



CLASSIFICATION OF BPAD



INTRODUCTION

- This disorder is characterized by repeated (i.e. at least two) episodes in which the patient's mood and activity levels are significantly disturbed, this disturbance consisting on some occasions of an elevation of mood and increased energy and activity (mania or hypomania), and on others of a lowering of mood and decreased energy and activity (depression).




INTRODUCTION

- Characteristically, recovery is usually complete between episodes.
- The main criteria by which the affective disorders have been classified have been chosen for practical reasons, in that they allow common clinical disorders to be easily identified.



INTRODUCTION

- Although the original concept of "manic-depressive psychosis" also included patients who suffered only from depression, the term "manic-depressive disorder or psychosis" is now used mainly as a synonym for bipolar disorder.
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HISTORY

Emil Kraepelin

Grouped mania & melancholia together.

Concluded that all of the mood disorder are identical in certain ways , this formulation of a single underlying disorder was widely accepted for several decades.


Observed that manic depressive psychosis was a separate entity from schizophrenia.






HISTORY

Sigmund Freud

- emphasized the importance of loss in depression.
 - Anger is turned inwards in depressed individuals
 - Determined that some depression are psychogenic and others are biological.
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BIPOLAR SUBTYPES-GENERAL

- Bipolar I
 - Bipolar II
 - Bipolar III
 - Bipolar IV
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BIPOLAR SUBTYPES-GENERAL

BPAD-I

- First episode can be manic, depressive or mixed
 - Common mode of onset is mild depression or hypersomnia for few weeks or months which often switches to manic episode
 - In others several depressive episodes occur before first mania
 - Secondary manias – occur in association with cerebral, endocrine, and other systemic medical conditions. Irritable mood prevails
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BIPOLAR SUBTYPES-GENERAL

BPAD-II

- Typically present with MDD and upon enquiry history of hypomanic episodes elicited
- Rates were underestimated till recently
- Documenting hypomania among subjects suspected of cyclothymia
- Complexity is less severe symptom intensity but more severe course
- Mood lability is a most specific predictor for switch
- Diagnosis is crucial for prognosis
- High suicidality

BIPOLAR SUBTYPES-GENERAL


BPAD-III

- Antidepressant mobilised switch
- These hypomanic episodes are somewhat milder and less likely with SSRI than TCA
- MAOI induce euphoric while TCA induce dysphoric hypomania
- Hypomanic episodes may be revealed in the past
- Can occur in patients with dysthymia as well as ocd, social phobia and panic disorders



BIPOLAR SUBTYPES-GENERAL

BPAD-IV

- Experience cycles of depression and hyperthymia
 - Hyperthymia is characterised by lifelong traits of energy driven and overconfident disposition.
 - Hyperthymic traits precede manic episodes
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KLERMAN CLASSIFICATION

- Bipolar I: Mania and depression
- Bipolar II: Hypomania and depression
- Bipolar III: Cyclothymia
- Bipolar IV: Medication induced
hypomania\mania
- Bipolar V: Depression with bipolar relatives
- Bipolar VI: Mania without depression



AKISKAL CLASSIFICATION

Bipolar $\frac{1}{4}$ -

unipolar depression, responding rapidly but in unsustained manner to antidepressants

Bipolar $\frac{1}{2}$ -

schizobipolar disorder





AKISKAL CLASSIFICATION

- Bipolar I: full blown mania

-manic depressive illness has an explosive manic onset with psychosis while some have mixture of depression and mania






AKISKAL CLASSIFICATION

- Bipolar I 1/2- Depression with protracted hypomania

-where hypomania ends and mania starts is not clearly demarcated

-patients exist between these extremes with protracted hypomanic periods which cause some trouble to the patient and significant others without reaching the destructive potential of mania




AKISKAL CLASSIFICATION

- Bipolar II- Depression with hypomania
 - moderately to severely impairing major depressions, interspersed with hypomanic periods of at least 4 days duration without marked impairment
 - signs and symptoms of hypomanic episode represent a departure from the patients habitual baseline
 - although behavior is colored by elated mood, confidence and optimism ,judgement is relatively preserved compared with mania



AKISKAL CLASSIFICATION

- Bipolar II ½- Cyclothymic depressions
 - Many bipolar patients do not meet criteria for Bipolar II due to hypomanic episodes being in range of 1 to 3 days compared to criteria which exists for 4 days
 - Patients with short hypomania often have a recurrent pattern of periods of excitement which are followed by mini depressions thereby fulfilling criteria for cyclothymia
 - The mood lability in this bipolar shown that most cyclothymic individuals do not exhibit clearcut hypomanic features but instead give evidence of depressive mood characterised by brief depressive mood swings
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AKISKAL CLASSIFICATION

- Bipolar III: hypomania due to antidepressant drugs
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AKISKAL CLASSIFICATION

- **Bipolar III ½: hypomania and/or depression associated with substance use**
 - Patients whose periods of excitement are so closely linked with substance or alcohol use and abuse that it is not always easy to decide whether these periods would have occurred in the absence of such use or abuse
 - Possible benefit of mood stabilisation is given to these patients who would otherwise be classified as substance induced or withdrawal induced mood disorders
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AKISKAL CLASSIFICATION

