



Understanding Psychiatric Diagnoses Using Mnemonics

Bipolar Disorder



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Objectives

- Discuss the implications of the use of mnemonics in educational settings, specifically in medicine
- Review diagnostic differences between DSM-5 and DSM-IV-TR for Bipolar Disorder
- Examine mnemonics that can assist with understanding the Bipolar Disorder diagnoses

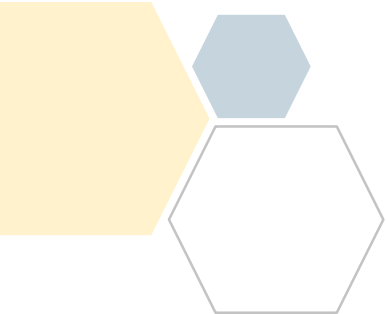
Mnemonic Use In Educational Settings

- Mnemonics, derived from the Greek word *mnemonikos*, are techniques used to assist memory dating back to 477 BCE. Use of mnemonics is a strategy for encoding new information in memory in such a way that it can be more easily retrieved, freeing up more cognitive resources for higher-order thinking.¹
- Memory for factual information is absolutely essential for success in school, particularly at the secondary level. Mnemonic strategies are a way to relate new information to information students already have locked in long-term memory.²
- Having an organized, structured thinking process is critical in medicine. It is this thinking process that enables one to go through the method of history-taking, which will eventually lead to making a definitive diagnosis and all other processes that follow.³
- Effective communication is central to safe and effective patient care.⁴

1. Mocko M et al. Journal of Statistics Education. 2017;25(1):2-11;
2. Mastropieri M et al. Intervention in School and Clinic. 1998;33(4):201-2008;
3. Zabidi-Hussin ZA. Advances in Medical Education and Practice.2016;7:247-248
4. Risenberg LA et al. American Journal of Medical Quality. 2009; 196-203;.

Bipolar Disorder

DSM-IV-TR Compared With DSM-5



Major Changes In Bipolar Disorder Diagnostic Criteria

- Change to Criterion A

In *DSM-IV-TR*, Criterion A for manic and hypomanic episodes include only abnormal and persistent changes in mood



In *DSM-5*, Criterion A includes abnormal and persistent changes in mood, and abnormal and persistent changes in activity or energy as well as mood

- Inclusion of a “mixed features” specifier

In *DSM-IV-TR*, the diagnosis of Bipolar I Disorder Mixed Episode required simultaneously meeting full criteria for both mania and an MDE



In *DSM-5*, the Mixed Episode diagnosis has been removed, and the specifier “with mixed features” has been added

DSM, Diagnostic and Statistical Manual of Mental Disorders; MDE, major depressive episode

1. American Psychiatric Association. Highlight of Changes from DSM-IV-TR to DSM-5. Available at: http://www.dsm5.org/Documents/changes_from_dsm-iv-tr_to_dsm-5.pdf.

DSM-5 Diagnostic Criteria For 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 the 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**:
1. Inflated self-esteem or grandiosity.
 2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep).
 3. More talkative than usual or pressure to keep talking.
 4. Flight of ideas or subjective experience that thoughts are racing.
 5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), **as reported or observed**.
 6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation (**i.e., purposeless non-goal-directed activity**).
 7. 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).

Text in bold, bright blue indicates new text in DSM-5 versus DSM-IV-TR.

DSM, Diagnostic and Statistical Manual of Mental Disorders.

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.

DSM-5 Diagnostic Criteria For Manic Episode (Cont'd)

- C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning 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.

Text in bold, bright blue indicates new text in DSM-5 versus DSM-IV-TR.

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1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.

DSM-5 Diagnostic Criteria For 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.

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1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.

DSM-5 Mixed Features Specifier For Patients With Bipolar Disorder

With Mixed Features: The mixed features specifier can apply to the current manic, hypomanic, or depressive episode in Bipolar I or Bipolar II Disorder:

Manic or hypomanic episode, with mixed features:

- A. Full criteria are met for a manic episode or hypomanic episode, and at least three 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-reproach 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.
- B. Mixed symptoms are observable by others and represent a change from the person's usual behavior.
- C. For individuals whose symptoms meet full episode criteria for both mania and depression simultaneously, the diagnosis should be manic episode, with mixed features, due to the marked impairment and clinical severity of full mania.
- D. The mixed symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment).

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1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013.

DSM-5 Mixed Features Specifier For Patients With Bipolar Disorder (Cont'd)

