

Assessment Strategies in Mood Disorders

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KSADS-PL

- ◆ Kiddie Schedule for Affective Disorders & Schizophrenia – Present/Lifetime
- ◆ Semistructured interview to assess axis I disorders by DSM-IV criteria
 - ◆ Autism supplement available
- ◆ 1996 vs 2001 versions
- ◆ Depression and Mania extended sections available (DRS and MRS)

1. DEPRESSED MOOD

Refers to subjective feelings of depression based on verbal complaints of feeling depressed, sad, blue, gloomy, very unhappy, down, empty, bad feelings, feels like crying. Do not include ideational items (like discouragement, pessimism, worthlessness), suicide attempts or depressed appearance. Some children will deny feeling "sad" and report feeling only "bad" so it is important to inquire specifically about each dysphoric affect. Do not count feelings of anxiety or tension.

Irritability without other persistent dysphoric affect should not be rated here.

In the interview with parent, mother's "gut feeling" (empathic sensing) that child frequently feels depressed can be taken as positive evidence of child's depressive mood if parent is not concurrently depressed.

How have you been feeling?

Would you say that you are a happy or a sad child?

Mostly happy or mostly sad?

Have you felt sad, blue, moody, down, very unhappy, empty, like crying?

(ASK EACH ONE).

Is this a good feeling or a bad feeling?

Have you had other bad feelings?

Do you have a bad feeling all the time that you can't get rid of?

Have you cried or been tearful? Do you feel (____) all the time, some of the time? (Percent of time awake: Summation of % of all labels if they do not occur simultaneously).

(Assessment of diurnal variation can secondarily clarify daily duration of depressive mood.)

Does it come and go? How often? Every day?

How long does it last? All day?

How bad is the feeling? Can you stand it? What do you do when you can't stand it?

What do you think brings it on?

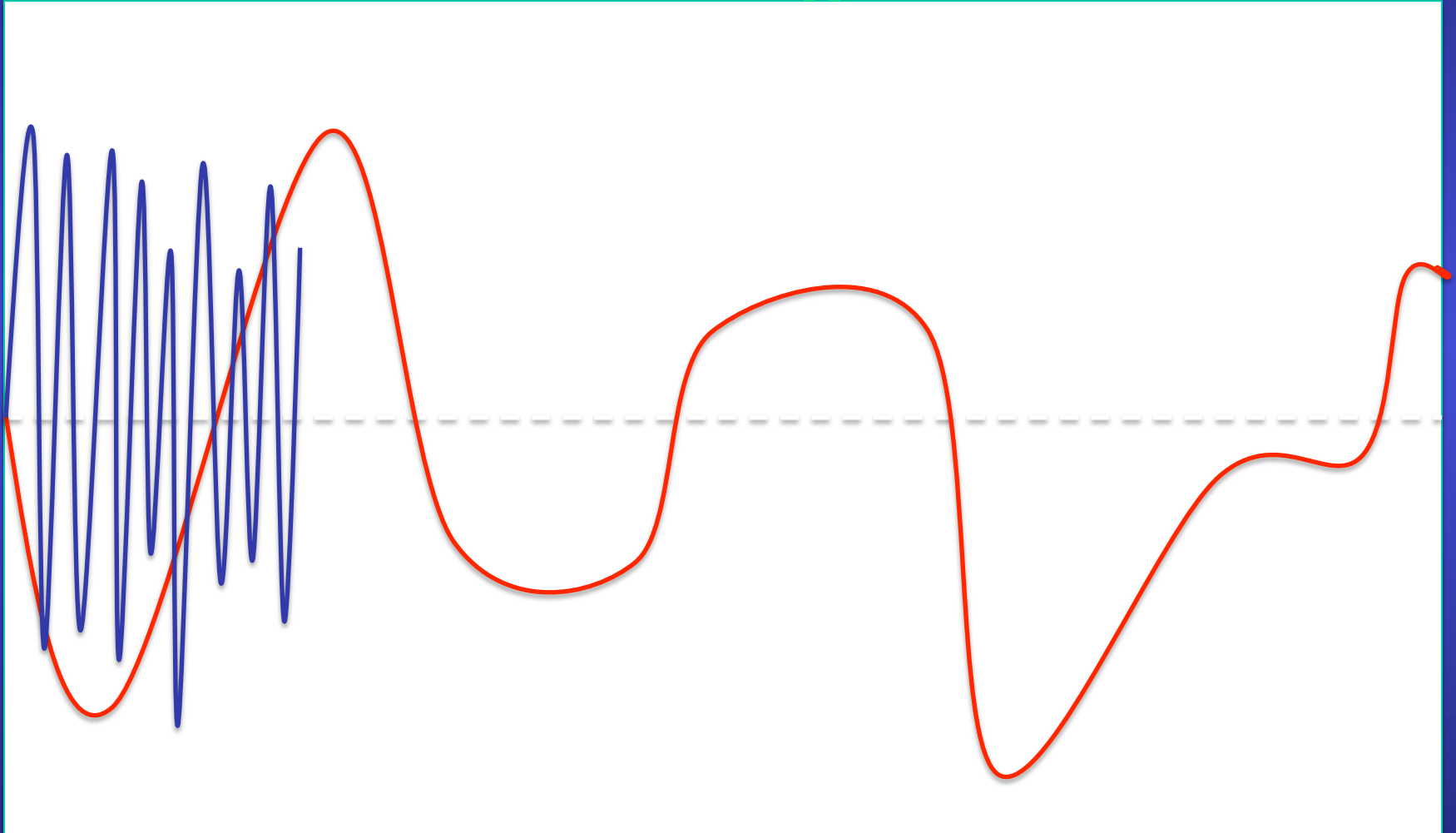
Do you feel sad when mother is away? IF separation from mother is given as a cause: Do you feel (____) when mother is with you? Do you feel a little better or the feeling totally gone?

