

**MODULE 2**  
**BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS**



**MODULE 2**  
**BIPOLAR DISORDER—CLASSIFICATION  
AND DIAGNOSIS**

## MODULE 2

# BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS

These training materials (“Materials”) are provided to you for educational purposes only. The Materials are not intended for promotional use and cannot be used as an aide on sales calls or any promotional setting.

You may reference the Materials herein, subject to the Rules of Promotional Messaging, only to the extent the Materials provide guidance regarding approved messaging for the product, product indications, safety information and Warnings and Precautions. In no event shall these Materials be shared or disseminated for field promotional activities. Failure by you to comply with these instructions may subject you to disciplinary action up to, and including termination of employment



## MODULE 2

# BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS

### Rules Governing Promotional Messaging:

- All facts and statements are true, balanced and correct, and not misleading or deceptive in any way
- Data are substantiated
- False or misleading claims are not made
- Unapproved products and indications (i.e. Off-Label) are not promoted
- The contents and data are presented in good taste
- Unqualified superlatives are not allowed
- Comparative statements/claims must be used carefully
- No defamatory statements (i.e. about other brands or company)
- Medical ethics is adhered to
- Distinction of promotional material is clearly defined

- **If an HCP asks a question that cannot be answered through the use of approved materials, please follow the Medical Information enquiry process.**



**MODULE 2**  
**BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS**

**MODULE 2**  
**BIPOLAR DISORDER—**  
**CLASSIFICATION AND DIAGNOSIS**

# MODULE 2

## 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

# MODULE 2

## 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

# 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**

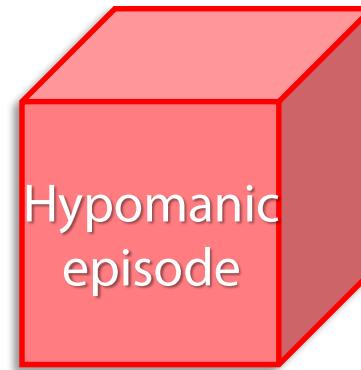
- **\$30.7 billion** in direct costs
- **\$120.3 billion** in indirect costs

*(Bipolar I and Bipolar II Disorder)*

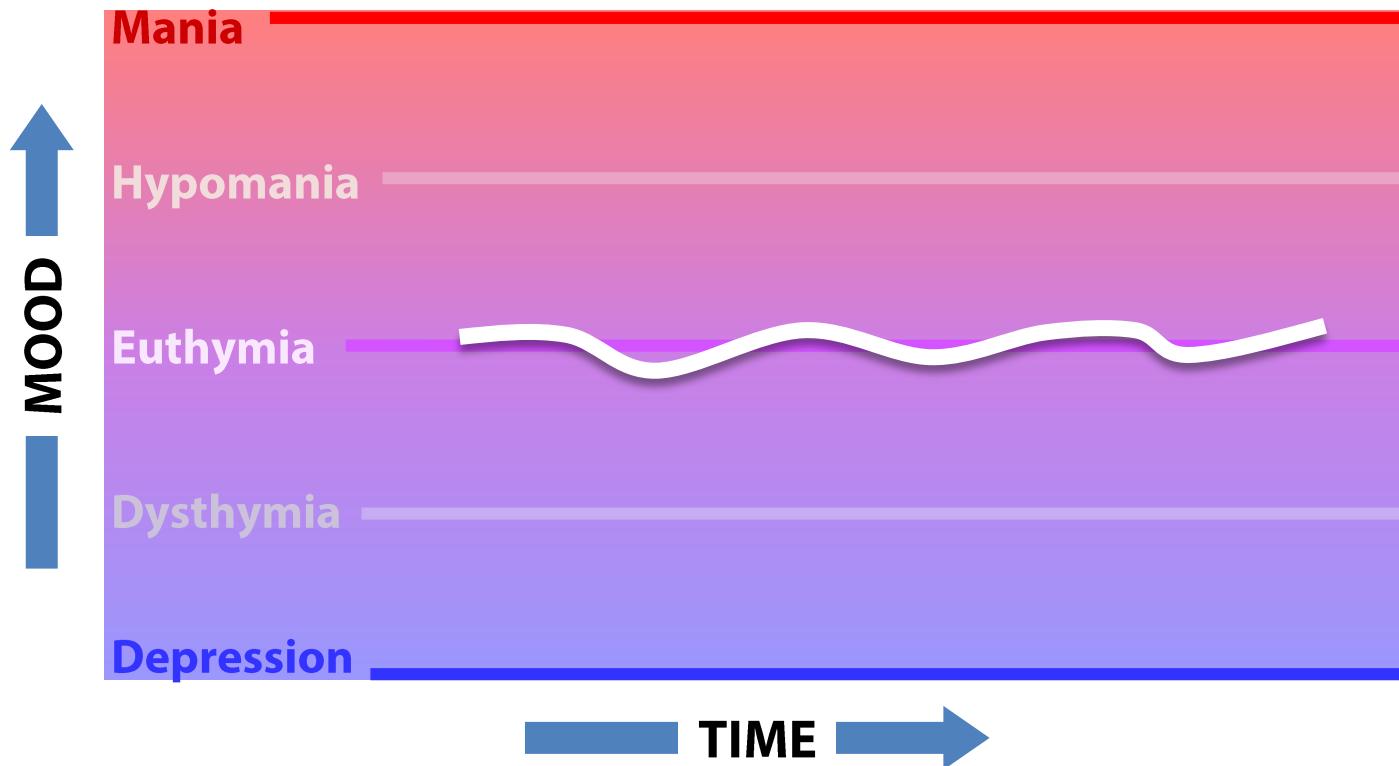


MODULE 2  
BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS

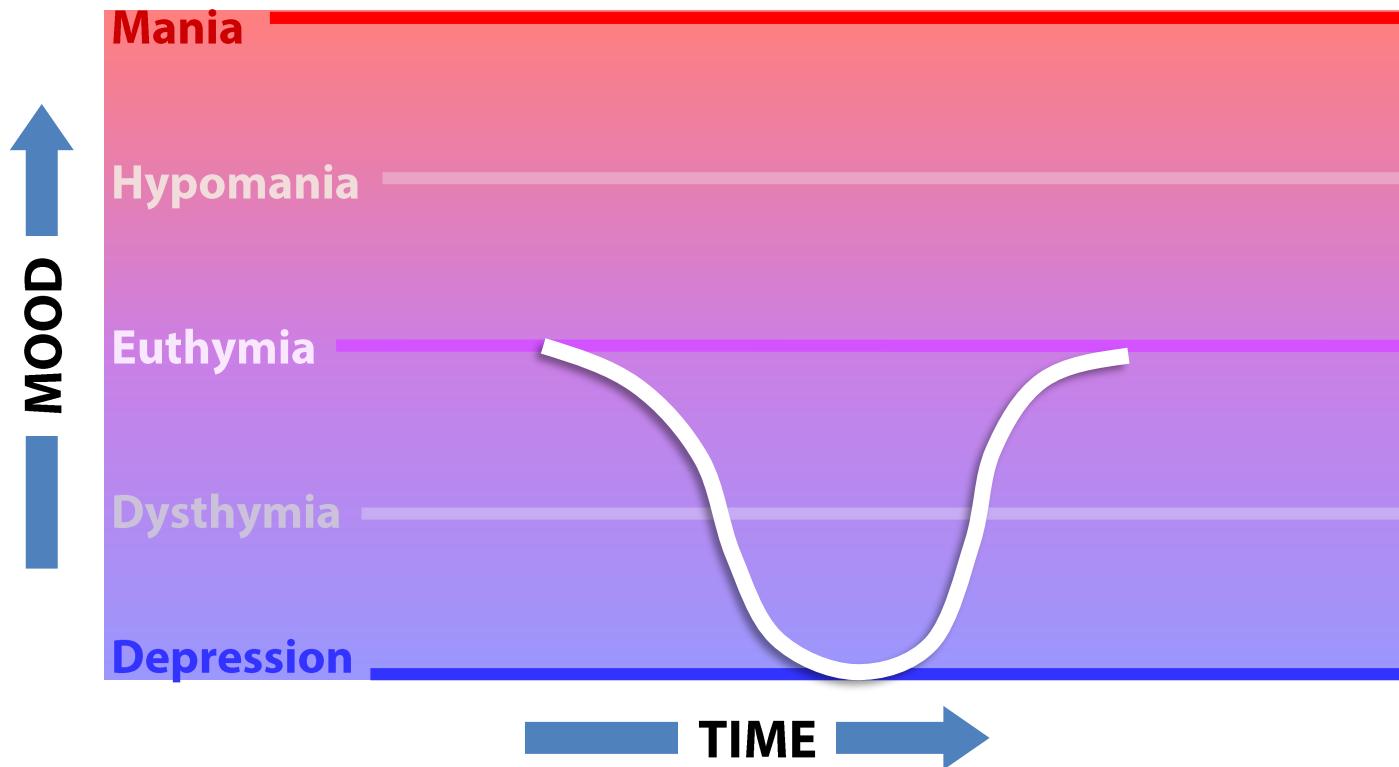
## Mood Episodes – the Building Blocks of Bipolar Disorder and Major Depressive Disorder



