

Is It MDD Or Bipolar Disorder?

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Objectives

- Review the prevalence and burden of major depressive disorder (MDD) and bipolar disorder (BD)
- Discuss the clinical features of MDD and BD
- Address the difficulties in differential diagnosis between MDD and BD

Polling Question

In your clinical experience, what percentage of patients originally diagnosed with MDD were later found to have BD?

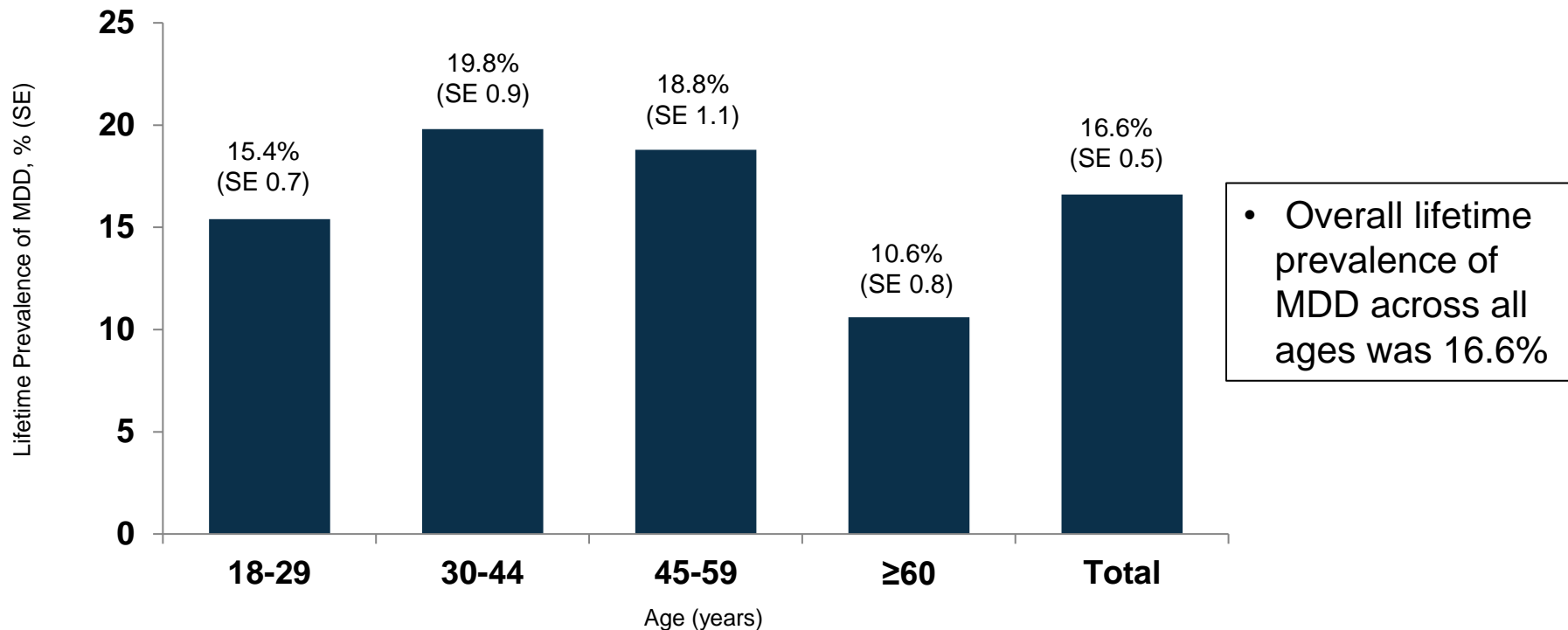
- A. < 10%
- B. 11% to 25%
- C. 26% to 50%
- D. > 50%

Basics Of Major Depressive Disorder (MDD)



