

MODULE 2

BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS



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BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS

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-
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MODULE 2

BIPOLAR DISORDER— CLASSIFICATION AND DIAGNOSIS

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BIPOLAR DISORDER— CLASSIFICATION AND DIAGNOSIS

- Part 1: Description of mood episodes
- Part 2: Diagnosis of bipolar disorder and major depressive disorder
- Part 3: Rating scales for bipolar disorder and major depressive disorder

Objectives

- To describe the three mood episodes defined by the DSM-5
- To characterize the disease course of bipolar disorder and major depressive disorder
- To explain the design of some clinical rating scales used to assess symptom severity and quality of life

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Bipolar Disorder: By the Numbers

PREVALENCE

- Lifetime prevalence up to **4.4%**
- **Equally common** among men and women
- Average age at onset is **20** for both men and women

(Bipolar Disorder)

COMORBIDITY

% of patients meeting DSM-IV criteria for comorbid disorders (lifetime):

- At least 1: **65%**
- At least 2: **42%**
- 3 or more: **24%**

(Bipolar I and Bipolar II Disorder)

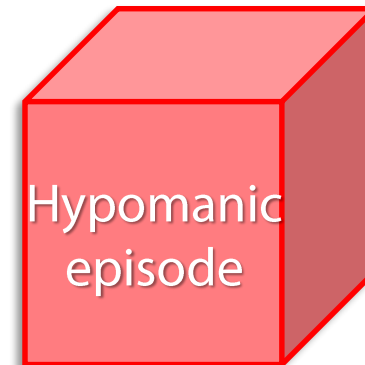
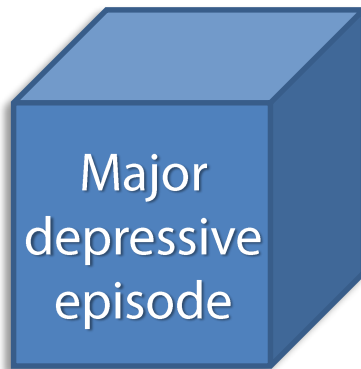
ECONOMIC IMPACT

Estimated total economic burden
\$151 billion

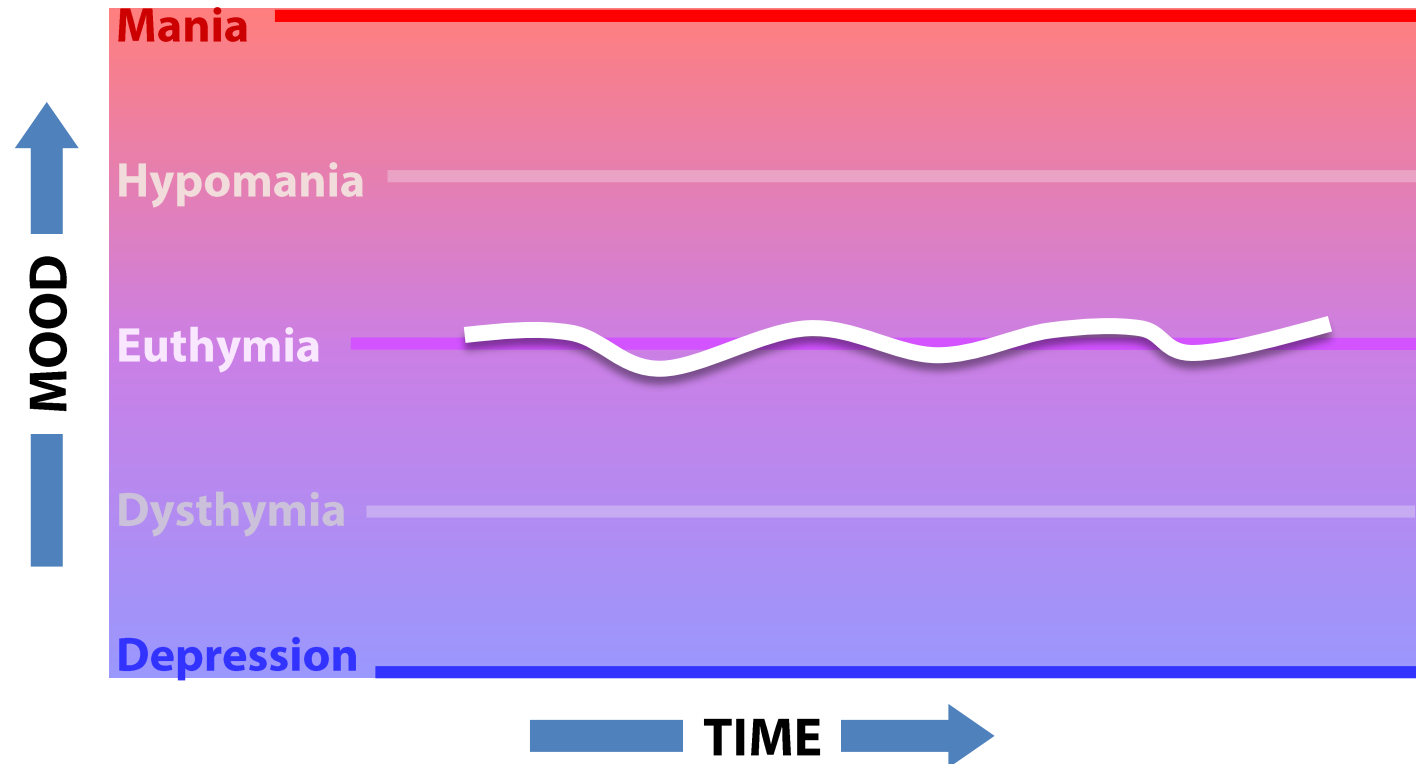
- **\$30.7 billion** in direct costs
- **\$120.3 billion** in indirect costs

(Bipolar I and Bipolar II Disorder)

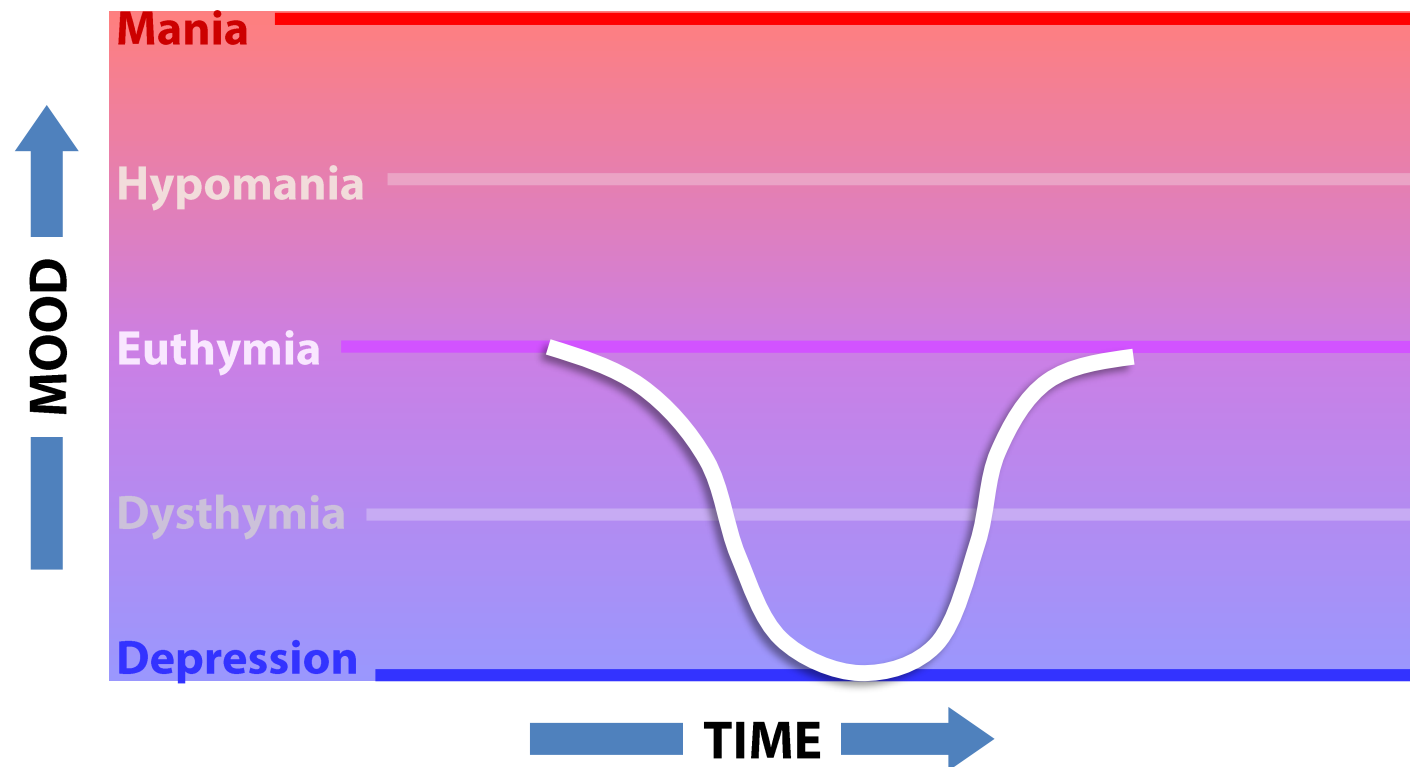
Mood Episodes – the Building Blocks of Bipolar Disorder and Major Depressive Disorder



The Mood Chart

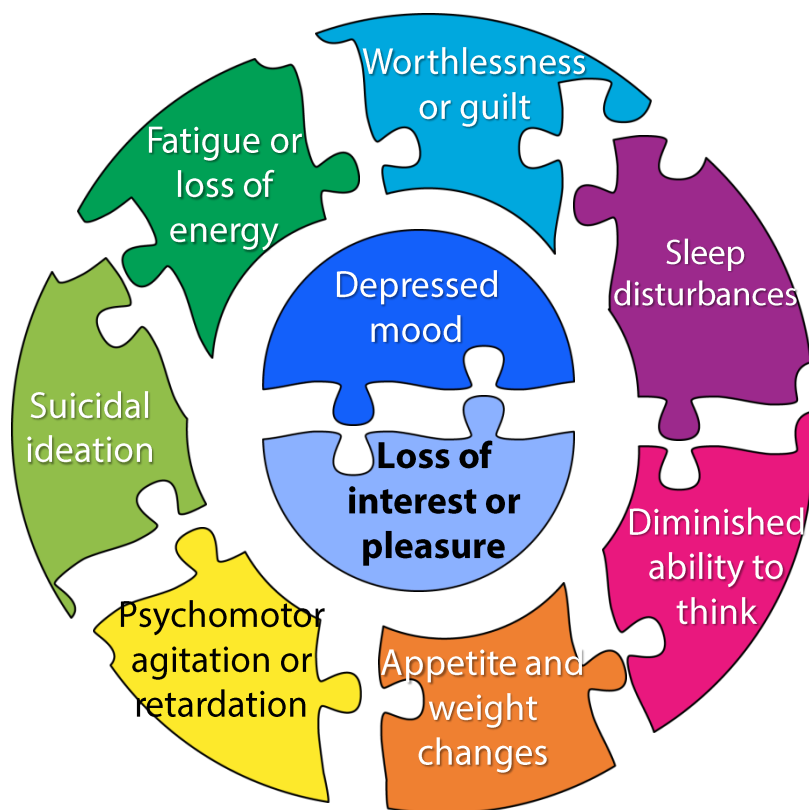


Major Depressive Episode (MDE)



