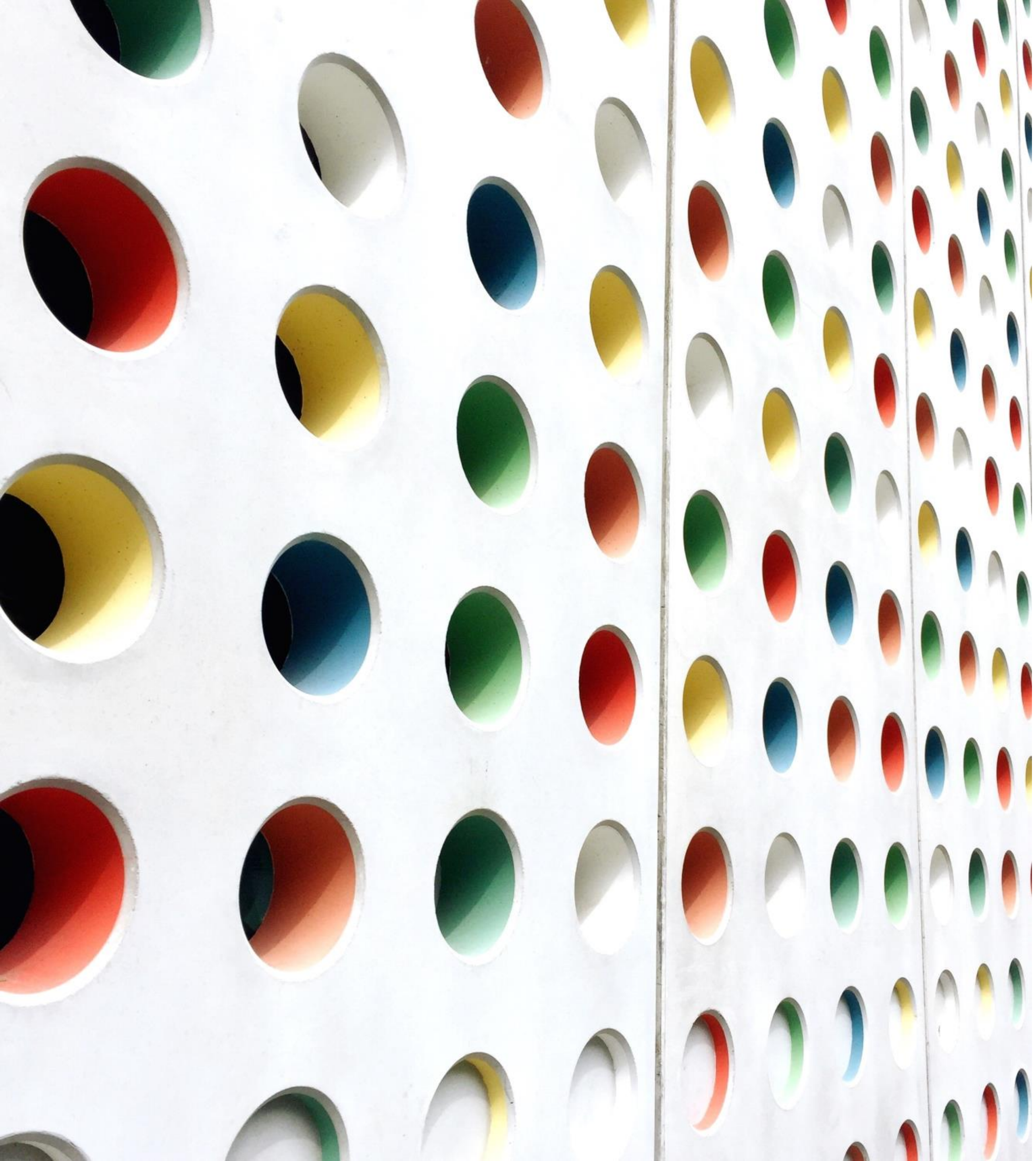
AAPA "We are Family (Medicine) Conference
San Diego, CA
February 7, 2023
9:05am-10:05am

**Date/Time:** Tuesday, February 7, 2023 – 9:00 am – 10:00 am
**Title:** Advanced Mental Health - Schizophrenia and Bipolar Disorder
**Description:** This lecture is a basic primer on Schizophrenia and Bipolar disorder. I will review the DSM criteria and discuss the nuance in diagnosing mental health conditions.



