Exploration of Impact of Screening on Outcomes of Bipolar Disorders: a Mixed Methods Study

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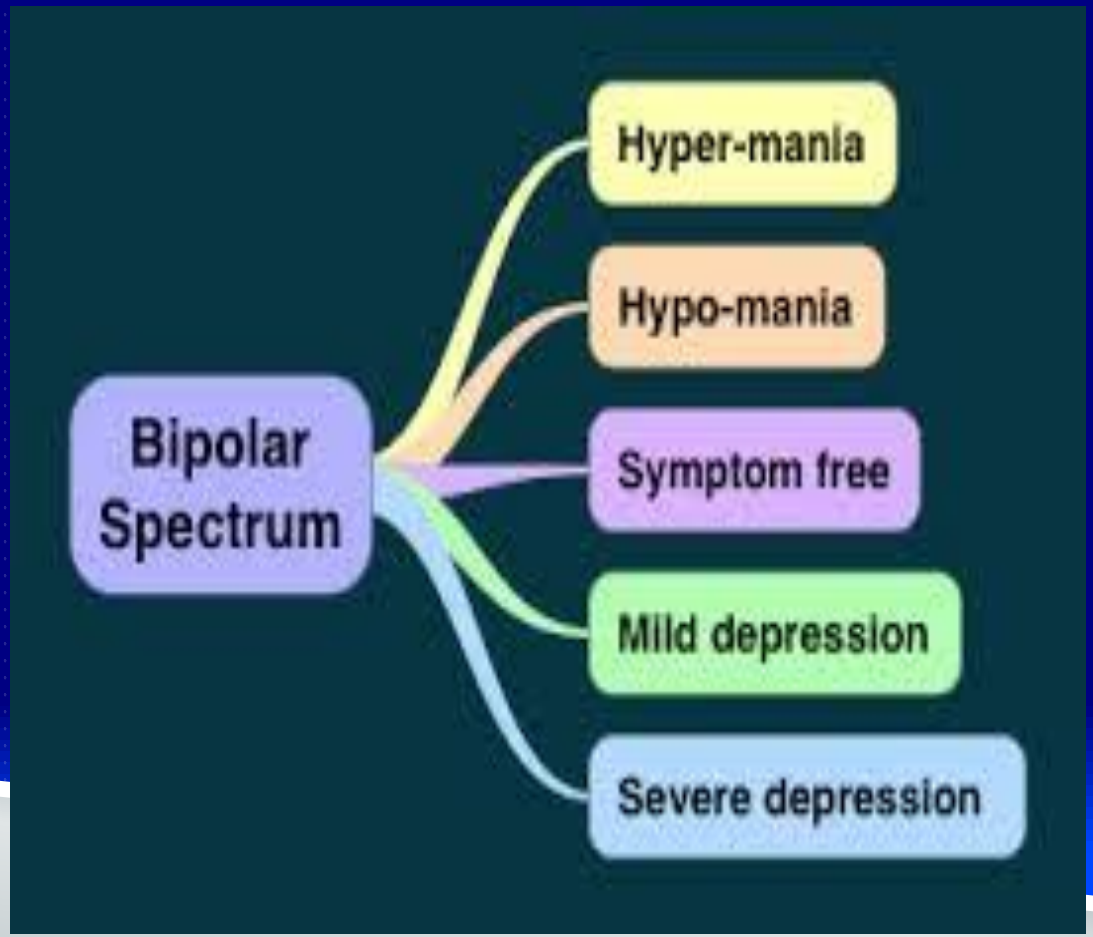
OBJECTIVES

- Describe study results exploring knowledge & screening activities of advanced practice registered nurses (APRNs) for bipolar disorders (BPDs)
- Recognize global public health burden of undiagnosed BPDs & preventive role of screening
- Understand results of this study highlight educational, research & policy-making issues that must be addressed to decrease morbidity & mortality of untreated BPD

BPD



- BPD is a serious & chronic mental illness with varying degrees of mania, depression, or mixed episodes (both mania & depression) that requires timely diagnosis & treatment.