Lifetime Prevalence Of MDD

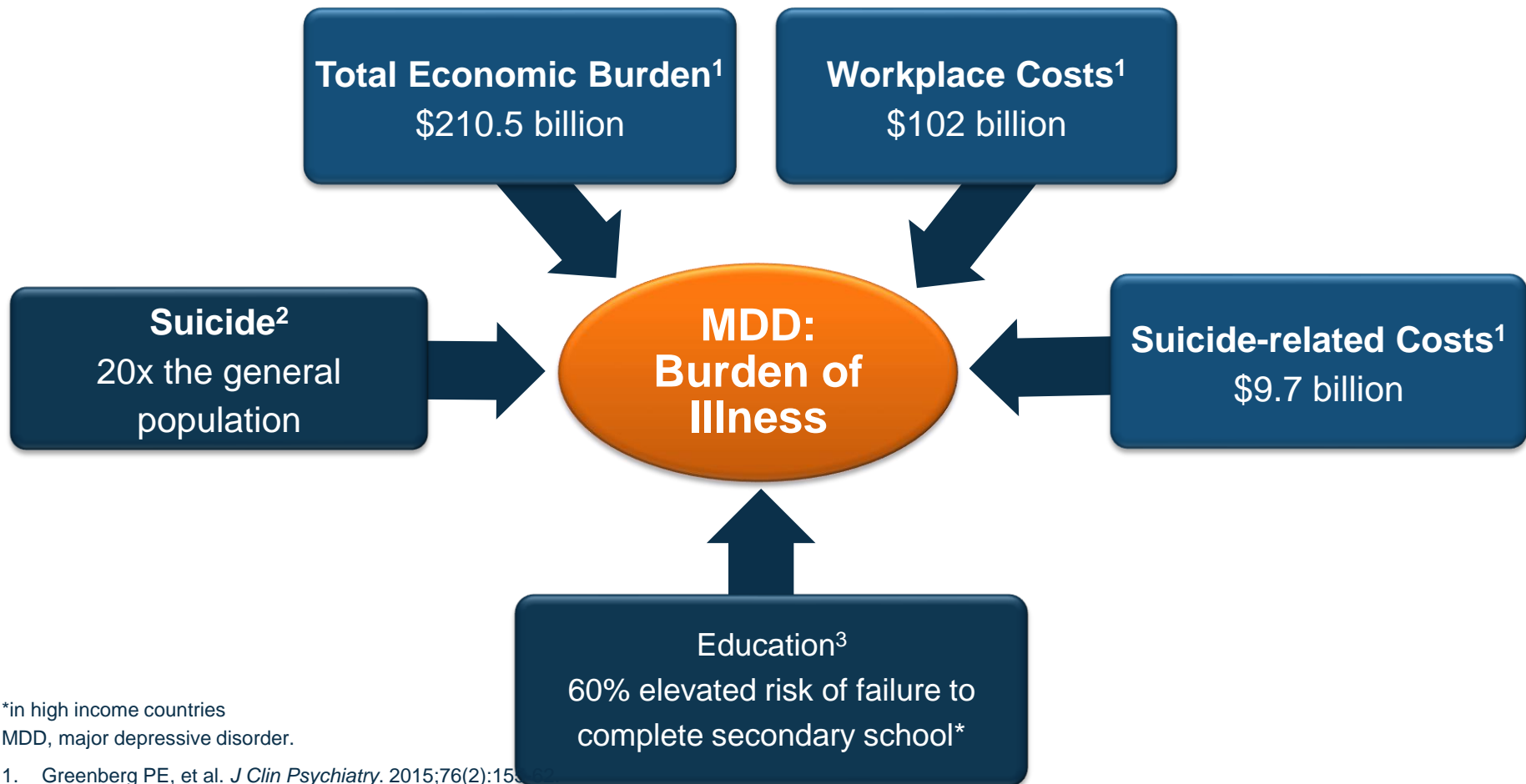
- The data below are from a nationally representative United States face-to-face household survey that was conducted using the fully structured World Health Organization World Mental Health Survey version of the Composite International Diagnostic Interview



MDD, major depressive disorder; SE, standard error.

Kessler RC et al. *Arch Gen Psychiatry*. 2005;62(6):593-602.

Burden Of MDD



*in high income countries

MDD, major depressive disorder.

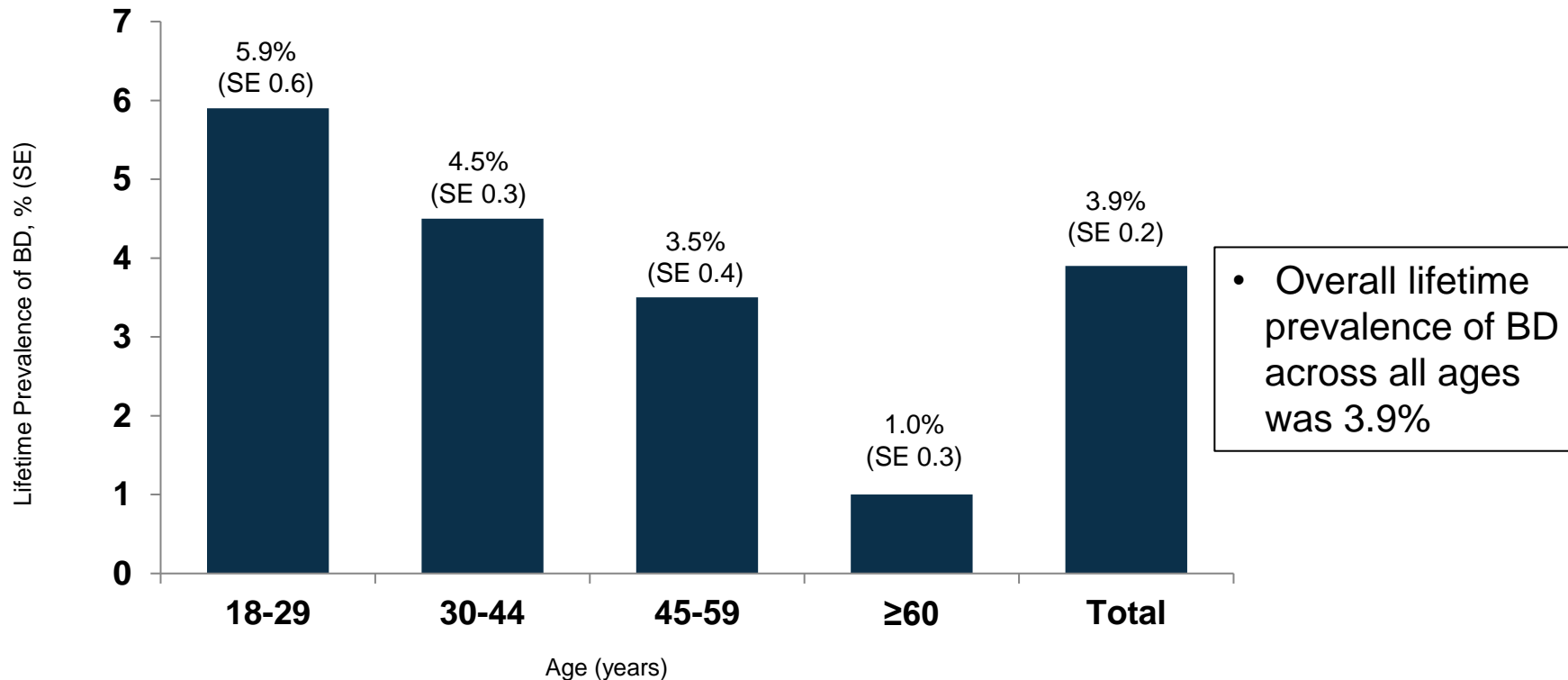
1. Greenberg PE, et al. *J Clin Psychiatry*. 2015;76(2):15.
2. Cáceda R. *Rev Neuropsiquiatry*. 2014;77:3-18.
3. Kessler RC. *Psychiatr Clin North Am*. 2012;35(1):1-14.

