ENTITLEMENT ELIGIBILITY GUIDELINE
BIPOLAR DISORDERS

MPC 00608
ICD-9 296.0, 296.1, 296.4, 296.6, 296.7, 296.8, 301.13
ICD-10 F30, F31, F34.0

DEFINITION

BIPOLAR DISORDERS

Bipolar Disorders include:
   Bipolar I Disorder
   Bipolar II Disorder
   Cyclothymic Disorder
   Bipolar Disorder Not Otherwise Specified (NOS)

NOTE: Substance - Induced Mood Disorder with Manic or Mixed Features and Mood Disorder due to a General Medical Condition with Manic or Mixed Features are also Axis I diagnoses.

If a substance(s) or a general medical condition(s) is claimed to be related to the clinical onset, or clinical worsening, of an Axis I Bipolar Disorder or Mood Disorder with Manic or Mixed Features, consultation with Medical Advisory should be considered.

Criteria Sets for Bipolar Disorders

The Bipolar Disorder criteria sets are derived from The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders 4th Edition Text Revision (DSM-IV-TR). For Recurrent Bipolar I Disorder and Bipolar II Disorder the current, or most recent, episode can be specified.

BIPOLAR I DISORDER:

The DSM-IV-TR includes six separate criteria sets for Bipolar I Disorder which are used to specify the nature of the current or most recent episode.

VETERANS AFFAIRS CANADA

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For Veterans Affairs Canada (VAC) purposes, the criteria sets for Bipolar I Disorder have been combined.

**Criterion A**
(1) The presence of one or more Manic Episodes or Mixed Episodes.
(2) Manic Episode(s) or Mixed Episode(s) may be followed by Hypomanic Episode(s).
(3) Often the presence of one or more Major Depressive Episodes.

**Note:** Manic Episode, Major Depressive Episode, Mixed Episode and Hypomanic Episode are defined below.

**Criterion B**
The Mood Episode(s) is not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

**MANIC EPISODE:**

**Criterion A**
A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).

**Criterion B**
During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

(1) inflated self-esteem or grandiosity
(2) decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
(3) more talkative than usual or pressure to keep talking
(4) flight of ideas or subjective experience that thoughts are racing
(5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
(6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
(7) excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)
Criterion C
The symptoms do not meet criteria for a Mixed Episode.

Criterion D
The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

Criterion E
The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

MAJOR DEPRESSIVE EPISODE:

Criterion A
Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.

(1) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) or observation made by others (e.g., appears tearful).
(2) markedly diminished interest or pleasure in all, or most all, activities most of the day, nearly every day (as indicated by either subjective account or observation made by others)
(3) significant weight loss when not dieting or weight gain (e.g., change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day
(4) insomnia or hypersomnia nearly every day
(5) psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down)
(6) fatigue or loss of energy nearly every day
(7) feeling of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick)
(8) diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others)
(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide
Criterion B
The symptoms do not meet criteria for a Mixed Episode.

Criterion C
The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Criterion D
The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).

Criterion E
The symptoms are not better accounted for Bereavement (as defined in the DSM-IV-TR).

MIXED EPISODE:

Criterion A
The criteria are met both for a Manic Episode and for a Major Depressive Episode (except for duration) nearly every day during at least a 1-week period.

Criterion B
The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

Criterion C
The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

HYPOMANIC EPISODE:

Criterion A
A distinct period of persistently elevated, expansive, or irritable mood, lasting throughout at least 4 days, that is clearly different from the usual nondepressed mood.
Criterion B
During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

1. inflated self-esteem or grandiosity
2. decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
3. more talkative than usual or pressure to keep talking
4. flight of ideas or subjective experience that thoughts are racing
5. distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
6. increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
7. excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., the person engages in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

Criterion C
The episode is associated with an unequivocal change in functioning that is uncharacteristic of the person when not symptomatic.

Criterion D
The disturbance in mood and the change in functioning are observable by others.

Criterion E
The episode is not severe enough to cause marked impairment in social or occupational functioning, or to necessitate hospitalization, and there are no psychotic features.

Criterion F
The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment) or a general medical condition (e.g., hyperthyroidism).

BIPOLAR II DISORDER:

Criterion A
Presence (or history) of one or more Major Depressive Episodes.
Criterion B
Presence (or history) of at least one Hypomanic Episode.

Criterion C
There has never been a Manic Episode or a Mixed Episode.

Criterion D
The mood symptoms in Criteria A and B are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophréniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

Criterion E
The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

CYCLOTHYMIC DISORDER:

Criterion A
For at least 2 years, the presence of numerous periods with hypomanic symptoms and numerous periods with depressive symptoms that do not meet criteria for a Major Depressive Episode.