# Advanced Mental Health Schizophrenia and Bipolar disorder

**Jay C. Somers, PA-C, DHSc**

# Disclosures

Non-Declaration Statement: I have no relevant relationships with ineligible companies to disclose within the past 24 months.

# Educational Objectives

**At the conclusion of this session, participants should be able to:**

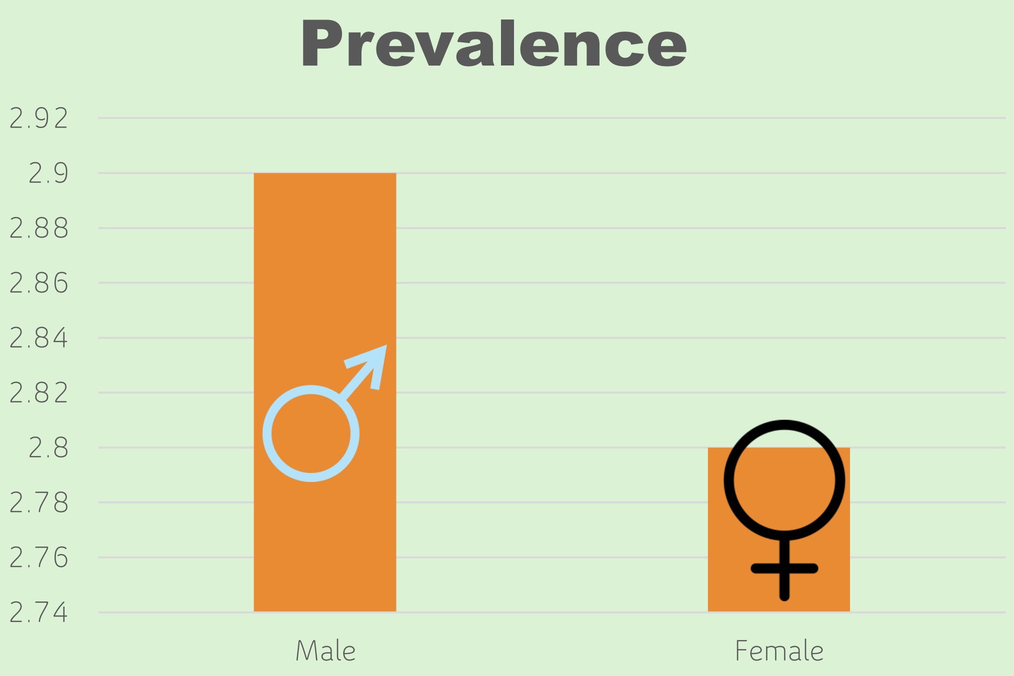
1) Have knowledge of several screening tools to screen for mania.

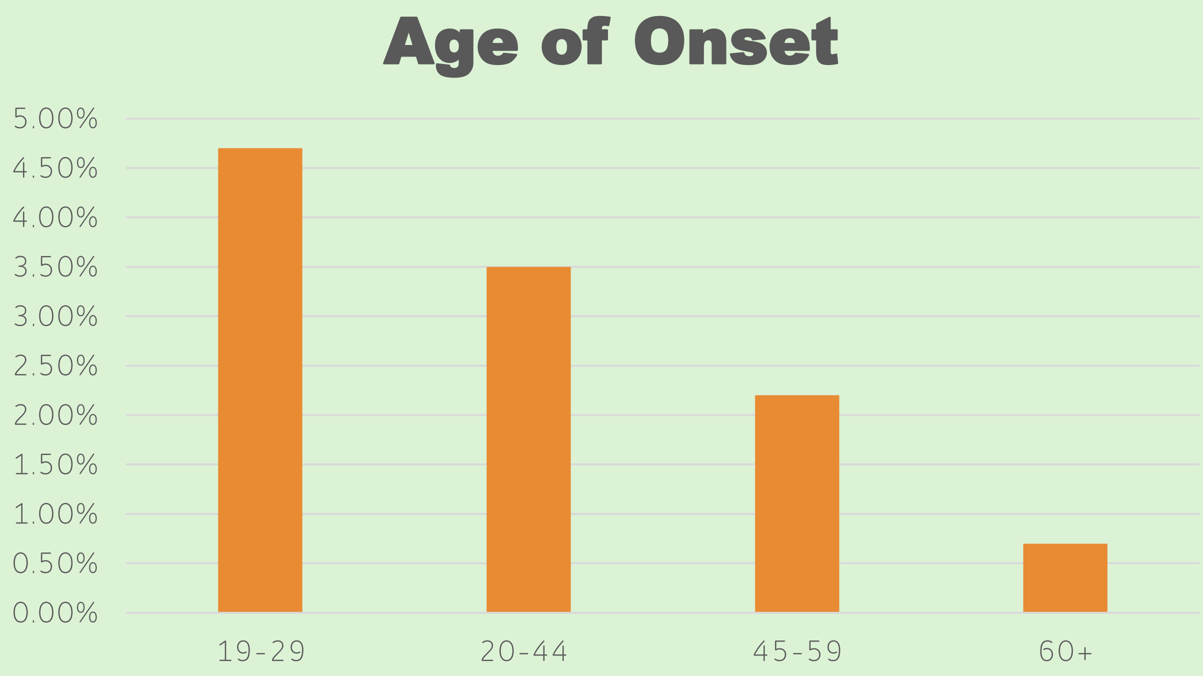
2) Diagnose bipolar and schizophrenia using the DSM-5 TR