MOOD DISORDERS

- BPD - chronic mental health illness that impacts all aspects of an individual's life & ability to function.
- The World Health Organization ranks BPD one of top ten causes of disability in world with an incidence high 5% in U.S.

MOOD DISORDERS: Misdiagnosis is Common

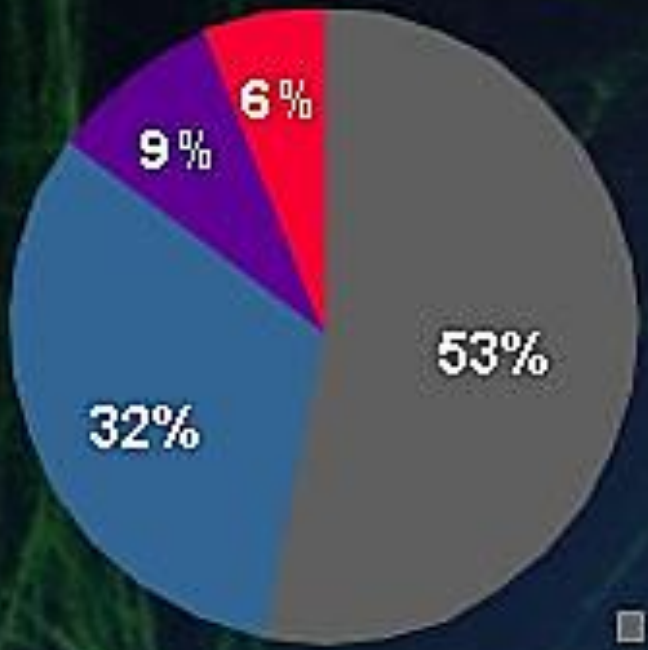
- The 2000 National Depressive & Manic-Depressive Association Survey showed 69% received initial misdiagnosis
- 33% had delay in correct diagnosis of 10 years or more
- Often fatal - a major public health problem worldwide
- BPDs are missed, misdiagnosed or not treated in most
- Research – screening for BPD in pts w/ depression can reduce delay to diagnosis & treatment & prevent morbidity & suicides

Misdiagnosis Common in Bipolar Disorder

NDMDA = National Depressive and Manic-Depressive Association; N = 400

Hirschfeld RMA et al. *J Clin Psychiatry*. 2003;64:161–174.

Bipolar Disorder Symptoms Are Chronic and Predominantly Depressive

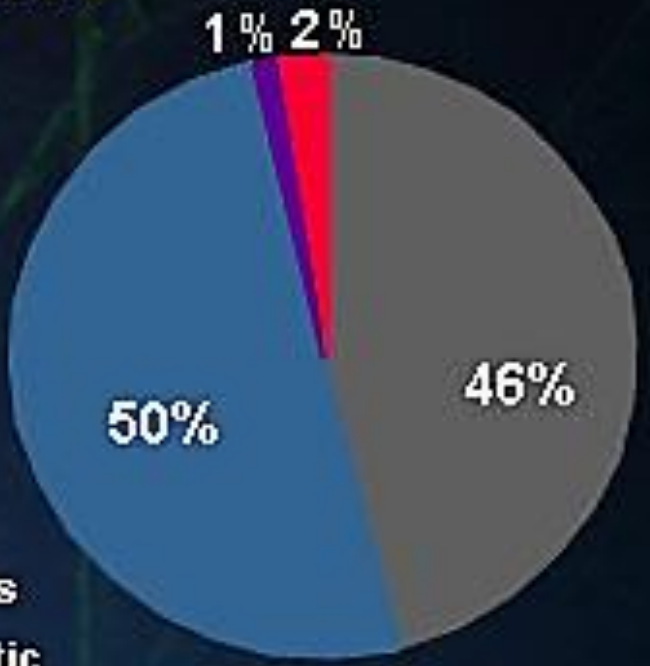


146 bipolar I patients followed 12.8 years

Judd LL et al. *Arch Gen Psychiatry*. 2002;59:530–537.

% of Weeks

- Asymptomatic
- Depressed
- Cycling/mixed
- Manic/hypomanic



86 bipolar II patients followed 13.4 years

Judd LL et al. *Arch Gen Psychiatry*. 2003;60:261–269.