Criterion B
During the above 2-year period, the person has not been without the symptoms in Criterion A for more than 2 months at a time.

Criterion C
No Major Depressive Episode, Manic Episode, or Mixed Episode has been present during the first 2 years of the disturbance.

Note: After the initial 2 years of Cyclothymic Disorder, there may be superimposed Manic or Mixed Episodes (in which case both Bipolar I Disorder and Cyclothymic Disorder may be diagnosed) or Major Depressive Episodes (in which case both Bipolar II Disorder and Cyclothymic Disorder may be diagnosed).

Criterion D
The symptoms in Criterion A are not better accounted for by Schizoaffective Disorder and are not superimposed on Schizophrenia, Schizophréniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.
Criterion E
The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism).

Criterion F
The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

BIPOLAR DISORDER NOT OTHERWISE SPECIFIED:

The Bipolar Disorder Not Otherwise Specified category includes disorders with bipolar features that do not meet criteria for any specific Bipolar Disorder. Examples include, but are not limited to:

1. Very rapid alternation (over days) between manic symptoms and depressive symptoms that meet symptom threshold criteria but not minimal duration criteria for Manic, Hypomanic, or Major Depressive Episodes
2. Recurrent Hypomanic Episodes without intercurrent depressive symptoms.
3. A Manic or Mixed Episode superimposed on Delusional Disorder, residual Schizophrenia, or Psychotic Disorder Not Otherwise Specified.
4. Hypomanic Episodes, along with chronic depressive symptoms, that are too infrequent to qualify for a diagnosis of Cyclothymic Disorder.
5. Situations in which the clinician has concluded that a Bipolar Disorder is present but is unable to determine whether it is primary, due to a general medical condition, or substance induced.

DIAGNOSTIC STANDARD

A diagnosis from a qualified medical practitioner (family physician or psychiatrist) or a registered/licensed psychologist is required. The diagnosis is made clinically. Supporting documentation should be as comprehensive as possible and should satisfy the requirements for diagnosis as outlined in the DSM-IV-TR diagnostic criteria.

NOTE: Entitlement should be granted for a chronic condition only. For VAC purposes, "chronic" means the condition has existed for at least six months. Signs and symptoms are generally expected to persist despite medical attention, although they may wax and wane over the six month period and thereafter.
ENTITLEMENT CONSIDERATIONS

A. CAUSES AND / OR AGGRAVATION

THE TIMELINES CITED BELOW ARE NOT BINDING. EACH CASE SHOULD BE ADJUDICATED ON THE EVIDENCE PROVIDED AND ITS OWN MERITS.

NOTE: The factors listed in Section A of the Entitlement Considerations include specific timelines for the clinical onset, or clinical worsening, of Bipolar Disorders. If the medical evidence indicates an alternate timeline, consultation with Medical Advisory should be considered.

NOTE: The following list of factors is not all inclusive. Factors, other than those listed in Section A, may be claimed to cause, or aggravate, a Bipolar Disorder. Other factors may be considered based on the individual merits and medical evidence provided for each case. Consultation with Medical Advisory should be considered.

1. Experiencing a severe stressor* within one year before the clinical onset, or clinical worsening, of Bipolar Disorder

* A severe stressor is a direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing or being involved in an event that involves death, injury, or a threat to the physical integrity of another person. The event or events evoke intense fear, helplessness, or horror.

The list of severe stressors below is not all inclusive. Other events may qualify as severe stressors. If the medical evidence indicates other events result in the clinical onset, or clinical worsening, of Bipolar Disorder consultation with Medical Advisory should be considered.

   (i) experiencing a life-threatening event
   (ii) being subject to a serious physical attack or assault including rape and sexual molestation
   (iii) being threatened with a weapon, being held captive, being kidnapped, or being tortured
   (iv) being an eyewitness to a person being killed or critically injured
   (v) viewing corpses or critically injured casualties as an eyewitness
   (vi) being an eyewitness to atrocities inflicted on another person or persons
   (vii) killing or maiming a person in a non criminal act
(viii) being an eyewitness to, or participating in, the clearance of critically injured casualties

2. **Experiencing a stressful life event* within one year before the clinical onset, or clinical worsening, of Bipolar Disorder**

   * Events which qualify as stressful life events include, but are not limited to:

   (i) being socially isolated and unable to maintain friendships or family relationships, due to physical location, language barriers, disability, medical or psychiatric illness
   (ii) experiencing a problem with a long-term relationship including: the break-up of a close personal relationship, the need for marital or relationship counseling, marital separation, or divorce
   (iii) having concerns in the work or school environment including: on-going disharmony with fellow work or school colleagues, perceived lack of social support within the work or school environment, perceived lack of control over tasks performed and stressful work loads, or experiencing bullying in the workplace or school environment
   (iv) experiencing serious legal issues including: being detained or held in custody, on-going involvement with law enforcement concerning violations of the law, or court appearances associated with personal legal problems
   (v) having severe financial hardship including, but not limited to: loss of employment, long periods of unemployment, foreclosure on a property, or bankruptcy
   (vi) having a family member or significant other experience a major deterioration in their health
   (vii) being a full-time caregiver to a family member or significant other with a severe physical, mental or developmental disability

3. **Experiencing the death of a significant other* within one year before the clinical onset, or clinical worsening, of Bipolar Disorder**

   * A significant other is a person who has a close family bond or a close personal relationship and is important or influential in one's life.

4. **Being within the one year period following childbirth at the time of the clinical onset, or clinical worsening, of Bipolar Disorder**
5. **Having Substance Use Disorder at the time of the clinical onset, or clinical worsening, of Bipolar Disorder**

6. **Having Alcohol Use Disorder at the time of the clinical onset, or clinical worsening, of Bipolar Disorder**

7. **Having a clinically significant Anxiety Disorder at the time of the clinical worsening of Bipolar Disorder**

8. **Having experienced severe childhood abuse* before the clinical onset of Bipolar Disorder**

   *Severe childhood abuse is:

   (i) serious physical, emotional, psychological or sexual harm to a child under the age of 16 years; or

   (ii) neglect involving a serious failure to provide the necessities for health, physical and emotional development, or wellbeing of a child under the age of 16 years;

   where such serious harm or neglect has been perpetrated by a parent, a care provider, an adult who was with or around the child, or any other adult in contact with the child.

9. **Inability to obtain appropriate clinical management of Bipolar Disorder**

**NOTE:** Substance - Induced Mood Disorder with Manic or Mixed Features and Mood Disorder due to a General Medical Condition with Manic or Mixed Features are also Axis I diagnoses.

If a substance(s) or a general medical condition(s) is claimed to be related to the clinical onset, or clinical worsening, of an Axis I Bipolar Disorder or Mood Disorder with Manic or Mixed Features, consultation with Medical Advisory should be considered.

**B. MEDICAL CONDITIONS WHICH ARE TO BE INCLUDED IN ENTITLEMENT / ASSESSMENT**

- Decreased Libido – if the medical information indicates decreased libido is a symptom of a psychiatric condition
• Sleep Disorder Related to Bipolar Disorder
• Sleep Disorder Related to Another Mental Disorder
• Anxiety Disorders
• Other Mood Disorders
• Schizophrenia and other Psychotic Disorders
• Adjustment Disorders
• Personality Disorders
• Eating Disorders
• Alcohol Use Disorders
• Substance Use Disorders
• Dissociative Disorders
• Pain Disorders/Chronic Pain Syndrome (DSM-IV-TR Axis I Diagnosis)

C. COMMON MEDICAL CONDITIONS WHICH MAY RESULT IN WHOLE OR IN PART FROM BIPOLAR DISORDER AND / OR ITS TREATMENT

Section C medical conditions may result in whole or in part as a direct result of Bipolar Disorder, from the treatment of Bipolar Disorder or the combined effects of Bipolar Disorder and its treatment.

Conditions listed in Section C of the Entitlement Considerations are only granted entitlement if the individual merits and medical evidence of the case determines a consequential relationship exists. Consultation with Medical Advisory should be considered.

If it is claimed a medication required to treat Bipolar Disorder resulted in whole, or in part, in the clinical onset, or clinical worsening, of a medical condition the following must be established:

1. The individual was receiving the medication at the time of the clinical onset, or clinical worsening, of the medical condition.
2. The medication was used for the treatment of the Bipolar Disorder.
3. The medication is unlikely to be discontinued or the medication is known to have enduring effects after discontinuation.
4. The individual's medical information and the current medical literature supports the medication can result in the clinical onset, or clinical worsening, of the medical condition.
5. Note: Individual medications may belong to a class, or grouping, of medications. The effects of a specific medication may vary from the grouping. The effects of the specific medication should be considered and not the effects of the group.
The list of Section C conditions is not all inclusive. Conditions, other than those listed in Section C, may be claimed to have a consequential relationship to a Bipolar Disorder and / or its treatment. Other conditions may be considered for entitlement based on the individual merits and medical evidence provided for each case. Consultation with Medical Advisory should be considered.

- Sexual Dysfunction (e.g., Erectile Dysfunction)
- Irritable Bowel Syndrome
- Bruxism
- Xerostomia
- Periodic Limb Movement Disorder
- Restless Leg Syndrome
- Obstructive Sleep Apnea

REFERENCES FOR BIPOLAR DISORDERS