# The Mood Chart

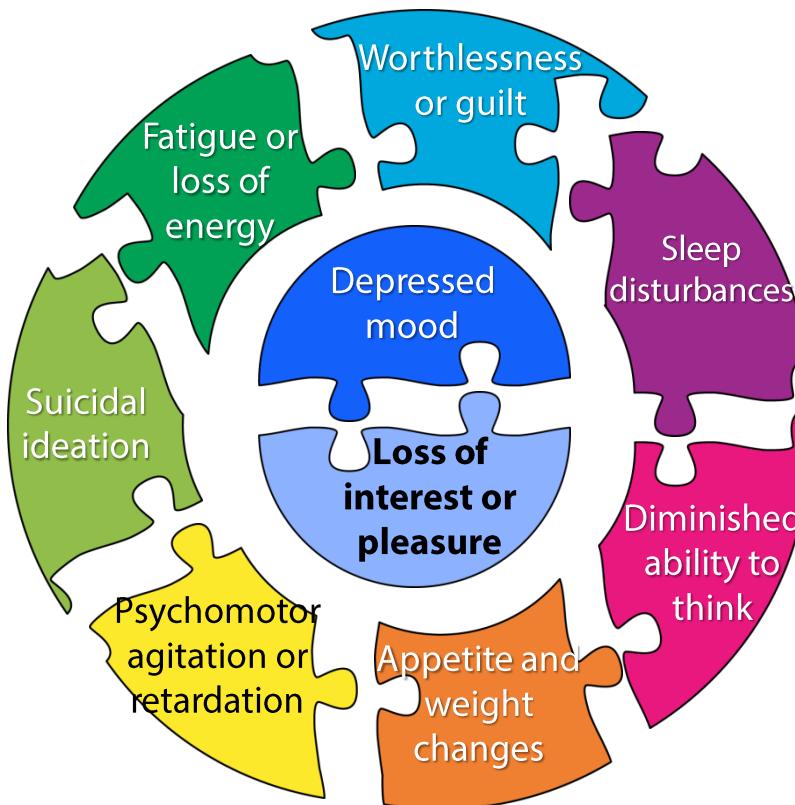


# Major Depressive Episode (MDE)



# Major Depressive Episode (MDE)

At least five of these symptoms are required:



At least one of the symptoms is either:

**Depressed mood**

**OR**

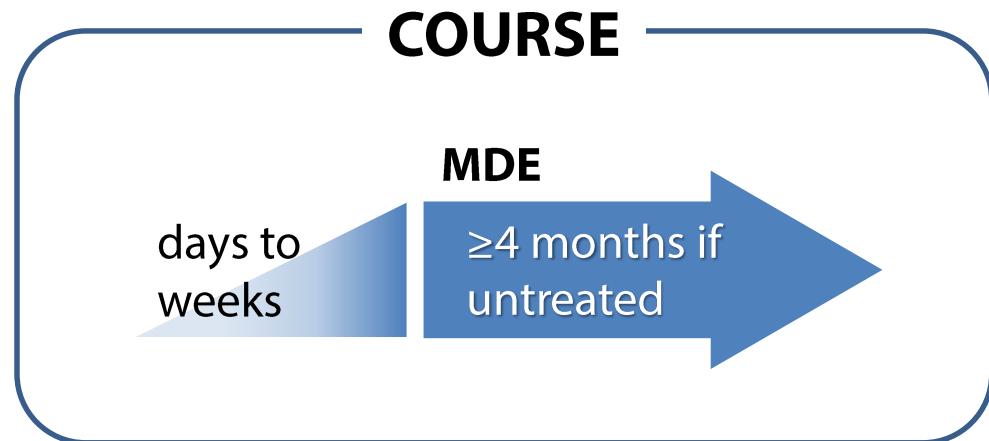
**Loss of interest or pleasure**

**Symptoms last  $\geq$  2 weeks**

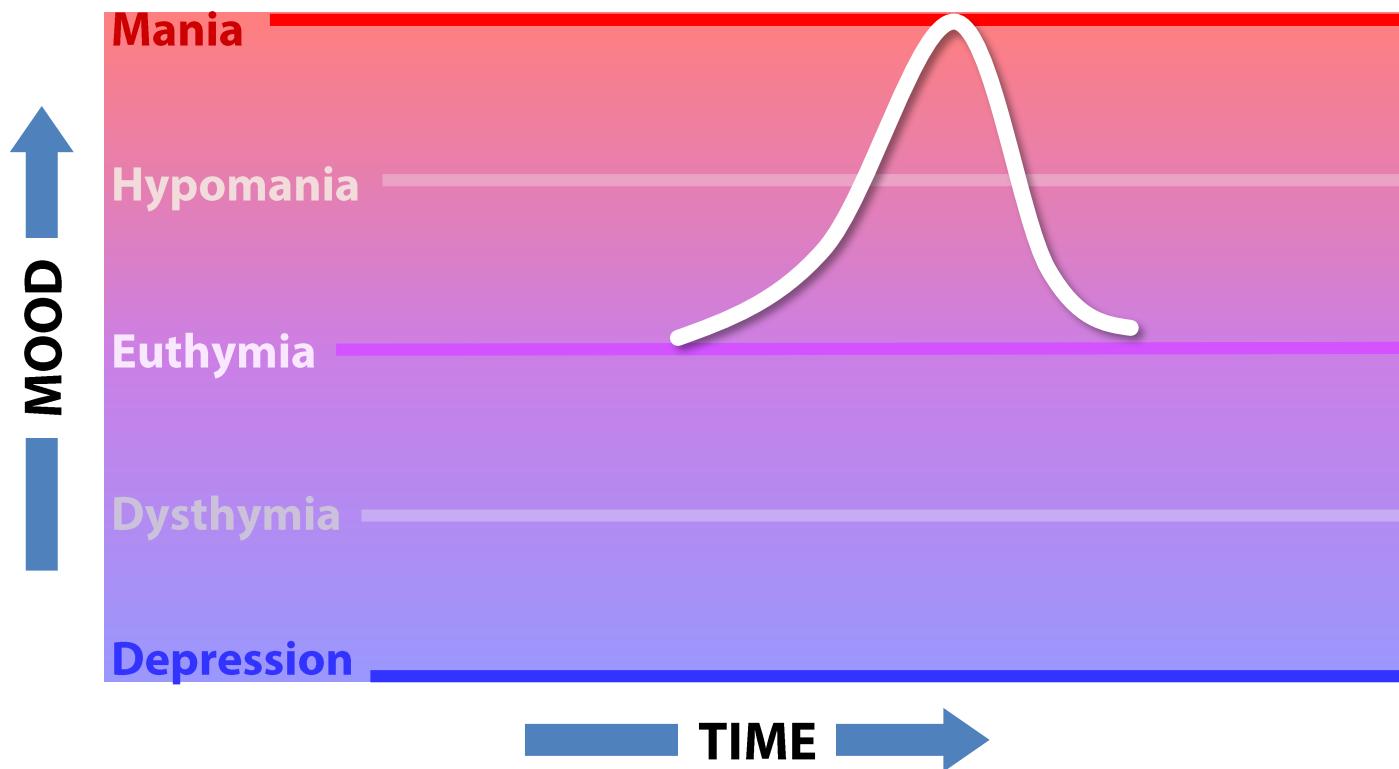
# Major Depressive Episode (MDE)

Other causes ruled out:

- General medical condition
- Substance use
- Bereavement



# Manic Episode

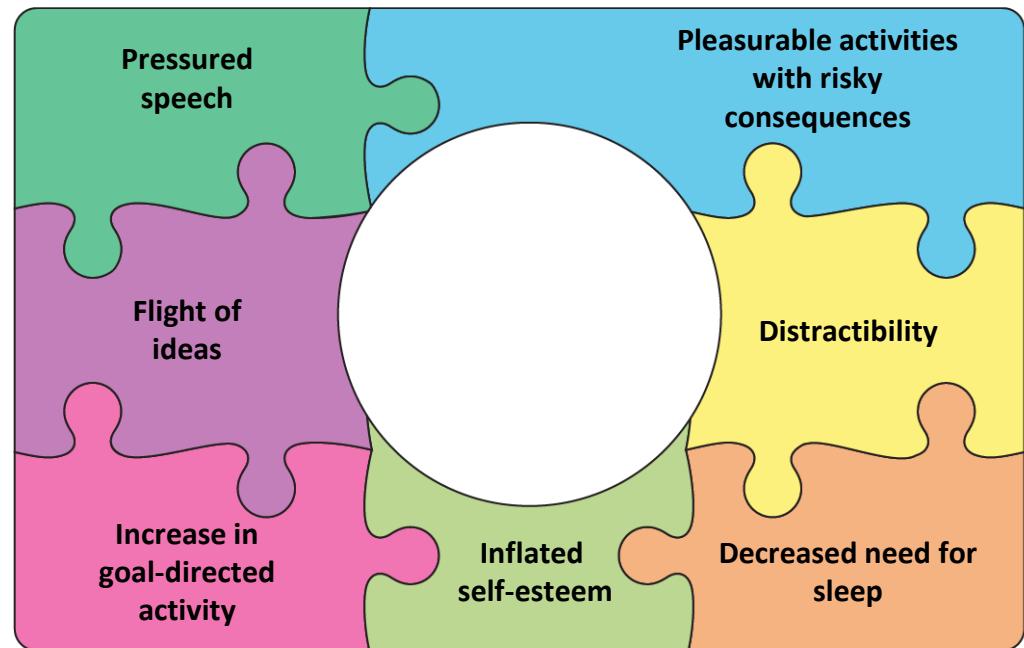


# Manic Episode

One core symptom required:



