

# Depression, Psychosis and Bipolar Disorder

Health Information Management Professionals

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David Craig



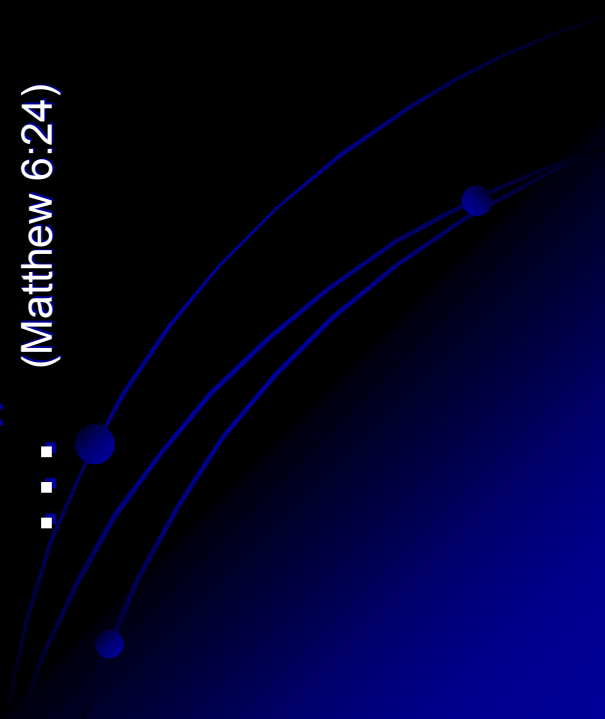
# Introduction

- “No man can serve two masters

”

...

(Matthew 6:24)

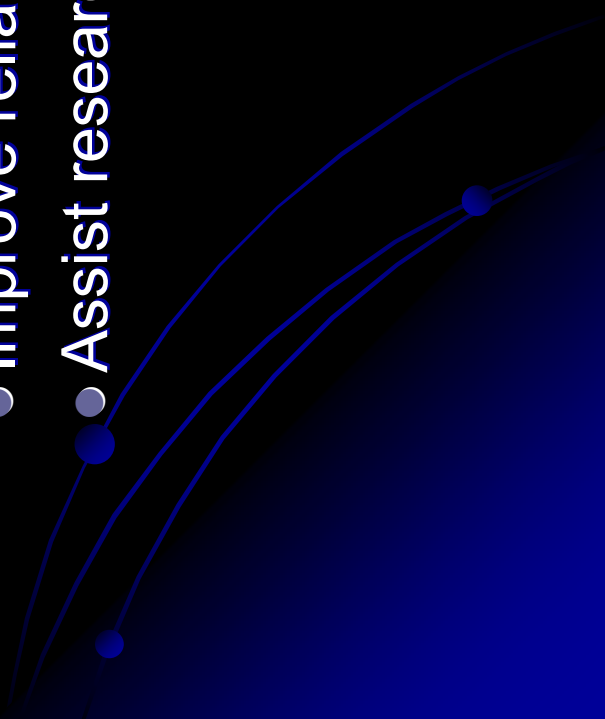


# Introduction

●... but DSM IV tries!

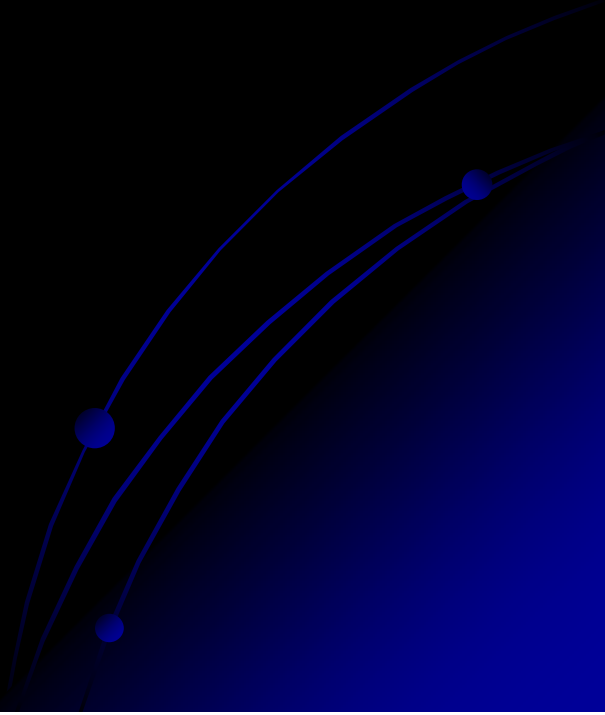


# Introduction

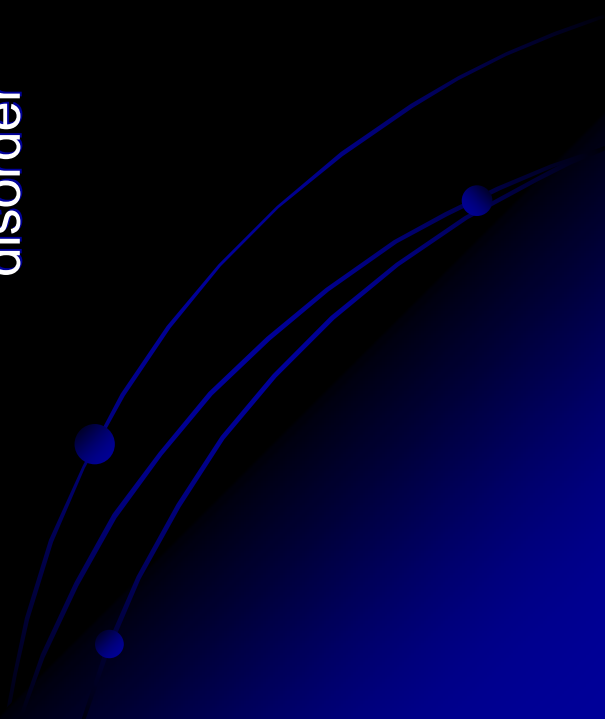
- **DSM IV is**
    - Multi-axial
    - Criterion based
    - Intended to
      - Improve reliability and validity
      - Assist research
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# Introduction