Basics Of Bipolar Disorder (BD)



Lifetime Prevalence Of BD

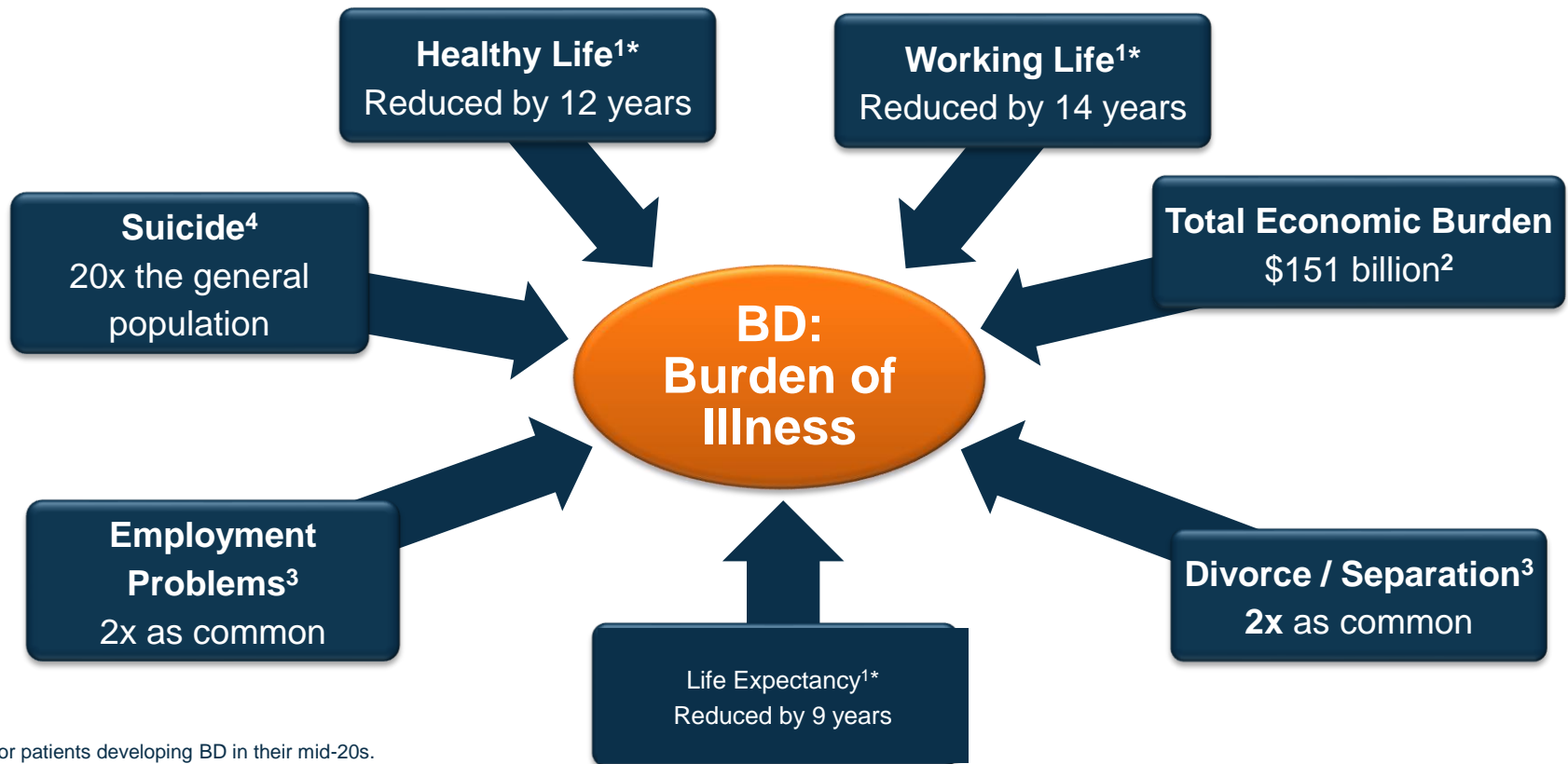
- The data below are from a nationally representative United States face-to-face household survey that was conducted using the fully structured World Health Organization World Mental Health Survey version of the Composite International Diagnostic Interview