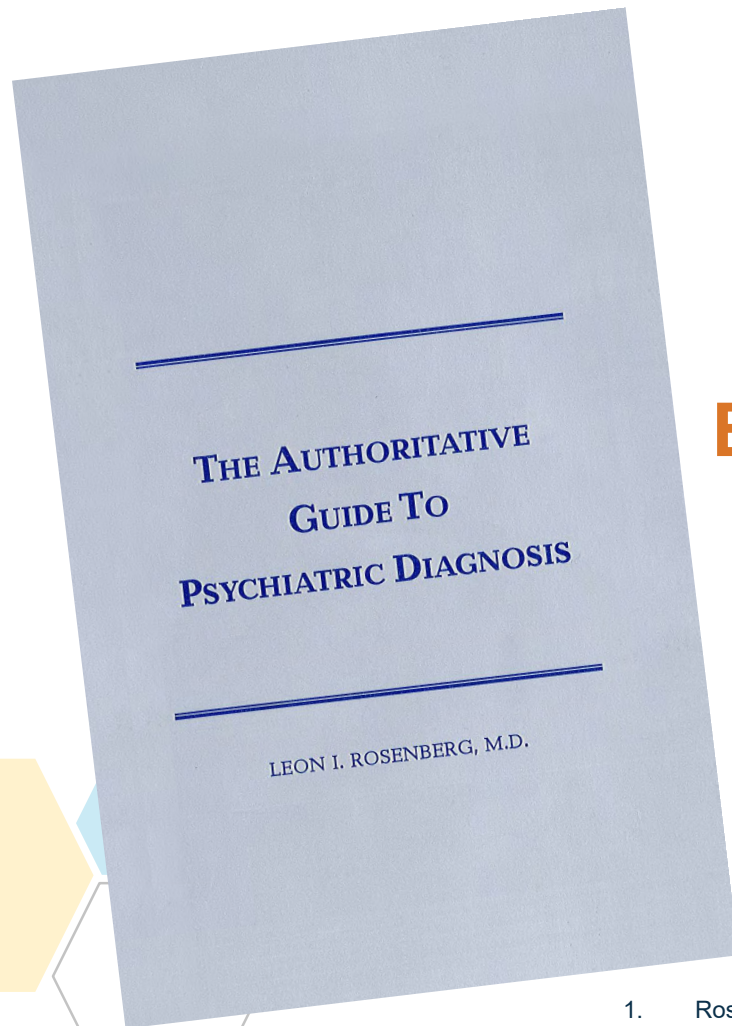
With Mixed Features: The mixed features specifier can apply to the current manic, hypomanic, or depressive episode in Bipolar I or Bipolar II Disorder:

Depressive episode, with mixed features:

- A. Full criteria are met for a major depressive episode, and at least three of the following manic/hypomanic symptoms are present during the majority of days of the current or most recent episode of depression:
 1. Elevated, expansive mood.
 2. Inflated self-esteem or grandiosity.
 3. More talkative than usual or pressure to keep talking.
 4. Flight of ideas or subjective experience that thoughts are racing.
 5. Increase in energy or goal-directed activity (either socially, at work or school, or sexually).
 6. Increased or 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).
 7. Decreased need for sleep (feeling rested despite sleeping less than usual, to be contrasted with insomnia).
- B. Mixed symptoms are observable by others and represent a change from the person's usual behavior.
- C. For individuals whose symptoms meet full episode criteria for both mania and depression simultaneously, the diagnosis should be manic episode, with mixed features.
- D. The mixed symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment).

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1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Washington, DC: American Psychiatric Association; 2013



Bipolar Disorder Mnemonics Based On DSM-IV-TR & DSM-5

1. Rosenberg LI. *The Authoritative Guide to Psychiatric Diagnosis*. 2002. (photo)

Manic Episode:

DR. MANIA[©], ¹ Based On DSM-IV-TR

A Distinct Period of Abnormally and Persistently Elevated or Expansive Mood with 3 (or more) of the following, or Persistently Irritable Mood with 4 (or more) of the following:

- Distractibility
- Racing thoughts or flight of ideas
- More talkative than usual or pressured speech
- Agitated motion or more goal-directed activity
- Need for sleep is decreased
- Inflated self-esteem or Grandiosity
- Activity involvement excessive in pleasurable activities that have a high potential for painful consequences

1. Rosenberg LI. *The Authoritative Guide to Psychiatric Diagnosis*. 2002.

Manic Episode:

DR. MANIA[©], ¹ Based On DSM-5

A Distinct Period of Abnormally and Persistently Elevated or Expansive Mood **and** *abnormally and persistently increased activity or energy*, with 3 (or more) of the following, or Persistently Irritable Mood with 4 (or more) of the following:

- **D**istractibility
- **R**acing thoughts or flight of ideas
- **M**ore talkative than usual or pressured speech
- **A**gitated motion or more goal-directed activity
- **N**eed for sleep is decreased
- **I**nflated self-esteem or Grandiosity
- **A**ctivity involvement excessive in pleasurable activities that have a high potential for painful consequences

1. Rosenberg LI. *The Authoritative Guide to Psychiatric Diagnosis*. 2018. (pending copyright)

Major Depressive Episode: DISGUSTED[©], 1 Based On DSM-5

Requires 5 of the 9 symptoms, including 1 of the first 2

- Depressed mood most of the day, most days (feels sad, empty, hopeless or tearful)*
- Interest or pleasure in almost all activities is markedly diminished most days, subjectively or by observation
- Sleep difficulties nearly every day (insomnia [typically middle or terminal insomnia, but possibly initial insomnia] or hypersomnia)
- Guilt, excessive or inappropriate, or feelings of worthlessness nearly every day (may be delusional)
- Unusually quick or slow moving (observable psychomotor agitation or retardation)
- Suicidal thoughts, plan, or attempt or recurrent thoughts of death (not just fear of dying)
- Thinking or concentration problem or indecisiveness nearly every day (subjective or objective)
- Energy loss or fatigue nearly every day or efficiency with which tasks are accomplished is reduced
- Decreased or increased appetite nearly every day, or weight change (5% in a month) without trying

*NOTE: In children & teens, mood can be irritable

1. Rosenberg LI. *The Authoritative Guide to Psychiatric Diagnosis*. 2018. (pending copyright)

Manic Or Hypomanic Episode With Mixed Features Mnemonic: DISMAL^{©, 1} Based On DSM-5

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:

Depression or dysphoria is prominent (empty, sad, or tearful)

Interest or pleasure is diminished in all/almost all activities

Suicide plan, attempt or ideation; recurrent thoughts of death

Marked feelings of worthlessness or inappropriate guilt

All slowed down (psychomotor retardation)

Loss of energy or fatigue

1. Rosenberg LI. *The Authoritative Guide to Psychiatric Diagnosis*. 2018. (pending copyright)



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