

# Bipolar Disorder Patients Often Misdiagnosed

BY DAMIAN McNAMARA

FROM A MEETING OF THE  
NEW CLINICAL DRUG EVALUATION UNIT

BOCA RATON, FLA. — Many family physicians do not feel adequately prepared to diagnose and treat bipolar disorder, according to a small survey.

“When these mentally ill patients ... present in a primary care setting, it is a critical opportunity to intervene,” according to Purvi Kobawala Smith.

Diagnosis and management of bipolar disorder can be complex, given that patients can present with severe depression, severe mania, mixed mood states, rapid cycling, and/or comorbidities.

Results of previous studies suggest that bipolar disorder often can be misunderstood or misdiagnosed in primary

only somewhat prepared. Another 30% said they were prepared and only 6% were very prepared.

More family physicians said they were prepared or very prepared to discuss pharmacologic treatments: In all, 58% were not very prepared or only somewhat prepared, 33% were prepared, and 9% were very prepared.

Primary care physicians play an integral role in the initiation of treatment,

especially when there are no psychiatrists available for referral, Ms. Smith said. She acknowledged that learning more about bipolar disorder “is a challenge for primary care physicians, given their [time] constraints.”

Along with Dr. Jennifer Payne of the department of psychiatry and behavioral sciences at Johns Hopkins University, Baltimore, the lead investigator of the study, Ms. Smith and others developed a

free online course. Dr. Payne is the course director.

The survey and online course are supported by a grant from Eli Lilly & Co. Ms. Smith said she had no relevant disclosures. Dr. Payne is a consultant for AstraZeneca and Wyeth and receives honoraria from Wyeth.

To take the free online course, go to [www.bipolarCME.com](http://www.bipolarCME.com).



Most of those surveyed rated themselves as inadequately prepared to diagnose bipolar disorder.

DR. SMITH

care settings (JAMA 2005;293:956-63; J. Clin. Psychiatry 2003;64:53-9).

“Many [patients] get misdiagnosed with depression and get sent down an entirely wrong treatment path,” Ms. Smith said in an interview at the meeting, which was sponsored by the National Institute of Mental Health.

To evaluate family physicians’ educational needs regarding this disorder, Ms. Smith and her colleagues mailed surveys to 900 family physicians in January 2009. The 77 respondents (a 9% response rate) rated their own preparedness regarding screening for bipolar disorder, discussion of comorbidities, evaluation of the phase of bipolar disorder based on symptoms, discussion of psychotherapy and pharmacologic options, and development of a treatment plan.

“By and large, the majority rated themselves as ‘not very prepared’ or ‘somewhat prepared,’” said Ms. Smith, scientific director for a medical education company in Ramsey, N.J.

More than half felt this way when asked about their ability to assess for bipolar disorder using a screening tool or interviewing techniques (36 of 69 respondents, or 52%). Another 36% felt prepared and 12%, very prepared.

Fifty-three percent of 68 felt they were not very prepared or were only somewhat prepared for discussion of comorbidities, 41% were prepared, and 6% were very prepared.

Regarding diagnosis of the phase of the disorder based on symptoms, 51% of 69 physicians felt not very or somewhat prepared, 39% felt prepared, and 10% felt very prepared.

Respondents rated themselves as less prepared to discuss psychotherapy options; Sixty-four percent of 67 physicians said they were not very prepared or were

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