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

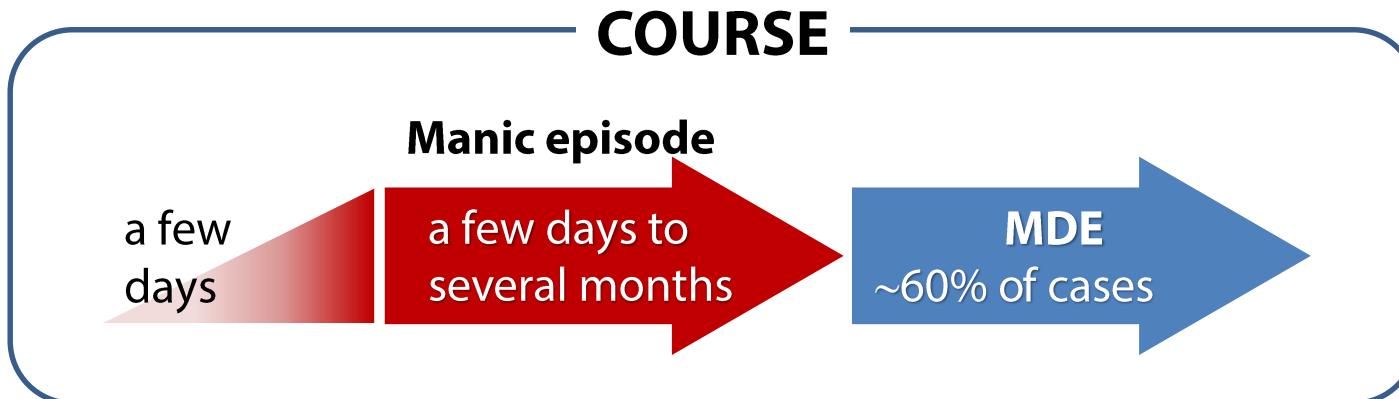


# Manic Episode

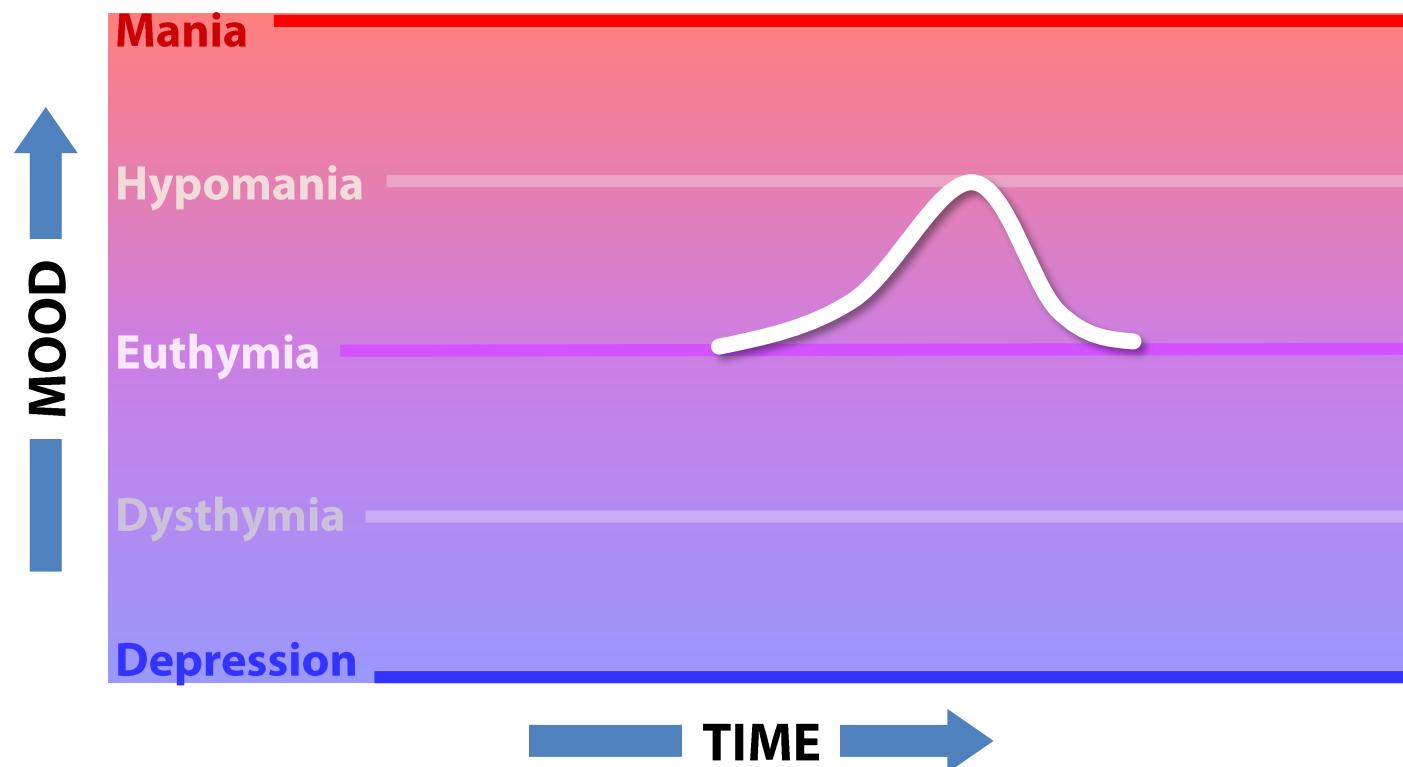
- Symptoms last  $\geq$  1 week, or any duration if hospitalized  
Impaired occupational or social function
- Average onset: early 20s

Other causes ruled out

- General medical condition
- Substance use
- Antidepressant treatment



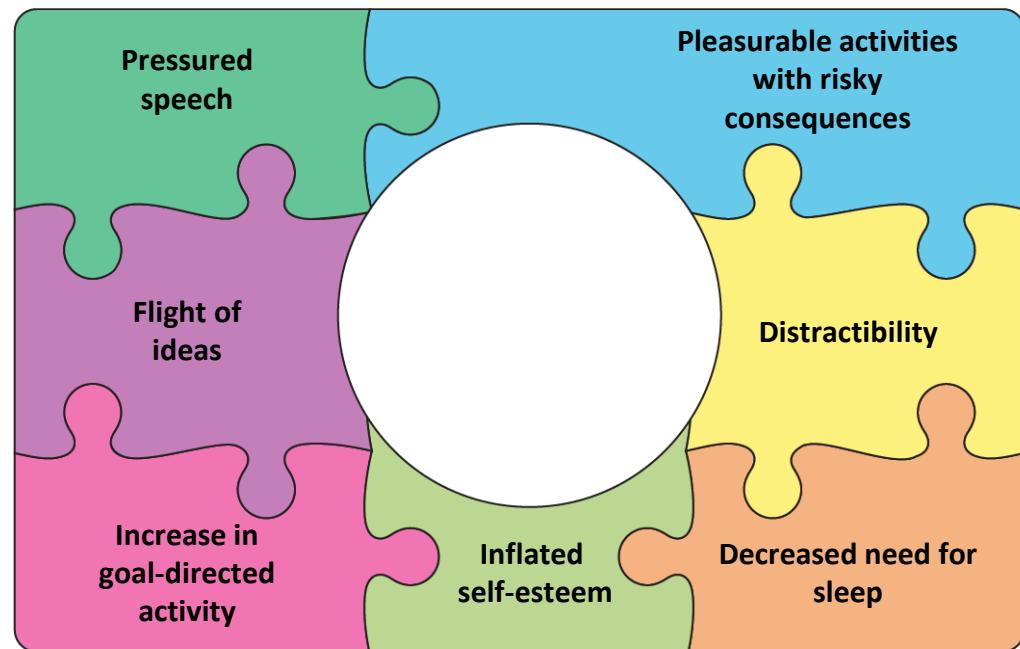
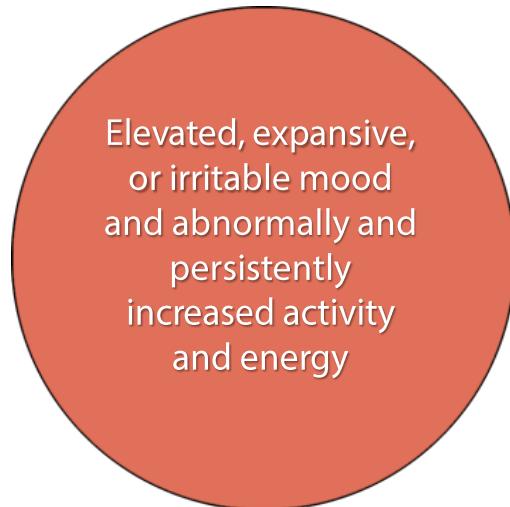
# Hypomanic Episode



# Hypomanic Episode

One core symptom required:

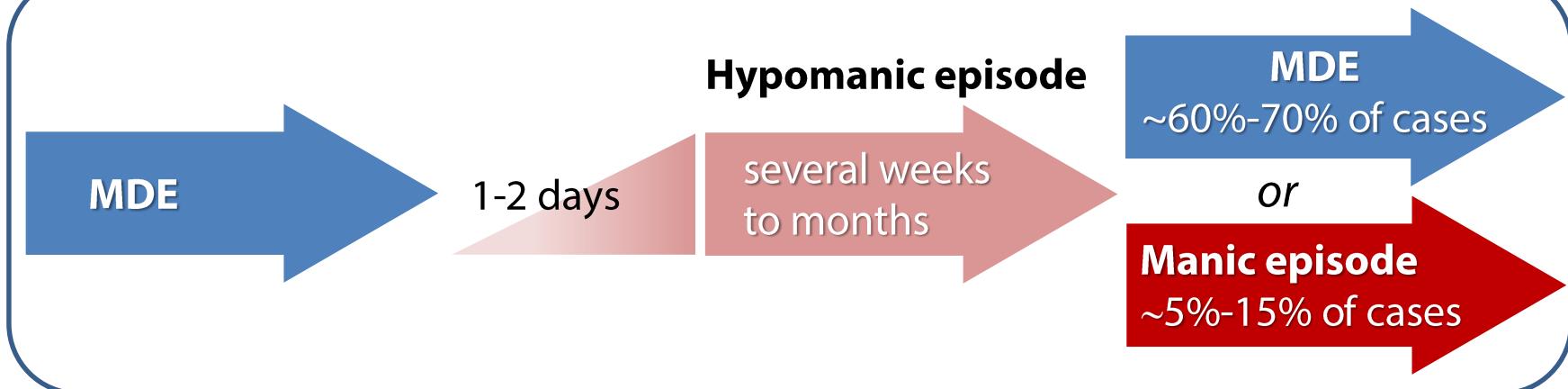
At least three of these required  
(four if mood is irritable):



# Hypomanic Episode

- Symptoms last  $\geq$  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  $\geq 3$  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

$\geq 5$  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

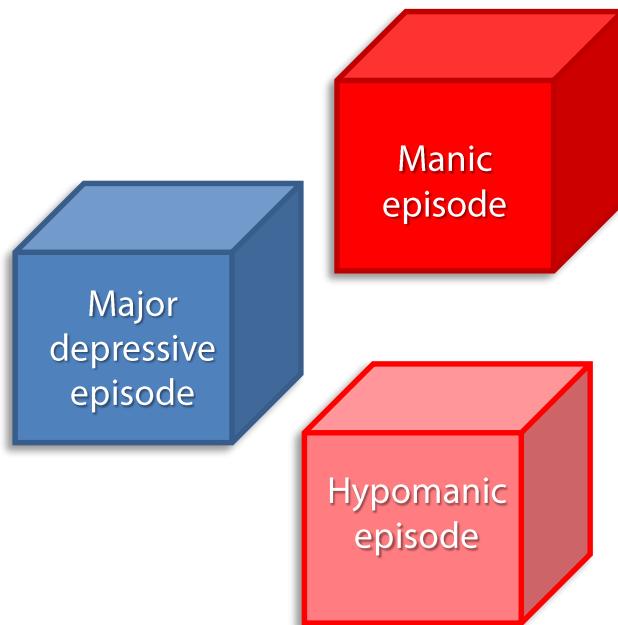
# MODULE 2

## 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

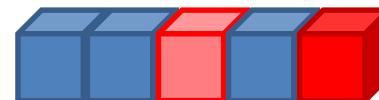
# Bipolar Disorder and Major Depressive Disorder

## MOOD EPISODES



CONSTITUTE...

Bipolar I Disorder



Bipolar II Disorder

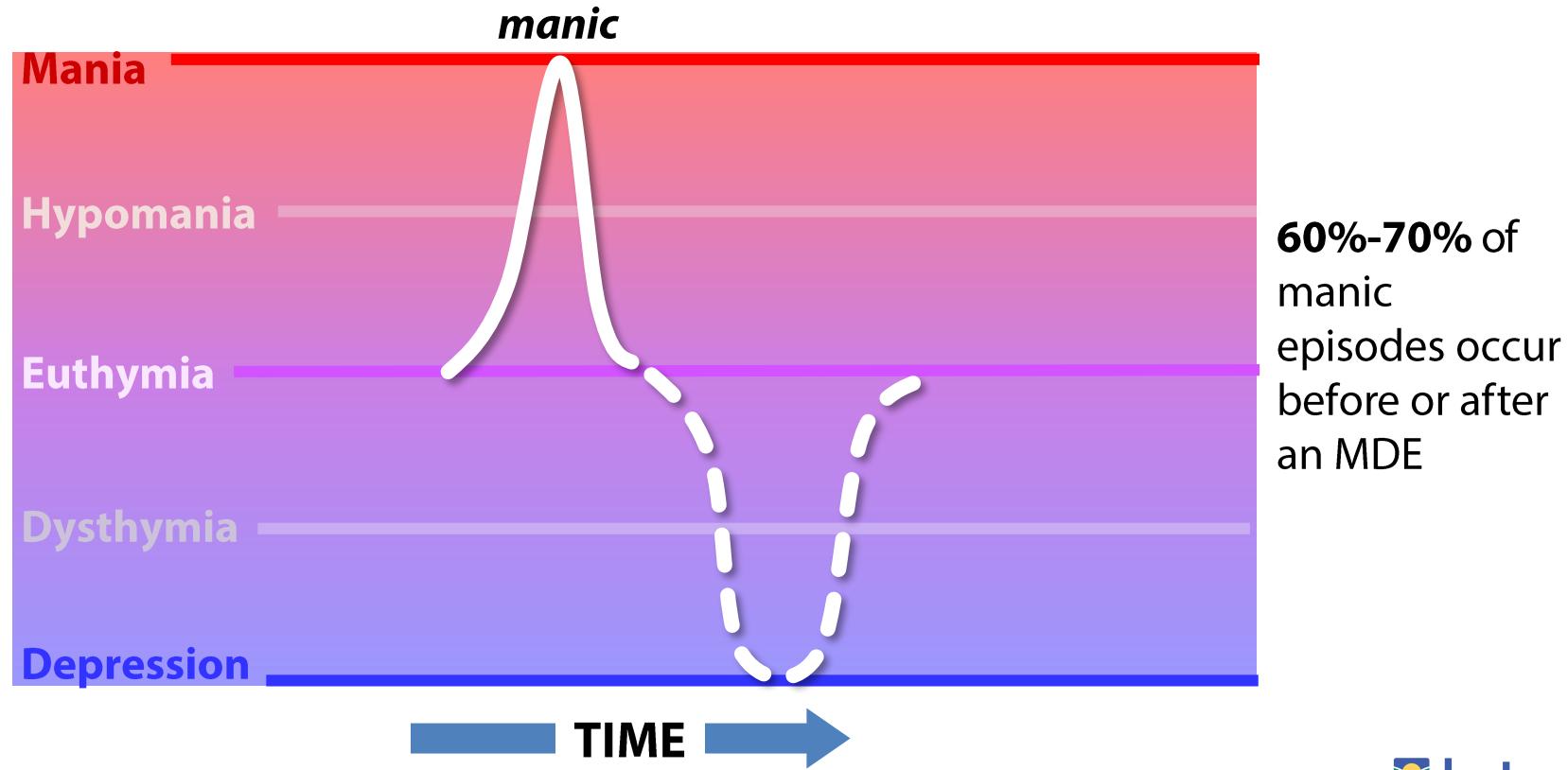


Major Depressive Disorder  
(MDD)