- DSM IV's Masters
  - Science
  - Supposedly the only master

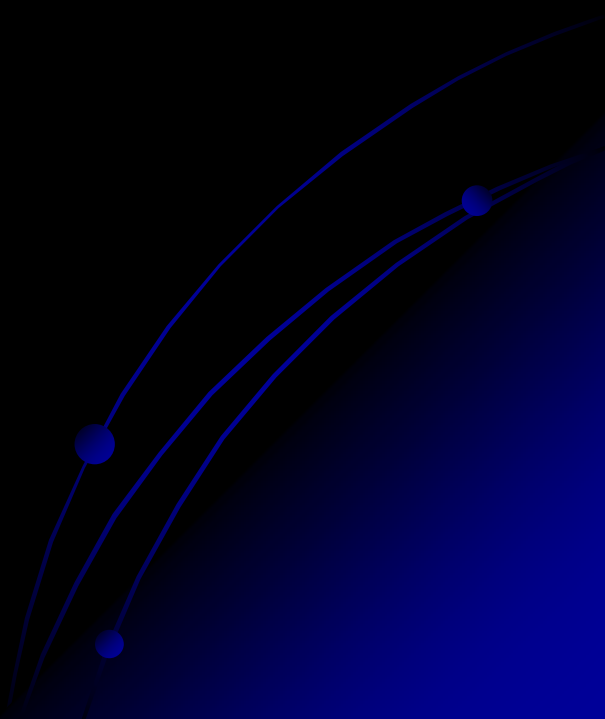


# Introduction

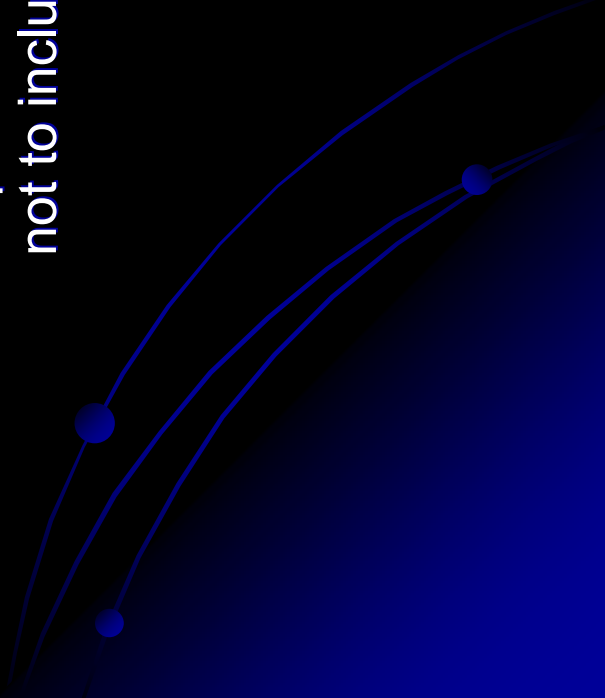
- DSM IV's Masters<sup>(2)</sup>
  - Health care providers
    - (psychiatrists, psychologists, social workers, addictions thereapists, etc)
    - Paid according to whether or not an entity is a DSM IV disorder
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# Introduction

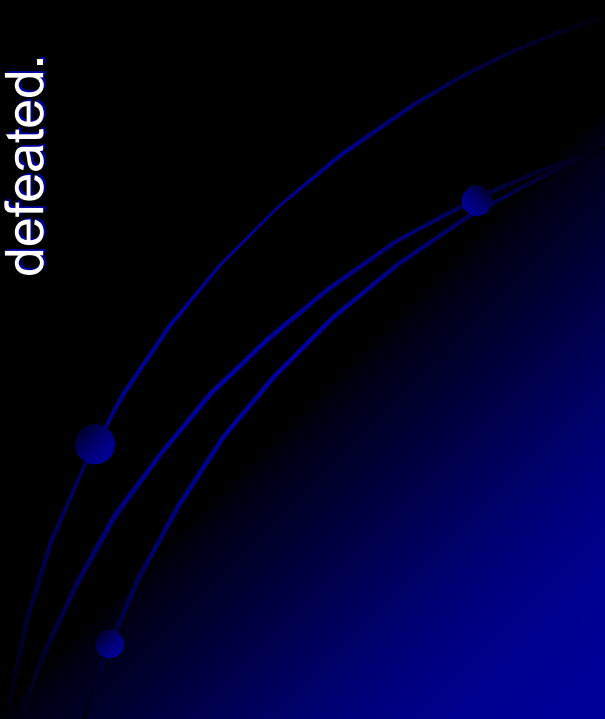
- DSM IV's Masters<sup>(3)</sup>
- Health care funders
  - pay or don't pay depending on to whether or not an entity is a DSM IV disorder



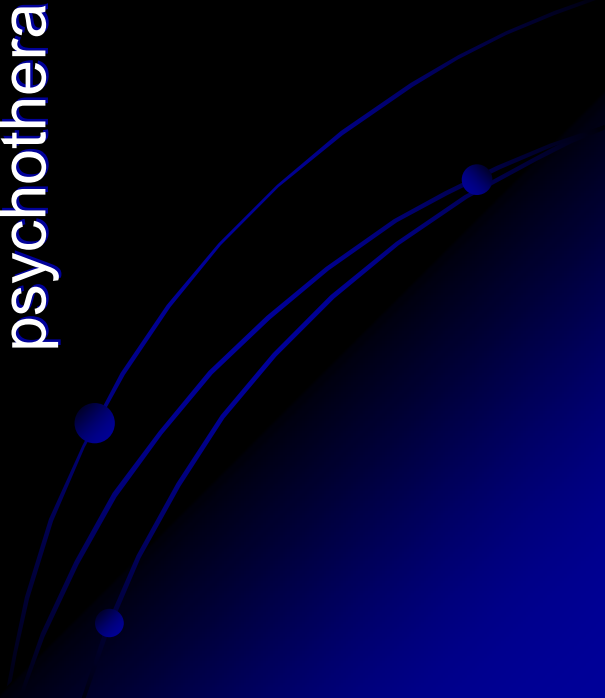
# Introduction

- DSM IV's Masters<sup>(4)</sup>
  - Pharmaceutical companies
    - have vested interests in DSM IV diagnoses, among which they hope to find indications for their products
    - the majority of the authors of DSM IV had financial ties to pharmaceutical companies; the decision whether or not to include a diagnosis was by majority vote
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# Introduction