3) List several reasons for ER or specialist referral when addressing mental health concerns

# Bipolar disorder Prevalence

NIMH shows that 2.8% of US adults had bipolar disorder in the past year.[2]



# BIPOLAR DISORDERS

BIPOLAR I DISORDER – Manic episode + MDD (most of the time)

BIPOLAR II DISORDER – Hypomanic episode + MDD

# Bipolar Mood Chart

**Mania**


**Hypomania**

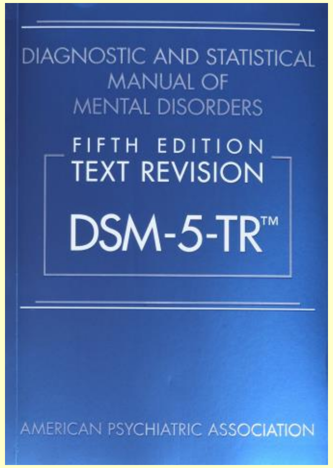
**Euthymia**

**(Normal mood)**

**Dysthymia**

**Depression**

# Bipolar MANIA - DSM 5-TR Criteria




**A distinct period of abnormally and persistently elevated, expansive, or irritable mood AND abnormally and persistently increased activity or energy, lasting at AT LEAST 1 WEEK.**

**Criteria present most of the days, nearly every day (or any duration if hospitalization is necessary.**

**During the period of mood disturbances and increased energy, THREE or more of the following criteria are present to a significant degree <u>and are a noticeable change from usual behavior.</u>**

1) Inflated self-esteem or grandiosity
2) Decreased need for sleep
3) More talkative than usual or pressure to keep talking
4) Flight of ideas or subjective experiences that thoughts are racing
5) Distractibility (as reported or observed)
6) Increased in goal-directed activity (socially, at work, school, sexually) or psychomotor agitation
7) Excessive involvement in activities that have a high potential for painful consequences (buying sprees, sexual indiscretions, foolish investments)

# Bipolar -Mania

→ The Mood disturbance is significantly severe to cause MARKED impairment in SOCIAL or OCCUPATIONAL functioning or to necessitate hospitalization to prevent harm to self or others.  -Or there are psychotic features

→ The episode is not attributable to the psychological effect of a substance (e.g., a drug of abuse, a medication, or other treatment) or other medical or mental health condition.

**At least ONE-lifetime manic episode is required for the diagnosis of Bipolar 1 Disorder.**

# DIG FAST

D = Distractibility

I = Indiscretion or excessive pleasurable activities

G = Grandiosity

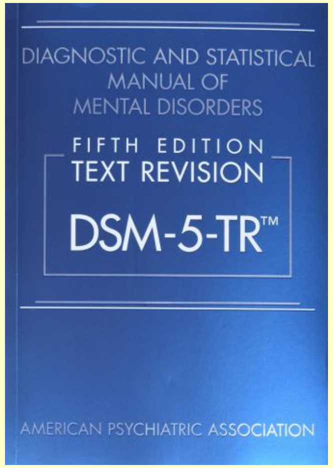
F = Flight of Ideas

A = Activity increased

S = Sleep

T = Talkativeness

# Bipolar Hypo-MANIA - DSM 5 Criteria




**A distinct period of abnormally and persistently elevated, expansive, or irritable mood AND abnormally and persistently increased activity or energy, lasting at AT LEAST 4 DAYS.**