BD, bipolar disorder; SE, standard error.

Kessler RC et al. *Arch Gen Psychiatry*. 2005;62(6):593-602.

Burden Of BD



*For patients developing BD in their mid-20s.
BD, bipolar disorder.

1. Scott J. *Br J Psychiatry*. 1995;167(5):581-8.
2. Dilsaver SC. *Journal of Affective Disorders*. 2011;79-83.
3. Coryell W, et al. *Am J Psychiatry*. 1993;150(5):720-7.
4. Singh T, et al. *Psychiatry (Edgmont)*. 2006;3(10):57.

Polling Question

In your experience, which do you consider to be the strongest indicator of BD when a patient presents with depression?

- A. Family history of BD
- B. History of psychiatric hospitalization
- C. History of treatment-resistant depression
- D. Antidepressant-related mania/hypomania

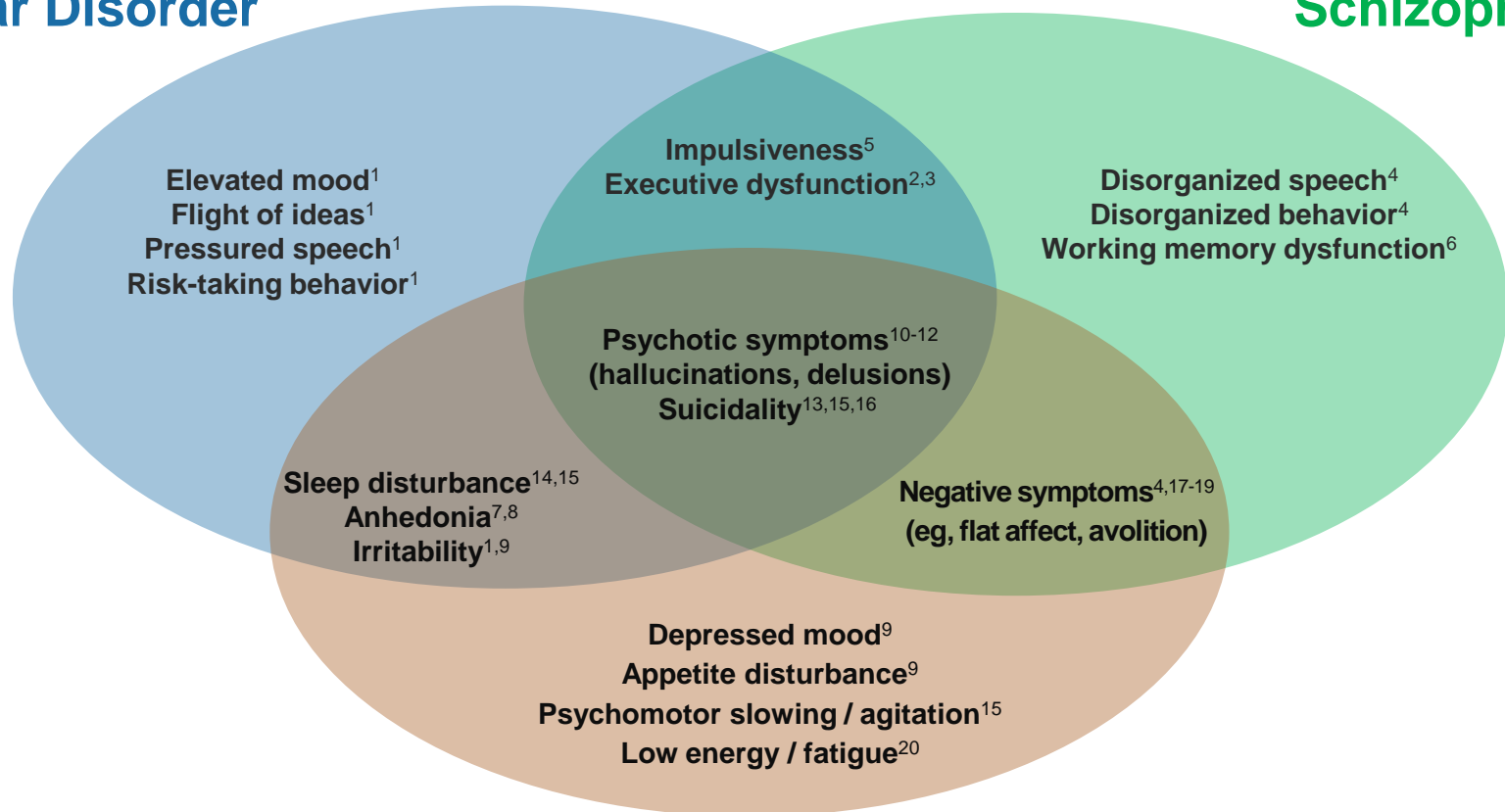
Differential Diagnosis Challenges



Clinical Overlap = Overlap of Symptoms

Bipolar Disorder

Schizophrenia



Major Depression

- Judd LL, et al. 2012.
- Barbosa IG, et al. 2012.
- Brown AS, et al. 2009.
- Kerns JG. 2006.
- Reddy LF, et al. 2014.
- 6. Forbes NF, et al. 2009.
- 7. Pizzagalli DA, et al. 2008.
- 8. Berlim MT, et al. 2004.
- 9. Farabaugh AH, et al. 2004.
- 11. ISC, et al. 2009.
- 12. Santosh SV et al. 2014.
- 13. MacKinnon DF, et al. 2005.
- 14. Harvey AG, et al. 2009.