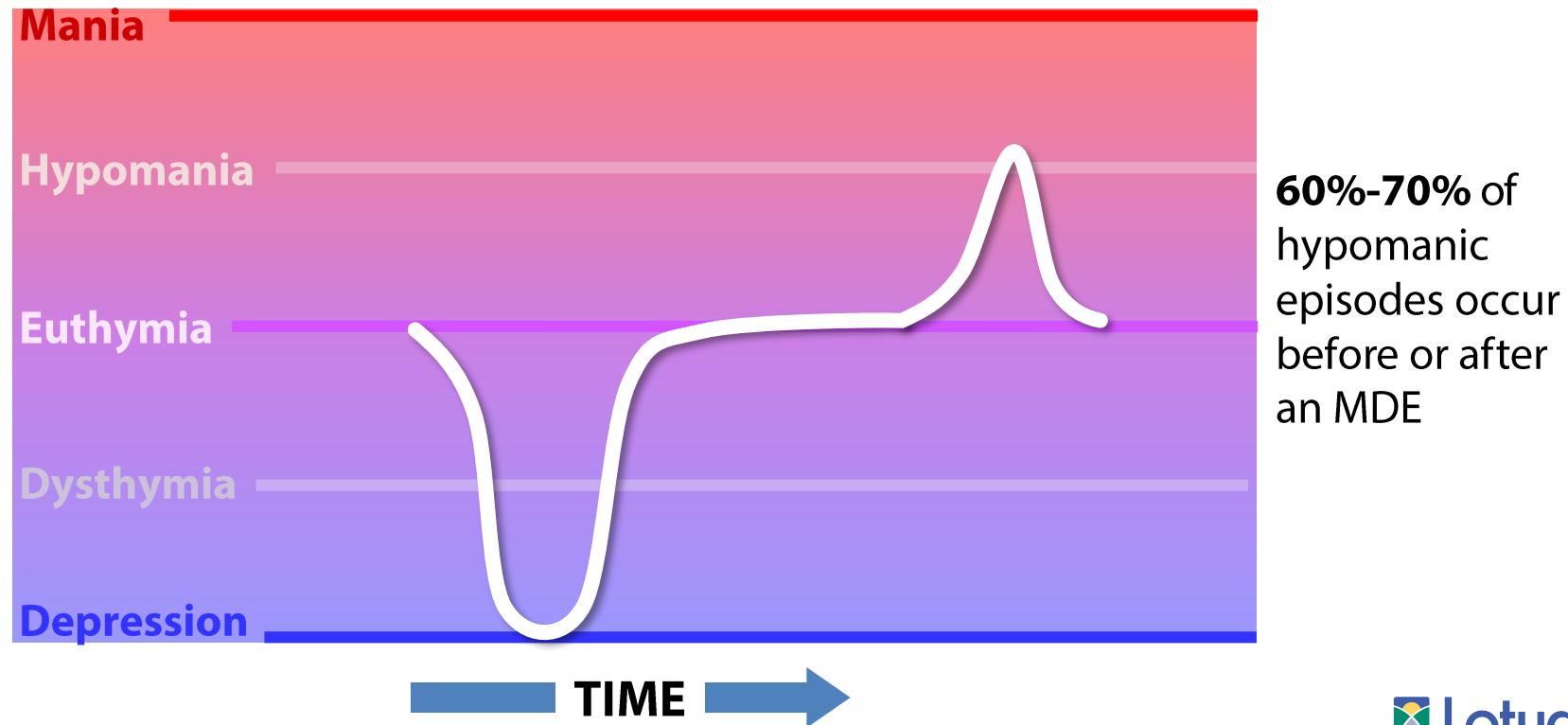
# Bipolar I Disorder

- One or more manic episodes



# Bipolar II Disorder

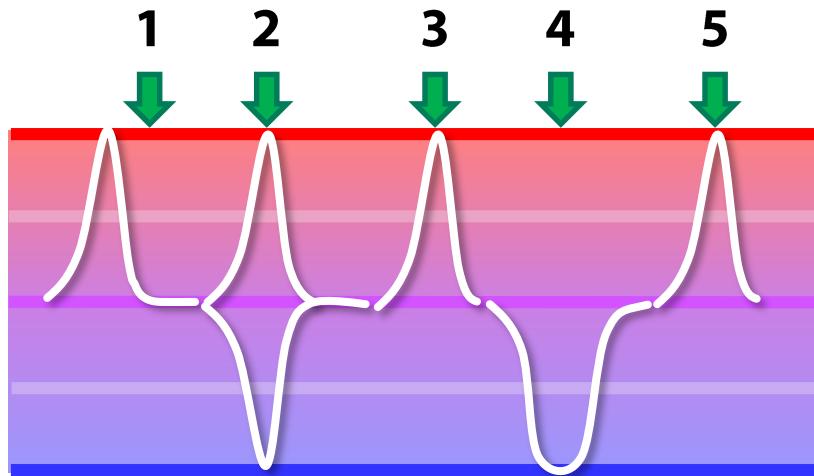
- One or more major depressive episodes
- At least one hypomanic episode
- No history of manic episodes



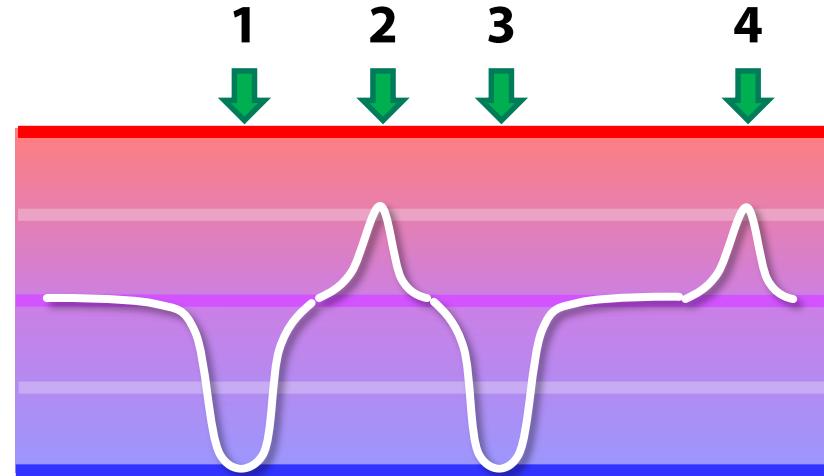
# Specifier: Rapid Cycling

- 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:*



*Example for rapid cycling :*



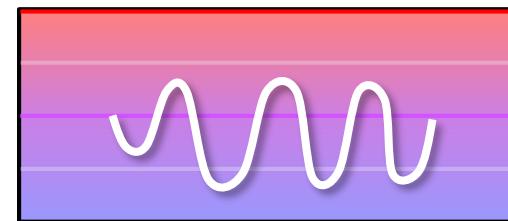
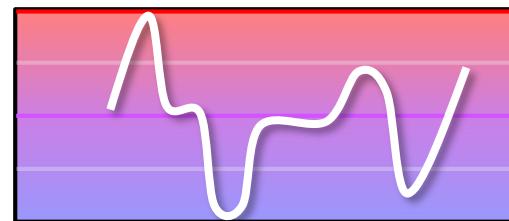
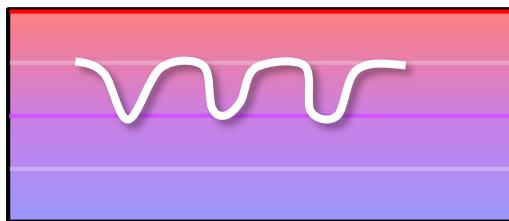
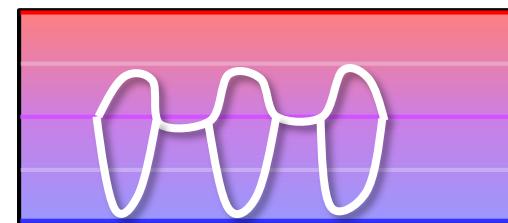
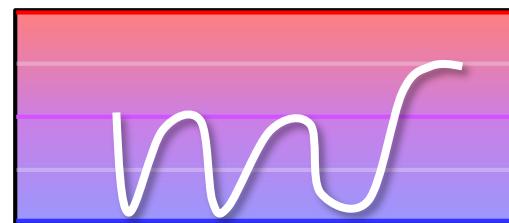
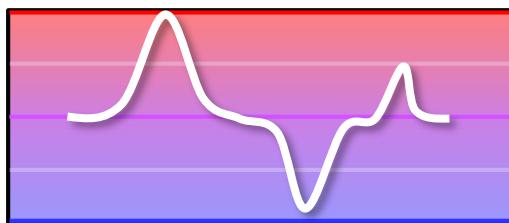
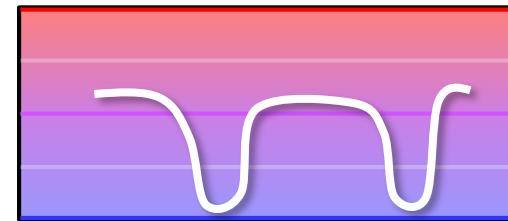
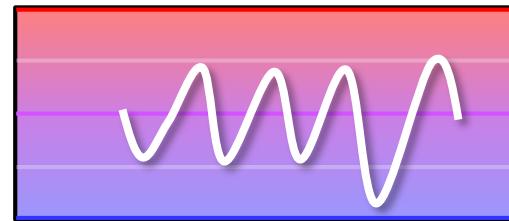
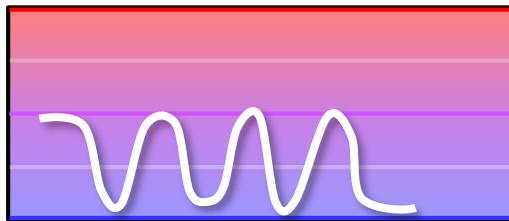
← 12 months →

← 12 months →

MODULE 2  
BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS

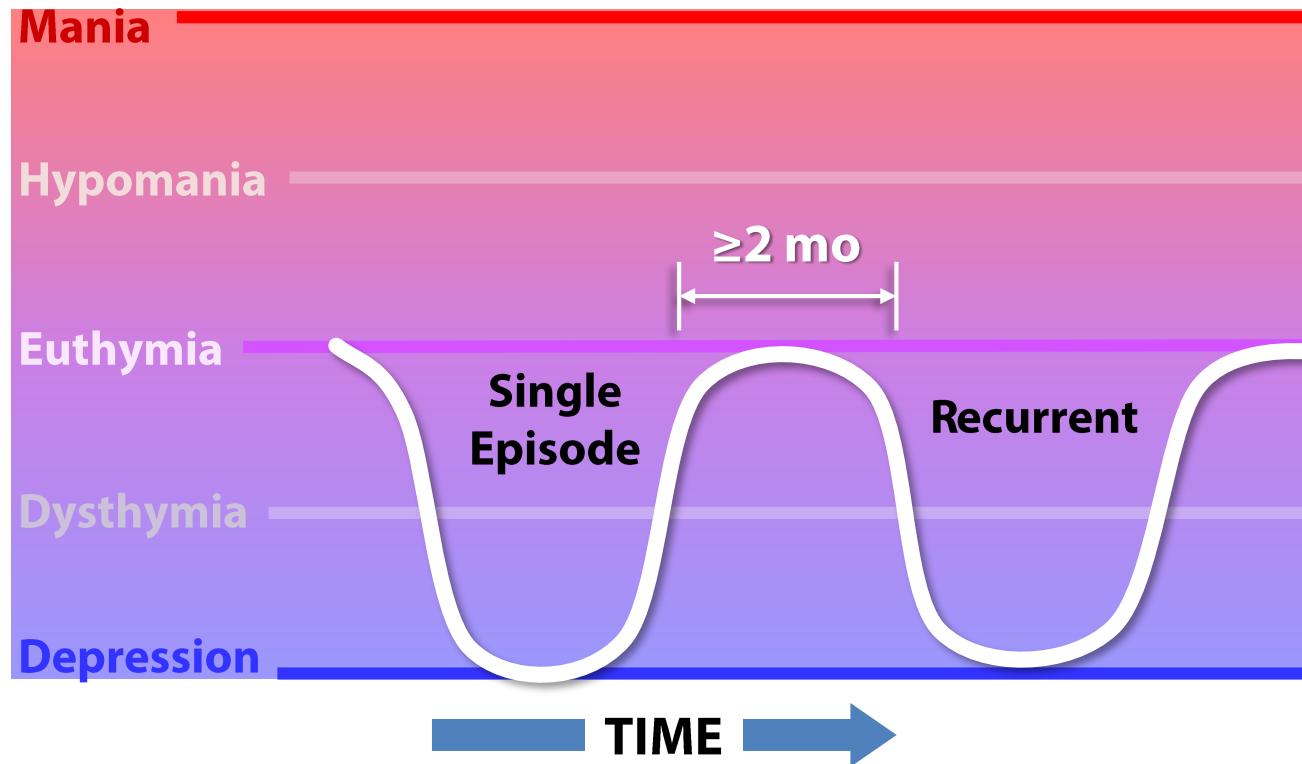
- Other Specified Bipolar and Related Disorder
- Unspecified Bipolar and Related Disorder