**Criteria present most of the days, nearly every day (NO HOSPITALIZATION for mood can be present.)**

**During the period of mood disturbances and increased energy, THREE or more of the following criteria are present to a significant degree.**

1) Inflated self-esteem or grandiosity
2) Decreased need for sleep
3) More talkative than usual or pressure to keep talking
4) Flight of ideas or subjective experiences that thoughts are racing
5) Distractibility (as reported or observed)
6) Increase in goal-directed activity (socially, at work, school, sexually) or psychomotor agitation
7) Excessive involvement in activities that have a high potential for painful consequences (buying sprees, sexual indiscretions, foolish investments)

MAJOR DEPRESSIVE Disorder

# DSM -5-TR Diagnostic Criteria

**FIVE or more of the following symptoms have been present during the same 2-week period AND represent a change from previous functioning**

At least ONE of the symptoms must be either

## Depressed Mood or Loss of Interest

- Significant weight loss or weight gain (+/- 5%), when not dieting
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation NOTED BY OTHERS
- Fatigue or loss of energy
- Feelings of worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate, or indecisiveness, nearly every day (Can mimic ADHD)
- Recurrent thoughts of death or recurrent suicidal ideations

# What makes Bipolar I different than Bipolar II?

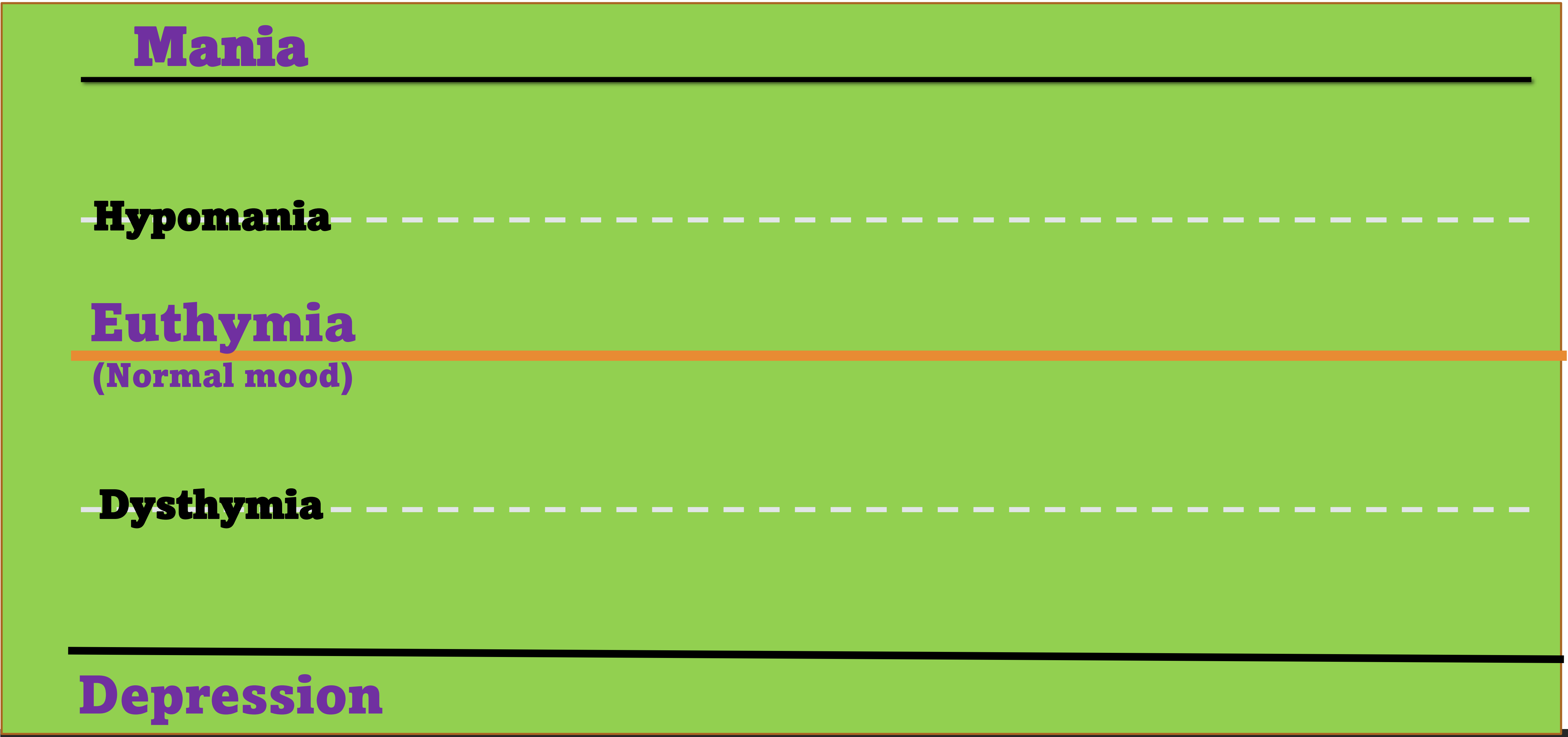
## Bipolar II

- ▶ The elevated mood lasts 6 days or less and is NOT severe enough to cause marked impairment in social or occupational functioning.
- ▶ There are no Hospitalizations
- ▶ Psychosis is never present
- ▶ Major depression history is always present at some point in a patient's life.


## Bipolar I

- ▶ The manic episode lasts for at least 7 days (often quite a bit longer) and is severe enough to cause marked impairment in social or occupational functioning.
- ▶ There are commonly hospitalizations due to risk of harm to self or others
- ▶ Psychosis is present at times as part of mania.
- ▶ Major depression history is often present but does not have to be.

# Bipolar Mood Chart



# Mania and Bipolar Rating scales

- Young Mania Rating Scale (YMRS)
- Mood Disorder Questionnaire
- General Behavioral Inventory (self-inventory 73-item)
- Parent General Behavioral Inventory for Children and Adolescents (10-item)

# Young Mania Rating Scale (Y-MRS)

► One of the most frequently used scales to assess manic symptoms.

► Scale is PROVIDER completed during a session.

► Scale includes 11 items with symptoms over the past 48 hrs.

Elevated Mood

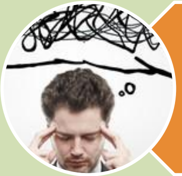
Motor activity-energy

Sexual interest

Sleep

Irritability

Speech (rate and Volume)