Major Depressive Episode (MDE)

At least five of these symptoms are required:



At least one of the symptoms is either:

Depressed mood

OR

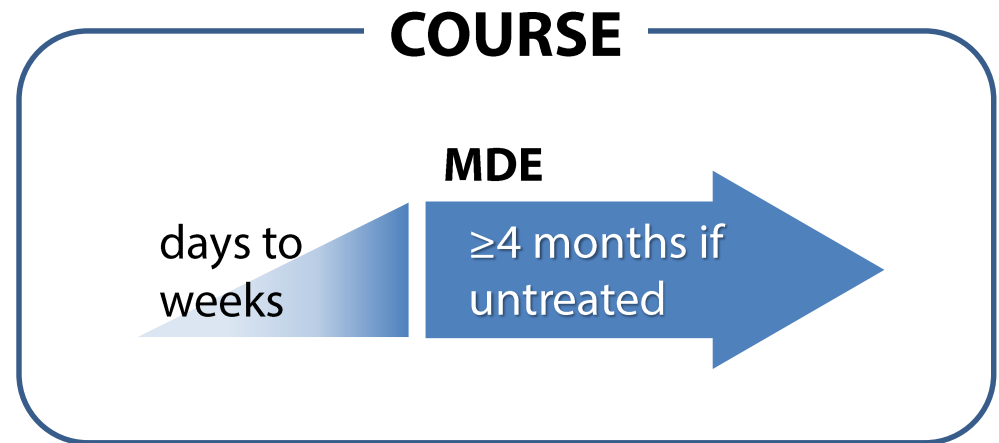
Loss of interest or pleasure

Symptoms last \geq 2 weeks

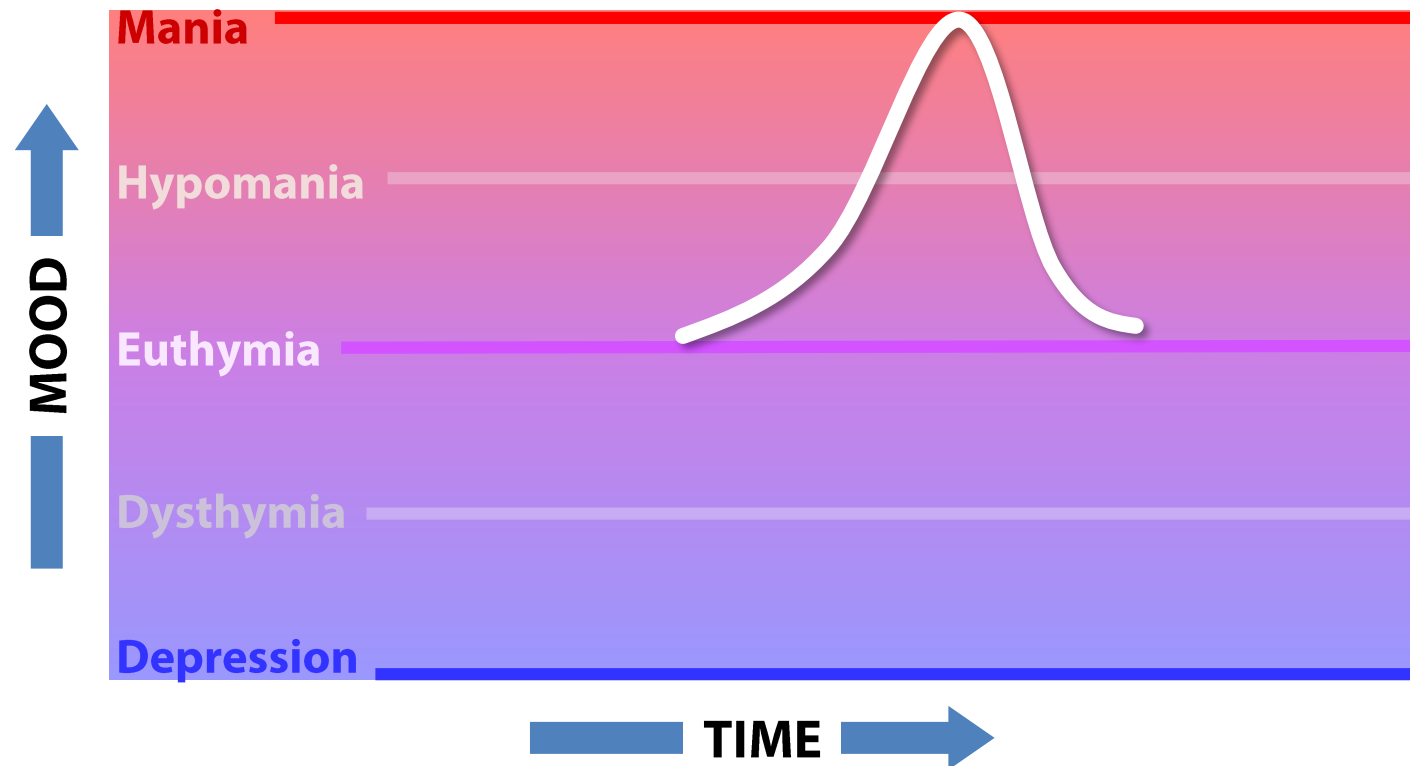
Major Depressive Episode (MDE)

Other causes ruled out:

- General medical condition
- Substance use
- Bereavement

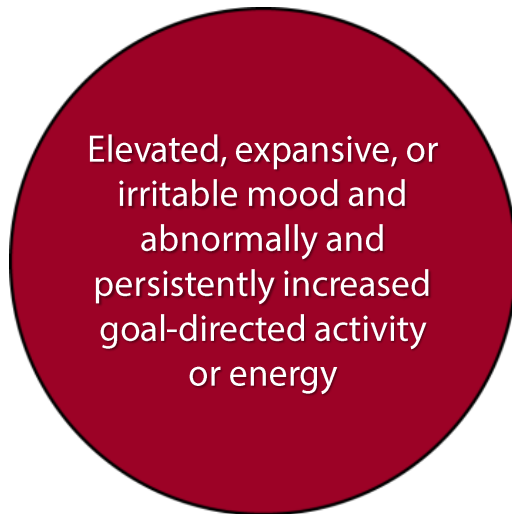


Manic Episode

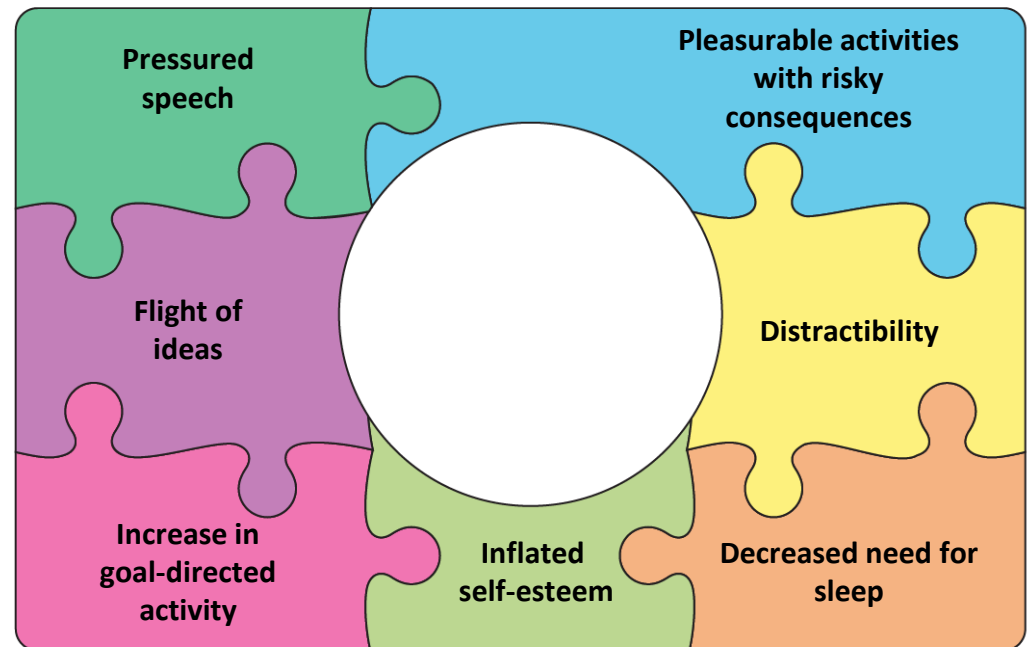


Manic Episode

One core symptom required:



At least three of these required
(four if mood is irritable):

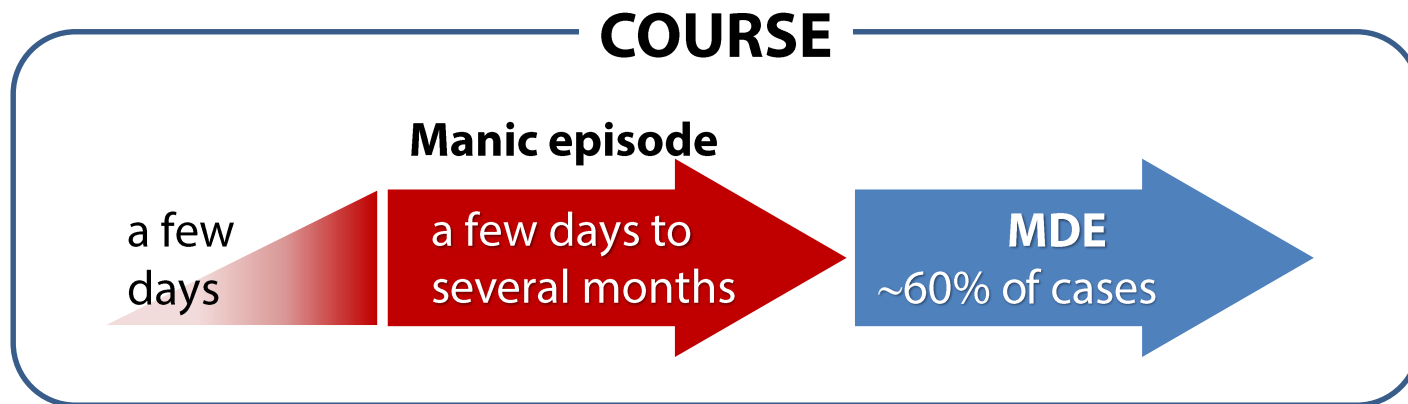


Manic Episode

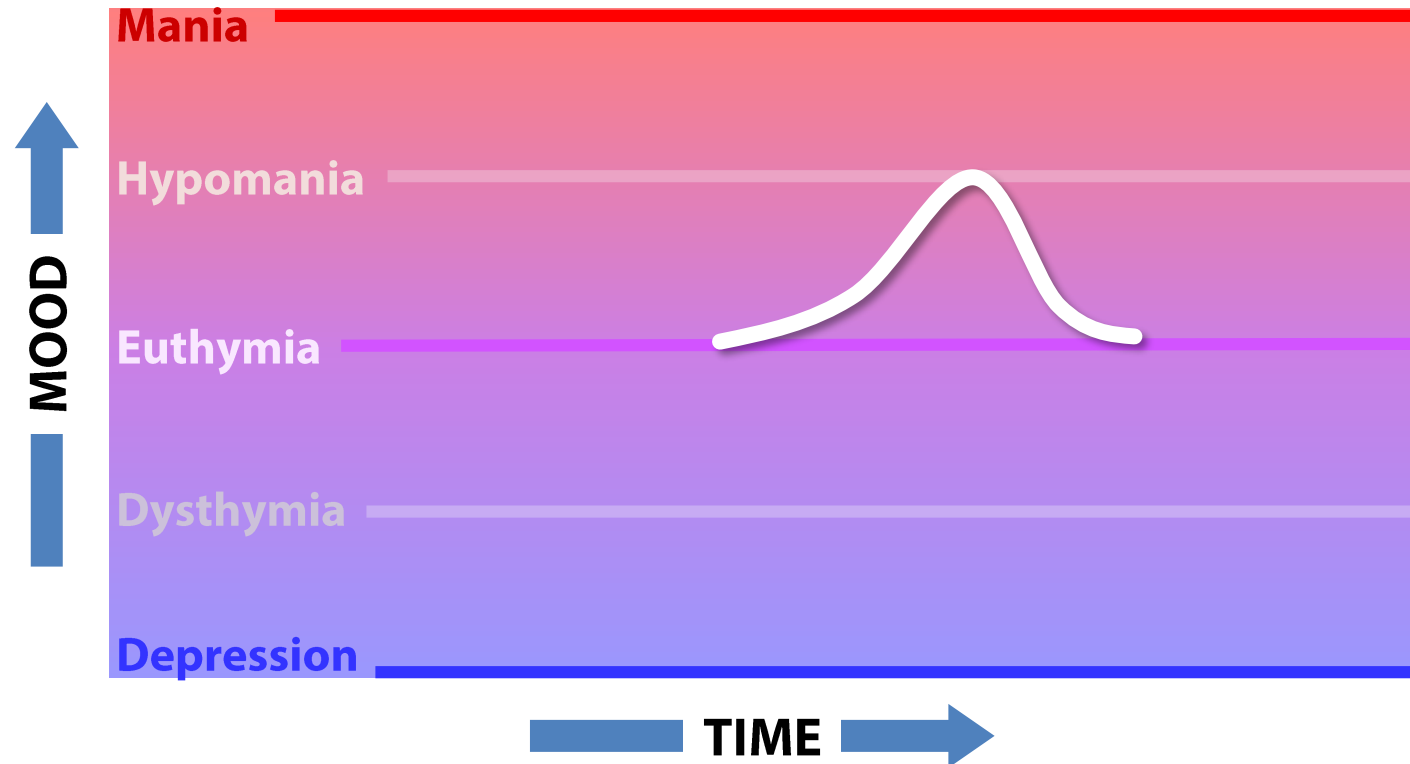
- Symptoms last ≥ 1 week, or any duration if hospitalized
Impaired occupational or social function
- Average onset: early 20s

Other causes ruled out

- General medical condition
Substance use
- Antidepressant treatment



Hypomanic Episode

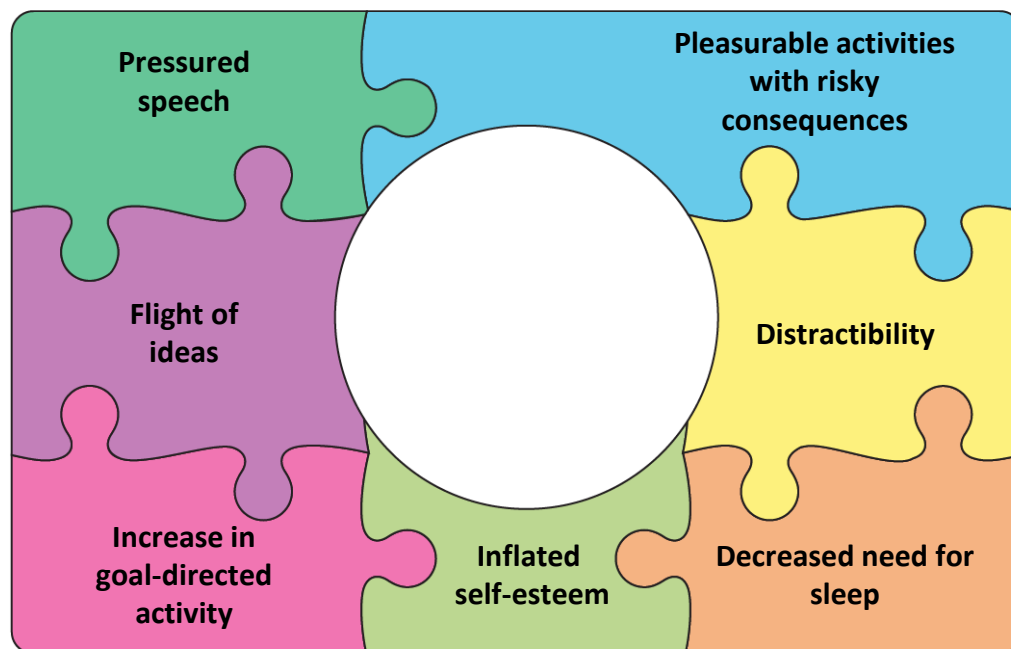


Hypomanic Episode

One core symptom required:



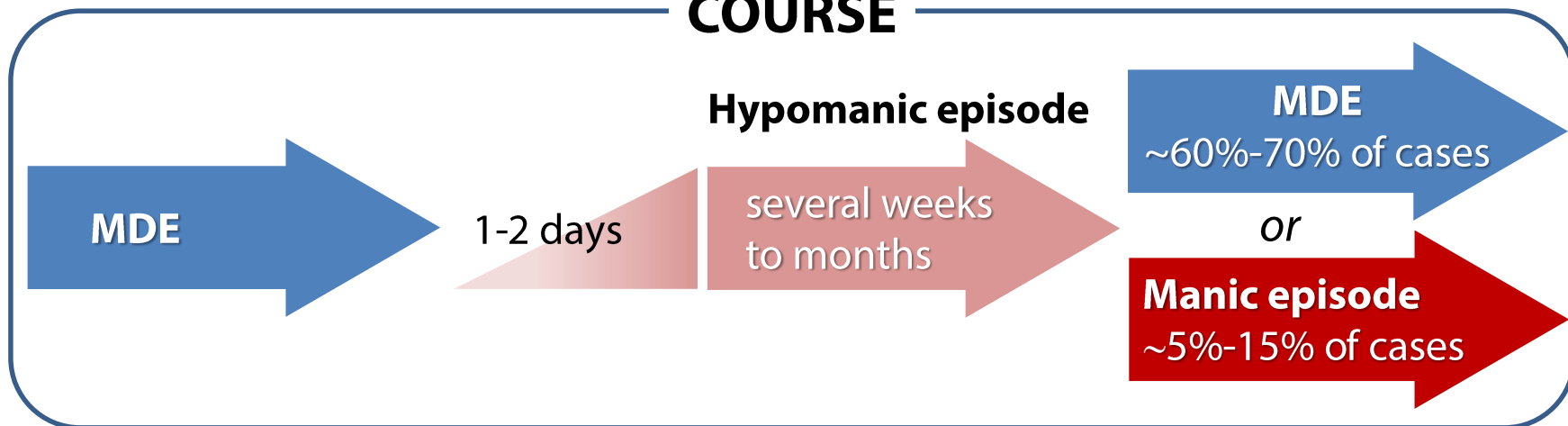
**At least three of these required
(four if mood is irritable):**



Hypomanic Episode

- Symptoms last ≥ 4 days
Unequivocal change in function (observable by others)
- No marked impairment in occupational or social function
Other causes ruled out

COURSE



Mood Episode Spectrum

MANIC EPISODE

Period of abnormally elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy lasting at least one week with ≥ 3 symptoms (4 if irritable)

- Grandiosity
- Decreased need for sleep
- More talkative
- Distractibility
- Flight of ideas/racing thoughts
- Increase in goal-directed activity
- Excessive involvement in pleasurable activities with potential for painful consequence

HYPOMANIC EPISODE

Same criteria as manic episode with:

- Only four-day duration
- Associated with an “unequivocal change in functioning” (though need not be impairment in functioning, as with mania)
- If psychosis is present or hospitalization is needed, episode considered mania

MAJOR DEPRESSIVE EPISODE

≥ 5 symptoms during the same 2-week period with change in function

- Must include either depressed mood or anhedonia (or both)
- Appetite/weight change
- Insomnia/hypersomnia
- Psychomotor retardation
- Fatigue
- Worthlessness/guilt
- Impaired concentration
- Thoughts of death

Key Takeaways

- Major depressive episodes are characterized by at least one core symptom of depressed mood or apathy, accompanied by at least four other symptoms of depression
- Manic episodes are characterized by at least one core symptom of persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, accompanied by:
 - at least 3 other symptoms of mania (if the mood is elevated or expansive)
 - at least 4 other symptoms of mania (if the mood is irritable)
- Hypomanic episodes are similar to manic episodes but are generally less severe

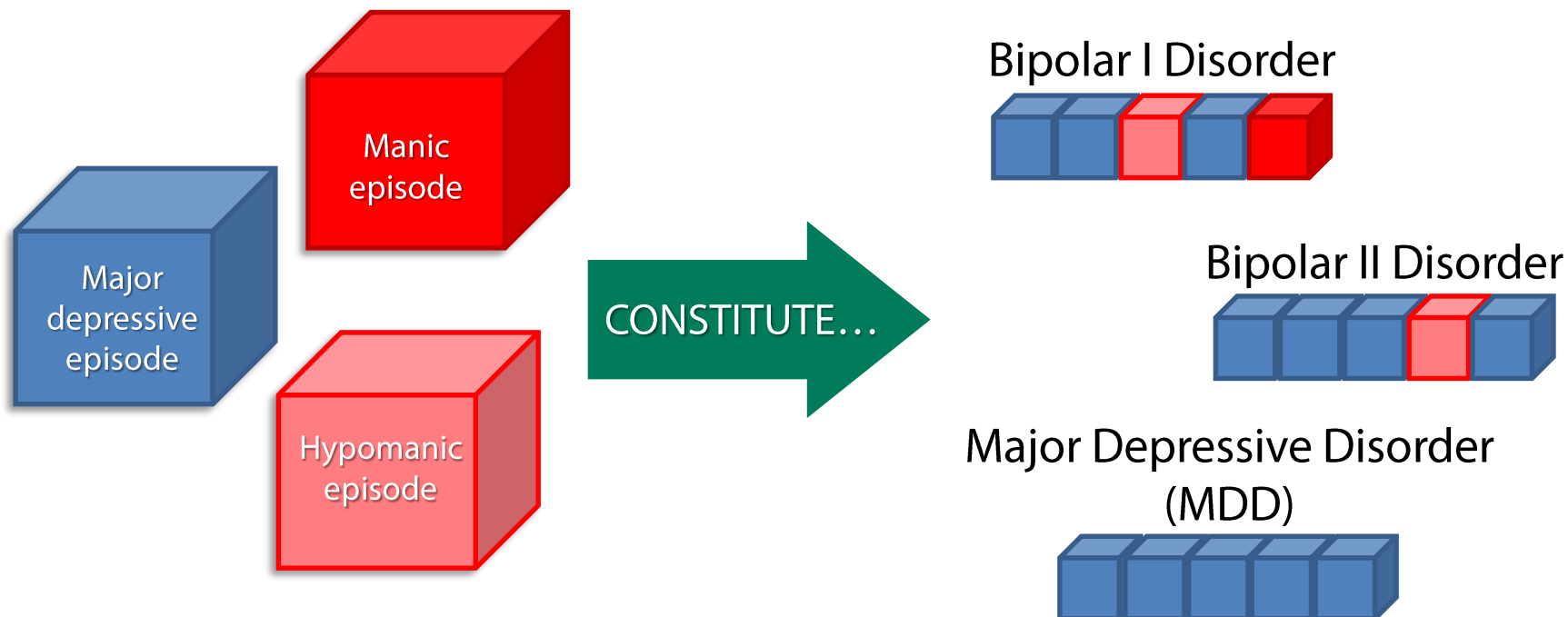
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- Part 1: Description of mood episodes
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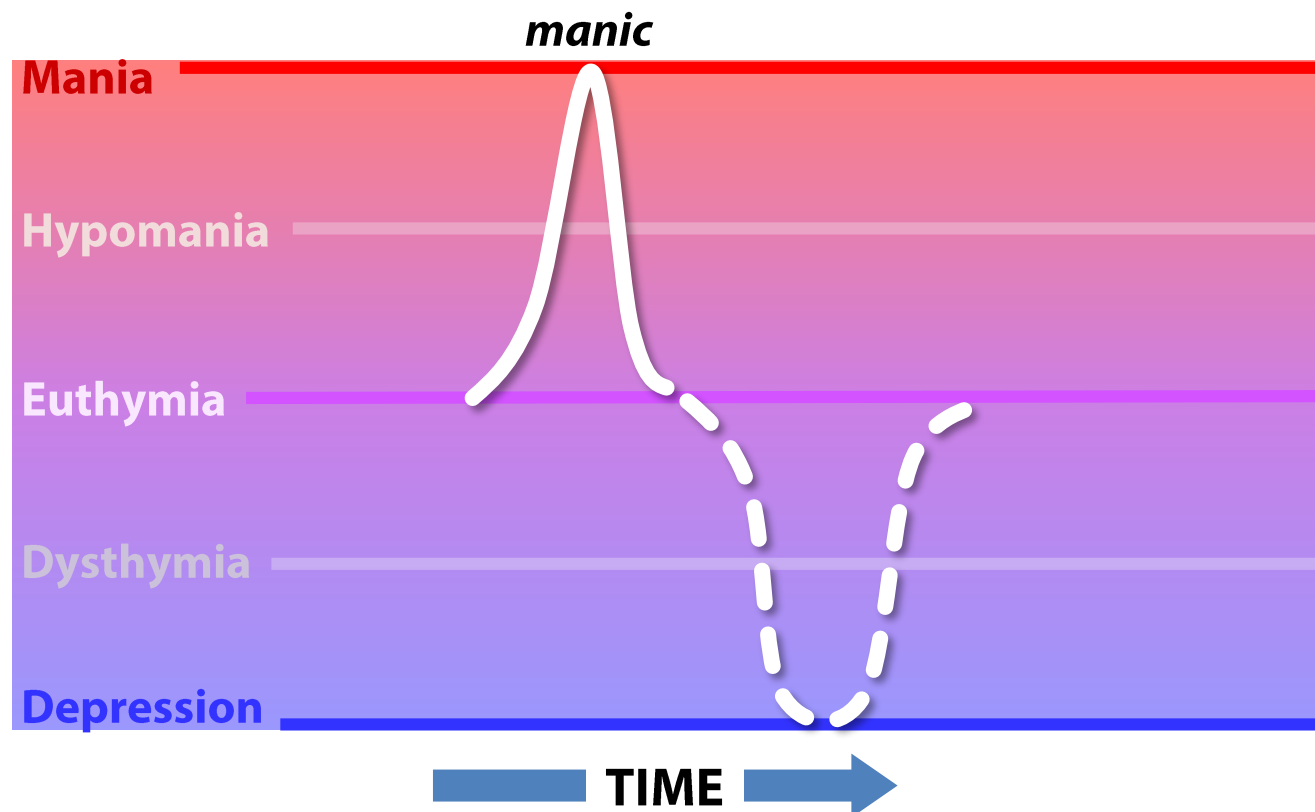
Bipolar Disorder and Major Depressive Disorder

MOOD EPISODES



Bipolar I Disorder

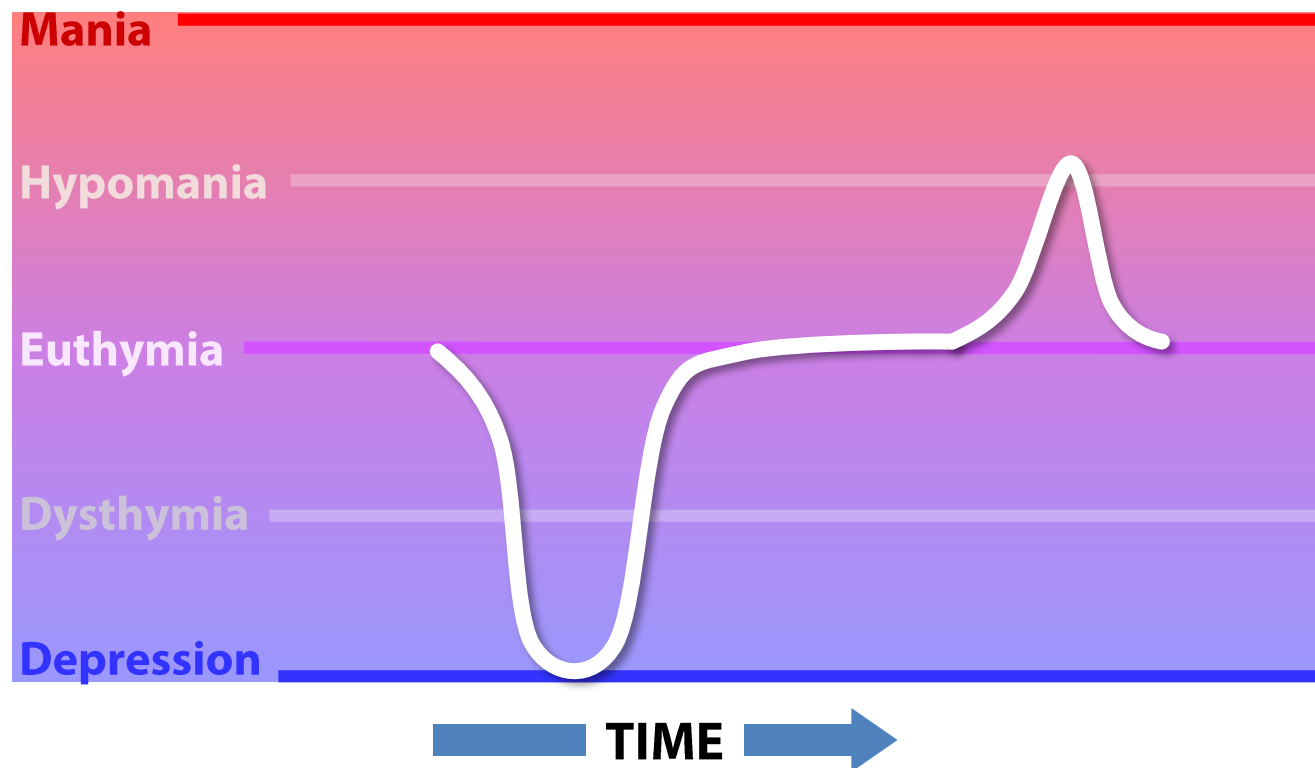
- One or more manic episodes



60%-70% of manic episodes occur before or after an MDE

Bipolar II Disorder

- One or more major depressive episodes
- At least one hypomanic episode
- No history of manic episodes

