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1. INTRODUCTION

BIPOLAR AFFECTIVE DISORDER (BIPOLAR I AND II) IS A SERIOUS MENTAL HEALTH CONDITION THAT REMAINS DIFFICULT TO DIAGNOSE ACCURATELY IN THE UK. DELAYS AND MISDIAGNOSIS OFTEN RESULT FROM HISTORICAL MISUNDERSTANDINGS, STIGMA, AND WEAKNESSES IN MENTAL HEALTH SERVICES AND POLICY. THESE DELAYS CAN LEAD TO INAPPROPRIATE TREATMENT, SUCH AS ANTIDEPRESSANTS WITHOUT MOOD STABILISERS, WORSENING SYMPTOMS AND INCREASING THE RISK OF HARM (HOGG ET AL., 2016). LATE DIAGNOSIS ALSO CAUSES SIGNIFICANT PERSONAL, SOCIAL, AND ECONOMIC IMPACTS. THIS POSTER EXPLORES THE CAUSES OF DELAYED DIAGNOSIS AND HIGHLIGHTS EVIDENCE-BASED RECOMMENDATIONS TO IMPROVE POLICY AND CLINICAL PRACTICE.

4. WHY IS BIPOLAR DISORDER MISDIAGNOSED?

BIPOLAR DISORDER IS OFTEN MISTAKEN FOR DEPRESSION BECAUSE DEPRESSIVE EPISODES LOOK VERY SIMILAR. WITHOUT RECOGNISING PAST MANIA OR HYPOMANIA, DIAGNOSIS CAN BE DIFFICULT. IN UK PRIMARY CARE, SHORT GP APPOINTMENTS, LIMITED SPECIALIST TRAINING, AND LONG WAITS FOR PSYCHIATRIC ASSESSMENT INCREASE THE RISK OF DELAYED DIAGNOSIS (DIETCH, 2015; BENACEK ET AL., 2022). STIGMA ALSO PREVENTS MANY PEOPLE FROM REPORTING SYMPTOMS OF MANIA, MAKING ACCURATE DIAGNOSIS EVEN MORE CHALLENGING (VADIVELU, 2021).

6. RECOMMENDATIONS

IMPROVING DIAGNOSIS REQUIRES CHANGES ACROSS THE HEALTHCARE SYSTEM. RECOMMENDED ACTIONS INCLUDE:

- BETTER GP TRAINING TO RECOGNISE BIPOLAR DISORDER.**
- ROUTINE SCREENING FOR BIPOLAR DISORDER IN PATIENTS WITH DEPRESSION.**
- PUBLIC AWARENESS CAMPAIGNS TO REDUCE STIGMA AROUND HYPOMANIA.**
- FASTER ACCESS TO SPECIALIST MENTAL HEALTH SERVICES THROUGH INTEGRATED CARE.**
- MORE RESEARCH INTO BIOLOGICAL MARKERS TO IMPROVE EARLY DIAGNOSIS.**

2. HISTORICAL CONTEXT: A LEGACY OF MISUNDERSTANDING

OUR UNDERSTANDING OF BIPOLAR DISORDER HAS CHANGED SIGNIFICANTLY OVER TIME, BUT DIAGNOSIS HAS LONG BEEN AFFECTED BY UNCERTAINTY AND STIGMA. A WELL-KNOWN EXAMPLE IS KING GEORGE III, WHOSE SYMPTOMS WERE ONCE THOUGHT TO BE CAUSED BY PORPHYRIA BUT ARE NOW WIDELY BELIEVED TO REFLECT BIPOLAR I DISORDER (PETERS, 2015). HISTORICALLY, SOCIAL STIGMA ALSO INFLUENCED DIAGNOSIS, WITH PEOPLE SHOWING MANIC BEHAVIOURS OFTEN BEING MISDIAGNOSED WITH SCHIZOPHRENIA, PARTICULARLY IF VIOLENCE WAS INVOLVED (CLARK & ROWE, 2006). THIS HISTORY CONTINUES TO AFFECT MODERN PRACTICE, CONTRIBUTING TO DELAYED AND INACCURATE DIAGNOSIS.

5. IMPACT OF MISDIAGNOSIS

MISDIAGNOSIS CAN CAUSE SERIOUS HARM. TREATING BIPOLAR DISORDER WITH ANTIDEPRESSANTS ALONE MAY TRIGGER MANIC EPISODES, RAPID MOOD CHANGES, AND INCREASE SUICIDE RISK (HOGG ET AL., 2016). DELAYED DIAGNOSIS ALSO AFFECTS RELATIONSHIPS, EMPLOYMENT, AND QUALITY OF LIFE WHILE INCREASING NHS COSTS THROUGH CRISIS CARE AND HOSPITAL ADMISSIONS (BENACEK ET AL., 2022). SEVERE UNTREATED EPISODES MAY ALSO RESULT IN COMPULSORY TREATMENT UNDER THE MENTAL HEALTH ACT 1983, RAISING CONCERNS ABOUT PATIENT RIGHTS AND AUTONOMY (THORNICROFT ET AL., 2010).

7. CONCLUSION

DELAYED DIAGNOSIS OF BIPOLAR DISORDER REMAINS A MAJOR CHALLENGE IN THE UK, LEADING TO POORER OUTCOMES FOR PATIENTS AND INCREASED PRESSURE ON THE NHS. EARLIER RECOGNITION, IMPROVED GP TRAINING, REDUCED STIGMA, AND BETTER ACCESS TO SPECIALIST CARE COULD IMPROVE DIAGNOSIS, REDUCE HARM, AND ENSURE PEOPLE RECEIVE THE RIGHT TREATMENT SOONER.

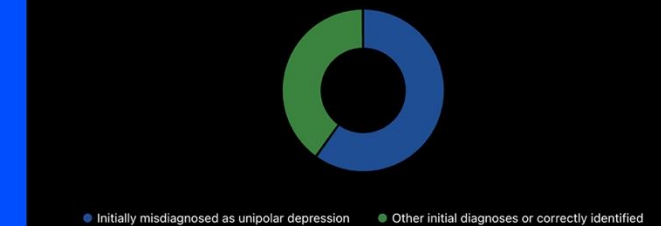


3. THE CONTEMPORARY CHALLENGE: A CRISIS OF DELAYED DIAGNOSIS AND MISDIAGNOSIS

THE MOST PRESSING CONTEMPORARY ISSUE IN BIPOLAR DISORDER CARE IN THE UK IS THE SEVERE DELAY IN RECEIVING AN ACCURATE DIAGNOSIS. RESEARCH CONSISTENTLY SHOWS THAT, ON AVERAGE, THERE IS A DELAY OF SEVERAL YEARS BETWEEN THE ONSET OF SYMPTOMS AND A CORRECT DIAGNOSIS (DIETCH, 2015). AS ILLUSTRATED IN FIGURE 1, THIS DELAY CAN BE AS LONG AS 8.5 YEARS.

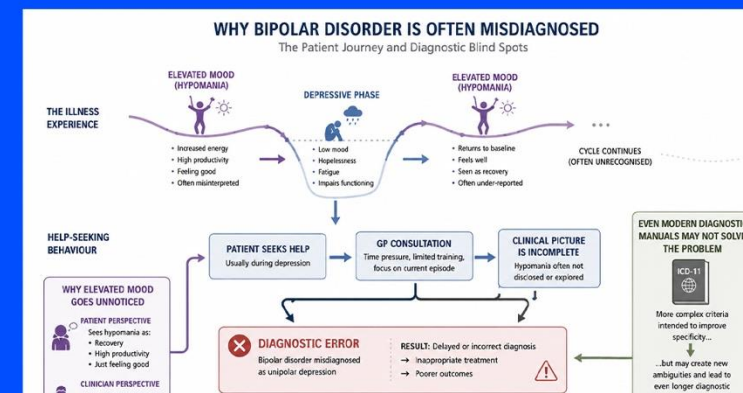
Figure 2: Initial Misdiagnosis of Bipolar Disorder

Estimated proportion of individuals with bipolar disorder initially diagnosed with unipolar major depressive disorder.



Source: Hirschfeld et al. (2003).

FIGURE 1: AVERAGE DIAGNOSTIC DELAY FOR BIPOLAR DISORDER IN THE UK



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