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My Favorite Tips for Sorting Out Diagnostic Quandaries with Bipolar Disorder and Adult Attention-Deficit Hyperactivity Disorder

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Some diagnoses, such as major depression and obsessive-compulsive disorder, are fairly easy to make. When patients give histories clearly consistent with the *Diagnostic and Statistic Manual of Mental Disorders, fourth edition text revised* (*DSM-IV-TR*) criteria, the diagnostic tasks are easy, and one can move quickly to issues of treatment. As primary care doctors become increasingly comfortable treating basic psychiatric disorders, however, more of psychiatrists' patients are complicated. They do not always fit easily into the neat diagnostic schema that psychiatrists depend on.

This article focuses on two disorders that frequently cause diagnostic quandaries: bipolar disorder and adult attention-deficit hyperactivity disorder (ADHD). But first, here are two suggestions for how to get at the truth of any diagnosis quickly when things are not straightforward:

1. Insist on obtaining past records before the first appointment. True, the patient's last psychiatrist may have gotten it all wrong, but at least the record will give a quick sense of the diagnostic thinking that has trailed this patient and will provide diagnostic clues based on medications that have been prescribed.
2. Ask the patient for his or her diagnosis. This request can be made at the beginning, end, or somewhere in the middle of the interview. I often find it helpful to come right out and ask patients, ''Has anyone ever told you what your diagnosis is?'' or ''So, what do you think your diagnosis (or problem) is?'' One patient told me that he once had been diagnosed with trichotillomania—not a diagnosis that I would have embarked upon aggressively without this information.

A reader looking for an extensive exploration of interviewing tips related to all psychiatric disorders, may find my book useful, *The Psychiatric Interview, A Practical Guide, 2nd Edition* [1].

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INTERVIEWING TIP # 1: TAKE NOTHING FOR GRANTED IN BIPOLAR DISORDER

The Problem

Because most patients who have bipolar disorder present initially with depression, the search for mania often involves a fair amount of digging into the history. And because so many of the symptoms of mania are nonspecific, a common pitfall is to conclude falsely that a given symptom is evidence of mania, leading to the overdiagnosis of bipolar disorder.

The Solution

Begin by asking broad screening questions and then focus in on specific *DSM-IV-TR* criteria with questions that can differentiate depressive and anxiety symptoms from true symptoms of mania. The following case illustrates specific examples of such questions.

Case

A 45-year-old married father of three presented with a chief complaint of: "I'm all stressed out." He worked as a construction foreman and said his workers were "driving him crazy." He felt that he had been yelling at his employees excessively. In addition, his wife had been complaining that he was losing his temper with the children too much. One week before the interview, he had returned from a 2-week trip to Asia alone. This was his first trip abroad. He had left without telling his wife, simply buying himself a ticket to Hong Kong.

Initially, the differential diagnosis would include bipolar disorder, anxiety disorders, depressive disorders, and substance abuse. Of these, most clinicians would dwell on the possibility of bipolar disorder, because the patient's impulsive trip to Asia sounds like the behavior of a patient experiencing a manic episode.

A good way to begin the search for mania is to ask a high-yield screening question. Here are some examples I have found useful:

1. Have you ever had a period of time when you felt like your mood and energy were high and your thoughts were going quickly?
2. Did you ever go through a time when you felt too energetic and happy, so that friends commented that you were talking too fast or behaving strangely?
3. Has there ever been a time when you felt just the opposite of depressed, so that for a week or so you felt as if you were on an adrenaline high and could conquer the world?

These questions are good at assessing classic, euphoric mania, but many bipolar patients experience irritability as their primary mood-state during a manic episode. This manifestation is the bane of all interviewers, because irritability is an incredibly nonspecific symptom and is present in depression, anxiety disorders, psychosis, substance abuse, and just about every other entity in the *DSM-IV-TR*.