Changes to the diagnostic criteria for bipolar disorder in DSM-5 make little difference to lifetime diagnosis: Findings from the UK BDRN Study

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DSM-5 criterion A for manic and hypomanic episodes includes the additional requirement of abnormally and persistently increased activity or energy. This requirement was not present in DSM-IV. This raises the question of whether research groups and consortia with large DSM-IV bipolar disorder cohorts can combine these with DSM-5 cases in ongoing and future analyses.

One study has suggested that considerably fewer individual episodes may meet the new DSM-5 criteria for hypo/mania than under DSM-IV (1). It found that of 310 patients in tertiary care diagnosed with a DSM-IV episode of hypo/mania at time of entry into the Systematic Treatment Enhancement Program for Bipolar Disorder study (STEP-BD) only 52% also met DSM-5 criteria. Interestingly, longitudinal clinical outcomes at one year did not differ between those who did and did not meet DSM-5 criteria. There have been no studies, however, which have examined the impact of the change in criteria on lifetime diagnosis. We sought to address this question in data from our large bipolar disorder research cohort.

We have rated lifetime presence/absence of over-activity in the context of hypo/manic episodes on 3993 cases with a lifetime diagnosis of DSM-IV bipolar I disorder (BPI, n=2801) and bipolar II disorder (BPII, n=1192) in our UK Bipolar Disorder Research Network (BDRN) research programme. Cases are recruited systematically through secondary psychiatric care and via advertisements on our website (BDRN.org) and patient support organisations. Best-estimate main lifetime diagnosis and clinical variables, including the presence of individual mood symptoms, are rated from semi structured interview data (Schedules for Clinical Assessment in Neuropsychiatry) and available clinical records. Inter-rater reliability between the research psychologists and psychiatrists conducting the interview, rating and diagnostic procedures is high with mean kappa statistics of 0.85 for DSM–IV diagnosis and between 0.81 and 0.99 for other key clinical categorical variables.

94% and 93% of our cases with a lifetime DSM-IV diagnosis of BPI and BPII respectively experienced over-activity in the context of at least one manic or hypomanic episode and therefore would meet lifetime DSM-5 criteria for a bipolar disorder diagnosis. This is in agreement with a study which found increased motor activity to be the most frequent symptom of mania (85-95% cases) (2). The STEP-BD study found a much lower level of concordance between DSM-IV and DSM-5 diagnoses, but only measured *current* symptoms using a clinician-rated monitoring form in currently unwell participants. We measured *lifetime* symptoms based on research interviews with euthymic participants in addition to available clinical records. Furthermore, the samples were drawn from different populations and as a result there are potential differences in the clinical characteristics of the two samples. It is important to note that we did not measure hypo/manic increased energy in BDRN as this was not part of DSM-IV criteria for either a manic or hypomanic episode. Therefore, 94% is an under-estimation of the true proportion of BDRN participants who would reach lifetime DSM-5 criteria. We are therefore confident that our sample, and similar samples around the world, with main lifetime DSM-IV diagnosis of bipolar disorder can be combined with lifetime bipolar samples diagnosed according to DSM-5 in ongoing and future analyses.

Keywords: DSM-5, DSM-IV, bipolar disorder, lifetime prevalence, increased activity

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