Language-Thought Disorder

Content

Disruptive Aggressive Behavior

Appearance

Insight

# Mood Disorder Questionnaire (MDQ)

► A very frequent, quick,  and easy-to-use clinical scale

► Can be completed in the waiting or exam room by the patient in < 5 minutes

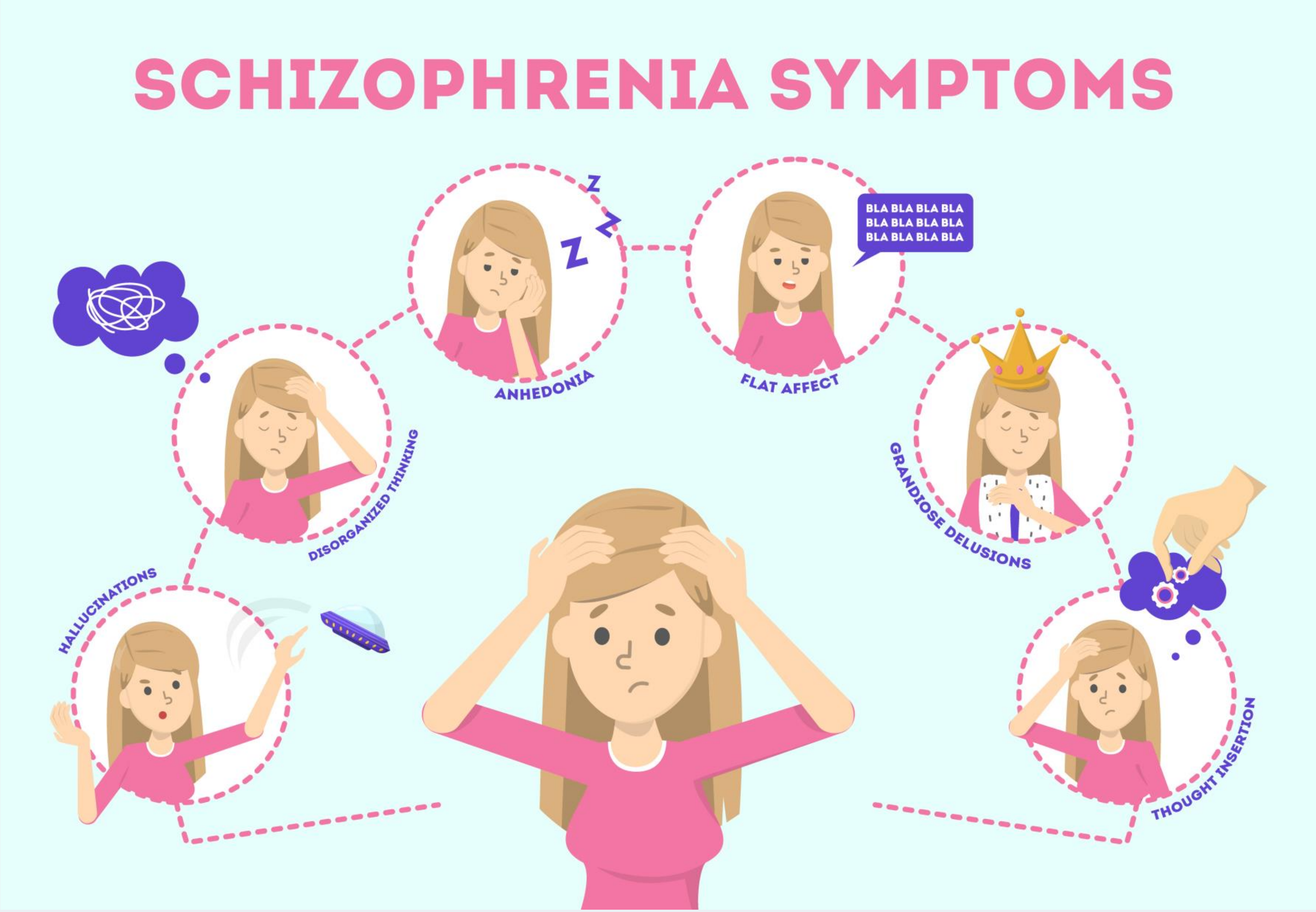
► 13 items   Yes/No format

► Screens for mixed symptoms, family history, and previous diagnosis.

**Instructions:** Please answer each question to the best of your ability.

| 1. Has there ever been a period of time when you were not your usual self and... | YES | NO |
|---|---|---|
| ...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble? | ○ | ○ |
| ...you were so irritable that you shouted at people or started fights or arguments? | ○ | ○ |
| ...you felt much more self-confident than usual? | ○ | ○ |
| ...you got much less sleep than usual and found you didn't really miss it? | ○ | ○ |