- 16. Hor K, et al. 2010.
- 17. Foussias G, et al. 2010.
- 18. Pizzagalli DA, et al. 2002.
- 19. Bracht T, et al. 2012.

Case Presentation*

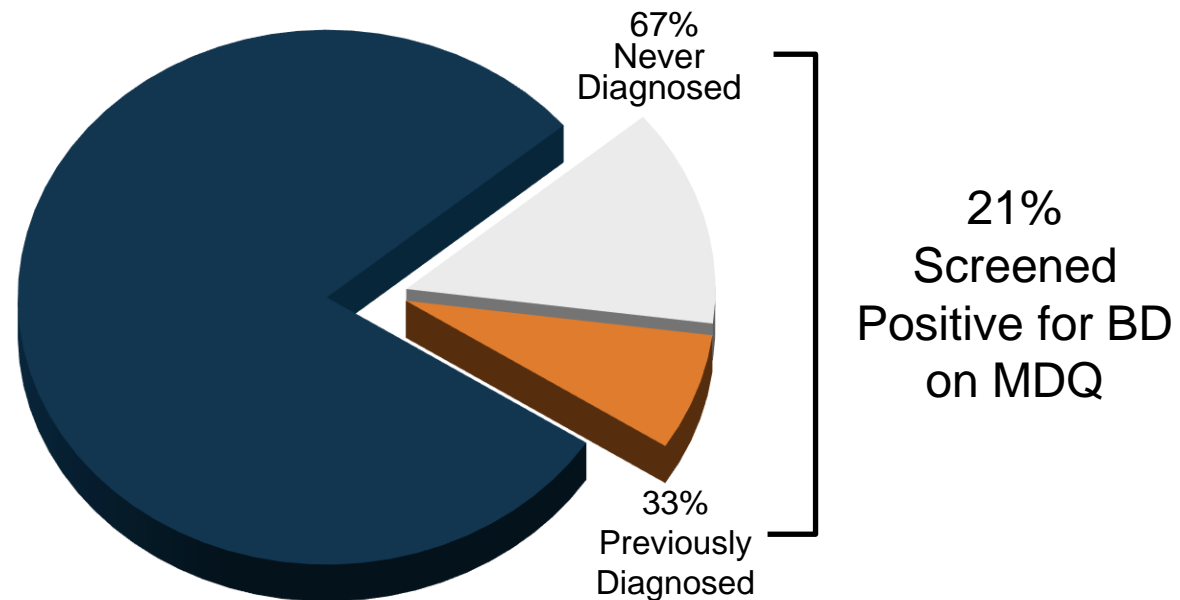
- Consuelo is a 35-year-old, married, Hispanic woman diagnosed with MDD
 - She is currently employed as a nurse aid and has two children aged 7 and 9 years
 - She previously suffered from anxiety and depression
 - Father has a history of depression; maternal grandmother has a history of BD
- Recent complaints include:
 - Feeling sad and irritable
 - Decreased appetite and loss of 3 lbs in the last month
 - Anhedonia; loss of interest in work and spending time with her family
 - Tiredness fluctuating with feeling of increased energy
 - Insomnia (early and middle)
 - Difficulty at work and taking care of her children
 - Wishes to be dead but no specific suicide plans
 - Feeling of guilt of not being a “good wife”
- She had a partial response to an SSRI, but still reports “being down most days”
- She is referred by her primary care provider who is concerned about Consuelo’s depression continuing to be unresponsive to treatment

*Fictional case presentation.

BD, bipolar disorder; MDD, major depressive disorder; SSRI, selective serotonin reuptake inhibitors.