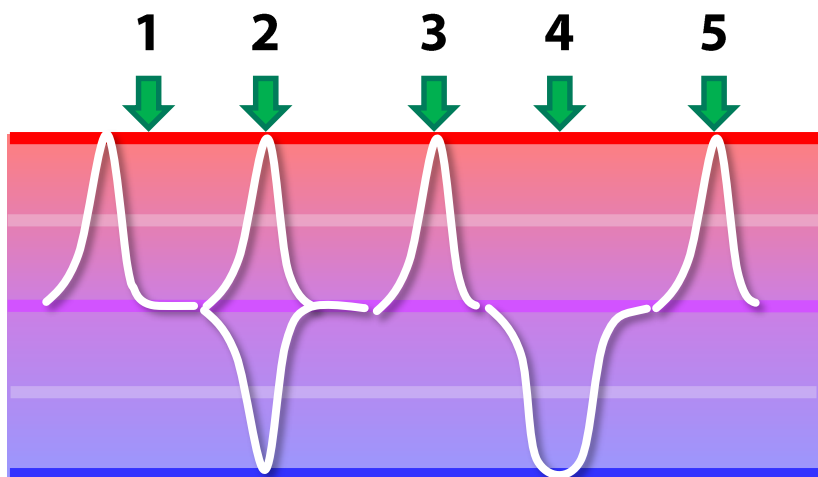


60%-70% of hypomanic episodes occur before or after an MDE

Specifier: Rapid Cycling

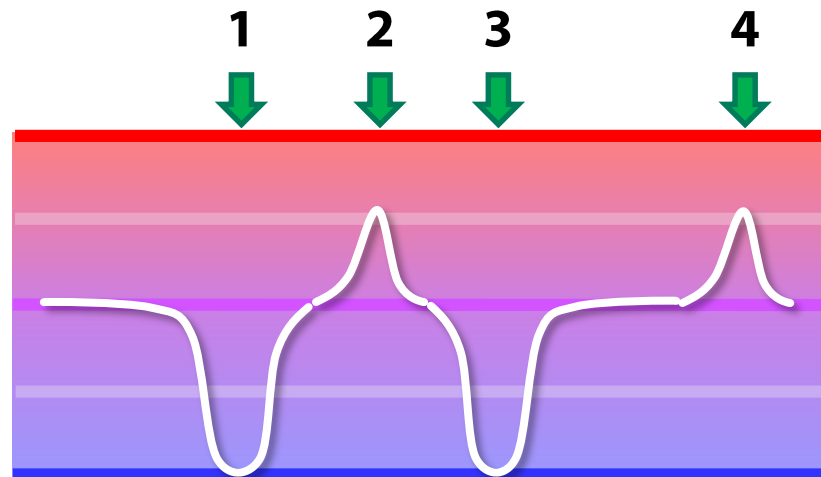
- Can apply to bipolar I disorder or bipolar II disorder
- Four or more mood episodes within a 12-month period
- Episodes can occur in any combination and order

Example for rapid cycling with mixed features:



← 12 months →

Example for rapid cycling :



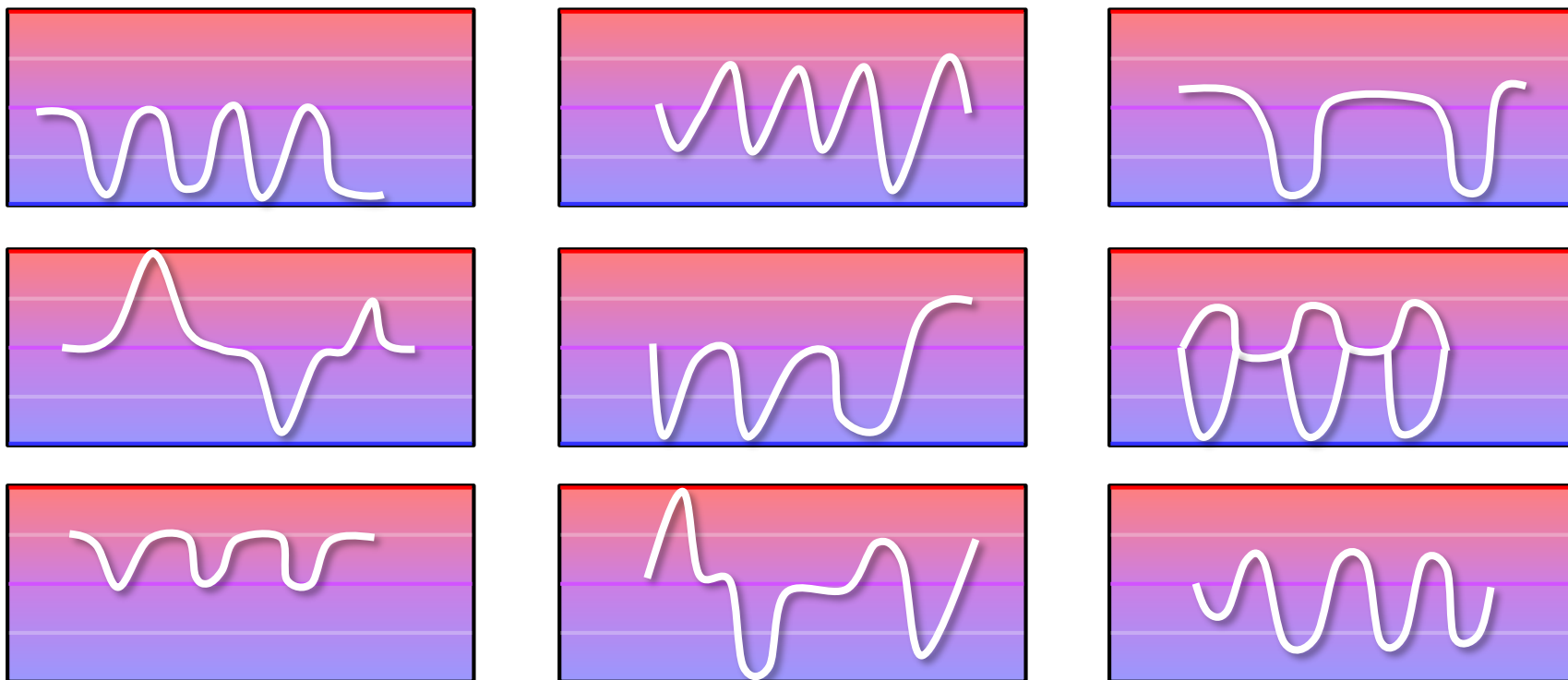
← 12 months →

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BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS

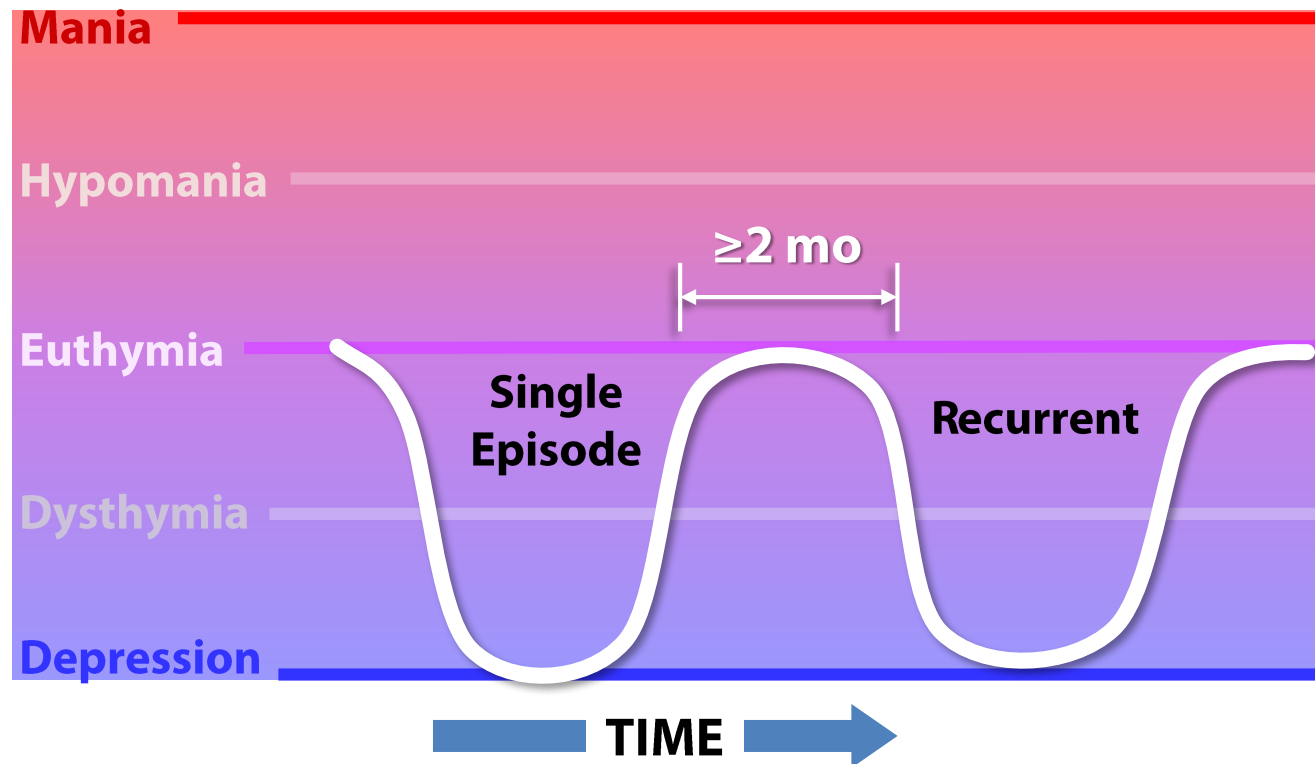
- Other Specified Bipolar and Related Disorder
- Unspecified Bipolar and Related Disorder

“The Bipolar Spectrum”



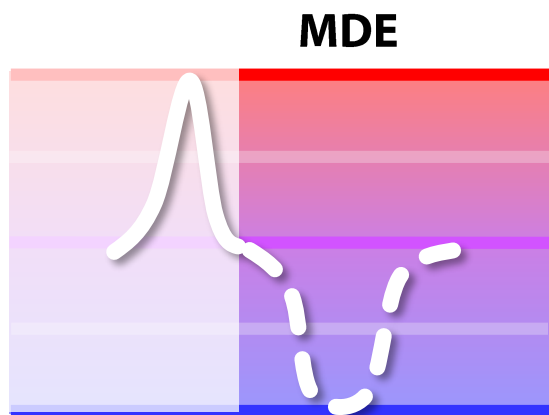
Major Depressive Disorder

- One or more major depressive episodes
- No manic or hypomanic episodes

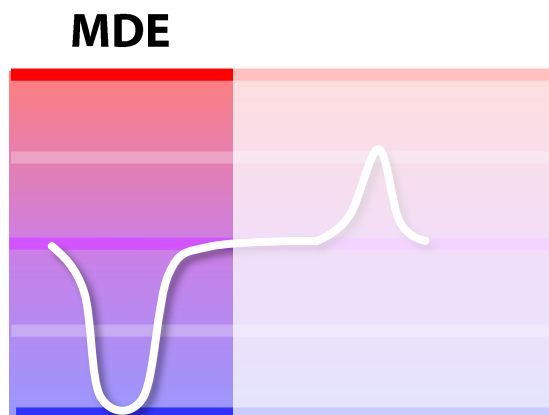


Bipolar Depression Versus Major Depressive Disorder

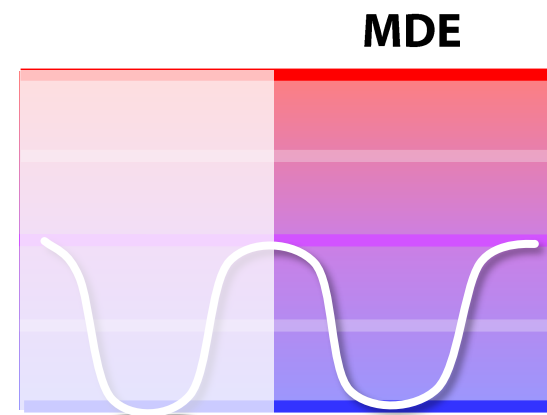
Major depressive episodes may look the same for different disorders



Bipolar I disorder



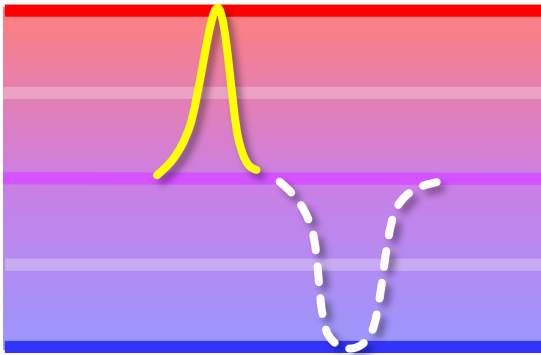
Bipolar II disorder



Major depressive disorder

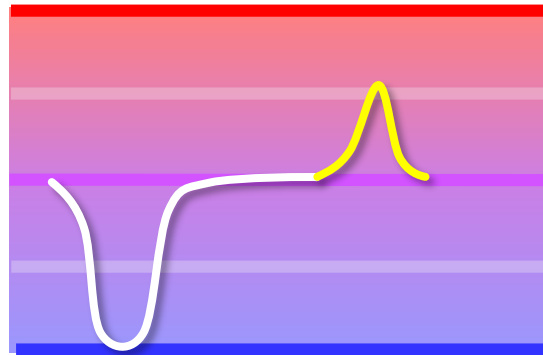
Bipolar Disorder versus Major Depressive Disorder

One or more manic episodes



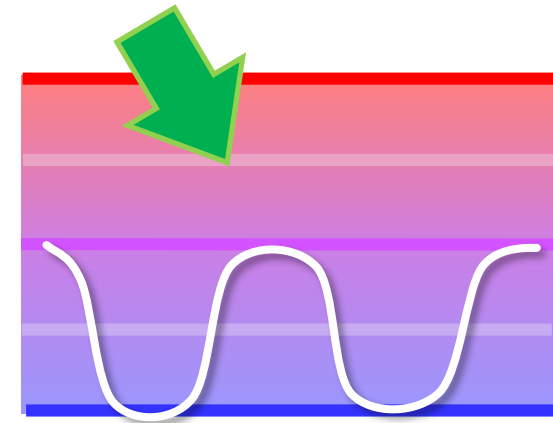
Bipolar I disorder

One or more MDEs; at least one hypomanic episode



Bipolar II disorder

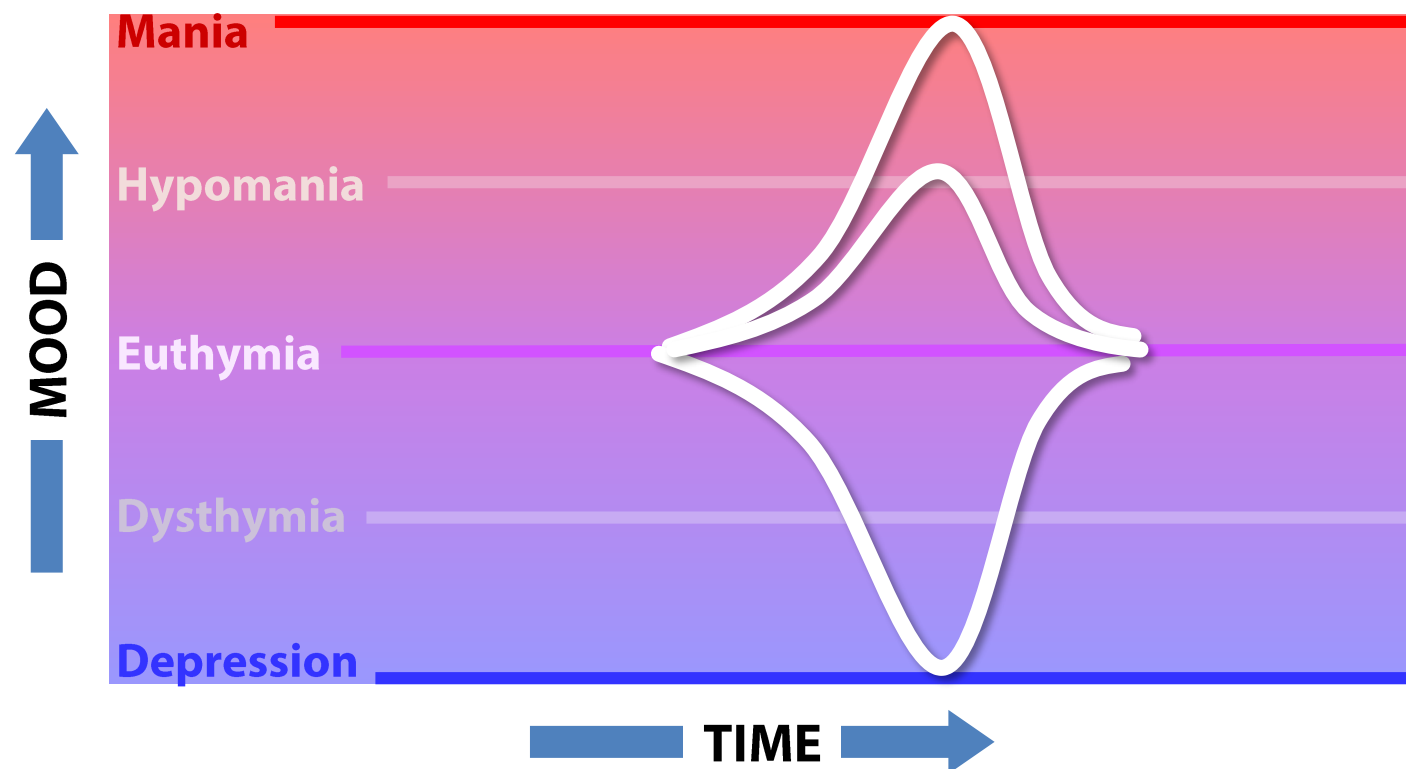
NO MANIC episodes
NO HYPOMANIC episodes



Major depressive disorder

Specifier: Mixed Features

- Can apply to bipolar I, bipolar II, and major depressive disorder



Specifier: Mixed Features



Manic or hypomanic episode
with mixed features

- Full criteria for a manic or hypomanic episode are met
- Meet 3 of the criteria for a depressive episode during a majority of days

Depressive episode with
mixed features

- Full criteria for a depressive episode are met
- Meet 3 of the criteria for a manic or hypomanic episode during a majority of days

If the full criteria for both mania and depression are met simultaneously then the diagnosis should be manic with mixed features

Key Takeaways

- Bipolar I disorder requires one or more manic episodes. MDEs are common, but not required for diagnosis.
- Bipolar II disorder requires at least one MDE and at least one hypomanic episode.
- Other specified bipolar and related disorder and unspecified bipolar and related disorder encompass a complex range of symptomatology that can be considered a “bipolar spectrum.”
- Major depressive disorder requires one or more MDEs and the absence of manic and hypomanic episodes.
- The specifier “mixed features” can apply to both bipolar disorder and major depressive disorder and describes an episode that has both manic or hypomanic and depressive symptoms.

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Rating Scales for Bipolar Disorder and Major Depressive Disorder

- Severity of depression, mania, and anxiety symptoms
- Function and Quality of Life scales
- Other rating scales and diagnostic scales

Rating scales for severity of depression, mania, and anxiety symptoms

- Montgomery-Åsberg Depression Rating Scale (MADRS)
- Children's Depression Rating Scale-Revised (CDRS-R)
- Clinical Global Impressions – Severity of Illness (CGI-S)
- Clinical Global Impression–Bipolar Version–Severity of Illness (CGI–BP–S)
- Young Mania Rating Scale (YMRS)
- Quick Inventory of Depressive Symptomatology (Self-Report, 16-Item) (QIDS-SR₁₆)
- Hamilton Rating Scale for Anxiety (HAM-A)

Montgomery-Åsberg Depression Rating Scale (MADRS)

- Consists of 10 items that are core depression symptoms
- Contains items rated on 0-6 (no abnormality to severe)
- Frequently used in clinical trials
- Requires existing diagnosis of a disorder with depressive symptoms



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Children's Depression Rating Scale-Revised (CDRS-R)

- Consists of 17 items that measure the presence and severity of depression symptoms in children (6-12 years)
- The items are rated on a scale from 1 to 5, 1 to 6, or 1 to 7

Most severe



5
4
3
2
1

ITEMS (rated on a scale of 1 to 5)

- 4) Sleep disturbance
- 5) Appetite disturbance
- 16) Listless speech

None/absent

Most severe



6
5
4
3
2
1

ITEMS (rated on a scale of 1 to 6)

- 1) Impaired schoolwork
- 8) Irritability
- 9) Excessive guilt
- 14) Excessive weeping
- 17) Hypoactivity

None/absent

Most severe



7
6
5
4
3
2
1

ITEMS (rated on a scale of 1 to 7)

- 2) Difficulty having fun
- 3) Social withdrawal
- 6) Excess fatigue
- 7) Physical complaints
- 10) Low self-esteem
- 11) Depressed feelings
- 12) Morbid ideation
- 13) Suicide ideation
- 15) Depressed facial affect