“The Bipolar Spectrum”



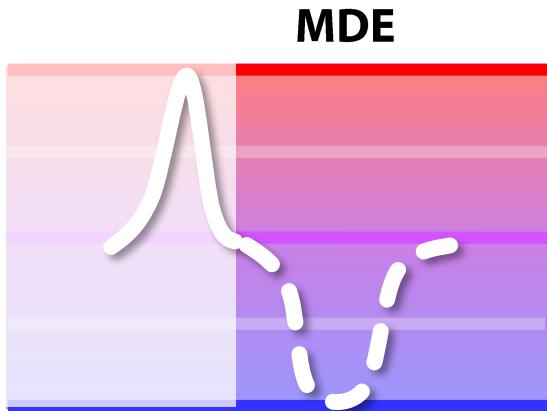
# Major Depressive Disorder

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

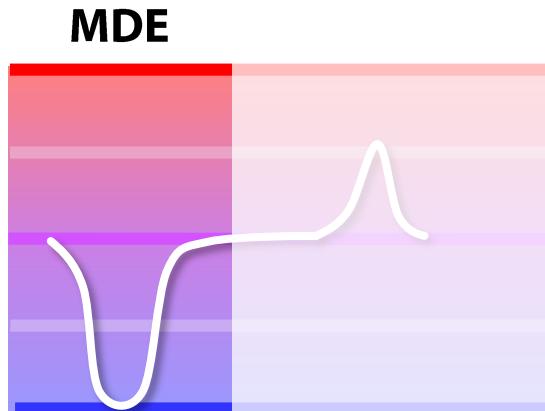


# Bipolar Depression Versus Major Depressive Disorder

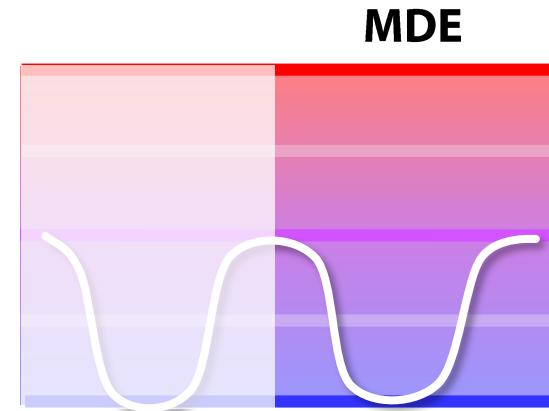
Major depressive episodes may look the same for different disorders



Bipolar I disorder



Bipolar II disorder

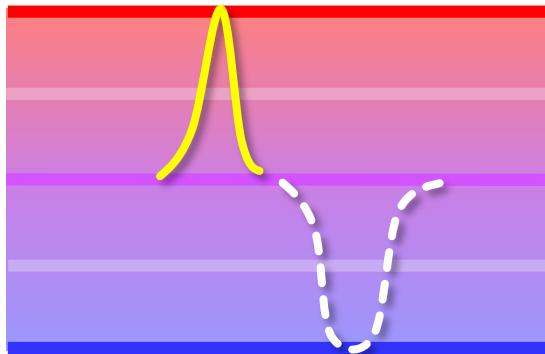


Major depressive disorder

MODULE 2  
BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS

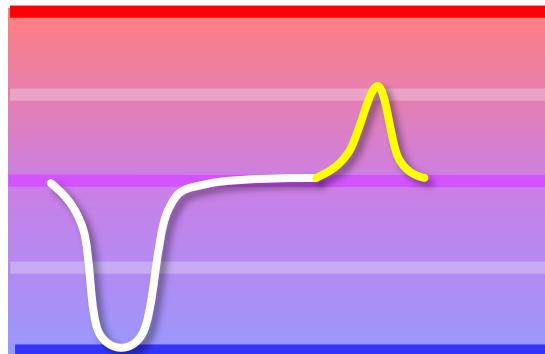
# Bipolar Disorder versus Major Depressive Disorder

One or more manic episodes



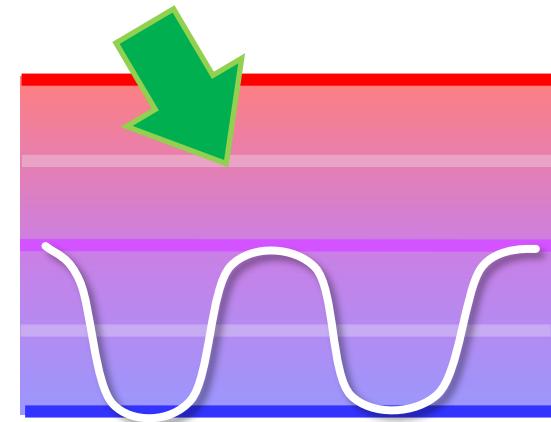
Bipolar I disorder

One or more MDEs; at least one hypomanic episode



Bipolar II disorder

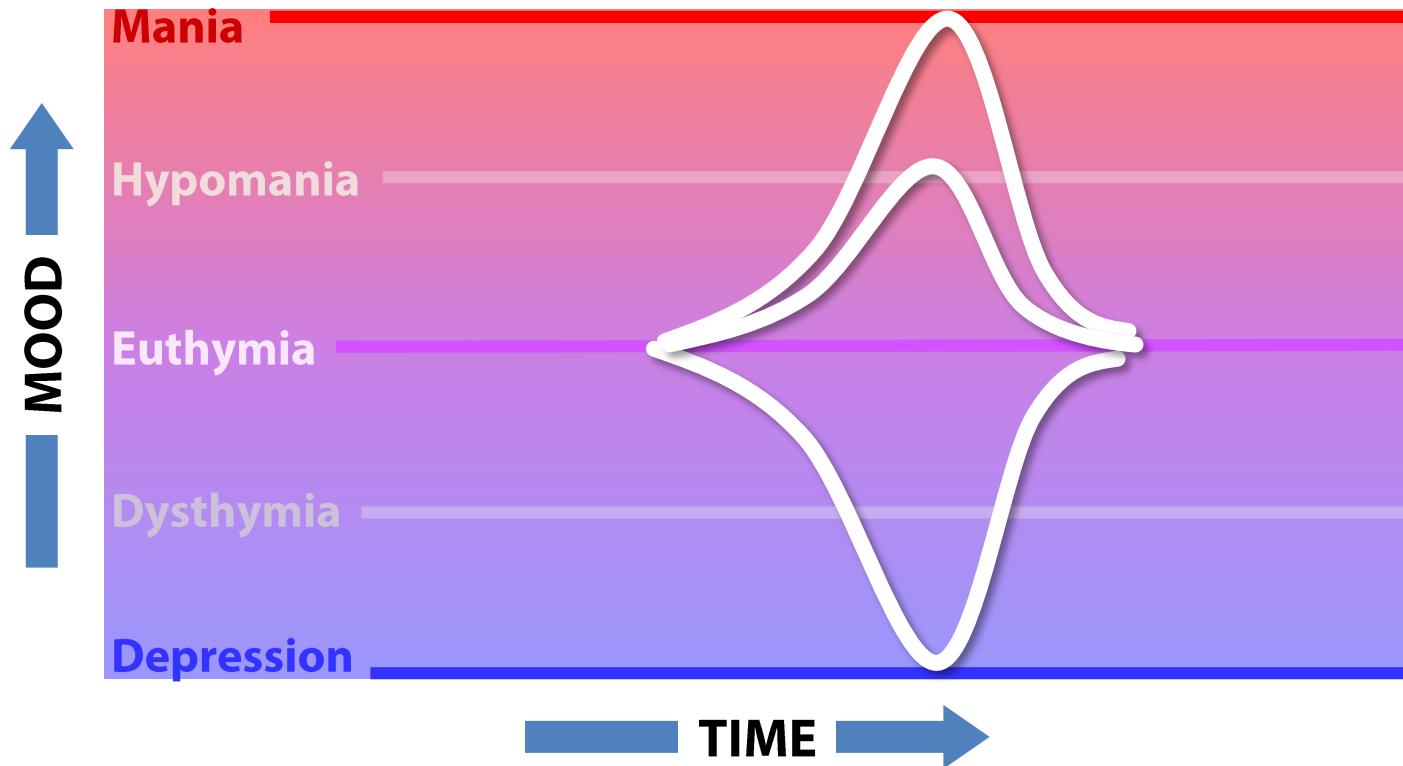
NO MANIC episodes  
NO HYPOMANIC episodes



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.