Can other people tell when you are sad? How can they tell? Do you look different?

| P | C | S | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0 No information |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Not at all or less than once a week |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Slight: Occasionally has dysphoric mood at least once a week for more than 1 hour |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Mild: Often experiences dysphoric mood at least 3 times a week for more than 3 hours each |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Moderate: Most days feels "depressed" (including weekends) or over 50% of awake time |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 Severe: Most of the time feels depressed and it is almost painful. Feels wretched |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 Extreme: Most of the time feels extreme depression which "I can't stand." |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 Very Extreme: Constant unrelieved extremely painful feelings of depression |

| | P | C | S |
|------|--------------------------|--------------------------|--------------------------|
| PAST | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Mood Diagrams



Quick Tips on Differential

- ◆ Episodic vs Chronic
 - ◆ Are patterns of behavior the same and just worsening in the details?
- ◆ Is there a reason for the behavior?
 - ◆ Anxiety, OCD, Autism, parent-child dynamic
- ◆ Extreme rage behavior does not confer a more severe diagnosis (aka BP)
- ◆ Is the emotional lability short-lived? Or is there a predominant mood state?
- ◆ What is the age of the child? Are these behaviors within the norm?
- ◆ Are there other non axis I issues that are playing a role? (e.g. abuse, language disorders, low cognitive function)

Issues in assessing behaviors

- ♦ Most “severe” behavior will be first reported
 - ♦ Getting parents “unstuck” from this
 - ♦ Sticking to a more structured interview can be helpful for this
- ♦ Self-report of externalizing symptoms is poor
 - ♦ Parents are often better reporters than kids
 - ♦ Developmental considerations in reporting
- ♦ Context is key for differential
 - ♦ Chronic vs environment/situation specific
 - ♦ Teacher report provides valuable information regarding context

- ◆ So what are we looking for in BP?

- ◆ As noted:

- ◆ Episodic vs chronic irritability

- ◆ Look for episodes – symptoms should be a change from baseline

- ◆ This means you need to establish what that child's baseline is first with the parent

- ◆ Do not examine symptoms in a vacuum; they should hang together in an episode

- ◆ Distinct symptoms of mania (euphoria, grandiosity)

- ◆ Good to ask all questions in the mood section if do not get endorsement for criteria A

Diagnosing Bipolar Disorder

- ◆ Typical presentation is mixed for Criterion A
 - ◆ Only 10-15% of BP youth present with elated-only or irritable-only mania (Hunt et al, 2009)
- ◆ “Criterion A does not a syndrome make.”
 - Don’ t forget associated symptoms that are required for the BP diagnosis

Other Measures to Use

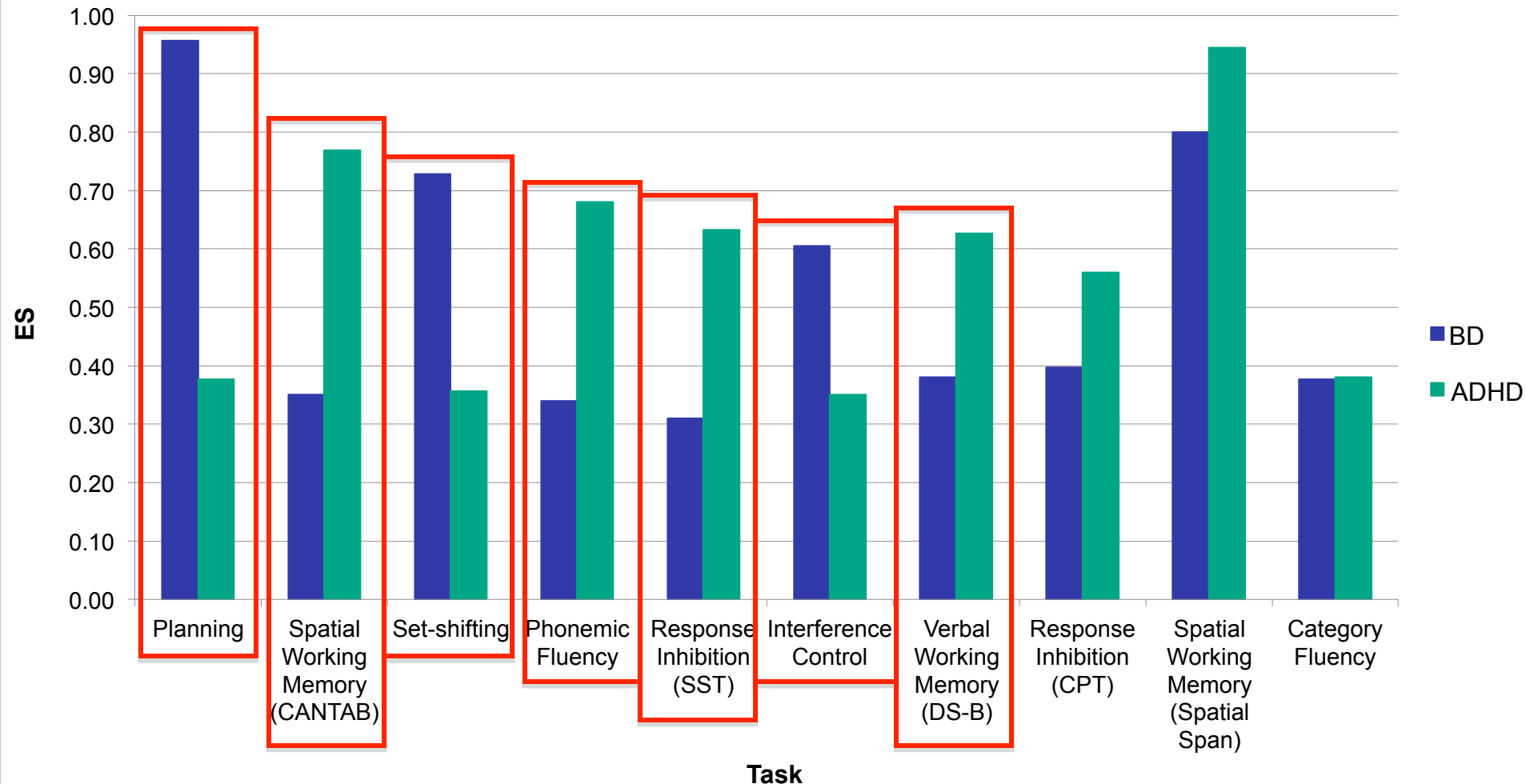
- ◆ Parent General Behavior Inventory – 73 item, self-report questionnaire of child's mood symptoms
 - ◆ 2 scales: depression & hypomanic/biphasic
 - ◆ Hypomanic/biphasic scale best at discriminating BP from other disorders
- ◆ Young Mania Rating Scale – 11 item, clinician administered measure
- ◆ Parent Mood Disorder Questionnaire – self report questionnaire of child's manic symptoms
 - ◆ Asks if sx's occurred at same time and if impairment associated
 - ◆ Adds a little more information for younger kids

