STUDY IDENTIFIES PREDICTORS OF BIPOLAR DISORDER RISK
New Assessment Tool to Enhance Dialogue between Patients and Physicians

Toronto, Canada, May 22, 2006 – A new study presented at the 159th Annual Scientific Meeting of the American Psychiatric Association (APA) in Toronto, Canada identified five predictors for bipolar disorder risk in patients who have been unsuccessfully treated with antidepressants. Researchers concluded that anxiety, feelings of people being unfriendly, family history of bipolar disorder, a recent diagnosis of depression, and legal problems are significant risk factors of bipolar disorder among patients already diagnosed with major depression. The study found that one-third of patients whose medication for their depression was not right for them and that they had been told by a doctor they had anxiety and felt people were unfriendly toward them, screened positive for bipolar disorder, using the Mood Disorder Questionnaire (MDQ), a validated screener for bipolar disorder. Forty-three percent of patients who responded positively to any three risk factors, screened positive for bipolar disorder using the MDQ. A brief assessment tool was derived from the study findings that can be used to identify bipolar disorder risk.

"Bipolar depression may be difficult for both patients and doctors to identify because the symptoms are often confused with major depression," said Joseph R. Calabrese, M.D., Professor of Psychiatry, Case Western Reserve University and Director, Mood Disorders Program, University Hospitals of Cleveland. "Given the difficulty of diagnosing bipolar disorder, the five predictors identified in this study may help physicians better assess a patient's risk for bipolar disorder, which could lead to more effective treatment."

The study findings coincide with previous research that suggests nearly half of all patients who have bipolar disorder will first be diagnosed with major depression. Inappropriate treatment due to misdiagnosis can have a harmful effect on patients potentially making the illness harder to treat; antidepressants alone have been shown to induce mania or hypomania (a mild form of mania) in some patients with bipolar depression. Furthermore, people with untreated bipolar disorder can experience a greater frequency of manic and depressive episodes, causing significant disruption in their personal and professional lives.

"Many people with bipolar disorder face up to ten years of coping with symptoms before getting an accurate diagnosis," said Karl Ackerman, President of the Manic-Depressive and Depressive

Association of Boston. "For me, it was twelve years. Looking back, I realize the anxiety I experienced along with my depression could have been another sign of bipolar disorder. These predictors can be useful for patients who are dealing with depression that isn't helped by medication."

"It's important for people who are suffering from depression to talk to their doctors about other experiences and symptoms over their lifetime – especially times when they were feeling really well," said Gary Sachs, MD, Associate Professor of Psychiatry, Harvard Medical School and Director, Bipolar Disorder Clinic and Research Program, Massachusetts General Hospital. "Many patients with bipolar disorder go too long without a correct diagnosis. This can mean years lost to an illness that can be successfully managed when correctly diagnosed and treated. The predictors identified in this study may help physicians and patients identify depression associated with bipolar disorder rather than unipolar mood disorder."