Consequences Of Failure To Diagnose

- Social & family relationships damaged
- School failures, job loss & financial dependence
- Suicide
- Brain cell loss or process retraction or atrophy

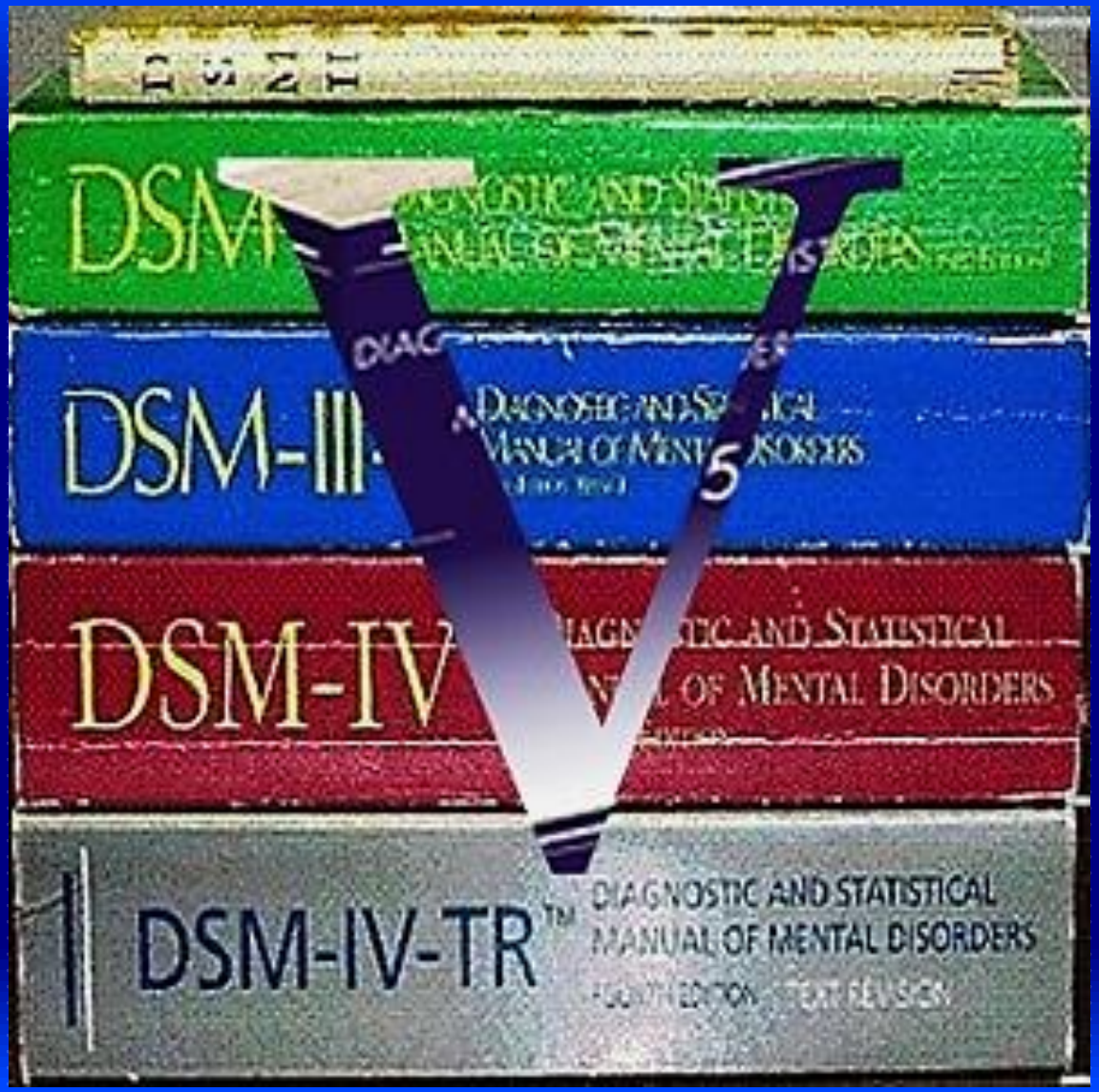
BPD Global Health Crisis

WHO ranked 4th largest global burden of disease in people aged 10 – 25 years

Global impact of BPDs is immense; costs of BPDs worldwide include management of disease + indirect costs to society as inability to work + absenteeism from work, suicide, morbidity & mortality from comorbidities like obesity, cardiac disease, & drug & alcohol abuse