- ◆ Parent report of symptoms has better sensitivity for the diagnosis of BP than teacher or youth report (Youngstrom et al, 2004)
 - ◆ This is especially true for mania symptoms
 - ◆ Parent AUC = .78 to .84
 - ◆ Teacher AUC = .57 to .70
 - ◆ Youth AUC = .67 to .71
- ◆ CBCL externalizing scale is sensitive to bipolar disorder, but not specific → recommended NOT to use for diagnosis

Creating a Neurocognitive Profile

Average Weighted Effect Sizes

Walshaw et al, 2010



How to ask about...

ELATED MOOD

- Has there ever been a time when you felt on top of the world? Like everything was going to go your way?
 - Was it uncomfortable? Did anyone seem worried about your mood? Did anyone comment on it?
 - Looking for extreme mood, situationally inappropriate
 - Did it seem like more than just a good mood?
 - How long did it last?
 - Is it transient? Responsive to redirection? Situationally driven?
-
- Sensitivity to BP = 70%, Specificity = High (Youngstrom et al, 2008)

How to ask about...

IRRITABLE MOOD

- Tell me about a time when you were getting angry and cranky a lot.
- What kinds of things did you do? (Scream, break things, threaten to hurt others)?
- What is the longest that mood has lasted?
- What kinds of things got you mad?
- How often do you get mad?

Sensitivity to BP = 81%, Specificity = Low (Youngstrom et al, 2008)

Is this chronic or episodic? -- If irritability is chronic, determine how much of the day irritable mood is present.

How to ask about...

DECREASED NEED FOR SLEEP

- During that period of irritable/elated mood, how were you sleeping?
- What time do you usually go to sleep and wake up?
- On the nights you weren't sleeping much, were you tired the next morning? Did you sleep in?

Sensitivity to BP = 72%, Specificity = High if decreased need, low if only insomnia (Youngstrom et al, 2008)

Decreased need for sleep is not present if fatigue is present. If child says, "My energy was fine the next day," ask, "How many nights in a row were you able to sleep less, but not feel tired?"

- Watch for chronic difficulty falling asleep when tired the next morning (could be anxiety or ADHD)

How to ask about...

INCREASE IN GOAL-DIRECTED ACTIVITY (EITHER SOCIALLY, AT WORK OR SCHOOL, OR SEXUALLY) OR PSYCHOMOTOR AGITATION

- During that period of irritable/elated mood, did you notice any change in energy? Is that a change from how you normally are?
- Were you more productive during that time? Start a lot of new projects?

For hyperactive children, determine if the energy level is different from baseline

How to ask about...

INFLATED SELF-ESTEEM OR GRANDIOSITY:

- During that period of irritable/elated mood, how were you feeling about yourself?
- For parents: Was your child exaggerating any of his/her abilities?
- Is this more of a chronic, personality issue?