# MODULE 2

## 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

# 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-SR<sub>16</sub>)
- Hamilton Rating Scale for Anxiety (HAM-A)

# Montgomery-Åsberg Depression Rating Scale (MADRS)

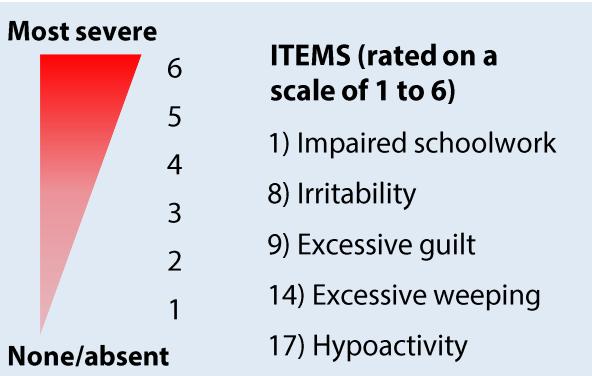
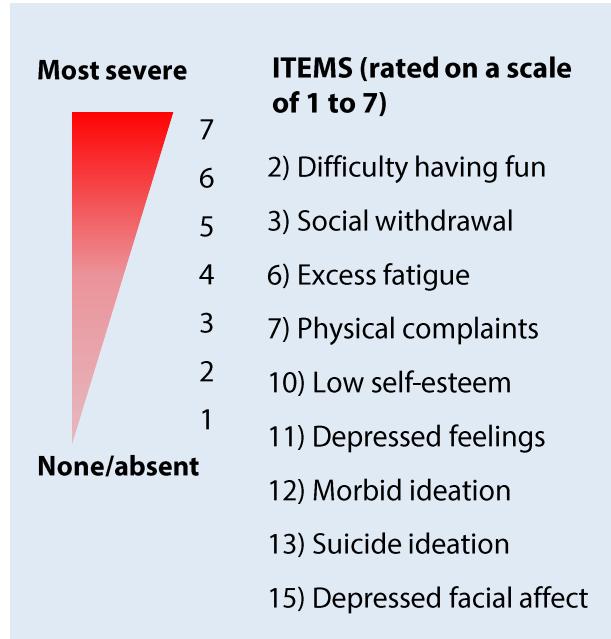
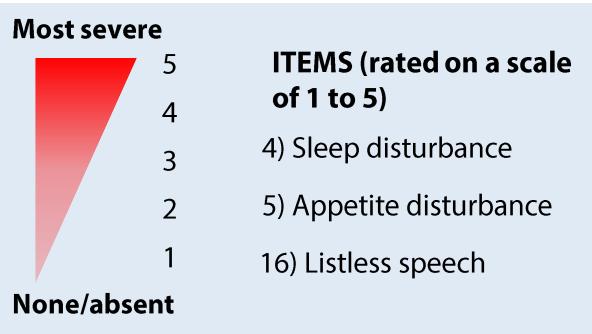
- Consists of 10 items that are core depression symptoms
- Contains items rated on 0-6 (no abnormality to severe)
- Frequently used in clinical trials
- Requires existing diagnosis of a disorder with depressive symptoms



MODULE 2  
BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS

## 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



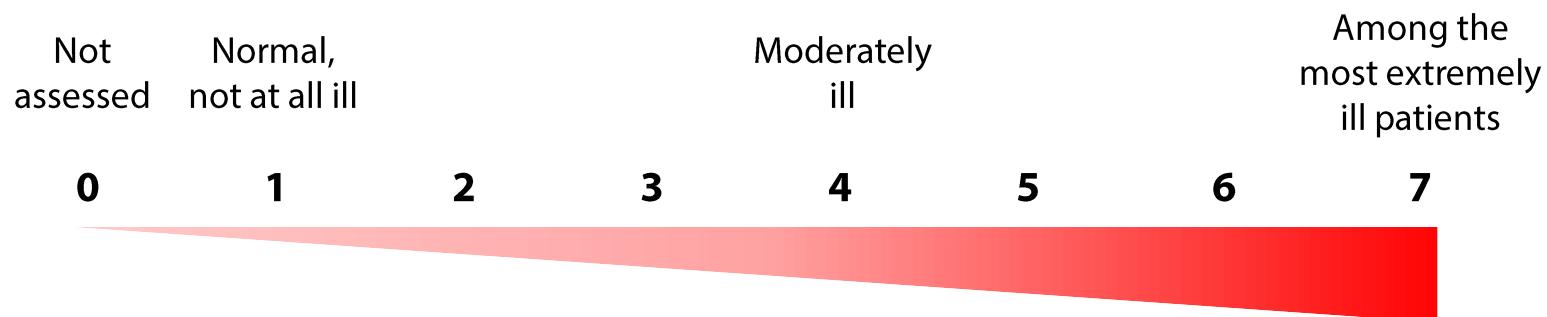
Total score range **17-113**  
≥40 indicates depression

## 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

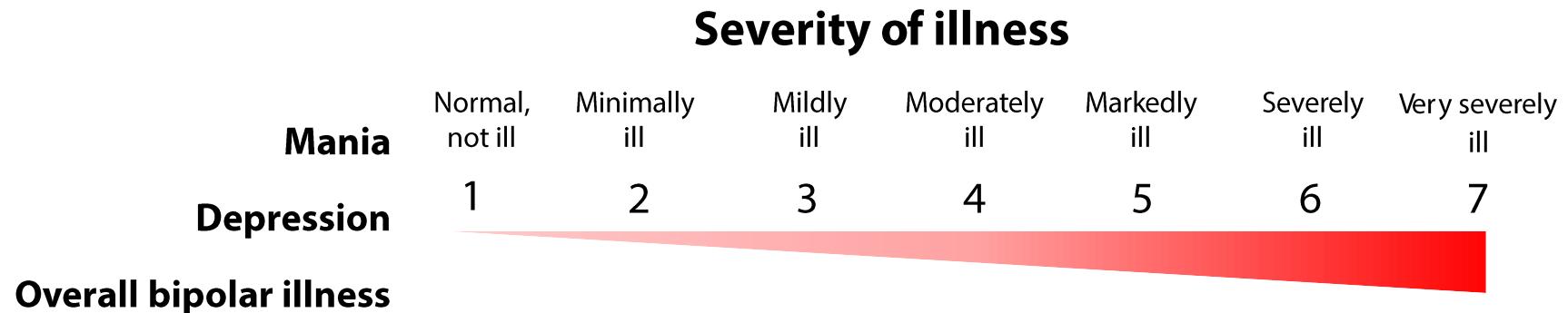
### Severity of Illness

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



**MODULE 2**  
**BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS**

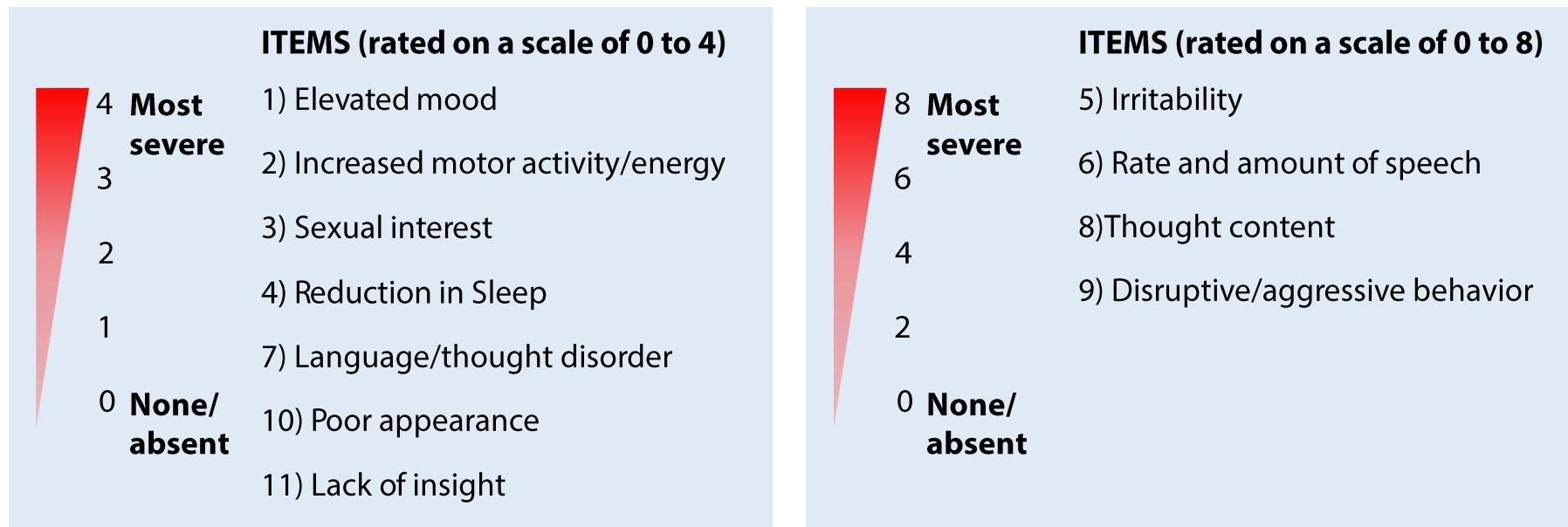
**Clinical Global Impression—Bipolar Version—Severity of Illness  
(CGI—BP—S)**



