

Specific criteria improve diagnosis of bipolar disorder, study finds

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Use of criteria such as family history of mania and early onset of illness resulted in the diagnosis of 31 percent more cases of bipolar disorder in individuals experiencing a major depressive episode, according to results of a large international study reported this year.

Charles L. Bowden, M.D., clinical professor of psychiatry with UT Medicine San Antonio, was the sole North American author of the study described in [Archives of General Psychiatry](#). UT Medicine San Antonio is the faculty practice of the School of Medicine at The University of Texas Health Science Center San Antonio.

Conducted in 18 countries and across cultures, the BRIDGE Study enrolled 5,635 adults with an ongoing [major depressive episode](#). BRIDGE is short for Bipolar Disorders: Improving Diagnosis, Guidance and Education.

The study compared the use of the specific, expanded criteria to diagnose [bipolar disorder](#) with the use of existing DSM-IV-TR criteria. DSM-IV-TR is short for Diagnostic and Statistical Manual, Fourth Edition, Text Revision, and is published by the [American Psychiatric Association](#) to give the psychiatry profession a common language and standards.

A total of 903 patients (16 percent) fulfilled DSM-IV-TR standards for bipolar disorder, but 2,647 patients (47 percent) met the expanded, specific criteria.

The findings hold important ramifications for patient care. As the authors note, many patients with major [depressive episodes](#) who have an underlying — but unrecognized — bipolar disorder receive medication treatment with ineffective regimens that do not include mood stabilizers.

"The bipolar-specifier criteria applied are ones that practicing clinicians can readily utilize in clinical settings," Dr. Bowden said.

Provided by University of Texas Health Science Center at San Antonio

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