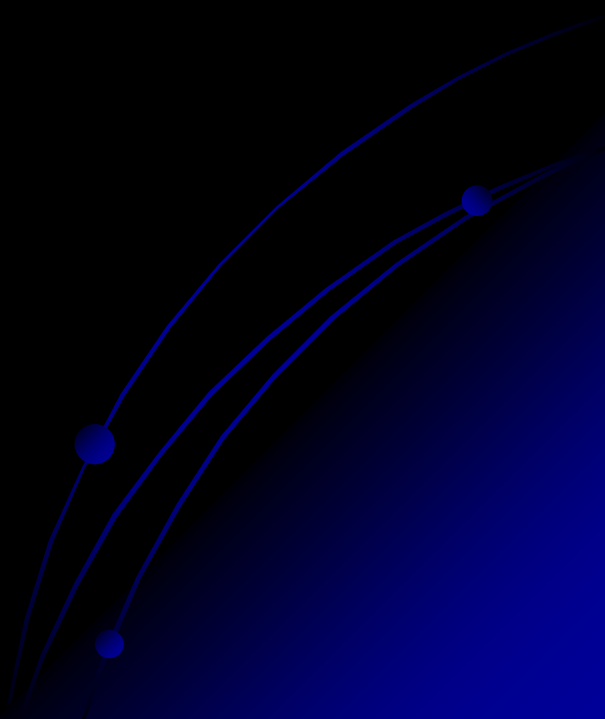
- DSM IV's Masters<sup>(4)</sup>
  - Various political, advocacy groups and others
    - “self defeating personality disorder” (a.k.a. battered spouse) and “preferential coercive paraphilia (approximate term) (a.k.a. serial rapist) were proposed DSM IV diagnoses; fortunately both proposals were defeated.
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# Mood Disorders

- **Pre-DSM III** (i.e. before 1980)
    - **Grief (or bereavement)**
      - Normal human emotion in response to real or symbolic loss or threatened loss
      - Usually self-limited, occasionally an indication for psychotherapy
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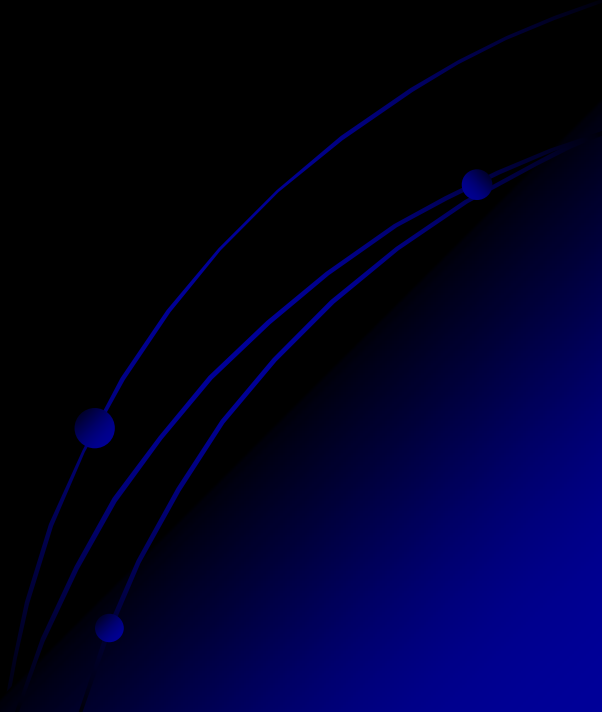
# Mood Disorders

- **Pre-DSM III** (i.e. before 1980)(2)
- **Reactive Depression**
  - Due to external stressors or losses
  - Responsive to psychotherapy



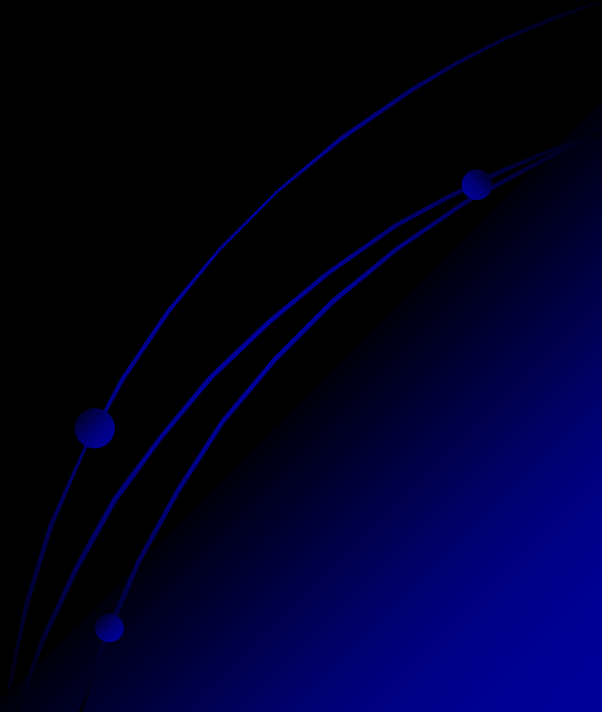
# Mood Disorders

- **Pre-DSM III** (i.e. before 1980)(3)
- **Endogenous Depression**
  - Due to a “chemical imbalance”
  - Responsive to antidepressant therapy or ECT



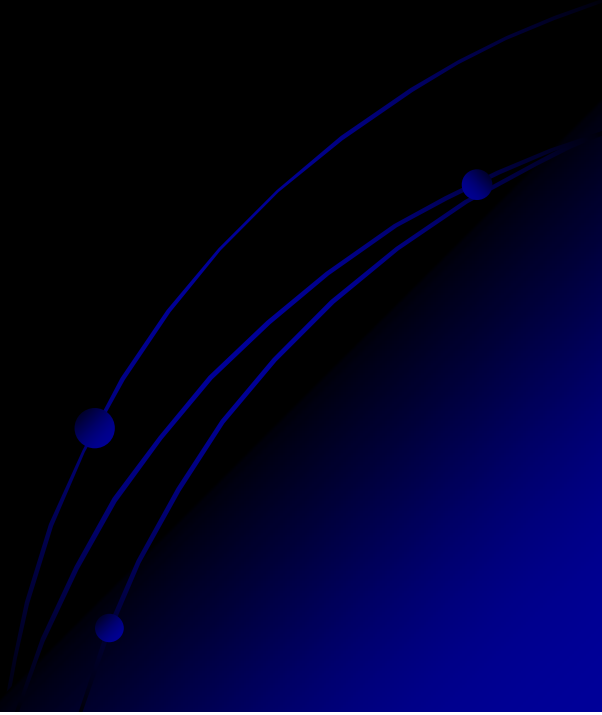
# Mood Disorders

- **Pre-DSM III** (i.e. before 1980)(4)
- Manic depressive disorder, depressed phase
  - Due to a “chemical imbalance”
  - Best treated with mood stabilizers