MODULE 2  
BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS

## Young Mania Rating Scale (YMRS)

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



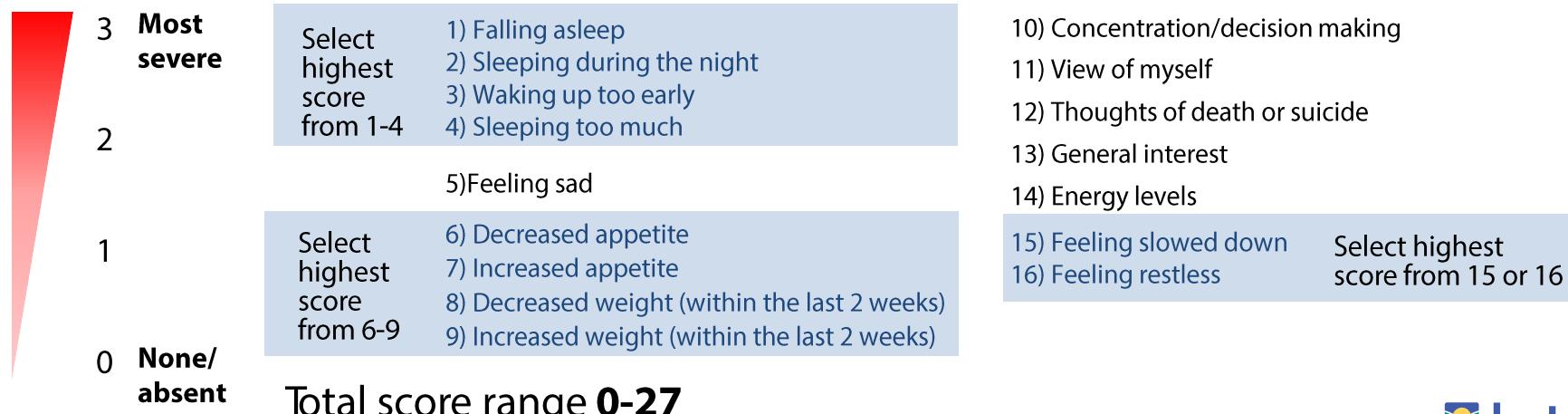
Total score range **0-60**

## MODULE 2

### BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS

# Quick Inventory of Depressive Symptomatology (Self-Report, 16-Item) (QIDS-SR<sub>16</sub>)

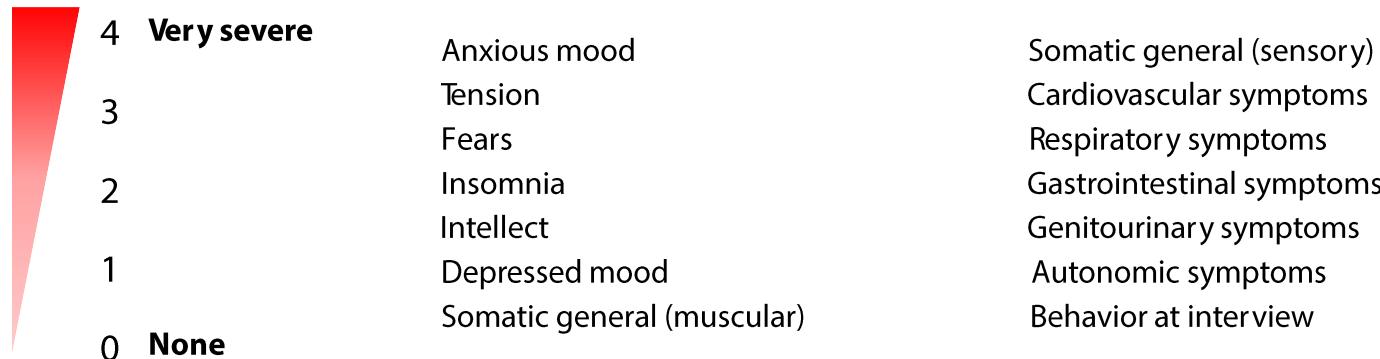
- Validated depression rating scale
  - Requires existing diagnosis of a disorder with depressive symptoms
- Self-reported versions use clearly stated criteria (“anchor points”) for ratings
  - Estimates of frequency and severity
- One score for each of the nine DSM-IV-defined symptoms for MDE
- Contains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



MODULE 2  
BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS

## 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



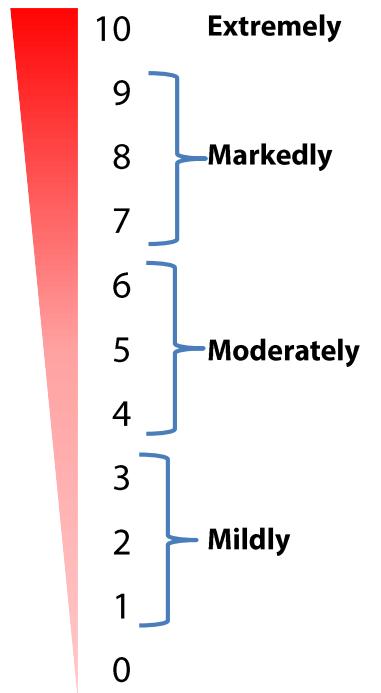
Total score range **0-56**

# 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

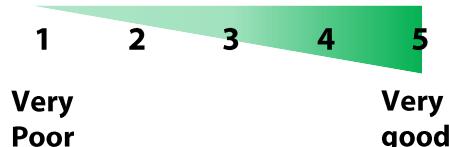
- **Work:** The symptoms have disrupted your work...
- **Social life:** The symptoms have disrupted your social life...
- **Family life:** The symptoms have disrupted your family life/home responsibilities...

## MODULE 2

# 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?

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

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

...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-D<sub>17</sub>)**  
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® (ilurasidone 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)

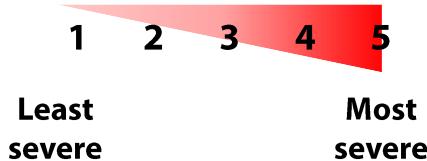
## *SUICIDAL IDEATION*

### **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**

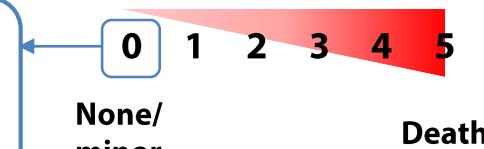
Actual, interrupted, and aborted attempts  
Preparatory acts or behavior  
Suicidal behavior present  
Yes/No responses, plus number of attempts

### **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



MODULE 2  
BIPOLAR DISORDER—CLASSIFICATION AND DIAGNOSIS

# Abnormal Involuntary Movement Scale (AIMS)

FACIAL AND  
ORAL  
MOVEMENTS

1. Muscles of facial expression
2. Lips and perioral area
3. Jaw
4. Tongue

EXTREMITY  
MOVEMENTS

5. Upper (arms, wrists, hands, fingers)
6. Lower (legs, knees, ankles, toes)

TRUNK  
MOVEMENTS

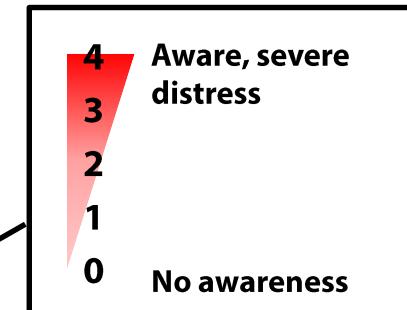
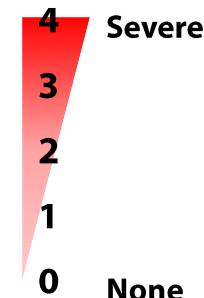
7. Neck, shoulders, hips

GLOBAL  
JUDGMENTS

8. Severity of abnormal movements
9. Incapacitation due to abnormal movements
10. Patient's awareness of abnormal movements

DENTAL  
STATUS

11. Current problems with teeth and/or dentures
12. Does patient usually wear dentures?



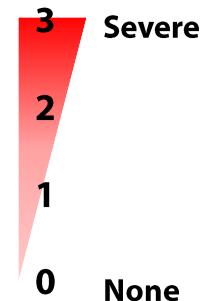
No (0) / Yes (1)

 **Latuda**  
(lurasidone HCl) tablets  
20mg | 40mg | 80mg

# 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

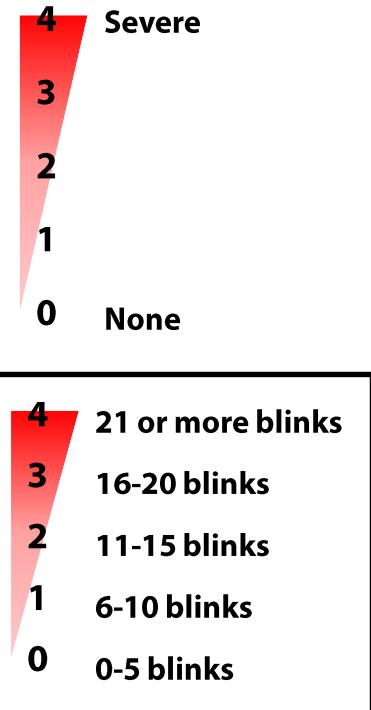
## 3. GLOBAL CLINICAL ASSESSMENT OF AKATHISIA

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-SR<sub>16</sub>)
- 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 Psych/iat.* 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. *Bipolar Disord.* 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, Ierublier 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 Psychiatr 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, Williams JBW, 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.