| ...you were much more talkative or spoke much faster than usual? | ○ | ○ |
| ...thoughts raced through your head or you couldn't slow your mind down? | ○ | ○ |
| ...you were so easily distracted by things around you that you had trouble concentrating or staying on track? | ○ | ○ |
| ...you had much more energy than usual? | ○ | ○ |
| ...you were much more active or did many more things than usual? | ○ | ○ |

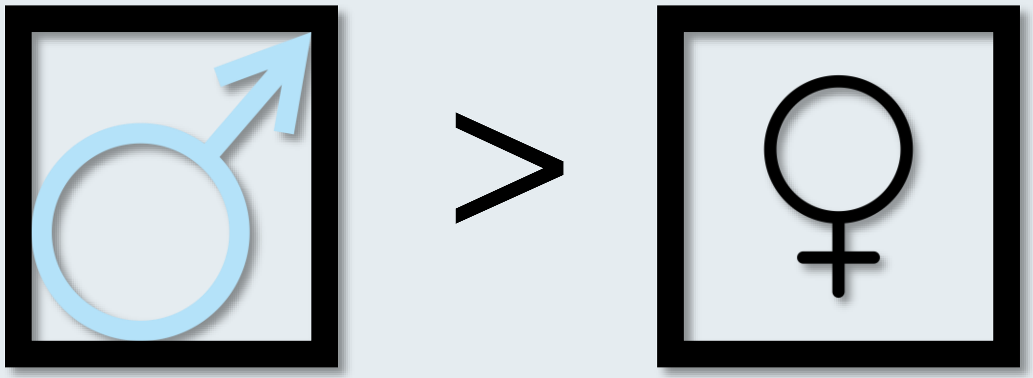
# Schizophrenia 101



# Schizophrenia Prevalence

NIMH shows that between 0.25% and 0.64% of US adults had Schizophrenia in the past year.[3]

## Gender Prevalence



Some studies have noted that the incidence risk ratios for men to develop schizophrenia relative to women were 1.42 [4]

## Age of presentation for 1st episode psychosis

- ► Much more common between 16-30 years old.
- ► Women tend to have 1st episodes 3-5 years later than men.