BD Is Often Underdiagnosed

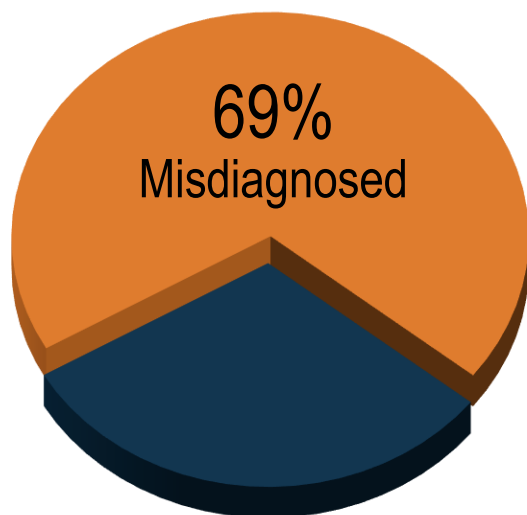
- Outpatients (n = 649) receiving treatment for depression



BD, bipolar disorder; MDQ, Mood Disorder Questionnaire.

Hirschfeld RMA, et al. *J Am Board Fam Pract.* 2005;18:233-239

Misdiagnosis Of BD: NDMDA Survey (2000)



- Patients were incorrectly diagnosed with:
 - Unipolar depression: 60%
 - Anxiety disorders: 26%
 - Schizophrenia: 18%
 - Borderline or antisocial PD: 17%
 - Alcohol abuse/dependence: 14%
 - Schizoaffective disorder: 11%

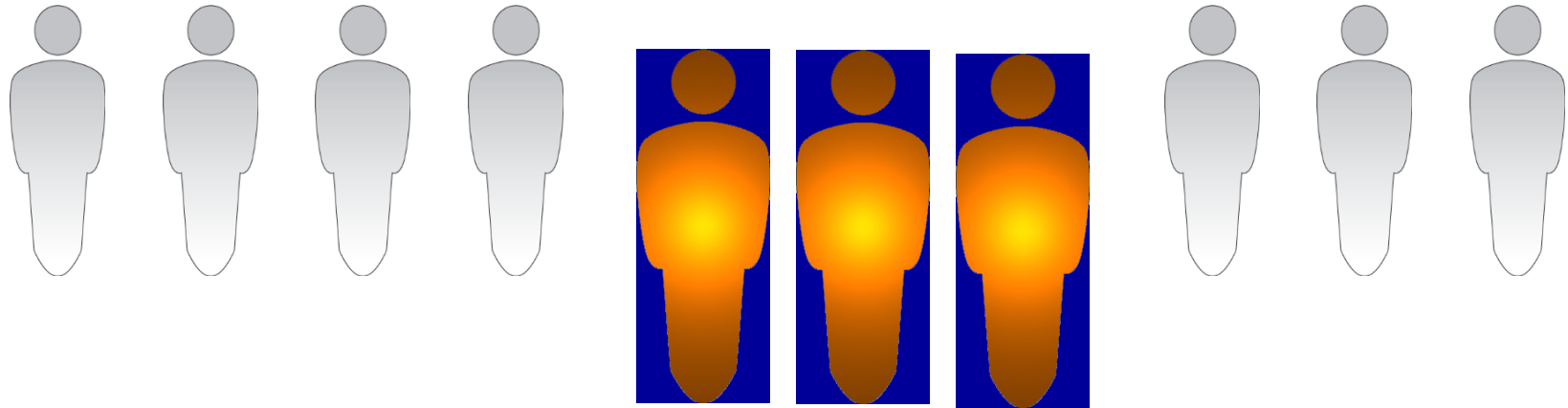
35% were symptomatic for more than
10 years before correct diagnosis

10+ years

BD, bipolar disorder; NDMDA, National Depressive and Manic-Depressive Association; PD, personality disorder.

Hirschfeld RMA, et al. *J Clin Psychiatry*. 2003;64(2):161-174.

