Measure:

Bipolar Disorder or Depression: Assessment for risk of suicide

Summary:

This measure assesses the percentage of patients diagnosed with bipolar disorder, or with unipolar depression, who receive an initial assessment that considers the risk or suicide.

Clinical Rationale:

**Bipolar Disorder and Risk of Suicide**

- Unipolar depression and bipolar disorder are associated with a significant risk of suicide. The risk of completed suicide is higher in bipolar disorder than in unipolar depression.¹,²
- Patients with bipolar disorder are at high risk for suicide; rates as high as 80% of patients with bipolar disorder have been reported with either suicidal ideation or suicide attempts.³
- Suicide completion rates in patients with bipolar I disorder have been reported as high as 10-15% with some studies reporting higher rates in patients with bipolar II disorder.⁴
- Among the phases of bipolar disorder, depression is associated with the highest suicide risk, followed by mixed states and presence of psychotic symptoms with episodes of mania being least associated with suicide.⁵
- Data from a large study reporting STEP-BD baseline data identified that of patients with bipolar disorder, 60% had a history of prior suicide attempts and that this finding was consistent with other large studies that show a strong association between prior history of suicide attempts and new attempts or completed suicide in patients with bipolar disorder.⁶

**Assessing Risk of Suicide**

- All patients should be asked about suicidal ideation, intention to act on these ideas, and extent of plans or preparation for suicide.⁴

Denominator Population:

Patients diagnosed with bipolar disorder
OR
Patients diagnosed with unipolar depression

Numerator Population:

Patients who receive an initial assessment for bipolar disorder (or unipolar depression) that includes an appraisal of the risk of suicide

Data Sources:

- Administrative data
- Medical Record

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- Medical Record

Initial Case-finding Guidance:

Patients with a diagnosis involving bipolar disorder
ICD9CM or DSM IV TR: 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80-82; 296.89; or 301.13

Patients with a diagnosis involving unipolar depression
ICD9CM or DSM IV TR: 296.2x; 296.3x; 300.4 or 311

STABLE Resource Toolkit:

The following instruments are recommended by the STABLE National Coordinating Council for use in assessing the risk of suicide. The tools are available in the STABLE Resource Toolkit.

- Suicide Behaviors Questionnaire-revised (SBQ-R): Brief self-report tool
- The Suicidal Ideation and Risk Level Assessment: Brief clinician-administered tool

References:

1. Raja M, Azzoni A, Suicide attempts: differences between unipolar and bipolar patients and among groups with different lethality risk, J Affect Disord. 2004 Nov 1; 82(3); 437-42
5. Marangell LB, Bauer MS, Denney EB, et al. Prospective predictors of suicide and suicide attempts in 1,556 patients with bipolar disorder followed for up to 2 years, Bipolar Disorders 2006: 8: 566-575
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Endorsed for Bipolar Disorder by National Quality Forum, December 2006

Measure Specifications:

Denominator:

Denominator = Bipolar Disorder:
Patients 18 years of age or older with an initial diagnosis or new presentation/episode of bipolar disorder
AND

Documentation of a diagnosis involving bipolar disorder; to include at least one of the following:
- Codes 296.0x; 296.1x; 296.4x; 296.5x; 296.6x; 296.7; 296.80; 296.81; 296.82; 296.89; 301.13 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 bipolar disorder
- Use of a screening/assessment tool for bipolar disorder with a score or conclusion that patient has bipolar disorder and documentation that this information is used to establish or substantiate the diagnosis

Denominator = Unipolar Depression:
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 that indication that this information is used to establish or substantiate the diagnosis

Numerator:

Documentation of an assessment for risk of suicide; to include at least one of the following
- Documented clinician evaluation of the presence or absence of suicidal ideation or intention
- Documented reference to comments the patient made that relate to the presence or absence of thoughts of suicide/death
- Documented reference to use, or presence in the chart of, a screening tool or patient assessment form that addresses suicide
AND

Timeframe:
Documentation of the assessment for risk of suicide must be present prior to, or concurrent with, the visit where the diagnosis and/or treatment plan is first documented.