# Key Features That Define Psychotic Disorders

## Delusions

Fixed beliefs that are not amenable to change in light of conflicting evidence.

- Persecutory
- Referential
- Somatic
- Religious
- Grandiose

# Hallucinations

► Perception-like experiences that occur without an external stimulus.

► They are vivid and clear with the full force and impact of normal perceptions.

► They are not under voluntary control.

# Disorganized Thinking

This is generally assessed by a person's speech.

- ▶ Derailment or loose association
- ▶ Tangential Answers or Disorganized
- ▶ Incoherence or "Word-salad."

# Grossly Disorganized or Abnormal Motor Behavior

► This may present itself in various ways ranging from childlike “silliness” to unpredictable agitation.

► Catatonic behavior (a marked decrease in reactivity to the environment) may also be observed.

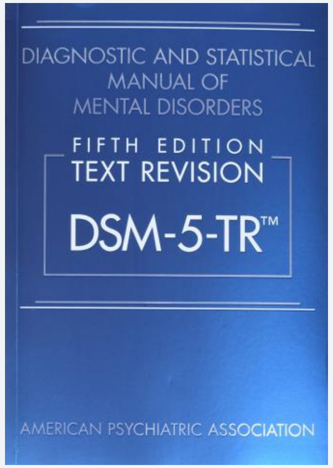
## Negative Symptoms

These account for a substantial percentage of the morbidity associated with schizophrenia. The two most prominent in schizophrenia are

►Diminished Emotional Expression (reductions in the expression of emotions in the face, eyes, speech, and body).

► Avolition (decrease in motivated self-initiated purposeful activities).

# Schizophrenia - DSM 5-TR Criteria




**Two (or more) of the following symptoms, each present for a significant period of time during a 1-month period (or less if successfully treated).**

**At least ONE of the symptoms must be**

**Delusions, Hallucinations, or Disorganized Speech**

May also include:

► Grossly disorganized or catatonic behavior.

► Negative symptoms (diminished emotional expression or avolition)

# Continuous signs of the disturbance persist for at least 6-months overall

► These may be present in Prodromal or Residual periods after the 1-month criteria of severe psychosis are met.

►During these prodromal or residual periods, the signs of the disturbance may be manifested only by negative symptoms.

# Assessing the risk of violence

- Immediate past, recent past and more distant history of violence is the best predictor of future violence.
- Circumstances of violence and characteristics of people involved are important.
- Substance dependence or abuse carries a 30x increased risk than the general population!!
- Mental illness carries a 9x greater risk than the general population particularly paranoid schizophrenia and confused states related to medical problems, like delirium, or in dementia.

# Behavioral Predictors of violence


Angry words

Loud language

Abusive language

Physical agitation such as making fists, pacing and akasthisia

# Handout Scales

- Young Mania Rating Scale (Y-MRS)  (11 Items)
- Mood Disorder Questionnaire (13 items)
- General behavioral inventory (self-inventory 73-item)
- Parent General behavioral inventory for Children and Adolescents (10-item)
- Brief Psychiatric Rating Scale (BPRS)

# References


1) American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.).* *H*ttps://doi.org.ezproxy.frederick.edu/10.1176/appi.books.9780890425596

2) National Institute of Mental Health (n.d.) Bipolar disorder. https://www.nimh.nih.gov/health/statistics/bipolar-disorder. Accessed December 1, 2022

3) National Institute of Mental Health (n.d.) Schizophrenia. https://www.nimh.nih.gov/health/statistics/schizophrenia. Accessed November 15, 2022

4) Goldstein JM, Cherkerzian S, Tsuang MT, Petryshen TL. Sex differences in the genetic risk for schizophrenia: History of the evidence for sex-specific and sex-dependent effects. *Am J Med Genet B Neuropsychiatr Genet.* 2013;162B(7):698-710. doi:10.1002/ajmg.b.32159

# Just Because You're Paranoid……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