

## STABLE Performance Measure

<p><b>Measure:</b> Depression: Screening for bipolar mania/hypomania prior to treatment for depression</p>	
<p><b>Summary:</b> This measure assesses the percentage of patients presenting with depression who were assessed, prior to the initiation of treatment, for the presence of prior or current symptoms and/or behaviors associated with mania or hypomania.</p>	
<p><b>Clinical Rationale:</b>  <b>Bipolar Disorder</b> is an episodic illness with a variable course: <ul style="list-style-type: none"> <li>▪ It is generally a lifetime condition associated with significant disability</li> <li>▪ It is frequently unrecognized, underdiagnosed, and thus, not treated appropriately</li> </ul> <b>Recognition Considerations</b> <ul style="list-style-type: none"> <li>▪ Depressive episodes are the frequent presenting characteristics of both major depressive disorder and bipolar disorder</li> <li>▪ Symptomatic bipolar disorder patients spend, on average, 33% of their time in a depressive phase compared to about 11% of their time in a manic/hypomanic phase<sup>(1)</sup></li> <li>▪ Bipolar patients report considerable distress associated with their depressive symptoms and seek treatment for depression<sup>(2)</sup></li> <li>▪ Bipolar depressive episodes are not only more numerous but, on average, also last longer than a patient's manic or hypomanic episodes<sup>(3)</sup></li> <li>▪ Patients generally do not recognize or spontaneously report prior episodes of hypomania as these periods may be considered as normal happiness or well-being<sup>(4)</sup></li> <li>▪ The most common incorrect diagnosis associated with bipolar disorder is unipolar depression<sup>(5)</sup></li> </ul> </p>	
<p><b>Denominator Population:</b>  Patients diagnosed and treated for unipolar depression</p> <p><b>Data Sources:</b></p> <ul style="list-style-type: none"> <li>▪ Administrative data</li> <li>▪ Medical Record</li> </ul>	<p><b>Numerator Population:</b>  Patients who receive an assessment, prior to treatment for unipolar depression, that includes consideration of current and/or prior manic or hypomanic symptoms or behaviors</p> <p><b>Data Source:</b></p> <ul style="list-style-type: none"> <li>▪ Medical Record</li> </ul>
<p><b>Initial Case-finding Guidance:</b> Patients with a diagnosis involving unipolar depression ICD9CM or DSM IV TR: 296.2x; 296.3x; 300.4 or 311</p>	
<p><b>STABLE Resource Toolkit:</b> The following instruments are recommended by the STABLE National Coordinating Council for use in screening for bipolar disorder. The tools are available in the <a href="#">STABLE Resource Toolkit</a>.</p> <ul style="list-style-type: none"> <li>▪ Mood Disorders Questionnaire (MDQ): Brief self-report tool</li> <li>▪ CIDI-based Bipolar Disorder Screening Scale: Brief clinician-administered tool</li> </ul>	
<p><b>References:</b></p> <ol style="list-style-type: none"> <li>1. Post RM, Calabrese JR, Bipolar depression: the role of atypical antipsychotics; Expert Rev. Neurother. 2004 Nov; 4 (6 Suppl 2): S27-33</li> <li>2. Angst J, Do many patients with depression suffer from bipolar disorder?; Can. J Psychiatry, vol. 51, Jan 2006 3-6</li> <li>3. Thase MD, Bipolar depression: issues in diagnosis and treatment, Harv. Rev. Psychiatry, 2005 Spt-Oct; 13 (5): 257-71</li> <li>4. Berk M, Dodd S, Bipolar II disorder: a review, Bipolar Disorders 2005: 7: 11-21</li> <li>5. Kupfer DJ, Emerging therapies for bipolar depression, J Clin Psychiatry 67:7, July 2006 1140-1151</li> </ol>	

## STABLE Performance Measure

**Measure:**

Depression: Screening for bipolar mania/hypomania prior to treatment for depression

Endorsed by the National Quality Forum, December 2006

**Measure Specifications:****Denominator:**

Patients 18 years of age or older with an initial diagnosis or new presentation/episode of depression

AND

Documentation of a diagnosis involving unipolar depression; to include at least one of the following:

- Codes 296.2x; 296.3x. 300.4 or 311 documented in body of chart, such as a pre-printed form completed by a clinician and/or codes documented in chart notes/forms
- Diagnosis or impression documented in chart indicating "depression"
- Use of a screening/assessment tool for depression with a documented score or conclusion that the patient is clinically depressed and indication that this information is used to establish or substantiate the diagnosis

AND

Documentation of treatment for depression, to include at least one of the following:

- Antidepressant pharmacotherapy

AND/OR

- Psychotherapy and/or counseling for depression; provided at practice site or through referral

**Numerator:**

Documentation of a screening or assessment that considers the presence or absence of current and/or prior symptoms or behaviors of mania or hypomania. Sources of this documentation may include the following:

- Clinician statement in patient record regarding inquiry regarding the presence or absence of current or prior symptoms or behaviors associated with mania or hypomania
- Use of a bipolar disorder screening or assessment tool for mania/hypomania symptoms or behaviors

AND

**Timeframe:**

Documentation of the screening or assessment for mania/hypomania must be present prior to, or concurrent with, the visit where the treatment plan for depression (pharmacotherapy and/or psychotherapy) is documented