# Mood Disorders

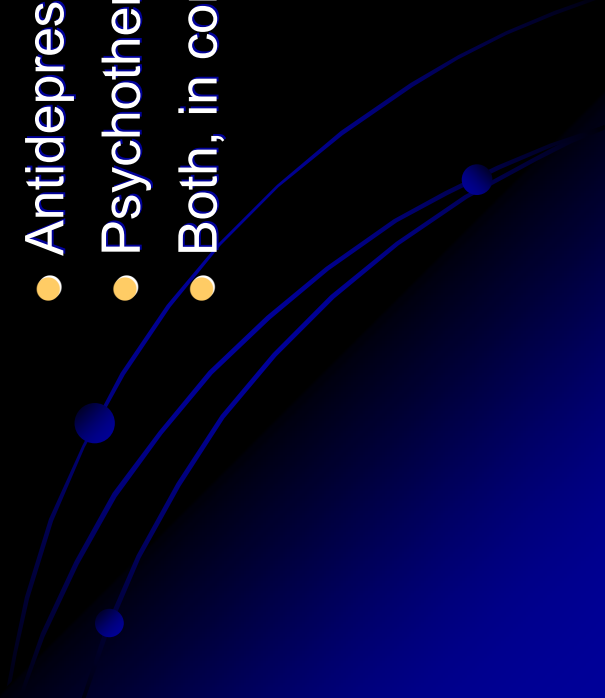
- DSM III and beyond - theory
- Normal grief



# Mood Disorders

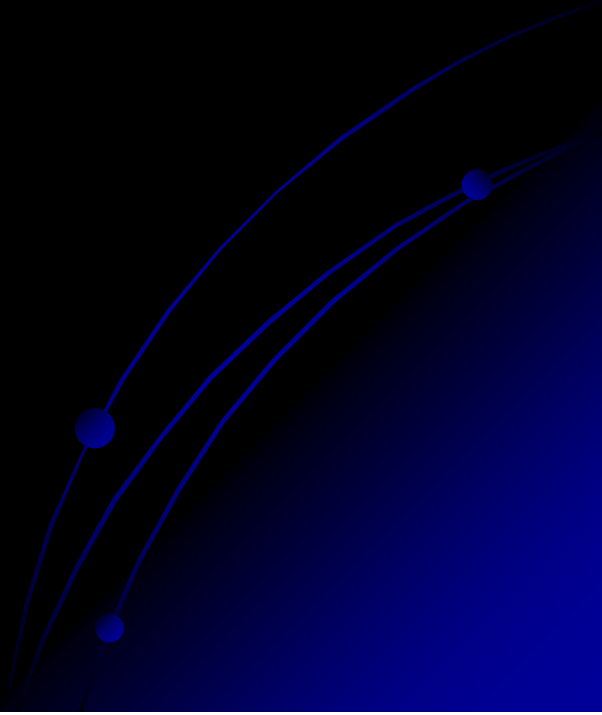
- **DSM III and beyond – theory<sup>(2)</sup>**
  - Adjustment disorder with depressed mood
    - Overreaction to normal stressors
    - Without disturbances in “vegetative functions”
    - Responsive to psychotherapy
  - **Major depressive disorder**
    - “Endogenous”, “reactive” or both
    - With disturbances in “vegetative functions”
    - Responsive, at times, to
      - Antidepressant therapy
      - Psychotherapy, or
      - Both, in combination
- **Bipolar Disorder, depressed phase**
  - Corresponds to Manic depressive disorder, depressed phase

# Mood Disorders

- DSM III and beyond – theory<sup>(3)</sup>
  - Major depressive disorder
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# Mood Disorders

- DSM III and beyond – theory<sup>(4)</sup>
- Bipolar Disorder, depressed phase
  - Corresponds to Manic depressive disorder, depressed phase