Burdens on family or caregivers

Life expectancy for BPD pts is decreased by 13.6 years for men & 12.1 years for women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DIAGNOSTIC AND STATISTICAL
MANUAL OF MENTAL DISORDERS
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Research Questions

"What is the knowledge of APRNs in primary care setting of BPDs?" - through surveys (n = 89)

Explore & characterize APRN's perceived facilitators & barriers to screening pts with depression for bipolar disorders – through focus groups (n = 12)

- "What are APRN's perceptions of barriers & facilitators to screening for bipolar disorder in daily practice?"

Study Purpose

- This mixed methods study is first to explore APRN's knowledge of BPD & perceptions of facilitators & barriers to screening pts for BPD.
- Triangulated data from quantitative & qualitative studies generated a rich description
- The results of quantitative study (N=89) found 83.1% (n=74) of APRNs saw patients with a diagnosis of depression, & 55.1% (n=49) did not screen for BPDs.

Risks Of Prescribing Antidepressants in BPDs

- The risks of prescribing antidepressants without screening for BPD is risk of mania / hypomania
- The focus group interviews supported quantitative results; & highlight that nurses need more education on BPDs.

Study Design

- Quantitative methods included 12-item investigator developed questionnaire survey (5 general questions on BPD; 2 on BPD I & 5 on BPD II) for evaluating APRN knowledge of BPDs.
- Qualitative method included two focus-group interviews to explore APRNs perceptions of experiences with pts with depression & BPDs.

Population / Sample

- A nonprobability/ purposive sample of APRNs attending PCNP Annual Conference 2011 invited to participate study Conference attendance 500 APRNs all regions of Penna
- Quantitative study N= 89 APRNs for completion of pencil & paper survey
- Qualitative focus groups = 12 APRNs (n=6, n=6)

Focus Group Results

- The focus group interviews supported quantitative results; & highlight that nurses need more education on BPDs. Implementing screening practices for all patients with a known diagnosis of depression can have a direct impact on reducing morbidity & mortality of undiagnosed BPDs.

Implications for Nursing Education, Research, & Policy

- Nurses need to advocate for full practice authority & policy changes at local, state, & national levels to include screening in primary care for BPDs, more research to determine impact of screening & early treatment & referral to reduce the health burden of BPDs

Innovations Needed

- Create & promote collaborative programs that connect individuals with BPD to PCPs & psychiatric care (PMH-NPS) & include real-time screening at home or in PCP office waiting areas.

The Results Of This Study Can Inform APRN Practice, Education, Research & Policy.

- This includes advocating for full practice authority; policy changes at local, state, & national levels to include screening, research to determine impact of screening, early treatment & referral; innovations to create & promote collaborative programs that connect individuals with BPD to PCPs & psychiatric care (PMH-NPs) & includes real-time screening at home or in PCP office waiting areas.

Mood Disorder Questionnaire

YES NO

1. Has there ever been period of time when you were not your usual self and...
   - ...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?
   - ...you were so irritable that you shouted at people or started fights or arguments?
   - ...you felt much more self-confident than usual?
   - ...you got much less sleep than usual & found you didn't really miss it?
   - ...you were much more talkative or spoke faster than usual?
   - ...thoughts raced through your head or you couldn't slow your mind down?

Mood Disorder Questionnaire

YES NO

...you were so easily distracted by things around you that you had trouble concentrating or staying on track?

...you had much more energy than usual?

...you were much more active or did more things than usual?

...you were much more social or outgoing than usual, for example, you telephoned friends in middle of night?

...you were much more interested in sex than usual?

...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?

