Poll Question

Who are you?
- Clinical counselor in Private Practice
- Clinical Counselor in Agency/Hospital/Education/Community Setting
- Counselor Educator
- Student
- School Counselor
- Rehabilitation Counselor
- Psychologist
DSM Layout

- Divided into two sections designed to assist in diagnosing problems with mood
  1. Criteria and description of all disorders, including diagnostic features, associated features, and differential diagnostic issues
  2. Definitions of specifiers that provide greater description of the current or most recent mood episode

- Recognition is important – bipolar disorder is often missed; average time for non-MD to correctly diagnose = 8.9 years; for MD = 6.5 years! (Ghaemi, as cited in Quinn, 2008).

- Tips: ALWAYS check for a mood disorder in any new client and NEVER assume mood disorder is client’s only diagnosis.

What is a Mood Episode?

Mood Episodes are “building blocks” of (most) mood disorders. They require the following:

- a mood quality that has existed for a required period of time
- is attended by a required number of symptoms
- has resulted in some degree of disability, and
- does not violate any listed exclusions

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Manic Episode

Classic Triad of Manic Symptoms

- Heightened self-esteem
- Increased motor activity
- Pressured speech
The “Building Blocks” of Mood Disorders

Manic Episode

- Must meet five (5) criteria:
  - Mood that is abnormally elevated and expansive (sometimes irritable)
  - Heightened mood has existed for a minimum of ONE WEEK

- Three of the following must be present in a one-week period (four if mood is only irritable):
  - Has resulted in significant social, personal, and/or occupational impairment
  - Does not violate exclusions: GMC & substance-induced
  - At least one lifetime manic episode is required for the diagnosis of bipolar I disorder

Hypomanic Episode

- “watered down” version of manic episode
  - Quality of mood that is euphoric, but without the driven quality present in a manic episode
  - Mood must be qualitatively different from normal nondepressed mood
  - Disturbance in mood is observable by others
  - Is NOT severe enough to cause marked impairment

- Client must have symptoms for a period of four (4) days
  - Same number of symptoms from the same list required for manic episode: At least three (3) symptoms must be present during previous four (4) days (if mood is irritable, than four (4) symptoms are required)

- Hypomanic episodes are common in bipolar I disorder but are not required for a diagnosis of bipolar I disorder
Major Depressive Episode

One of the most common problems for why people seek help

Must meet following criteria:
- Depressed mood (or loss of interest or pleasure)
- Existed most of day, nearly every day, for at least TWO WEEKS
- accompanied by at least five (5) symptoms, where one (1) symptom must be depressed mood or loss of pleasure:

And, Death wishes/suicidal ideation

Mood disturbance cannot be due to a GMC or use of substances

Major depressive episodes are common in bipolar I disorder but are not required for a diagnosis of bipolar I disorder
The Bipolar Disorders

Bipolar I disorder Coding and Recording Issues (big changes from DSM-IV)

- If you suspect a bipolar I diagnosis, then you need to determine the following related to the current or most recent episode: (a) severity, (b) if psychotic features are present, and (c) remission status.

- Note: Current severity and psychotic features are only indicated if full criteria are met for a manic or major depressive episode.
Bipolar I Disorders: Diagnostic Coding

Client’s current or most recent episode is manic

Choose one of the following for coding purposes:
- Mild, 296.41 (F31.11)
- Moderate, 296.42 (F31.12)
- Severe, 296.43 (F31.13)
- With psychotic features, 296.44 (F31.2)
- In partial remission, 296.45 (F31.73)
- In full remission, 296.46 (F31.74)
- Unspecified, 296.40 (F31.9)

Bipolar I disorder, Current or most recent episode manic

Bipolar I disorder: Diagnostic coding

Client’s current or most recent episode is depressed and criteria have been met for at least one manic episode

Choose one of the following for coding purposes:
- Mild, 296.51 (F31.31)
- Moderate, 296.52 (F31.32)
- Severe, 296.53 (F31.4)
- With psychotic features, 296.54 (F31.5)
- In partial remission, 296.55 (F31.75)
- In full remission, 296.56 (F31.76)
- Unspecified, 296.50 (F31.9)
Bipolar I disorder: Diagnostic coding

**Bipolar I disorder, Current or most recent episode hypomanic**

Client’s current or most recent episode is hypomanic and criteria have been met for at least one manic episode

Choose one of the following for coding purposes:
- Severity and psychotic specifiers do not apply, always code 296.40 (F31.0)
- In partial remission, 296.45 (F31.73)
- In full remission, 296.46 (F31.74)
- Unspecified, 296.40 (F31.9)

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Bipolar I disorder: Diagnostic coding

**Bipolar I disorder, Current or most recent episode unspecified**

Client’s current or most recent episode is unspecified and criteria have been met for at least one manic episode

Choose the following for coding purposes:
- Severity, psychotic, and remission specifiers do not apply, always code 296.7 (F31.9)
Making the bipolar I disorder diagnosis

- Other tips:
  - For Bipolar I disorder, the symptoms must not be better accounted for by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other psychotic disorder exclusions
- The clinician has the option to add other specifiers that are not associated with a code (applies only the current or most recent episode, except With rapid cycling):
  - With anxious distress
  - With mixed features
  - With rapid cycling
  - With melancholic features
  - With atypical features
  - With mood-congruent psychotic features
  - With mood-incongruent psychotic features
  - With catatonia (coding note: Use additional code 293.89 (F06.1)
  - With peripartum onset
  - With seasonal pattern (applies only to current or most recent depressive episode)

Making the bipolar I diagnosis

- In recording the bipolar I diagnosis, start with name of disorder, type of current or most recent episode, severity/psychotic features/remission specifiers, as many specifiers without codes that apply.

- Here are some examples:
  - 296.52 (F31.32) Bipolar I disorder, current episode depressed, moderate, With atypical features
  - 296.44 (F31.2) Bipolar I disorder, most recent episode manic, With psychotic features, With anxious distress, With rapid cycling
Bipolar II Disorder: Diagnostic Coding

Bipolar II disorder

Criteria have been met for at least one hypomanic episode and at least one major depressive episode; no history of manic episode

Choose the following for coding purposes:

Only one diagnostic code, 296.89 (F31.81)
Current severity, psychotic features (depressive episode only), course, and other specifiers cannot be coded but can be expressed in writing

Making the bipolar II diagnosis

Specify the following in writing if relevant to client’s symptoms:

- Most recent episode is hypomanic or depressed
- Any of these characteristics match the most recent episode\(^1\)
  » With anxious distress
  » With mixed features
  » With rapid cycling (applies to course of disorder rather than to most recent episode)
  » With melancholic features
  » With atypical features
  » With mood-congruent psychotic features
  » With mood-incongruent psychotic features
  » With catatonia (coding note: Use additional code 293.89 (F06.1)
  » With peripartum onset
  » With seasonal pattern (applies only to current or most recent depressive episode)
Making the bipolar II diagnosis

- Additional specifiers:
  - If full criteria for mood episode are not currently met
    » In partial remission
    » In full remission
  - If full criteria for mood episode are currently met
    » Mild, Moderate, or Severe

- Writing out the bipolar II diagnosis should have the following pattern:
  - Name of disorder, current or most recent episode, additional specifiers,
    course specifiers, severity specifiers. Here is an example . . .

  296.89 (F31.81) Bipolar II disorder, current episode depressed, With seasonal pattern, Moderate

301.13 (F34.0) Cyclothymic Disorder

- Clients who are chronically both elated and depressed, but do not fulfill criteria for hypomanic or major depressive episodes

- Client has had hypomanic symptoms and low mood swings for at least two years (at least 1 year for children and adolescents)

- Symptoms have been present for at least half the time; longest client has been free of mood swings during two year period is two months

- Client has never met criteria for major depressive, manic, or hypomanic episodes

- Typical exclusions (not due to GMC or substance use)
Other bipolar disorders

- Substance/Medication-Induced Bipolar and Related Disorder (coding depending on substance)

- Bipolar and Related Disorder Due to a General Medical Condition (Coding follows ICD-10-CM and can get complicated!)

- 296.89 (F31.89) Other Specified Bipolar and Related Disorder

- 296.80 (F31.9) Unspecified Bipolar and Related Disorder

Assessment, Other Diagnostic Issues, and Treatment
Key diagnostic principles (Quinn, 2008)

- Most critical task – is the depression unipolar or bipolar? – need to figure this out.
- Always rule out medical disorders or substance abuse that may cause secondary depression or mania.
- Diagnostic assessment should search strategically for periods of hypomania in client’s history.
  - Hypomania can “look like” normal happiness, but if it happens repeatedly without sleep, and the client has more energy but with less sleep, or these times are preceded/followed by rapid bouts of depression, think hypomania!
- Assess multiple criteria.
  - Symptoms are important, but also look at course of symptoms, family history, and client response to medication.

The Bipolarity Index (Sachs, 2004; Wegmann, 2011)

- Assesses the client on 5 dimensions: Episode characteristics (hypomania or mania), age of onset, illness course and other features, response to medications, and family history.
- Clients are scored depending on where they “fall” related to each dimension. For example,
  - A client who has experienced an episode characteristic of full blown manic symptoms would be assigned 20 points. If he or she had an age of onset of between 20-30, another 15 points would be scored, and so forth.
  - Most bipolar I patients score above 60, according to Sachs (2004).
- Still needs to be fine-tuned, but can provide some quantitative sense of the likelihood and magnitude of bipolar disorder.
- Note that even if a client has not had a manic episode, some characteristics are highly predictive of bipolar disorder (e.g., early onset of depression, brief depressive episodes).
Treatment (Quinn, 2008; Wegmann, 2011; Seligman & Reichenberg, 2012)

- Cognitive-behavioral therapy
- Family-focused treatment
- Interpersonal psychotherapy
- Psychoeducation about disorder
- Chart the precipitants, nature, duration, frequency, and seasonality of dysfunctional mood to avoid future episodes
- Medication
  - Lithium
  - Anticonvulsants (Depakote, Tegretol, Lamictal)
  - Atypical Antipsychotics (Risperdal, Seroquel)

References

Q&A

For additional questions, please contact:
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Please join us for the rest of the DSM series:

- **July 17**
  Shannon Ray, PhD, LMHC - Anxiety Disorders

- **July 24**
  Gary Gintner, PhD, LPC - Depressive Disorders

- **July 31**
  Paul Peluso, PhD, LMHC, LMFT - Personality Disorders and Wrap-up