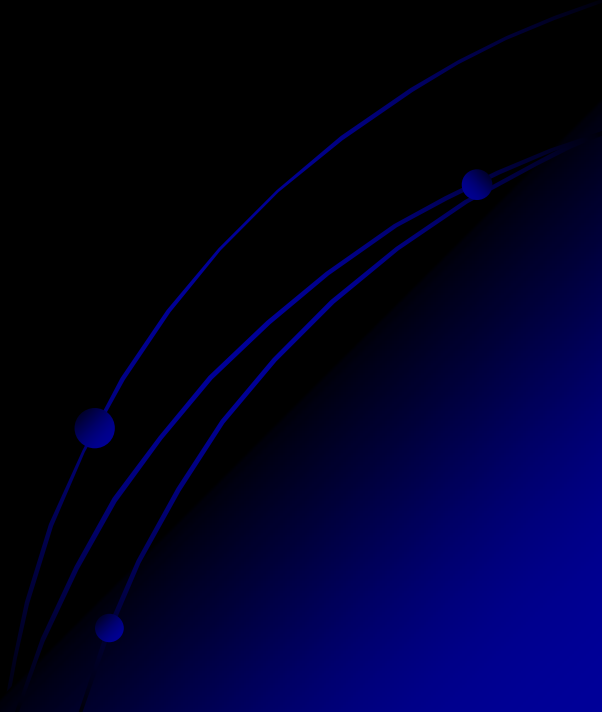


# Mood Disorders

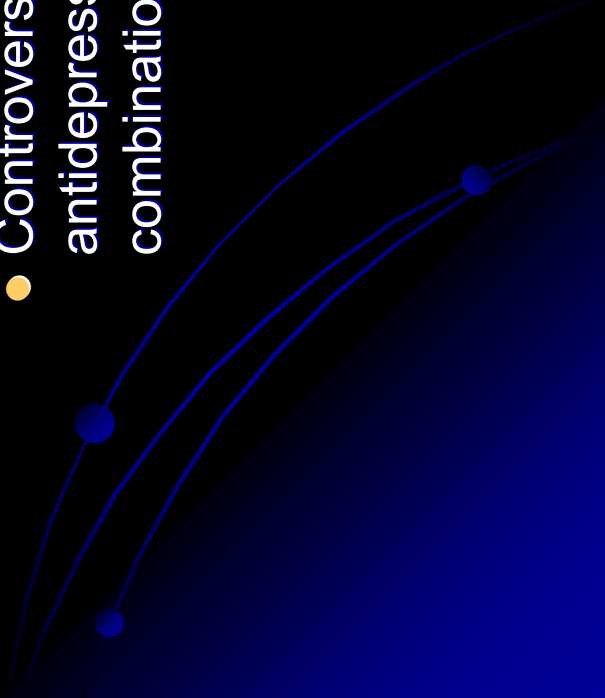
- DSM III and beyond – theory<sup>(5)</sup>
  - Consequences:
    - “Reactive” and “endogenous” depression become “adjustment disorder” and “major depressive disorder”,
    - “adjustment disorder” is part of “reactive depression”, but
    - “major depressive disorder” becomes a grab-bag, including some “reactive depression” and all “endogenous depression”
    - Controversy and confusion about appropriateness of antidepressant therapy vs psychotherapy vs a combination of the two

# Mood Disorders

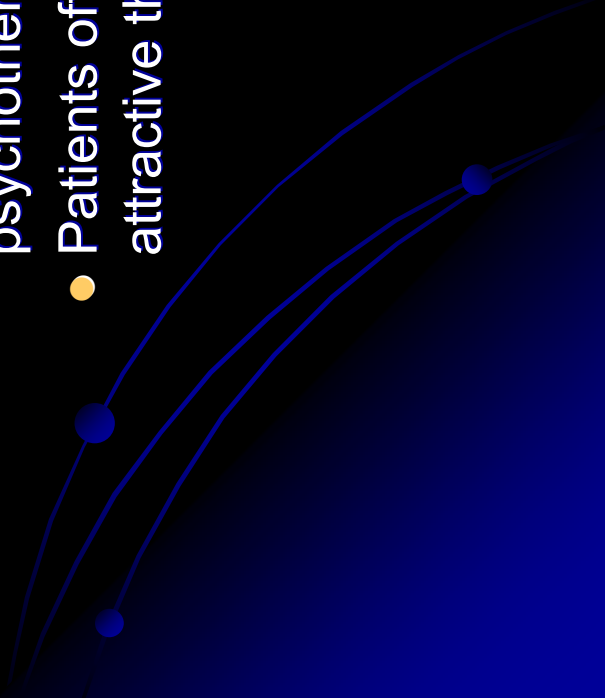
- DSM III and beyond – theory<sup>(6)</sup>
- Consequences<sup>(2)</sup>:
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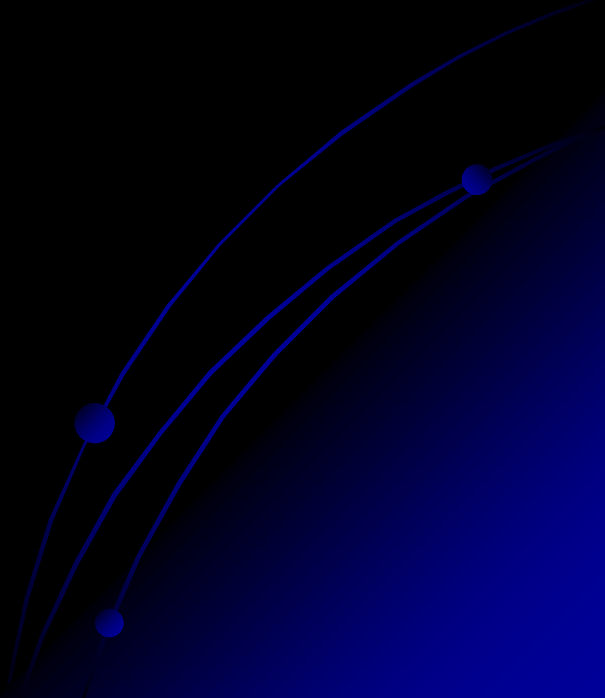
# Mood Disorders

- DSM III and beyond – theory<sup>(7)</sup>
  - Consequences<sup>(3)</sup>:
    - “major depressive disorder” becomes a grab-bag, including some “reactive depression” and all “endogenous depression”
    - Controversy and confusion about appropriateness of antidepressant therapy vs psychotherapy vs a combination of the two
- 

# Mood Disorders

- DSM III and beyond – reality
  - Other forces at play
    - Human tendency to look for simple solutions to complex problems
    - Physicians often find pharmacotherapy simpler than psychotherapy
    - Patients often find search for “chemical balance” more attractive than addressing underlying issues
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# Mood Disorders

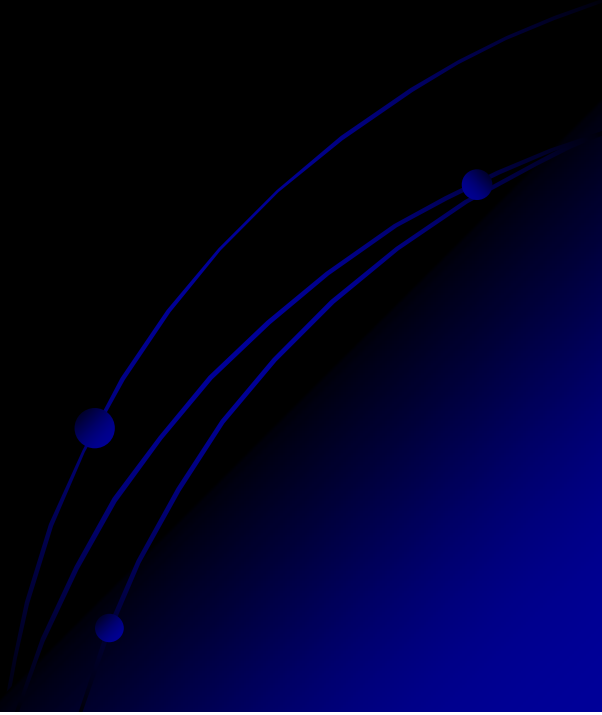
- DSM III and beyond – reality<sup>(2)</sup>
  - Other forces at play<sup>(2)</sup>
    - Mental disorder dx has its “merits”
    - Mitigation of legal responsibility
    - Other social mitigations
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# Mood Disorders

