# The Bipolarity Index

This is a clinician-rated scale that estimates the likelihood of a true bipolar diagnosis. The scale is particularly useful when symptoms of mania are difficult to elicit, as it incorporates non-symptomatic markers that are associated with a bipolar diagnosis. This approach can help identify false negatives, who deny manic symptoms but have bipolar disorder, as well as false positives, such as patients whose manic symptoms are due to another diagnosis. Scores ≥50 have a high sensitivity (0.9) and specificity (0.9) for bipolar disorder; scores in the 40-50 range suggest the patient is at risk of conversion to bipolar disorder and would benefit from careful monitoring. Higher scores are not an indicator of severity and are actually associated with a favorable response to mood stabilizers. A high score suggests that the patient's history fits the classic profile of bipolar disorder.  The Index was developed by a consensus of experts lead by **Gary Sachs,MD,** at Massachusetts General Hospital

*Directions:* Circle the bulleted items that are positive in the patient's history. Score each of the five sections by circling the highest number (0-20) for which there is at least one positive item. The final score is the sum of all five sections.

| | **I. Episode Characteristics** |
|---|---|
| 20 | • Acute manic or mixed episode with prominent euphoria, grandiosity or expansiveness and no significant medical or other secondary etiology. |
| 15 | • Acute mixed episode or dysphoric or irritable mania with no significant medical or other secondary etiology. |
| 10 | • Hypomanic episode with no significant medical or other secondary etiology; or<br>• Cyclothymia with no significant medical or other secondary etiology; or<br>• A manic episode within 12 weeks of starting an antidepressant. |
| 5 | • A hypomanic episode within 12 weeks of starting an antidepressant<br>• Episodes with characteristic symptoms of hypomania, but symptoms, duration, or intensity are subthreshold for hypomania; or<br>• A single MDE with psychotic or atypical features (atypical is ≥2 of the following: hypersomnia, hyperphagia or leaden paralysis of limbs); or<br>• Any postpartum depression. |
| 2 | • Recurrent unipolar major depressive disorder (≥3 episode); or<br>• History of any kind of psychotic disorder (i.e., presence of delusions, hallucinations, ideas of reference or magical thinking). |
| 0 | • No history of significant mood elevation, recurrent depression or psychosis. |
| | **II. Age of Onset (first affective episode or syndrome)** |
| 20 | • 15 to 19 years. |
| 15 | • Before age 15 or between age 20 and 30. |
| 10 | • 30 to 45 years. |
| 5 | • After age 45. |
| 0 | • No history of affective illness (no episodes, cyclothymia, dysthymia or bipolar-NOS). |
| | **III. Course of Illness & Associated Features** |
| 20 | • Recurrent, distinct manic episodes separated by at least 2 months of full recovery. |
| 15 | • Recurrent, distinct manic episodes with incomplete inter-episode recovery; or<br>• Recurrent, distinct hypomanic episodes with full inter-episode recovery. |
| 10 | • Any substance use disorder (excluding nicotine/caffeine); or<br>• Psychotic features only during acute mood episodes; or<br>• Incarceration or repeated legal offenses related to manic behavior (e.g. shoplifting, reckless driving or bankruptcy). |
| 5 | • Recurrent unipolar MDD with ≥3 or more major depressive episodes; or<br>• Recurrent, distinct hypomanic episodes without full inter-episode recovery; or<br>• Borderline personality disorder, anxiety disorder (including PTSD and OCD), eating disorder; or history of ADHD with onset before puberty; or<br>• Engagement in gambling or other risky behaviors with the potential to pose a problem for patient, family or friends; or<br>• Behavioral evidence of perimenstrual exacerbation of mood symptoms. |
| 2 | • Baseline hyperthymic personality when not manic or depressed; or<br>• Marriage 3 or more times (including remarriage to the same individual); or<br>• In two or more years, has started a new job and changed jobs after less than a year; or<br>• Has more than two advanced degrees. |
| 0 | • None of the above. |
| | **IV. Response to Treatment** |
| 20 | • Full recovery within 4 weeks of therapeutic treatment with a mood stabilizer. |
| 15 | • Full recovery within 12 weeks of therapeutic treatment with a mood stabilizer or relapse within 12 weeks of discontinuing treatment; or<br>• Affective switch to mania (pure or mixed) within 12 weeks of starting a new antidepressant or increasing dose. |
| 10 | • Worsening dysphoria or mixed symptoms during antidepressant treatment subthreshold for mania (exclude worsening that is limited to known antidepressant side effects such as akathisia, anxiety or sedation); or<br>• Partial response to one or two mood stabilizers within 12 weeks of therapeutic treatment; or<br>• Antidepressant-induced new or worsening rapid-cycling course. |

| 5 | • Treatment resistance: lack of response to complete trials of 3 or more antidepressants; or<br>• Affective switch to mania or hypomania with antidepressant withdrawal. |
|---|---|
| 2 | • Immediate, near-complete response to antidepressant withdrawal within 1 week or less. |
| 0 | • None of the above, or no treatment. |
| **V. Family History** | |
| 20 | • At least one first-degree relative with clear bipolar disorder. |
| 15 | • At least one second-degree relative with clear bipolar disorder; or<br>• At least one first-degree relative with recurrent unipolar MDD and behavioral evidence suggesting bipolar disorder. |
| 10 | • First-degree relative with recurrent unipolar MDD or schizoaffective disorder; or<br>• Any relative with clear bipolar disorder or recurrent unipolar MDD and behavioral evidence suggesting bipolar disorder. |
| 5 | • First-degree relative with clear substance use disorder (excluding nicotine/caffeine); or<br>• Any relative with possible bipolar disorder. |
| 2 | • First-degree relative with possible recurrent unipolar MDD; or<br>• First-degree relative with anxiety disorder (including PTSD and OCD), eating disorder or ADD/ADHD. |
| 0 | • None of the above or no family history of psychiatric disorders. |
| | ← Total score (0 – 100).  Add the highest number in each section.  A score ≥50 indicates a high probability of bipolar disorder. |

For more on this topic:
Bipolar Disorder
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