

Interview Questions to be Considered in Differentiating Bipolar I and II Disorders versus Major Depressive Disorders

1. What was the person's age at onset?

Literature suggests that the mean age of illness onset is earlier among bipolar patients (Mean = 21 with SD 9.6) than among those with major depressive disorder (Mean = 29 with SD 12.9 and 14.2).

2. How frequent were previously recognized depressive episodes?

The number of prior depressive episodes was significantly greater among persons with bipolar disorder than with persons with major depressive disorder. In one published study, persons reported previous depressive episodes as "too numerous to count"; in another 52.8% reported > 25.

3. What has been the previous response to antidepressants?

Treatment response to previous antidepressant therapy is a valuable distinguishing factor. Treatment-emergent manic/hypomanic symptoms strongly suggest the presence of bipolar illness and clinicians should query patients taking antidepressant about such symptoms, especially early in treatment and after dosage increases. Likewise, non-response to antidepressants, particularly a ceiling effect response or > two antidepressant failures should prompt further exploration for bipolar illness.

4. Are there family members with episodes of mania/hypomania?

Family history of major depressive disorder has not been found to differ significantly between persons with bipolar disorder and persons with major depressive disorder; however, a family history of bipolar disorder has been determined to be more common among persons with bipolar disorder (41.9%) than among persons with major depressive disorder (5.2-8.3%).

5. Has there been a history of attempted suicide?

Suicide risk is perhaps the most serious clinical consideration in patients with bipolar disorder. It has been reported that between 25% and 50% of patients with bipolar disorder will make a lifetime suicide attempt and that 8.6% to 18.9% will complete the attempt. The likelihood of a suicide attempt in bipolar disorder is higher than that in any other Axis I disorder, including major depression. Suicide risk, specifically making a severe suicide attempt, is associated with severe episodes of depression and dysphoric state in bipolar I and II disorder and not with manic or hypomanic states. In a review of suicide risk in a sample of 648 patients with bipolar I or bipolar II disorder in the Stanley Foundation Bipolar Network (2003), it was determined that 34% reported a history of suicide attempts. In another prospective system (2004) that followed a sample of 307 patients with bipolar I or bipolar II disorder for 7 years, 47% were found to have made a suicide attempt at some point in their lives.

6. Is there comorbid substance use?

Estimates of co-occurring substance use disorders range from 40%-60% lifetime prevalence. Patients may use substances in an attempt to either counteract specific symptoms of depression (e.g., insomnia, depressed mood, lethargy) and hypomania/mania (agitation, anxiety) or to prolong hypomanic episodes. In a large national trial, the STEP-BD program, 20% of eligible subjects with bipolar I or bipolar II diagnosis were also diagnosed with a current substance use disorder.