- DSM III and beyond – reality<sup>(3)</sup>
- Effects:
  - Overwhelming tendency to “medicalize” and/or “pharmacotherapize” distress and/or human failings
    - Unhappiness of all forms becomes “chemical imbalance” / “major depressive disorder
    - Difficulty controlling one’s temper or irresponsible behaviour becomes “bipolar disorder”
    - Normal fear or anxiety becomes “anxiety disorder”,

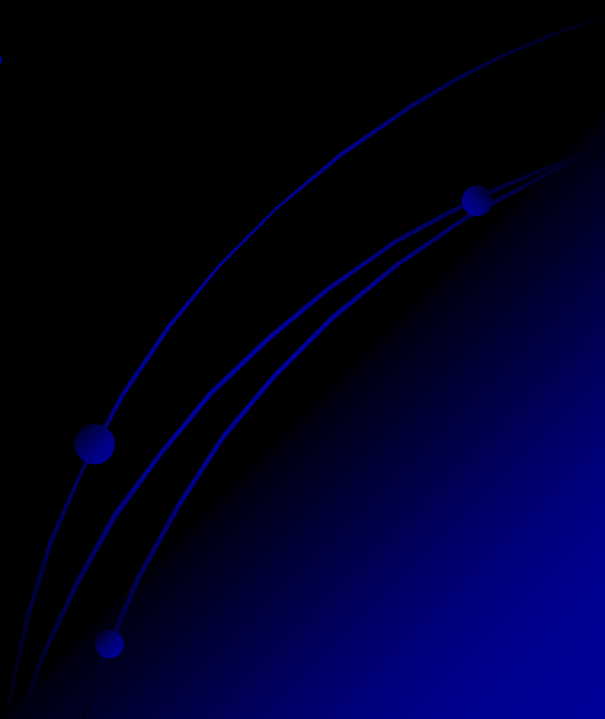
# Mood Disorders

- DSM III and beyond – reality<sup>(4)</sup>
  - Reluctance to diagnose “untreatable” conditions
    - Personality disorders tend to be diagnosed as other diagnoses (e.g. bipolar disorder, major depression, or one of the psychoses).



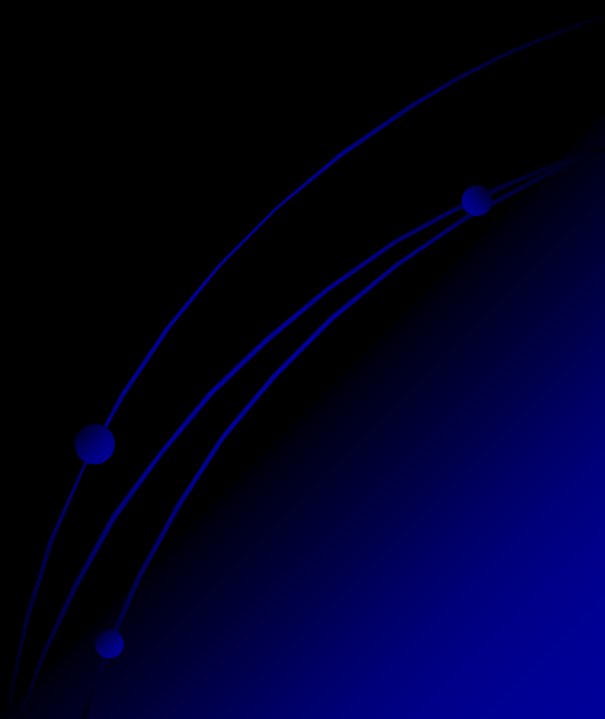
# Mood Disorders

- DSM III and beyond – reality<sup>(5)</sup>
  - Because of the above
    - Tendency to carry multiple, often conflicting diagnoses simultaneously and/or
    - Diagnostic instability and/or
    - Tendency toward “treatment resistant” diagnoses.



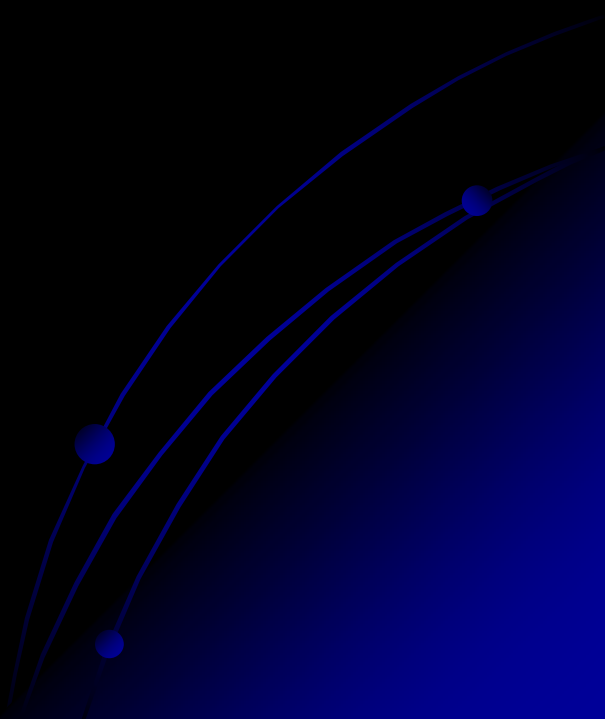
# Mood Disorders

- DSM III and beyond – reality<sup>(6)</sup>
  - All of the above lead to complex and often irrational pharmacotherapy



# Bipolar Disorder

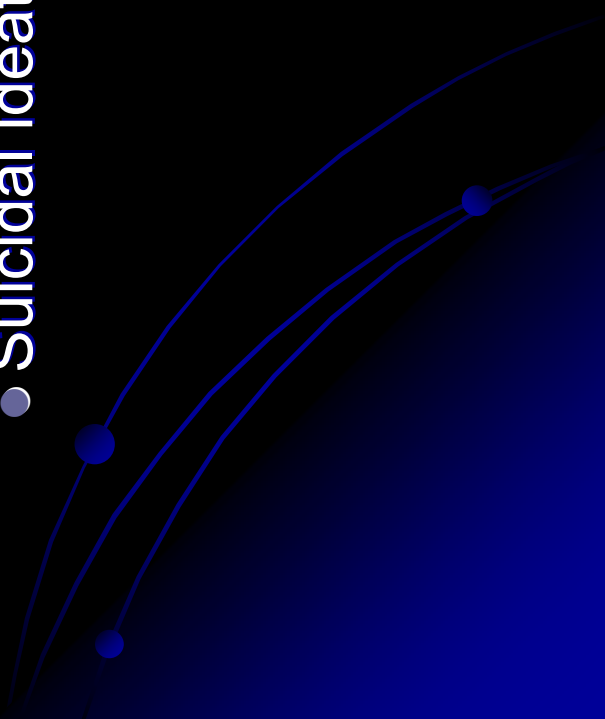
- Theoretically straightforward
- Consists of episodes of mania and depression interspersed with periods of wellness