Bipolar IV: hyperthymic depression-

- Clinical depression that occurs later in life and superimposed on a lifelong hyperthymic temperament
- Variant is a pattern whereby the temperament lead to a great deal of trouble in their lives often associated with recurrent depression
- The use of antidepressants tends to destabilise the underlying hyperthymic temperament
- Eventually the elements of temperament appear in the depression include increased sexuality and racing thoughts these are depressive mixed states




AKISKAL CLASSIFICATION

Bipolar V-

recurrent depressions with dysphoric hypomania

Bipolar VI-

late onset depression with mixed mood features, progressing to a dementia like syndrome



AKISKAL CLASSIFICATION

Bipolar $\frac{1}{4}$ - unipolar depression, responding rapidly but in unsustained manner to antidepressants

Bipolar $\frac{1}{2}$ - schizobipolar disorder

Bipolar I: full-blown mania

Bipolar I $\frac{1}{2}$: depression with protracted hypomania

Bipolar II: depression with hypomanic episodes

Bipolar II $\frac{1}{2}$: cyclothymic disorder

Bipolar III: hypomania due to antidepressant drugs



AKISKAL CLASSIFICATION

Bipolar III 1/2: hypomania and/or depression associated with substance use

Bipolar IV: hyperthymic depression

Bipolar V- recurrent depressions with dysphoric hypomania



Bipolar VI-late onset depression with mixed mood features, progressing to a dementia like syndrome

ICD-10 CLASSIFICATION

- **F31.0 Bipolar affective disorder, current episode hypomanic-**

For a definite diagnosis:

(a) the current episode must fulfil the criteria for hypomania and

(b) there must have been at least one other affective episode (hypomanic, manic, depressive, or mixed) in the past.

ICD-10 CLASSIFICATION

- **F31.1 Bipolar affective disorder, current episode manic without psychotic symptoms**
- For a definite diagnosis-
 - (a)the current episode must fulfil the criteria for mania without psychotic symptoms and
 - (b)there must have been at least one other affective episode (hypomanic, manic, depressive, or mixed) in the past.

ICD-10 CLASSIFICATION

- **F31.2 Bipolar affective disorder, current episode manic with psychotic symptoms**

For a definite diagnosis:

(a) the current episode must fulfil the criteria for mania with psychotic symptoms and

(b) there must have been at least one other affective episode (hypomanic, manic, depressive, or mixed) in the past.

If required, delusions or hallucinations may be specified as congruent or incongruent with mood.

ICD-10 CLASSIFICATION

- **F31.3 Bipolar affective disorder, current episode mild or moderate depression**

For a definite diagnosis:

(a) the current episode must fulfil the criteria for a depressive episode of either mild (F32.0) or moderate (F32.1) severity; and

(b) there must have been at least one hypomanic, manic, or mixed affective episode in the past.

A fifth character may be used to specify the presence or absence of the somatic syndrome in the current episode of depression:

F31.30 Without somatic syndrome

F31.31 With somatic syndrome

ICD-10 CLASSIFICATION

- **F31.4 Bipolar affective disorder, current episode severe depression without psychotic symptoms**

For a definite diagnosis:

(a) the current episode must fulfil the criteria for a severe depressive episode without psychotic symptoms (F32.2); and

(b) there must have been at least one hypomanic, manic, or mixed affective episode in the past.

ICD-10 CLASSIFICATION

- **F31.5 Bipolar affective disorder, current episode severe depression with psychotic symptoms**

For a definite diagnosis:

(a) the current episode must fulfil the criteria for a severe depressive episode with psychotic symptoms (F32.3); and

(b) there must have been at least one hypomanic, manic, or mixed affective episode in the past.

If required, delusions or hallucinations may be specified as congruent or incongruent with mood (F30.2).

ICD-10 CLASSIFICATION

- **F31.6 Bipolar affective disorder, current episode mixed**

The patient has had at least one manic, hypomanic, or mixed affective episode in the past and currently exhibits either a mixture or a rapid alternation of manic, hypomanic, and depressive symptoms.



ICD-10 CLASSIFICATION

- **F31.7 Bipolar affective disorder, currently in remission**
- The patient has had at least one manic, hypomanic, or mixed affective episode in the past and in addition at least one other affective episode of hypomanic, manic, depressive, or mixed type, but is not currently suffering from any significant mood disturbance, and has not done so for several months. The patient may, however, be receiving treatment to reduce the risk of future episodes.