Sensitivity to BP = 78%, Specificity = Moderate (Youngstrom et al, 2008)

There should be an episodic quality to this. More chronic, arrogant and not associated with mood is consistent with CD or developmental issues.

How to ask about...

PRESSURED SPEECH

- During that period of irritable/elated mood, were you talking faster? Did other people notice?
- Did it ever feel like you couldn't get the words out fast enough?
- Could people interrupt you?
- Did anyone tell you to slow down?

Sensitivity to BP = 82%, Specificity = unclear (Youngstrom et al, 2008)

Needs to have an episodic quality; should be different from depressive speech presentation. Chronic “chattiness” more associated with ADHD.

How to ask about...

FLIGHT OF IDEAS OR SUBJECTIVE EXPERIENCE THAT THOUGHTS ARE RACING

- During that period of irritable/elated mood, were there any times when you were talking about one thing, and then another, and then another, and people had trouble following what you were saying?
- Did you ever feel like your thoughts were racing? Or you had too many thoughts? What was that like for you?

Sensitivity to BP = 74% (racing thoughts), 56% (flight of ideas); Specificity = Good to Moderate (Youngstrom et al, 2008)

For children with anxiety, differentiate from worry thoughts that may subjectively feel like racing thoughts.

How to ask about...

DISTRACTIBILITY

- What is your child's baseline level of concentration/distractibility?
- During that period of irritable/elated mood, did this get worse? How distractible were you? How much trouble did you have concentrating?

Specificity to BP = 84%, Specificity = Low (Youngstrom et al, 2008)

- Differentials include ADHD, anxiety, MDD, PTSD, low cognitive function

For children with ADHD, determine if the distractibility became worse than baseline.

How to ask about...

POOR JUDGMENT

- During that period of irritable/elated mood, did you do anything that got you in trouble, or could have gotten you in trouble (spend too much money, call people at weird hours)?
- Are you the kind of kid who usually does this?

Sensitivity to BP = 69%, Specificity = Moderate (Youngstrom et al, 2008)

- *Determine whether behaviors were related to alcohol/substance abuse.*
- *Determine whether delinquent behaviors are chronic or a episodic change from usual functioning.*

Case Vignette #1

15 year-old female

Prior diagnoses: bipolar disorder type II, ADHD, ODD

“...depressed a lot for the last couple of years.”

“...stays in her room and doesn't do much.”

“She's always had low self-esteem.”

“She doesn't think anything will ever get better, that she'll always be depressed.”

“...talks about wanting to die. One time she said she wanted to shoot herself, but said she was going to wait until she was 18 to see if things are any better then.”

“Lies down a lot when she's depressed.”

Case Vignette #1

“...loses her temper all the time. She’s thrown and broken things, and spits and bites when she’s mad.”

“Always irritable and cranky and has a short fuse. I have to walk on eggshells.”

“Has trouble sitting still when she’s mad.”

“She says she has too many thoughts in her head.”

“Worries a lot”

“Very self-conscious about what other people at school think.”

“She has a lot of trouble relaxing.”

Case Vignette #2

9-year-old male

Prior diagnoses: bipolar disorder, ADHD

- Daily meltdowns last 1-3 hours after school, with yelling, kicking, spitting, punching.
- “He’s constantly moving. It’s impossible for him to sit still, except at school. His teachers think he’s an angel.”
- “Sometimes he says he’s the most awesome boy in school, and smarter than the other kids.”

Case Vignette #2

- “When he’s sad, he won’t do his homework or anything else. He covers himself with stuffed animals and hides.”
- “When he’s sad, he says he’s fat and ugly. “
- “...a lot of trouble falling asleep.”
- “...talks too much...always blurting or interrupting.”
- “He can’t do homework by himself because he gets too distracted.”
- “...gets very good grades in school. Teachers haven’t noticed any problems.”