

Discriminating Between Bipolar Disorder and Major Depressive Disorder



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- Diagnosis • Nosology • Misdiagnosis • Bipolar disorder • Major depressive disorder
- Irritability

KEY POINTS

- During depressive episodes, bipolar disorder (BD) and major depressive disorder may be difficult to distinguish.
- Misdiagnosis may lead to delay in effective treatment and to exposure to ineffective treatment.
- Illness features more often observed in BD may include psychomotor slowing or agitation, cognitive impairment, mood lability, psychosis, onset in the peripartum period, and early age at illness onset, among others, but none is sufficient to warrant a bipolar diagnosis.
- Only a careful, systematic assessment for current or past manic or hypomanic symptoms allows accurate diagnosis.
- Biomarkers useful in distinguishing the 2 mood disorders have not yet been established.

Despite decades of effort, psychiatry still lacks a reliable biological marker to distinguish the 2 depressive disorders, major depressive disorder (MDD) and bipolar disorder (BD), whose phenomenology can be extremely similar. There remain 2 commonly held assumptions about these 2 disorders. The first assumption is that MDD and BD are clear-cut and easily separable diagnostic conditions, requiring only careful assessment to distinguish. The second assumption is that there is no true difference in the clinical phenomenology of unipolar depression (UD) versus bipolar depression, and that, at least in the midst of a depressive episode, the 2 disorders cannot be distinguished. Unfortunately, both assumptions likely oversimplify the evidence base and tend to inhibit rigorous investigation by introducing biased assessment. The oft-cited observation

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