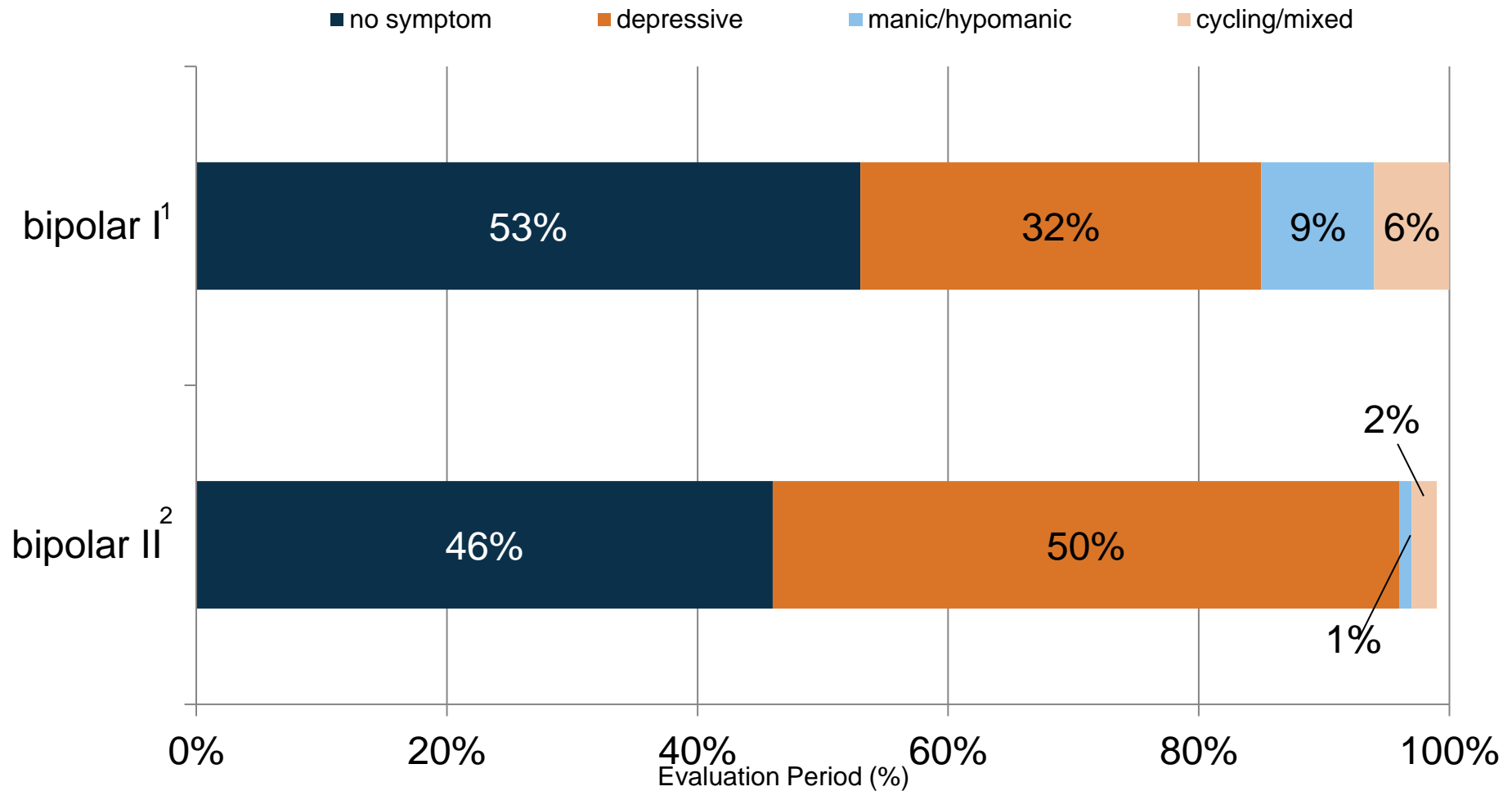
BD Versus Unipolar Depression



BD is often incorrectly diagnosed as MDD. For every 10 patients eventually diagnosed with BD, ~3 remain misdiagnosed for 10 years or more

BD, bipolar disorder; MDD, major depressive disorder.
Jann MW. *Am Health Drug Benefits*. 2014;7(9):489-99.

People With BD Were Depressed For Almost 30% To 50% Of The Evaluation Period*



*Evaluation period for bipolar I and II studies are 12.8 years (n=146) and 13.4 years (n=86), respectively. BD, bipolar disorder.

1. Judd LL, et al. *Arch Gen Psychiatry*. 2002;59(6):530-7; 2. Judd LL, et al. *Arch Gen Psychiatry*. 2003;60(3):261-9.

Journal Of Affective Disorders

Two-year outcomes in first-episode psychotic depression: The McLean–Harvard first-episode project

Mauricio Tohen, Hari-Mandir K. Khalsa, Paola Salvatore, Eduard Vieta, Caitlin Ravichandran, Ross J. Baldessarini

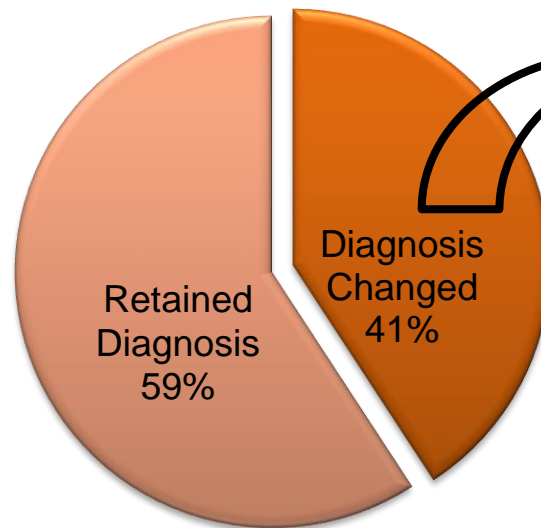


Tohen M, et al. *J Affect Disord.* 2012;136(1-2):1-8.

