Vol. 8, Issue 1 An Independent Publication of Bipolar Disorder Investigators Spring 2002

Bipolar Network News

Special Issue: Life Charting

Creating Retrospective and Prospective Mood Charts for Adults and Children

History of Life Charting

At the beginning of the twentieth century, the German psychiatrist Dr. Emil Kraepelin first distinguished manic-depressive (or bipolar) illness from schizophrenia. His approach to recording and delineating the course of affective illness was the basis for the National Institute of Mental Health Life Chart Methodology (NIMH-LCM™).

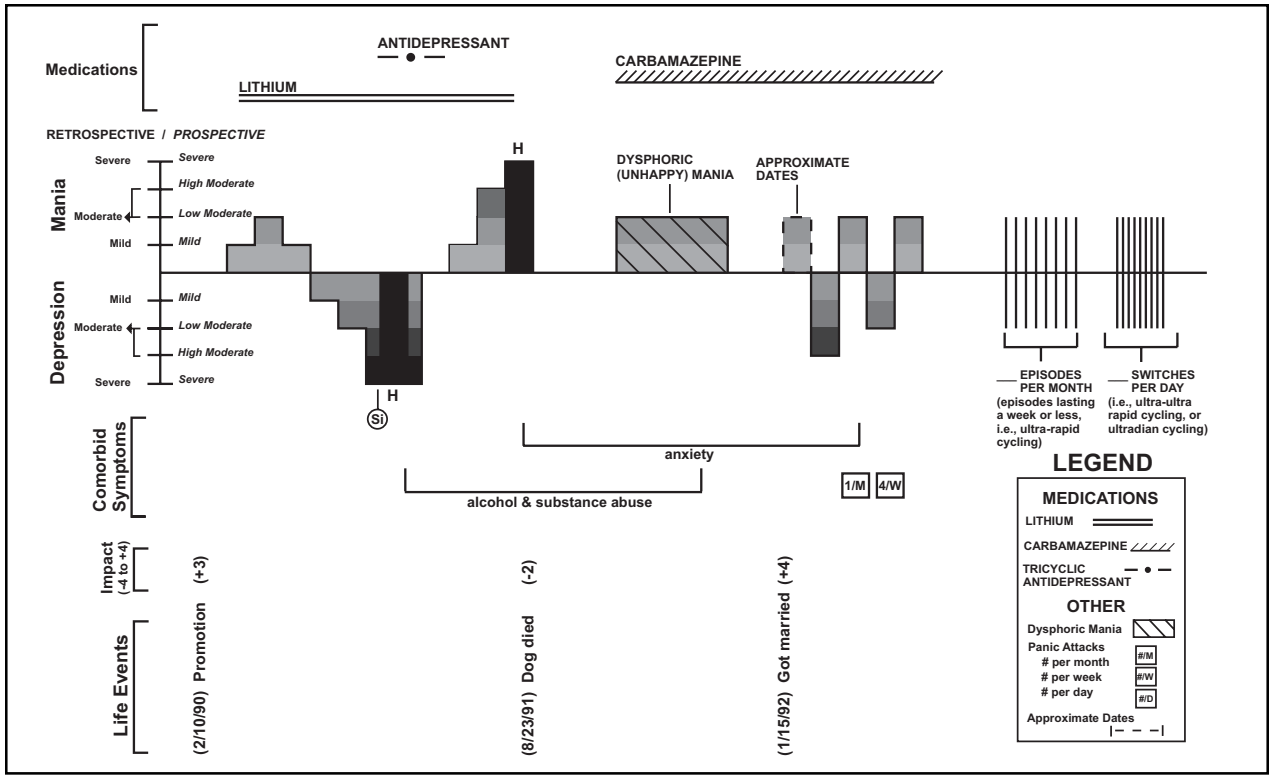
Dr. Kraepelin's early life chart graphs charted episodes at monthly intervals with color codes (e.g. red for mania, lighter red for hypomania, dark and light blue for severe and mild depression, respectively). Dr. Kraepelin's early studies found that patients often undergo a progressive increase in cycle frequency, or a decrease in the well interval between episodes; that initial episodes were often triggered by external events, but later episodes emerged spontaneously; and that affective illness tended to continue in families (genetic vulnerability).

The NIMH-LCM was developed in the 1980's based on Dr. Kraepelin's principles of charting the course of affective illness (Roy-Byrne et al., 1985, *Acta Psychiatrica Scandinavica* [Suppl.] 71: 1–34; Post et al., 1988, *Am J Psychiatry* 145: 844–848). This method was then further developed, codified, and computerized (Leverich and Post, 1996, *Current Review of Mood and Anxiety Disorders* 1: 48–61; 1998, *CNS Spectrums* 3: 21–37). The availability of so many new medications and other treatments for bipolar disorder has made it more important than ever to track the course of illness and the response to treatment. The knowledge of a patient's past course of illness, such as prior number of episodes, illness pattern, and treatment response, can have a significant impact on the choice of current and future treatment strategies.

What is Life Charting?

A life chart is a systematic collection of retrospective (past) and prospective (current) data on the course of illness and treatment recorded by a patient and/or clinician on the retrospective (by month) and prospective (by day) LCM forms. The schema on this page illustrates both the retrospective and

(Continued on page 2)



Schema for graphing the course of affective illness: retrospective and prospective

In This Issue: Life Charting: What is it, how is it constructed, does it work? (p. 1). . . Prospective Life Charting (p. 3). . . Retrospective Life Charting (p. 8). . . Kiddie Life Charting (p. 12)

Special Issue: Life Charting

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prospective principles of recording the longitudinal course of illness.

On the schema, the horizontal line across the middle of the chart represents the baseline (euthymia, neither depressed nor hypomanic or manic) and the dateline. