

Bipolarity in Primary Care: Supplement*Demographic data for study sample compared to those excluded*

Characteristic	Study Sample (N=641)		Excluded (N=835)		p-value*
	N	%	N	%	
Average Age (SD)	Avg 43.8	SD 16.4	Avg 44.9	SD 16.8	0.3
Female	435	68	557	67	0.7
Race					0.7
White or Caucasian	612	95	794	95	
Other	18	3	29	3	
Unknown or patient refused	11	2	12	1	
Insurance Provider					0.6
Medicare	123	19	180	22	
Medicaid	300	47	391	47	
Commercial	205	32	250	30	
Other	13	2	14	2	

from chi-squared tests comparing the study sample and those excludedFurther explanation for exclusion of patients who had previously received lamotrigine or lithium.*

Our data derive from two sources: the electronic health record (EHR), and manual chart review. Using the EHR we could access data on nearly 1500 patients. But the manual chart review was limited by funding available (stipends from a small grant). We therefore selected charts of patients who had never had lamotrigine or lithium. Why?

We have previously shown (Reference 5) that patients referred for psychiatric consultation, in a Collaborative Care Model (CoCM) program that is put in place after years of very limited access to psychiatry, have already had many psychotropic medications. The *average* number of prior psychiatric medications was 8, including a mean of 2.7 previous antidepressants.

We are preparing a follow-up paper which will focus on outcomes relative to *treatment* received, rather than diagnosis as in the present report. For that analysis, which was the original focus of our study, we chose to narrow the subject population to patients who per our EHR were receiving lamotrigine or lithium for the first time.

Why not study other medications as well? Other medications for bipolar disorders – e.g. dopamine antagonists such as quetiapine, risperidone, olanzapine, and aripiprazole -- are used in primary care for a wide variety of diagnoses. We confined our view to medications more specific to bipolarity.

3-page primary care questionnaire including non-manic bipolar markers

Mental Health History (will be scanned and placed in your record)

Name _____ Birthdate: _____ Today's date _____

Please take a few minutes to provide some basic information about you. These details may help us better understand the issues we'll be talking about shortly. *Thank you -*

Please indicate whether any of your (blood) relatives have had any of these concerns:					
	Grandparents	Parents	Aunts/Uncles	Brothers/Sisters	Children
Suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol/Drug Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manic, bipolar, schizoaffective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADD or ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How old were you when you <u>first</u> were depressed (if so)? (<i>circle one</i>)	As long as I can remember	Grade school	before age 15	15-19	20-25	25-30	over 30
How many episodes of depression have you had?	Zero	One	2-4	5-6	10 or more		
Has an antidepressant you took worked at first, then stopped working?	No			Yes			
Ever had a problem with gambling?	No			Yes			
Do you have a clear worsening of mood symptoms in the week before a menstrual cycle?	No			Yes			
Did you have an episode after giving birth?	No	Within 6 months		Within 2 months	Within 2 weeks		
Are your moods much different at different times of year?	No effect of time of year			Yes, seasonal shifts			
When you are depressed, what happens to your energy?	Nothing	It varies a lot		Very low	Extremely low, can hardly move		
In episodes, have you lost contact with reality? (delusions, voices, people thought you were odd)	No			Yes			
How many antidepressants have you tried, if any?	None	1	2	3	more than three		
Have antidepressants ever caused: (<i>circle all that apply</i>)	Excessive energy	Severe insomnia		Agitation	Irritability	Racing thoughts	

PAST MENTAL HEALTH EXPERIENCE:

Have you been previously diagnosed with any **mental health conditions**? Y N

If so, please list: _____

Have you been in **counseling or psychotherapy**—talk therapy? Y N

With whom? For how long? _____

Circle the treatments you have used in the past :

<i>Antidepressants</i>	<i>Anti-anxiety</i>	<i>Mood</i>	<i>Thinking</i>	<i>Sleep</i>
fluoxetine/Prozac	Valium	lithium	risperidone/Risperdal	trazodone/Desyrel
sertraline/Zoloft	alprazolam/Xanax	divalproex/Depakote	paliperidone/Invega	zolpidem/Ambien
paroxetine/Paxil	clonazepam/Klonopin	lamotrigine/Lamictal	olanzapine/Zyprexa	zaleplon/Sonata
citalopram/Celexa	temazepam/Restoril	carbamazepine/Tegretol	quetiapine/Seroquel	eszopiclone/Lunesta
escitalopram/Lexapro	Librium	oxcarbazepine/Trileptal	ziprasidone/Geodon	amytriptiline/Elavil
bupropion/Wellbutrin	lorazepam/Ativan		aripiprazole/Abilify	prazosin/minipress
venlafaxine/Effexor	clonidine/Catapres		lurasidone/Latuda	
mirtazapine/Remeron			haloperidol/Haldol	
duloxetine/Cymbalta			perphenazine/Trilafon	

<i>For ADD/ADHD</i>	<i>For tension or anxiety</i>	<i>Over-the-counter</i>
methylphenidate/Ritalin	prazosin	St. John’s Wort
d-amphetamine/Adderal	diphenhydramine/Benadryl	Fish Oil /omega-3s
Concerta	hydroxyzine/Vistaril	tryptophan
Vyvanse	cyclobenzapine/Flexeril	melatonin
guanfacine/Tenex	gabapentin/Neurontin	Folic acid, L-methylfolate, or Deplin
clonidine		vitamin D

<i>Devices</i>	<i>Physical activities for health or treatment</i>		
light box	FitBit	pool exercise	Yoga
dawn simulator	pedometer	lap swimming	Pilates
Alpha-Stim	exercise bike	walking	Zoomba
rTMS	step/stair-master	running	dance (jazz, swing, etc)
Electrotherapy/ECT	elliptical	biking	Tai Chi
	weight lifting		personal trainer

For medications that had a clear effect, **very helpful or very bad**, can you remember...

Medication **Max. dose** **Took for how long?** **Helpful?** **Side effects?**

TREATMENTS YOU USE NOW BESIDES PRESCRIPTION MEDICATIONS

Physical activities, if any (minutes per day or week)	Dietary supplements, vitamins, or over-the-counter medications, if any
_____	_____
_____	_____
_____	_____

ALCOHOL, MARIJUANA, CAFFEINE, AND OTHER STUFF

Please describe your use (amount daily, weekly etc.) of:

Alcohol_____ Marijuana _____ Caffeine_____

Tobacco _____ ; former user? Y / N when quit? _____

Other recreational drugs? _____

Have you received any treatment for substance use disorders? Y / N

SOCIAL HISTORY

Your occupation or daytime activities _____

Means of financial support _____

Years of school completed _____

Military experience _____

Legal difficulties? _____

Your living situation _____

Significant other? _____

Children? _____

Access to firearms? _____

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you: (circle Yes or No)

1. Have had nightmares about it or thought about it when you did not want to?

YES / NO

2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

YES / NO

3. Were constantly on guard, watchful, or easily startled?

YES / NO

4. Felt numb or detached from others, activities, or your surroundings?

YES / NO