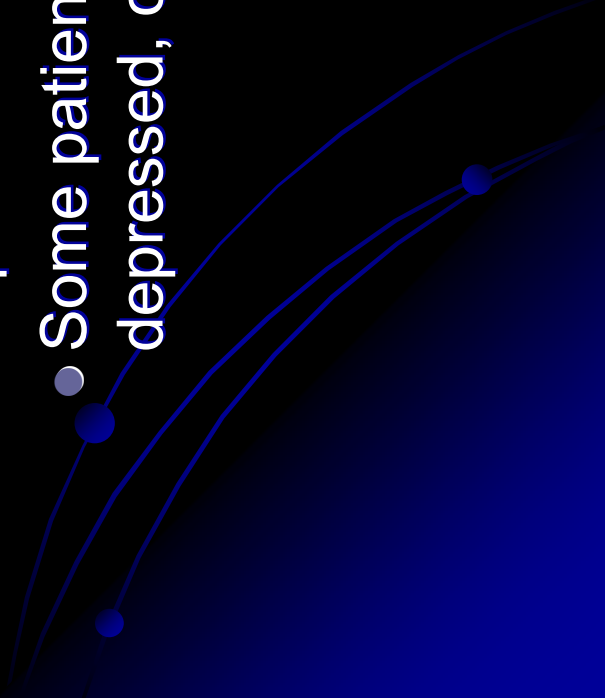
# Bipolar Disorder

- **Mania**
  - Elated, expansive or irritable mood
  - Disinhibited behaviour, impaired judgment, impulsivity
  - ↑Energy, ↓ need for sleep, pressured speech, etc
  - Duration at least one week (unless hospitalized first)
  - Hospitalization required
  - May or may not have psychotic symptoms (mood-congruent hallucinations and/or delusions)

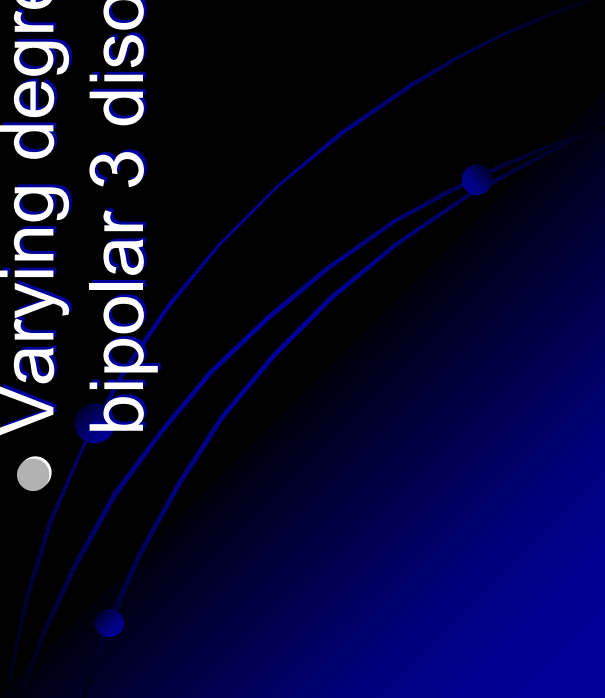
# Bipolar Disorder

- Depression
    - Depressed and/or anxious mood
    - Feelings of guilt, hopelessness and/or worthlessness
    - Disturbances in “vegetative” functions
    - Suicidal ideation in severe cases
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# Bipolar Disorder

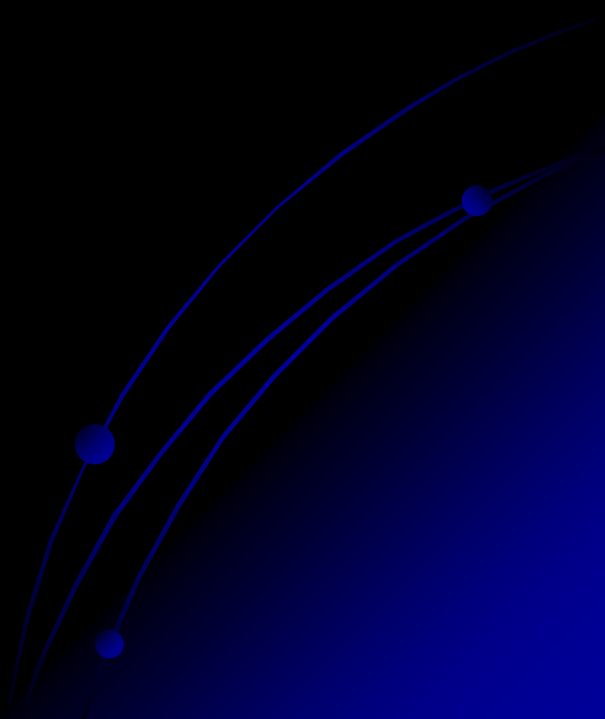
- Diagnosis of bipolar 1 disorder requires at least one episode of mania
    - Usually multiple episodes of both mania and depression over lifespan
    - Some patients usually manic, others usually depressed, others in between
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# Bipolar Disorder