None/absent

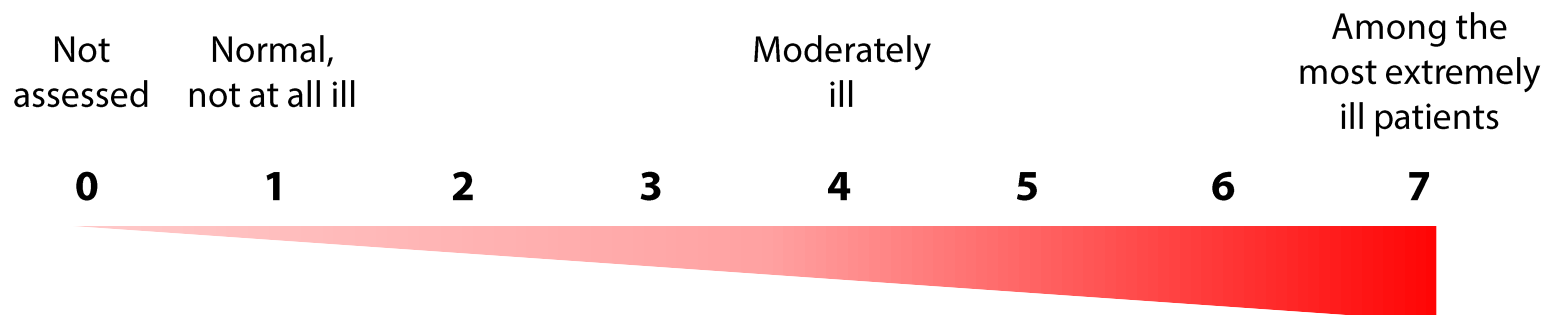
Total score range **17-113**
≥40 indicates depression

Clinical Global Impressions – Severity of Illness (CGI-S)

- One of the most widely used brief assessment tools in psychiatry
- Raters compare patient to all previous similar patients

Severity of Illness

Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?



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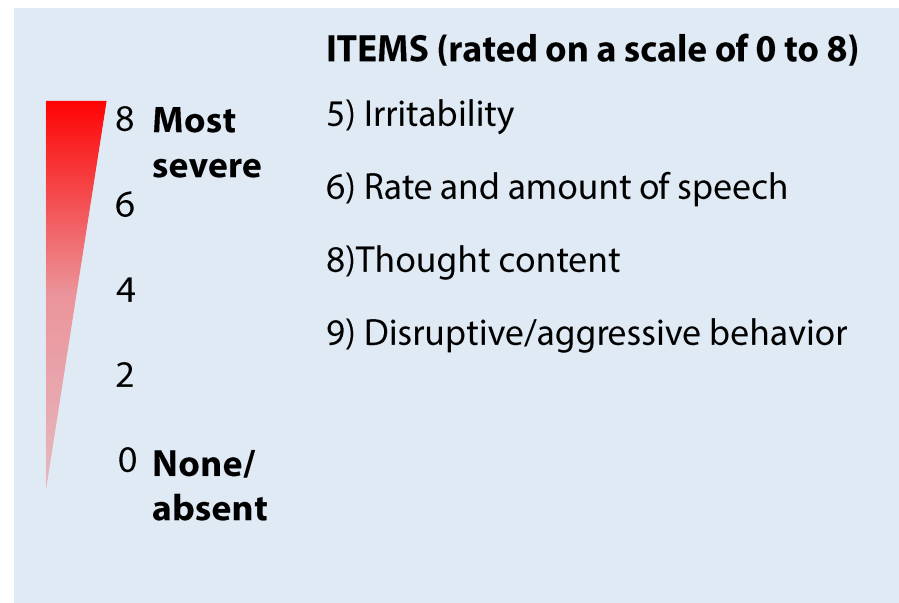
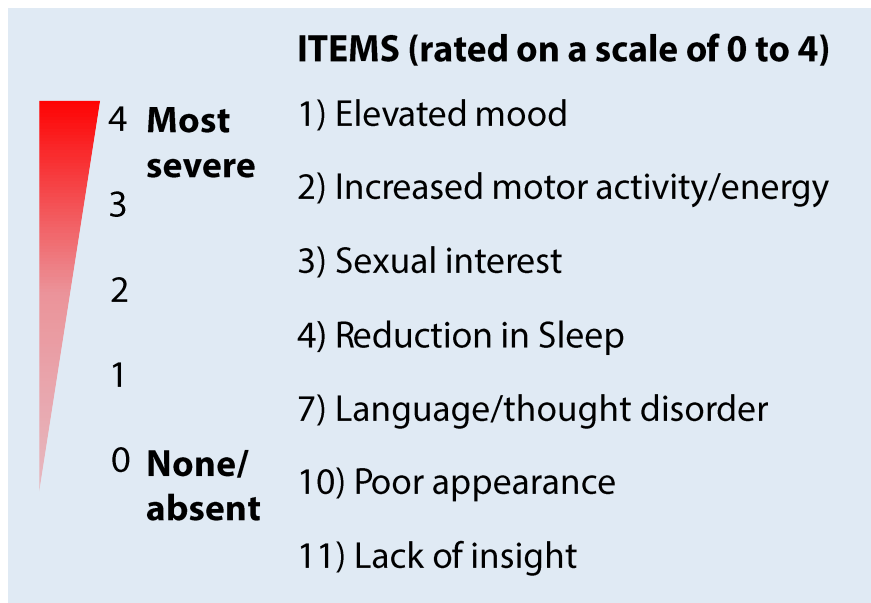
Clinical Global Impression–Bipolar Version–Severity of Illness (CGI–BP–S)

Severity of illness

	Normal, not ill	Minimally ill	Mildly ill	Moderately ill	Markedly ill	Severely ill	Very severely ill
Mania							
Depression	1	2	3	4	5	6	7
Overall bipolar illness							

Young Mania Rating Scale (YMRS)

- 11-item scale designed to evaluate severity of manic symptoms
- Most frequently used scale for mania




Total score range **0-60**

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BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS

Quick Inventory of Depressive Symptomatology (Self-Report, 16-Item) (QIDS-SR₁₆)


- Validated depression rating scale
 - Requires existing diagnosis of a disorder with depressive symptoms
- Self-reported versions use clearly stated criteria (“anchor points”) for ratings
 - Estimates of frequency and severity
- One score for each of the nine DSM-IV-defined symptoms for MDE
- Contains items rated on 0-3 (no symptoms present to severe)

	3	Most severe	Select highest score from 1-4	1) Falling asleep 2) Sleeping during the night 3) Waking up too early 4) Sleeping too much	10) Concentration/decision making 11) View of myself 12) Thoughts of death or suicide 13) General interest 14) Energy levels	
	2					
	1		Select highest score from 6-9	6) Decreased appetite 7) Increased appetite 8) Decreased weight (within the last 2 weeks) 9) Increased weight (within the last 2 weeks)	15) Feeling slowed down 16) Feeling restless	Select highest score from 15 or 16
	0	None/absent				

Total score range **0-27**

Hamilton Rating Scale for Anxiety (HAM-A)

- Used for patients who have already been diagnosed
- 14-item scale relies on patient subjective report
- Contains items rated on 0-4 (none to very severe)
 - Performed by clinician

	4 Very severe	Anxious mood	Somatic general (sensory)
	3	Tension	Cardiovascular symptoms
		Fears	Respiratory symptoms
	2	Insomnia	Gastrointestinal symptoms
		Intellect	Genitourinary symptoms
	1	Depressed mood	Autonomic symptoms
	0 None	Somatic general (muscular)	Behavior at interview

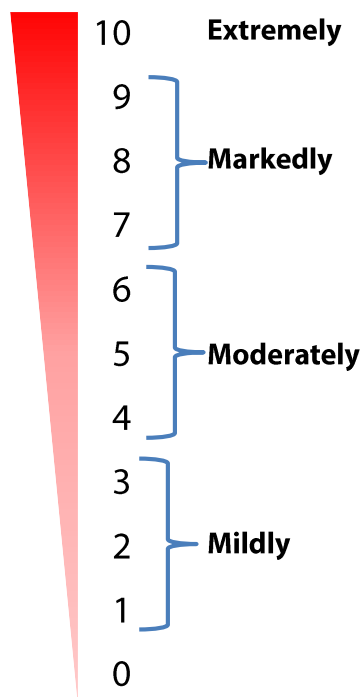
Total score range **0-56**

Rating Scales for Function and Quality of Life

- Sheehan Disability Scale (SDS)
- Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form (Q-LES-Q-SF)

Sheehan Disability Scale (SDS)

- Self-report measure
- Commonly used
- Shows sensitivity to treatment



Disability subscales

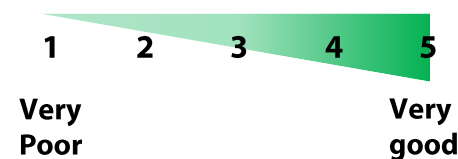
- **Work:** The symptoms have disrupted your work...
- **Social life:** The symptoms have disrupted your social life...
- **Family life:** The symptoms have disrupted your family life/home responsibilities...

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BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS

Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form (Q-LES-Q-SF)

Taking everything into consideration, during the past week how satisfied have you been with your...



- | | |
|-----------------------------|---|
| ...physical health? | ...ability to function in daily life? |
| ...mood? | ...sexual drive, interest, and/or performance?* |
| ...work? | ...economic status? |
| ...household activities? | ...living/housing situation?* |
| ...social relationships? | ...ability to get around physically without feeling dizzy or falling? |
| ...family relationships? | ...your vision in terms of ability to do work or hobbies?* |
| ...leisure-time activities? | ...overall sense of well-being? |

Summed to yield raw score
(range of 14 to 70)

*If satisfaction is very poor, poor, or fair on these items, please underline the factors associated with lack of satisfaction.

- ...medication? (If not taking any, leave blank)
- ...overall life satisfaction and contentment?

