BEHAVIORAL HEALTHCARE PROVIDERS

BHP CLINICAL ACTIVITIES GUIDELINE

Bipolar Assessment Guideline

This guideline is intended to encourage all practitioners to use a comprehensive method when diagnosing bipolar disorder. It is a general guideline for assessments only. While it should be used as a starting point, **we expect all BHP practitioners to address and document all of the major areas in this guideline when diagnosing bipolar disorder in adults ages 18 and up.**

I. A complete history of symptoms including onset, severity of symptoms, and functional impairment. Assess for all symptoms the patient may be experiencing in order to make the most appropriate diagnosis. Include information about manic and depressive symptoms, including cycling patterns. Consider use of screening tool such as the MDQ.

II. Assess for family history of mental illness, substance abuse, medical concerns, suicide attempts, and treatment patterns.

III. Gather information related to medical history and current medical conditions, including current prescribed and OTC medications. Document the last time the patient was seen for a physical examination.

IV. Gather information related to current and past drug/alcohol use. Carefully assess whether symptoms of bipolar disorder could relate to substance use.

V. Obtain a complete psychosocial history. Gather information on life events such as trauma or abuse, educational history, occupational history, psychological development and relationships (past and present).

VI. Obtain information related to behavioral health treatment history, including psychiatric hospitalizations and chemical health treatments. Include information related to response to treatment and history of commitment.

VII. Complete a mental status exam, analyzing at a minimum: appearance, speech, thought patterns, memory, mood, affect, psychosis, orientation, and suicidality.

VIII. Complete a risk assessment to evaluate safety of the patient. Gather information related to history of previous suicide attempts and self-injurious behaviors. A thorough assessment of risk should include information related to suicidal ideation and behaviors, plans or preparations, availability and lethality of means, and intent. Also assess for history of violence, homicidal ideation and plans.

IX. Application of DSM criteria and diagnosis.

X. Documentation of a **physical/medical examination,** or a referral for one**,** to rule out all possible medical explanations for bipolar-like symptoms.

XI. Documentation of a **psychiatric assessment**, a referral for one, or a clinical rationale for not having a medication component for this patient. If patient is currently taking psychotropic medications, include information related to medication compliance.

XII. Recommend an effective psychotherapy such as cognitive behavioral, interpersonal, or family therapy to produce the best therapeutic outcome. Determine the least restrictive treatment setting that will promote improvement in the patient's symptoms.

If a practitioner determines that an element of the diagnostic assessment is not appropriate for the patient being treated, the practitioner must clearly document this in writing. Include reason(s) why the element is not being assessed and plans to collect this information in the future if possible.

If the mental health status of the patient has changed and may warrant an additional or alternate diagnosis, a new diagnostic assessment should be completed. Please review DHS standards regarding the types of diagnostic assessments and when review/updates should occur.

Regulatory / External Resources: NCQA: QI 10.0; Minnesota Statute 245.467

References:

American Psychiatric Association. (2002). Practice guideline for the treatment of patients with bipolar disorder. *American Journal of Psychiatry, 159(4).*

Frank, E., Kupfer, D., Thase, M., Mallinger, A., Swartz, H., Eagiolini, A., Grochocinski, V., Houck, P., Scott, J., Thompson, W., & Monk, T. (2005). Two-year outcomes for interpersonal and social rhythm therapy in individuals with bipolar I disorder. *Archives of General Psychiatry, 62(9),* 996-1004.

Minnesota Department of Human Services (2008). MHCP Provider Manual-Mental Health Services (Chapter 16).

Ostacher, M., & Sachs, G. (2006). Update on bipolar disorder and substance abuse: Recent findings and treatment strategies. *Journal of Clinical Psychiatry, 67(9).*

Thase, M. (2005). Bipolar depression: Issues in diagnosis and treatment. *Harv. Rev. Psychiatry, 13(5),* 257-271.

Vieta, E., Pacchiarotti, I., Scott, J., Sanchez-Moreno, J., Di Marzo, S., & Colom, F. (2005). Evidence-based research on the efficacy of psychologic intervention in bipolar disorders: A critical review. *Current Psychiatry Reports, 7,* 449-455.

Regulatory / External Resources: NCQA: QI 5.0. 7.0, 9.0

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