ICD-10 CLASSIFICATION

- **F31.8 Other bipolar affective disorders**
Includes: bipolar II disorder
recurrent manic episodes
- **F31.9 Bipolar affective disorder, unspecified**

ICD-10 CLASSIFICATION

- F31.0 BPAD, current episode hypomanic
- F31.1 BPAD, current episode manic without psychotic symptoms
- F31.2 BPAD, current episode manic with psychotic symptoms
- F31.3 BPAD, current episode mild or moderate depression
 - .30 without somatic syndrome
 - .31 with somatic syndrome




ICD-10 CLASSIFICATION

- F31.4 BPAD, current episode severe depression without psychotic symptoms
- F31.5 BPAD, current episode severe depression with psychotic symptoms
- F31.6 BPAD, current episode mixed
- F31.7 BPAD, currently in remission
- F31.8 Other BPAD
- F31.9 BPAD, unspecified



EVOLUTON OF BPAD IN DSM

- DSM-III(1980) - the term 'bipolar disorder' replaced the older term 'manic depressive disorder'. Also, the diagnostic distinction between adult and pediatric bipolar disorder was indicated for the first time.
 - In the DSM-III-R (1987)- diagnoses supplemented with subtyping classifications such as
 - Bipolar Disorder-Mixed
 - Bipolar Disorder-Manic
 - Bipolar Disorder-Depressed
 - Bipolar Disorder-Not Otherwise Specified
 - Cyclothymia.
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EVOLUTON OF BPAD IN DSM

- DSM-IV (1994) and DSM-IV TR-The definition of bipolar disorders has evolved to a classification where Bipolar I and Bipolar II forms of the disorder are recognized and differentiated.

DSM-V CLASSIFICATION

- Bipolar I Disorder-

A. Criteria have been met for at least one manic episode.

B. The occurrence of the manic and major depressive episode.

Specifiers: anxious distress, mixed features, rapid cycling, melancholic features, atypical features, mood-congruent psychotic features, mood incongruent psychotic features, catatonia, peripartum onset, seasonal pattern

Severity Ratings: Mild, Moderate, Severe

DSM-V CLASSIFICATION

- BPAD-II

One or more Major Depressive Episode

One or more Hypomanic Episode

No full Manic Episodes

Specifiers: anxious distress, mixed features, rapid cycling, melancholic features, atypical features, mood-congruent psychotic features, mood incongruent psychotic features, catatonia, peripartum onset, seasonal patten

Severity Ratings: Mild, Moderate, Severe

DSM-V CLASSIFICATION

- CYCLOTHYMIA-

For at least 2 years (1 in children and adolescents), numerous periods with hypomanic symptoms that do not meet the criteria for hypomanic.

Present at least 1/2 the time and not without for longer than 2 months


Criteria for major depressive, manic, or hypomanic episode have never been met



DSM-V CLASSIFICATION

- Unspecified Bipolar and Related Disorder

Bipolar features that do not meet criteria for any specific bipolar disorder.






DSM-V CLASSIFICATION

- MANIC EPISODE CRITERIA-

A distinct period of abnormally and persistently elevated, expansive, or irritable mood.

Lasting at least 1 week.

Three or more (four if the mood is only irritable) of the following symptoms:

1. Inflated self-esteem or grandiosity
 2. Decreased need for sleep
 3. Pressured speech or more talkative than usual
 4. Flight of ideas or racing thoughts
 5. Distractibility
 6. Psychomotor agitation or increase in goal-directed activity
 7. Hedonistic interests
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DSM-V CLASSIFICATION

- MANIC EPISODE CRITERIA-

Causes marked impairment in occupational functioning in usual social activities or relationships, or

Necessitates hospitalization to prevent harm to self or others, or

Has psychotic features

Not due to substance use or abuse (e.g., drug abuse, medication, other treatment), or a general medical condition (e.g., hyperthyroidism).

A full manic episode emerging during antidepressant treatment




DSM-V CLASSIFICATION

- Hypomanic Criteria

Similarities with Manic Episode
Same symptoms

Differences from Manic Episode

Length of time
Impairment not as severe
May not be viewed by the individual as pathological
However, others may be troubled by erratic behaviour.





DSM-V CLASSIFICATION

- Major Depressive Episode Criteria-

A period of depressed mood or loss of interest or pleasure in nearly all activities

In children and adolescents, the mood may be irritable rather than sad.

Lasting consistently for at least 2 weeks.

Represents a significant change from previous functioning.






DSM-V CLASSIFICATION

- Major depressive episode criteria-

Five or more of the following symptoms (at least one of which is either (1) or (2)):

1. Depressed mood
 2. Diminished interest in activities
 3. Significant weight loss or gain
 4. Insomnia or hypersomnia
 5. Psychomotor agitation or retardation
 6. Fatigue/loss of energy
 7. Feelings of worthlessness/inappropriate guilt
 8. Diminished ability to think or concentrate/indecisiveness
 9. Suicidal ideation or suicide attempt
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DSM-V CLASSIFICATION

- Major depressive episode criteria-

Causes marked impairment in occupational functioning or in usual social activities or relationships

Not due to substance use or abuse, or a .general medical condition

Not better accounted for by Bereavement



DSM Vs ICD CONCEPTS

- ICD 10 is less committed to the concept of spectrum
- Cyclothymia recognised with bipolar in DSM while classified with dysthymia under persistent affective disorder in ICD 10
- ICD 10 does not recognise Bipolar II as a category but an example of nondescript 'other' category .
- Both don't include antidepressant induced switch in bipolar rubric
- Both accept mixed states
- ICD does not have provision for rapid cycling.

THANKYOU !