Stand-alone items, not included in total score

Other Rating Scales for Bipolar Disorders and MDD*

- **Bipolar Depression Rating Scale (BDRS)**

20 items capture key elements of bipolar depression with scores ranging from 0-60

- **Hamilton Rating Scale for Depression, 17 item (HAM-D₁₇)**

17 items assess severity of depression with scores ranging from 0-42

- **Bech-Rafaelsen Mania Scale (MRS)**

11 items assess severity of mania symptoms with scores ranging from 0-44

* Not used in clinical trials of Latuda® (lurasidone HCl) for the treatment of bipolar I depression

Diagnostic Scales for Bipolar Disorders and MDD*

- **Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I)**

Widely used diagnostic interview with separate modules to diagnose various disorders

- **Mini-International Neuropsychiatric Interview (MINI)**

- Short diagnostic interview with separate modules to diagnose various disorders
- Used to confirm diagnosis of Bipolar I Disorder in Latuda® (lurasidone HCl) trials

* Not used in clinical trials of LATUDA for the treatment of bipolar I depression

Rating Scales for Safety Assessments

- Columbia-Suicide Severity Rating Scale (C-SSRS)

Involuntary Movements Assessment Scales

- Abnormal Involuntary Movement Scale (AIMS)
- Barnes Akathisia Rating Scale (BAS or BARS)
- Simpson Angus Scale (SAS)

Columbia-Suicide Severity Rating Scale (C-SSRS)

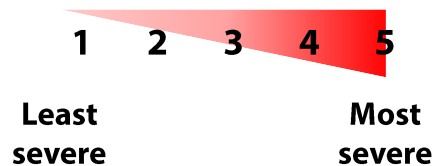
SUICIDAL IDEATION

SEVERITY SUBSCALE

5-point scale (1 = wish to be dead,
5 = active suicidal ideation with
specific plan and intent)

INTENSITY SUBSCALE

5 items (frequency, duration,
controllability, deterrents, reason)
5-point scale



SUICIDAL BEHAVIOR

BEHAVIOR SUBSCALE

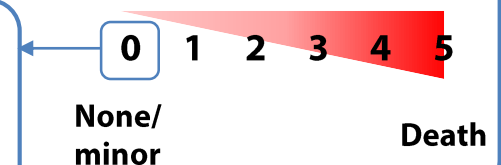
Actual, interrupted, and aborted attempts
Preparatory acts or behavior
Suicidal behavior present
Yes/No responses, plus number of attempts

LETHALITY SUBSCALE

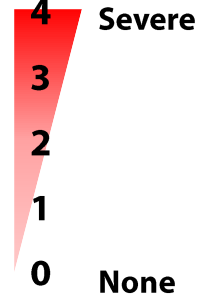

Assesses actual and potential lethality and medical
damage associated with actual suicide attempts

POTENTIAL LETHALITY

- 2 Likely to result in death
- 1 Likely to result in injury, but not likely to cause death
- 0 Not likely to result in death



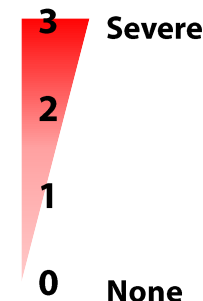
Abnormal Involuntary Movement Scale (AIMS)

FACIAL AND ORAL MOVEMENTS	<ol style="list-style-type: none"> 1. Muscles of facial expression 2. Lips and perioral area 3. Jaw 4. Tongue 	
EXTREMITY MOVEMENTS	<ol style="list-style-type: none"> 5. Upper (arms, wrists, hands, fingers) 6. Lower (legs, knees, ankles, toes) 	
TRUNK MOVEMENTS	<ol style="list-style-type: none"> 7. Neck, shoulders, hips 	
GLOBAL JUDGMENTS	<ol style="list-style-type: none"> 8. Severity of abnormal movements 9. Incapacitation due to abnormal movements 10. Patient's awareness of abnormal movements 	
DENTAL STATUS	<ol style="list-style-type: none"> 11. Current problems with teeth and/or dentures 12. Does patient usually wear dentures? 	<div data-bbox="1522 1139 1767 1199">No (0) / Yes (1)</div>

Barnes Akathisia Rating Scale (BAS or BARS)

1. OBJECTIVE

- 0 = normal, occasional fidgety movement of limbs
- 1 = presence of characteristic restless movements
- 2 = observed phenomena, present for at least half the observation period
- 3 = constantly engaged in characteristic restless movements



2. SUBJECTIVE

Awareness of Restlessness

- 0 = absence
- 1 = nonspecific sense
- 2 = aware, and/or complains of inner restlessness
aggravated specifically by being required to stand still
- 3 = awareness of intense compulsion to move most of the
time and/or reports strong desire to walk or pace most
of the time

Distress Related to Restlessness

- 0 = no distress
- 1 = mild
- 2 = moderate
- 3 = severe

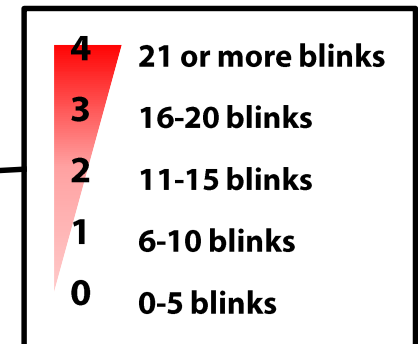
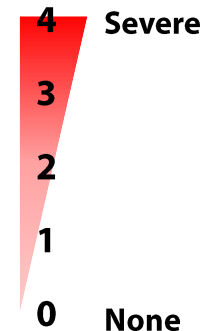
3. GLOBAL CLINICAL ASSESSMENT OF AKATHISIA

- 0 = absent; 1 = questionable; 2 = mild; 3 = moderate; 4 = marked; 5 = severe

Simpson Angus Scale (SAS)

10-item instrument to evaluate the symptoms of parkinsonism

1. GAIT
2. ARM DROPPING
3. SHOULDER SHAKING
4. ELBOW RIGIDITY
5. FIXATION OF POSITION OR WRIST RIGIDITY
6. LEG PENDULOUSNESS (ability to swing freely in a hanging position)
7. HEAD DROPPING
8. GLABELLA* TAP
9. TREMOR
10. SALIVATION



* The region between the eyebrows and above the nose

Key Takeaways

- The following scales were used to assess depressive symptoms in the Latuda® (lurasidone HCl) clinical trials in bipolar depression
 - Montgomery-Åsberg Depression Rating Scale (MADRS)
 - Clinical Global Impression–Bipolar Version–Severity of Illness (CGI–BP–S) depression scale
 - Quick Inventory of Depressive Symptomatology (16-Item) (Self-Report) (QIDS–SR₁₆)
- The MADRS was used for the primary efficacy in the clinical trials
- The CGI–BP–S was used as the key secondary efficacy endpoint in the clinical trials
- The Young Mania Rating Scale (YMRS) measured severity of mania symptoms and was a secondary endpoint in the clinical trials
- The Sheehan Disability Scale (SDS) and Quality of Life Enjoyment and Satisfaction Questionnaire – Short Form (Q–LES–Q–SF) were used to measure quality of life satisfaction in the clinical trials

Module 2: Bipolar Disorder-Classification and Diagnosis

GLOSSARY

Akathisia -	motor restlessness characterized by muscular quivering (e.g., the urge to move the limbs, especially the legs), the inability to sit still, and a feeling of inner restlessness
anhedonia -	absence of pleasure from the performance of acts that would normally be pleasurable
comorbidity -	a concomitant but unrelated pathological or disease process
dysthymia -	a chronic but typically less severe form of depression
euthymia -	normal mood
glabella -	the region between the eyebrows and above the nose
hypomania -	a less severe form of mania
mania -	abnormally elevated mood
parkinsonism -	any of a group of nervous disorders similar to Parkinson's disease, marked by muscular rigidity, tremor, and impaired motor control
perioral -	of or relating to the tissues around the mouth prevalence· the total number of cases of a disease in a given population at a specific time
psychomotor -	of or relating to movement or muscular activity associated with mental processes; can manifest, for example, as the inability to sit still and being restless, or conversely, as a slowing down in movements and speech

Module 2: Bipolar Disorder-Classification and Diagnosis

REFERENCE

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Text Rev. Washington, DC: American Psychiatric Association; 2013.
- Barnes TRE. A rating scale for drug-induced akathisia. *Brit J Psychiatry*. 1989;154:672-676.
- Bech P, Rafaelsen OJ, Kramp P, Bolwig TG. The Mania Rating Scale: scale construction and inter-observer agreement. *Neuropharmacology*. 1978;17(6):430-431.
- Berk M, Malhi GS, Cahill C, et al. The Bipolar Depression Rating Scale (BORS): its development, validation and utility. *BipolarDisord*. 2007;9:571-579.
- Endicott J, Nee J, Harrison W, Blumenthal R. Quality of Life Enjoyment and Satisfaction Questionnaire: a new measure. *Psychopharmacol Bull*. 1993;29:321-326.
- Guy W, ed. ECDEU Assessment Manual for Psychopharmacology. Rockville, MD: U.S. Department of Health, Education, and Welfare; 1976.
- Hamilton M. The assessment of anxiety states by rating. *Brit J Med Psycho*. 1959;32(1):50-55.
- Hamilton M. A rating scale for depression. *1 Neural Neurosurg Psychiat*. 1960;23:56-62.
- Merikangas KR, Akiskal HS, Angst J, et al. lifetime and 12-month prevalence of bipolar spectrum disorder in the national comorbidity survey replication. *Arch Gen Psychiatry*. 2007;64:543-552.
- Montgomery SA, Asberg M. A new depression scale designed to be sensitive to change. *Brit J Psychiat*. 1979;134:382-389.
- Posner K, Brown GK, Stanley B, et al. The Columbia-Suicide Severity Rating Scale: initial validity and internal consistency findings from three multi site studies with adolescents and adults. *Am J Psychiatry*. 2011;168:1266-1277.
- Rush AJ, Trivedi MH, Ibrahim HM, et al. The 16-item Quick Inventory of Depressive Symptomatology (QIDS), Clinician Rating (QIDS-C), and Self-Report (QIDS-SR): a psychometric evaluation in patients with chronic major depression. *Biol Psychiatry*. 2003;54:S73-583.
- Sheehan DV, Harnett-Sheehan K, Raj BA. The measurement of disability. *Int Clin Psychopharm*. 1996;11(Suppl 3):89-95.
- Sheehan DV, Lecrubier Y, Sheehan KH, et al. The Mini-International Neuropsychiatric Interview (M.I.N.I.): the development and validation of a structured diagnostic psychiatric interview for DSM-IV and ICD-10. *J Clin Psychiatry*. 1998;59(suppl 20):22-33.
- Simpson GM, Angus JWS. A rating scale for extrapyramidal side effects. *Acta Psychiat Scand*. 1970; 212:11-19.
- Spearing MK, Post RM, Leverich GS, Brandt D, Nolen W. Modification of the Clinical Global Impressions (CGI) scale for use in bipolar illness (BP): the CGI-BP. *Psychiat Res*. 1997;73:159-171.
- Spitzer RL, WilliamsJBW, Gibbon M, First MB. The Structured Clinical Interview for DSM-IV-R (SCID). I: History, rationale, and description. *Arch Gen Psychiatry*. 1992;49:624--629.
- Stahl SM. Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications. 3rd ed. New York, NY: Cambridge University Press; 2008.
- Young RC, Biggs JT, Ziegler VE, Meyer DA. A rating scale for mania: reliability, validity and sensitivity. *Brit J Psychiat*. 1978;133:429-435.