Interview Guide for Evaluating for Hypomania & Mania in People Presenting to Primary Care With Depression

The diagnosis of (hypo)mania requires a distinct mood shift along with increased energy or activity. It must last for at least several days (4 days for hypomania, 7 days for mania); be observable by other people (hypomania) or cause "marked impairment in social and occupational functioning" (mania); and have several supporting symptoms (3 supporting symptoms if the mood is elevated, 4 supporting symptoms if the mood is irritable).

Screening questions

Q1 – Have you ever had a period of time that lasted several days when you were feeling so good, excited or 'hyper' that other people thought you were not your normal self?

Q2 – What about a period of time that lasted several days when you were so irritable and energetic that you found yourself shouting at people or starting fights or arguments?

If a patient answers yes to Q1 or Q2, continue to Q3.

Q3 – During that same period, were you much more active than usual – for example doing lots of different projects at the same time?

If a patient answers yes to Q3, continue with the follow-up questions.

Follow-up questions

Open ended question – Tell me about that period of time. *It is helpful to identify a date or life phase – like the 1st year of college – so you can reference it later.*

Duration – How long did the period last? (hours/days/weeks) *A few days or longer is typical of bipolar disorder. Hours are more likely mood lability associated with borderline personality disorder.*

Questions to assess for supporting symptoms

The open ended question "Tell me about that period of time" may have already elicited some supporting symptoms. If a patient answers "yes" to any of the following questions about supporting symptoms, learn more. I like the phrase "tell me more about that."

- Decreased need for sleep – What was your sleep like during that period? Did you sleep less than usual without it affecting you?
- Racing thoughts / Flight of ideas – During this period, did you have so many ideas that you couldn't catch up with them or keep track of them?
- Distractible – During this period, did you find it hard to keep your mind on what you were doing?
- More talkative / pressured speech – During this period, did you find it hard to stop talking?
- Grandiosity – During this period, did you feel especially self-confident or have any particularly good ideas?
- Increase in (goal-directed) activity – During this period, did you start any new projects?
- Indiscrete – During this period how did you spend your time? Did you do anything that was out of character or unusual for you? Did you talk about things you would normally keep private, or act in ways that you would usually find embarrassing? What about driving too fast, spending too much money, or doing things sexually that you wouldn't normally do?

"Yes" answers to 3-4 supporting symptom questions during the same time period suggests a hypomanic or manic episode.

Questions to differentiate bipolar disorder from other common comorbidities

How **frequently** do these (hypo)manic episodes occur?
Daily or weekly episodes do not suggest bipolar disorder and are more likely mood lability. Rapid cycling bipolar disorder is defined by having 4 or more mood episodes a year, and most people with bipolar disorder have fewer mood episodes than that.

Were you taking any **drugs** like cocaine, methamphetamine, Adderall, or other stimulants when you had these symptoms? Were you taking any medications, like steroids that may have affected your mood? Have you had an experience like this at a time when you were not using the drug?

Comorbidity is the norm rather than the exception in bipolar disorder. In a group of people with bipolar disorder, 35% have an anxiety disorder, 17% have ADHD, and 20% have borderline personality disorder (Pavlova 2016, Schiweck 2021, Frías, 2016). Half of patients with bipolar disorder will be diagnosed with a substance use disorder at some point in their life (Hunt 2016).

Features that increase the likelihood of bipolar disorder (vs major depressive disorder)

Age on onset – When did you first have problems with mood?
Bipolar disorder generally begins at age 15-25, a younger on average than MDD.

Recurrences – How many depressive episodes have you experienced?
Bipolar disorder is associated with more depression recurrences than MDD.

Family History – Does anyone in your family have bipolar disorder?
While you're at it, ask about a family history of depression, suicide, psychosis, and substance use disorders.

Collateral information

If the interview is challenging or you don't have enough information, ask the patient for permission to speak with someone who knows them well. While patients are often good at reporting their depressive symptoms, family members or friends may be better at reporting symptoms of hypomania. Patients often experience hypomania as a time when they were not depressed and were feeling well. I routinely talk to a family member or friend of a patient if I am considering a new diagnosis of bipolar disorder.

Getting Permission – To be sure that I am not missing anything, I'd like to talk to one of your friends or family members about their observations of your moods. Is there someone who has known you for years who I could talk with briefly?

Preserving Confidentiality – I'll mainly be asking them for information. Is there anything that we talked about today that you would not want me to mention to them?