

I. DX OF DEPRESSION

[For questions on diagnosis, recommend you use the real DSM-IV, not the “abridged” version, such as in the green book many MSs use.]

- 1- How many criteria does DSM-IV list for major depression? How many items are listed in the usual mnemonic for the criteria? If the numbers do not match, what’s the difference?
- 2- Can a patient be depressed without being depressed? That is, can a patient have major depressive episode (MDE) without feeling depressed?
- 3- How many depressive symptoms are required for a DSM-IV diagnosis of major depression (MDD)?
- 4- How long does a patient have to experience these symptoms to have an "official" (DSM-IV) MDD?
- 5- Within those two weeks, what proportion of the time must a patient be experiencing depressive symptoms? [DSM-IV]

II. TREATMENT OF DEPRESSION

- 6- Is a DSM diagnosis of depression required for treatment?
- 7- Should treatment be withheld if the depression seems justifiable or “appropriate”?
- 8- How often do antidepressants beat placebo in clinical trials? How do you apply this to an individual patient when you tell them what they can expect?
- 9- By what process can you best compare the rates of common side effects of different antidepressants?
- 10- How long should you give your intervention before deciding whether it's working?
- 11- How do you know whether your intervention is working?
- 12- What do you consider doing when your intervention does not seem to be working?

III. DX OF BIPOLAR DISORDER

- 13- What symptom of mania can be thought of as the inverse of (the depressive symptom)...guilt?

- 14- ...indecisiveness?
- 15- ...anhedonia? (Consider anhedonia broadly, as lack of interest in doing things, in socializing, and sex.)
- 16- You are evaluating a patient with insomnia. How do you use this bit of information to help you make the differential (DSM) diagnosis of depression versus mania?
- 17- What is the difference between bipolar I and bipolar II?
- 18- What is the difference between mania and hypomania?
- 19- What is a mixed episode? How does it differ from an “agitated depression”?
- 20- Can a patient be bipolar without being bipolar? That is, must he or she have experienced both poles?
- 21- How is rapid cycling defined? Is that number of cycles or number of episodes?
- 22- A patient complains of severe "mood swings" occurring every few days and lasting a few hours. A friend told her that mood swings are typical of bipolar disorder. What do you think?

IV. TREATMENT OF BIPOLAR DISORDER

- 23- What are the risks of antidepressants particular to bipolar patients?
- 24- How rigorously were antidepressants tested in bipolar patients compared to unipolar patients before the FDA approved them for marketing?
- 25- For which drug should you watch plasma levels more closely—lithium or Depakote?
- 26- Suppose a patient is already taking Depakote and you want to add lamotrigine. According to the product labeling, how and why would that change the speed with which you titrate up on the lamotrigine dose? What if the patient were on carbamazepine instead?
- 27- What drugs has the FDA approved using the term "mood stabilizers"?
- 28- What are the FDA-approved antimanic agents? You may find the following link helpful, even though needs to be updated:

http://www.visn20.med.va.gov/portland/Mood-Disorder-Center/documents/Bipolar_Drugs_Nov04.pdf

V. WHAT SINGLE AGENT(S) WOULD YOU CONSIDER PRESCRIBING FOR . . .

[for some of the cases below, you may again find the above link helpful]

- 29- a patient with depression + comorbid panic d/o + OCD + PTSD?
- 30- a depressed patient with pain due to diabetic neuropathy?
- 31- an underweight migraineur with bipolar disorder?
- 32- an overweight migraineur without bipolar disorder?
- 33- an underweight bipolar pt w/ depression?
- 34- a pt with unipolar depression who smokes?
- 35- a bipolar pt with a low white count and hyperthyroidism?
- 36- a revved-up manic patient sleeping only an hour a night and experiencing grandiose hyperreligious delusions?
- 37- a pt with recurrent mania with psychosis who is too disorganized or noncompliant to take meds daily?

VI. WHAT SINGLE AGENT(S) WOULD YOU AVOID FOR . . . (AND WHY)

- 38- a bipolar patient on salsalate, Lasix, lisinopril and who tends to forget whether he's taken his meds and might then take an extra dose?
- 39- an underweight med student with bipolar disorder?
- 40- a depressed crane operator with a history of seizures?
- 41- a unipolar patient with unstable HTN?
- 42- a patient with a history of mania with bone marrow suppression due to chemo?
- 43- a patient with mania with congenital long QT syndrome?