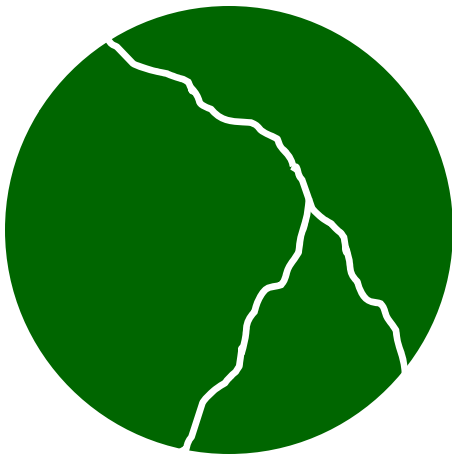


Unipolar

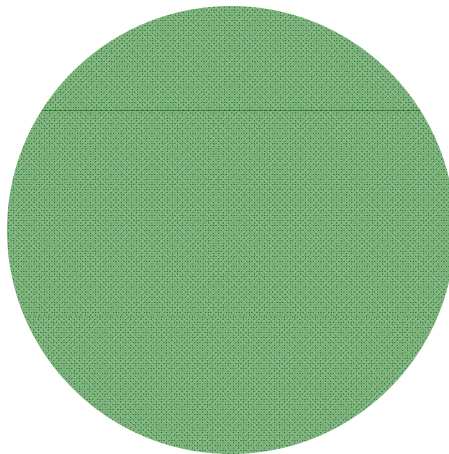


Practice

Bipolar



Mood Spectrum



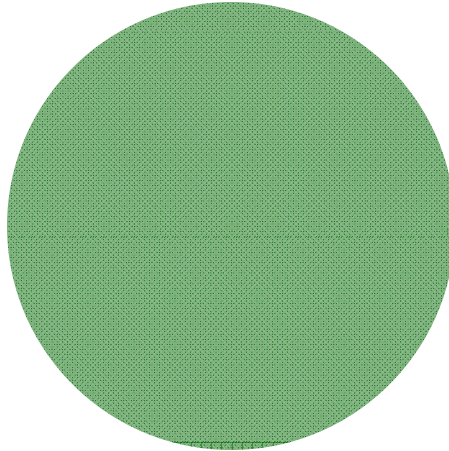
Unipolar



Bipolar



Mood Spectrum



Unipolar



Practice

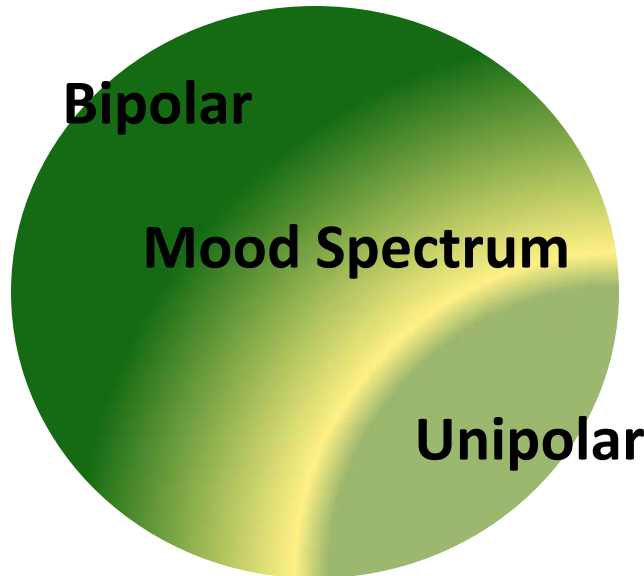
Categorical-Dimensional Model

Theory

Bipolar

Mood Spectrum

Unipolar



Recommendations

Diagnosis:

- **Screening** BD risk factors and indices
- **Syndromic** approach to decrease overdiagnosis
- **Wait and see** approach to decrease underdiagnosis

Treatment:

- **Symptom-based** approach at start:
catatonia, agitation, irritability, suicidality, insomnia
- **Diagnosis-based** approach in progress
- **Psychotherapy**