CAN WE PREVENT UNDER-DIAGNOSIS AND MISDIAGNOSIS OF BIPOLAR AFFECTIVE DISORDER?

M. Agius[1], E. Bongards[2], R. Zaman[3]

[1]Psychiatry, University of Cambridge, Cambridge, United Kingdom ; [2]Clinical School University of Cambridge, University of Cambridge, Cambridge, United Kingdom ; [3]Department of Psychiatry, University of Cambridge, Cambridge, United Kingdom

Background: Bipolar affective disorder is frequently under-diagnosed and misdiagnosed, particularly as unipolar depression. This has implications on treatment and outcome of the condition. A community mental health team , has reassessed patients to examine whether it is possible to increase the sensitivity of diagnosis of bipolar affective disorder; to identify more cases and to identify them earlier, and so offer adequate treatment as early as possible.

Method: Standards for diagnosis of bipolar affective disorder were based on the DSM-IV-TR diagnostic criteria for the diagnosis of bipolar I and bipolar II disorder. Patients were reassessed and patient data from 2006, 2007, 2010 and 2011, as well as from 2013, was collected. The results were audited with respect to psychiatric diagnoses for every year in question. The proportions of total bipolar, bipolar I affective disorder and bipolar II affective disorder diagnoses, as well as the proportions of recurrent depressive disorder and other unipolar depression diagnoses were determined.

Results: There was a steady increase in the proportions of both bipolar I and bipolar II diagnoses –from 10.5% in 2006 to 11.0% in 2013 for bipolar I affective disorder, and from 0% in 2006 (4.9% in 2007) to 9.7% in 2013 for bipolar II affective disorder–, and a steady decrease in the proportions of both recurrent depressive disorder and other unipolar depression diagnoses – from 16.1% and 18.7%, respectively, in 2006, to 4.8% and 8.0%, respectively, in 2013.

Discussion: The results confirm that it is possible to increase the sensitivity of bipolar affective disorder diagnosis and that this results in an increased number of diagnoses of the disorder, and a decreased number of diagnoses of unipolar depression.

Conclusions: This paper shows that it is possible to increase the sensitivity of diagnosis of bipolar affective disorder. Better identification, and therefore treatment, of bipolar affective disorder is likely to lead to better social and professional functioning of affected individuals.