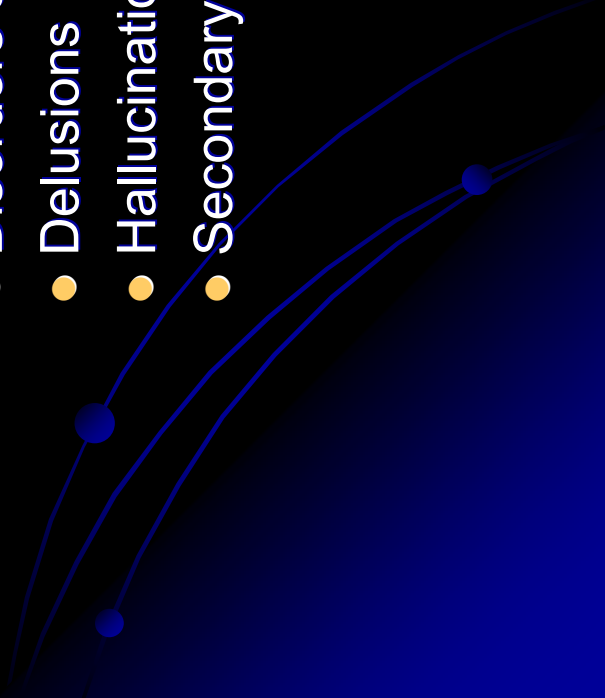
- Diagnosis of bipolar 2 disorder requires at least one episode of hypomania
  - Varying degrees of support for diagnoses of bipolar 3 disorder, bipolar 4 disorder, etc.
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# Bipolar Disorder

- Concept of bipolar spectrum disorders widely accepted but, as recently pointed out, of little diagnostic or therapeutic benefit

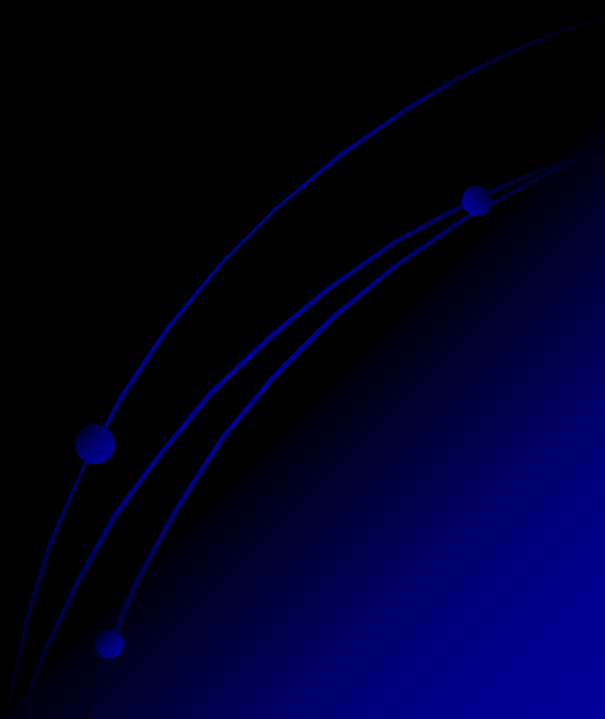


# Psychosis

- Psychosis
  - “Loss of contact with reality”
  - Characterized by:
    - Disorders of speech and thought and/or
    - Delusions
    - Hallucinations, and
    - Secondary disturbances of affect and behaviour
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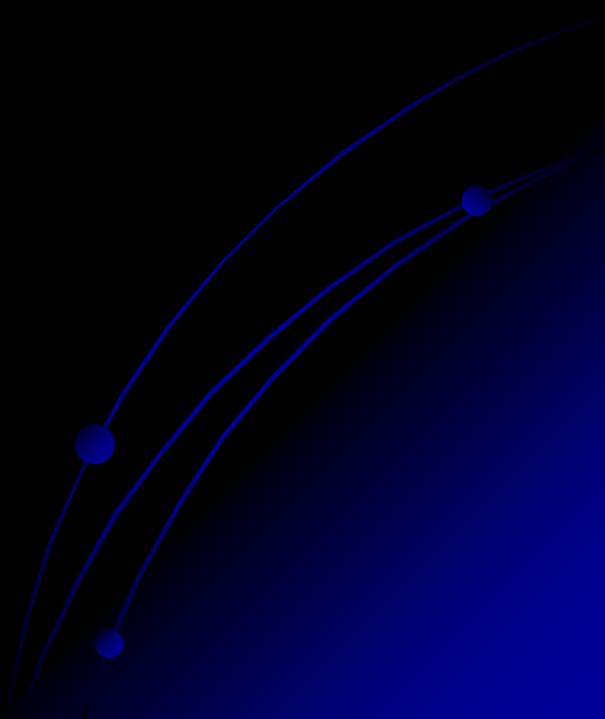
# Psychosis

- Psychosis
  - Organic” or “functional”

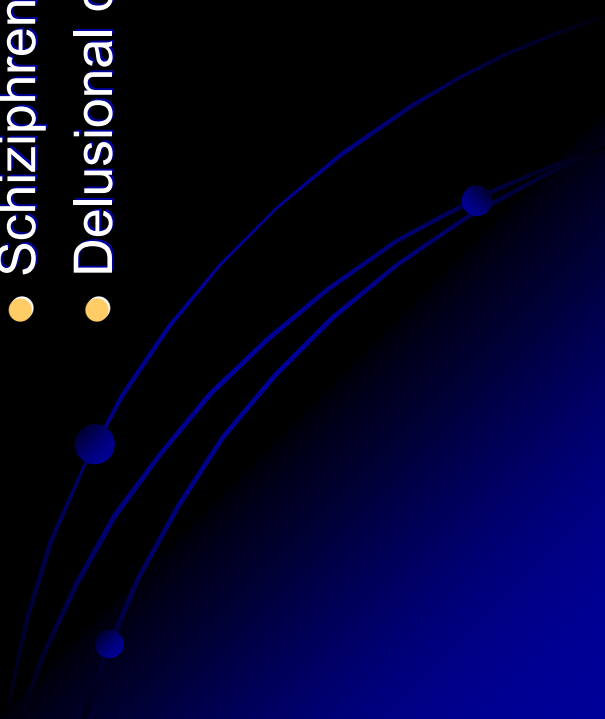


# Organic Psychosis

- Organic
  - Delirium
  - Dementia
  - “pseudo-functional”
    - TLE, etc.



# Functional Psychosis

- Functional
  - Extremes of mood disorders
    - Mania or depression with psychotic feature
  - Thought disorders
    - Schizophrenia
    - Delusional disorders
- 

# Variants of Schizophrenia

- Schizophrenia
  - > 6 months duration
- Schizophreniform disorder
  - Between 1 and 6 months duration
- Brief psychotic disorder
  - Between 1 day and 1 month duration

# Variants of Schizophrenia

- Schizoaffective disorder
  - Features of schizophrenia and mania simultaneously
  - Tentative diagnosis
- Psychotic disorder NOS
  - Very tentative diagnosis