Evaluating depressive symptoms in mania: a naturalistic study using a structured diagnostic tool, the DSM-5 ‘With Mixed Features’ specifier M.I.N.I. module

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Introduction

• Bipolar disorder is a chronic disease that has a lifetime prevalence of approximately 2%, and which is characterised by periods of mania, depression or combinations of both (mood episodes).1

• Manic episodes with depressive symptoms are generally more severe, and are associated with a poorer prognosis, than pure manic episodes.2 Although these types of episodes are common, they are not easily identified by clinicians.3

• Reaching a correct diagnosis is important in searching for depressive symptoms during a manic episode is important for optimising patient outcomes.4

• Recently, the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) provided a new ‘With Mixed Features’ specifier for hypomanic, manic or depressive episodes.3 For hypomanic and manic episodes, at least three of six depressive symptoms must be present to allocate the specifier.5 To complement this, a new Mini-International Neuropsychiatric Interview (M.I.N.I.) module has also been developed to enable patient self-evaluation for the DSM-5 specifier.

Methods

• Study conduct

– This prospective, real-world research, involving psychiatrists and patients with bipolar I disorder (BD1), was conducted in Australia, Brazil, Canada, Germany, Italy, Spain, Turkey and the UK. The study began in October 2013 with final data collected on 31st March 2014.

– Patients were anonymous, and stored and processed in agreement with the requirements of the EU Data Protection Directive 95/46/EC.

– The study was conducted in compliance with the relevant codes of conduct (EPhMA, APhBI).

• Study population

– Physician population psychiatrists who were actively managing pharmacological treatment for adult patients with BD1, had ≥30 years’ experience of treating patients with BD1, had a patient caseload comprising ≥20 patients with BD1 per month; and who were representative of the in-/out-patient setting for each country, were invited to take part in the study.

– Patient population patients aged ≥18 years, diagnosed with BD1, had onset of a manic episode within the last 3 months; and whose clinical condition was compatible with completing a short questionnaire, were included in the study.

• Questionnaires

– Using an online survey, each psychiatrist assessed six consecutively consulted patients with BD1 who were currently receiving treatment for a manic episode. Assessments included DSM-5 criteria for depressive symptoms (Table 1), a global assessment of symptoms (anxiety, irritability and agitation [absent–very severe]), frequency of suicidal attempts, and treatment response satisfaction (highly dissatisfied–highly satisfied).

– Each psychiatrist also invited their patients to complete the M.I.N.I. module questionnaire, which comprises nine questions assessing the presence or absence of depressive features (six symptoms) according to DSM-5 criteria (Table 1).

• Data analyses

– Only matched data (i.e. patients with both psychiatrist and M.I.N.I. assessments) were included for analysis.

– Patients were stratified based upon whether they met the criteria for the ‘With Mixed Features’ specifier of DSM-5: 0–2 depressive symptoms (did not meet the criteria) and 3 depressive symptoms (met the criteria).

– Data were analysed using a non-sided t-test using Conﬁrm v17. Values of p<0.05 were considered statistically significant.

• Twenty-two percent of patients were dissatisﬁed with the treatment response in patients with ≥3 depressive symptoms, compared with 14% for patients with 0–2 depressive symptoms. This diﬀerence was statistically signiﬁcant (p=0.05) (Figure 4).

• A signiﬁcantly higher proportion of patients with ≥3 depressive symptoms answered ‘yes’ to the questions on the presence of depressive symptoms in the M.I.N.I. module questionnaire (Table 1).

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Table 1. Questions speciﬁed in the DSM-5 criteria and the M.I.N.I. module for the presence of depressive symptoms

<table>
<thead>
<tr>
<th>DSM-5 criteria for depressive symptoms*</th>
<th>M.I.N.I. module (Table 1)</th>
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<tbody>
<tr>
<td>1. Persistent anergia or retardation yielded by either subjective report (eg, feels sad, empty, or guilty) or observation made by others (eg, appears moody)</td>
<td>1. No, you feel, empty, guilty, low or depressed?</td>
</tr>
<tr>
<td>2. Diminished interest or pleasure in all, or almost all, activities (as indicated by either subjective account or observation made by others)</td>
<td>2. Did you lose interest in something you like doing recently?</td>
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<tr>
<td>3. Psychomotor retardation nearly every day, observed by others, and subjective feelings of slowing down (not just feeling lazy or empty)</td>
<td>3. Do you feel slowed down or do things more slowly?</td>
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<tr>
<td>4. Fatigue or loss of energy</td>
<td>4. Are you fatigued?</td>
</tr>
<tr>
<td>5. Sensation of weightlessness or excessive or inappropriate guilt (not merely self-induced or guilt about being sick)</td>
<td>5. You feel guilty?</td>
</tr>
<tr>
<td>6. Thoughts of death (but not just fear of dying) recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide</td>
<td>6. You think of death?</td>
</tr>
<tr>
<td>7. Recurrent thoughts of death (not just fear of dying)</td>
<td>7. You think about how you can’t go on living?</td>
</tr>
<tr>
<td>8. You feel dying?</td>
<td></td>
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</table>

Table 3. Suicide attempts in patients with 0–2 or ≥3 depressive symptoms

<table>
<thead>
<tr>
<th>0–2 depressive symptoms (n=348)</th>
<th>≥3 depressive symptoms (n=348)</th>
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<tr>
<td>Suicidal attempts (yes/no)</td>
<td>0.11% (13/348)</td>
</tr>
<tr>
<td>*Two-sided t-test, p&lt;0.05 vs 0–2 depressive symptoms group</td>
<td></td>
</tr>
</tbody>
</table>

Figure 3. Suicide attempts in patients with 0–2 or ≥3 depressive symptoms

Conclusion

A third of BD1 patients presented with ≥3 depressive symptoms during their most recent manic episode, and thus met the criteria for the DSM-5 ‘With Mixed Features’ specifier.

These patients had a greater burden of disease, experienced more severe anxiety, irritability and agitation, and had a higher incidence of suicide attempts, both during their lifetime and during their most recent manic episode, compared to patients with 0–2 depressive symptoms.

Physicians were more likely to be dissatisfied with the treatment response of patients reporting ≥3 depressive symptoms, compared with that of patients reporting 0–2 depressive symptoms.

Physician and patient assessments of patients’ depressive symptoms during the most recent manic episode, according to DSM-5 criteria, were in agreement with one another.

References

5. Disclosure

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Acknowledgements

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Figure 4. Physician satisfaction with current treatment response for patients with 0–2 or ≥3 depressive symptoms

Figure 5. Percentage of patients with 0–2 or ≥3 depressive symptoms who answered ‘yes’ to the questions on the presence of depressive symptoms in the M.I.N.I. module questionnaire

Figure 1. Proportion of patients with 0–2 or ≥3 depressive symptoms who presented with some degree of anxiety, irritability or agitation during their most recent manic episode

Figure 2. Composite score of anxiety, irritability, and agitation for patients with 0–2 or ≥3 depressive symptoms

Figure 3. Suicide attempts in patients with 0–2 or ≥3 depressive symptoms

Figure 4. Physician satisfaction with current treatment response for patients with 0–2 or ≥3 depressive symptoms