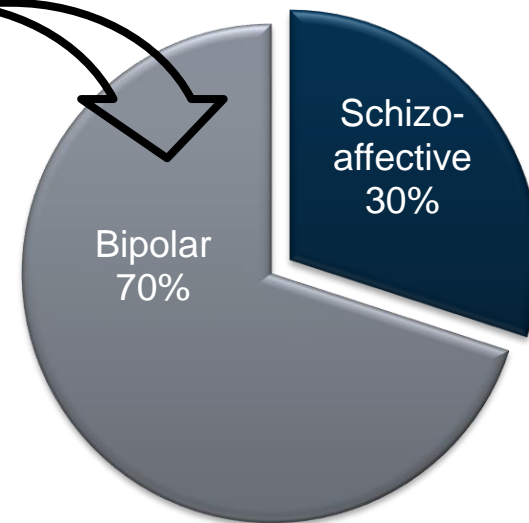
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Change In Diagnosis In The McLean-Harvard First-Episode Psychotic Depression Project: Two-Year Outcomes

Change in Diagnosis of Patients With Psychotic Depression at Baseline



Change in Diagnosis



56 patients with a diagnosis of MDD with psychotic features per the *DSM-IV* were prospectively followed

DSM-IV, Diagnostic and Statistical Manual of Mental Disorders, 4th Edition; MDD, major depressive disorder.

Tohen M, et al. *J Affect Disord.* 2012;136(1-2):1-8.

Switch Of Manic Episode

- Presence of mixed features in a first episode of psychotic depression predicted switch to BD
 - 2.4-fold higher baseline YMRS manic-symptoms (2.12 vs 5.05)
 - OR: 1.18 (1.01-1.38); $P = 0.036$

BD, bipolar disorder; OR, odds ratio with 95% confidence interval; YMRS, young mania rating scale.

Tohen M, et al. *J Affect Disord.* 2012;136(1-2):1-8.

Predictors Of Diagnostic Switch In First-Episode Psychotic Depression

- Validity of *DSM-5* mixed features specifier
 - Presence of mixed features had implications for diagnostic outcomes
- Switch to schizoaffective disorder
 - Presence of mood incongruent features
 - Prodromal thought disorder

DSM-5, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

Tohen M, et al. *J Affect Disord.* 2012;136(1-2):1-8.

Differentiating Bipolar Depression From Unipolar Depression



Clinical Features Of MDD And Bipolar Depression

Unipolar Depression	Bipolar Depression
Typically occurs after 25 years of age ¹	Typically occurs before 25 years of age ¹
May be preceded by period of gradually worsening symptoms ¹	Episodes may abrupt; often period or seasonal ¹
No history of mania or hypomania ¹	Treatment-emergent mania / hypomania ¹
	Heritable; family history is vital ¹
	History of mania/hypomania, or increased energy and decreased need for sleep ¹
<i>Symptoms More Common in Unipolar Depression</i>	<i>Symptoms More Common in Bipolar Depression</i>
Anxiety ²	Hypersomnia ²
Appetite disturbances ²	Psychomotor retardation ²
Physical complaints ²	Fewer physical complaints ²
Initial insomnia ²	Hyperphagia ²
Weight loss ²	Leadens paralysis ²

MDD, major depressive disorder.

1. Suppes T, et al. *J Clin Psychiatry*. 2005;6(suppl 5):11-16.

2. Mitchell PB et al. *Bipolar Disord*. 2008;10:144-152

Indicators Of BD Among Patients Presenting With Depression

- Family history of BD¹
- Earlier onset of illness²
- Seasonality¹
- Number of past episodes¹
- History of psychiatric hospitalization¹
- Mixed states¹
- Mood reactivity¹
- History of treatment-resistant depression²
- Antidepressant-related mania / hypomania¹

BD, bipolar disorder.

1. Okasha T, et al. *J Affect Disord.* 2013;147(1-3):217-24.

2. Dudek D, et al. *J Affect Disord.* 2013;144(1-2):112-5.

Factors To Consider When Selecting A Therapy For Patients With Bipolar Depression

Depressive symptom severity^{1,2}

Presence of mixed features, rapid cycling²

Comorbid psychiatric and medical illness²

Therapy risk-benefit²

1. Moreno C, et al. *Bipolar Disord.* 2012;14(3):271-82.

2. Suppes T, et al. *J Clin Psychiatry.* 2005;6(suppl 5):11-16.

ISBD Recommendations For Antidepressant Use In BD

- International collaboration of 70 experts in bipolar; 173 studies reviewed
- Antidepressants have a questionable risk-benefit ratio
- Only use in bipolar I or II depressive patients with a past history of good response to antidepressants
- Do not use as monotherapy in bipolar I disorder
- Do not use in presence of mixed features, rapid cycling

BD, bipolar disorder; ISBD, International Society for Bipolar Disorders.

Pacchiarotti I, et al. *Am J Psychiatry*. 2013;170(11):1249-62.

Conclusions

- Depression is often the presenting mood state in BD¹
- Screening for a history of mania / hypomania is essential in patients with depression^{1,2}
- Treatment-resistant depression is associated with BD^{1,3}
- Additional information may point to BD, such as family history, early onset, number of past episodes, etc^{2,3}

BD, bipolar disorder.

1. Suppes T, et al. *J Clin Psychiatry*. 2005;6(suppl 5):11-16.
2. Okasha T, et al. *J Affect Disord*. 2013;147(1-3):217-24.
3. Dudek D, et al. *J Affect Disord*. 2013;144(1-2):112-5.

Questions

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