Next Steps

The nominator is interested in using a new systematic review about the screening for bipolar disorder in primary care practice.

Due to limited program resources AHRQ will not further assess this topic at this time. However, we identified one systematic review and one integrative review of screening tools for bipolar disease; and an in-process systematic review on treatment of bipolar disorder which may be useful for the nominator. No further activity on this topic will be undertaken by the Effective Health Care (EHC) Program.

Topic Summary and Considerations

**Topic Name and Number:** Screening for Bipolar Disorder in Primary Care, #735

**Date:** 7/26/2017

**Key questions from the nomination:**
What is the role of primary care clinicians in screening and management of bipolar disorder?

- Bipolar disorder has a lifetime prevalence of almost 4% and is slightly more common in women than men [1]. This disorder is characterized by episodes of mania or hypomania, alternating with episodes of depressed mood. Manic episodes are a distinct period of elevated or irritable mood, and increased activity or energy for at least one week. It is usually accompanied by inflated self-esteem, decreased sleep, distractibility, and involvement in risky activities which cause impairment in social and occupational functioning. Hypomanic episodes have similar features but may be of more limited duration and may have a more limited impact on social and occupational functioning [2].

- Untreated bipolar disorder can impact social and occupational functioning. About 33-50% of individuals with bipolar disorder attempt suicide at least once, and 15-20% of attempts are completed [3]. The mean delay between onset of symptoms and diagnosis is 5-10 years [4].

- Bipolar disorder is challenging to differentiate from major depressive disorder, as patients may initially present with symptoms of depression and may be misdiagnosed. A systematic review found that between 3.4 – 9% of primary care patients presenting with depression, trauma exposure, medically unexplained symptoms or other psychiatric complaint have bipolar disorder [5].

- While we are unable to further assess this topic at this time, these references may be useful to the nominator:
  - Cerimele et al. The Prevalence of bipolar disorder in primary care patients with depression or other psychiatric complaints: a systematic review. Psychosomatics. 2013; 54(6)
References