Mood Disorder Questionnaire

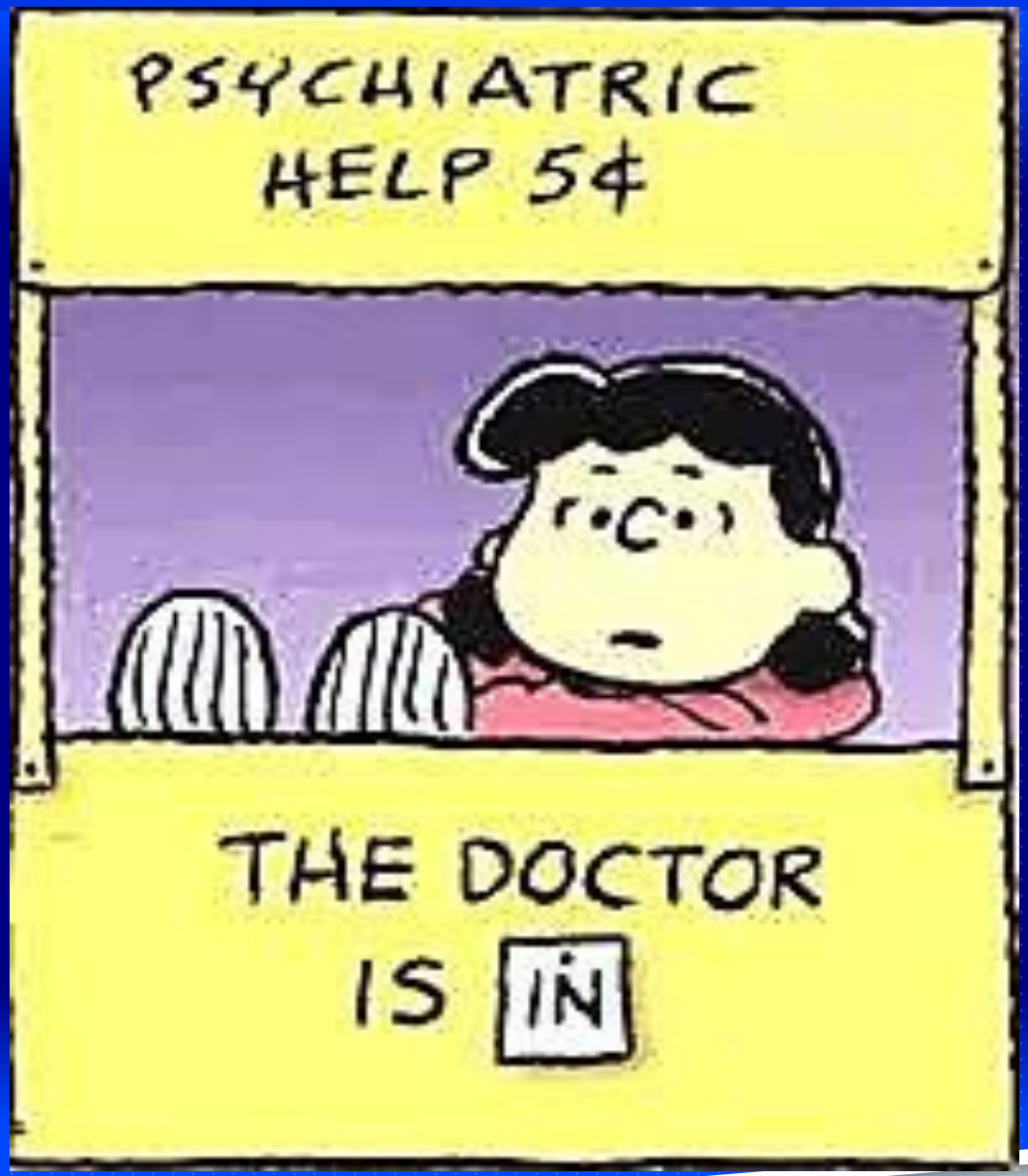
YES NO

2. If you checked YES to more than one of above, have several of these ever happened during same period of time? (circle one)

3. How much of problem did any of se cause you — like being unable to work; having family, money, or legal troubles; getting into arguments or fights? Please circle one response only.

No problem **Minor problem** **Moderate problem**

Serious problem


PSYCHIATRIC HELP 5¢
THE DOCTOR IS IN

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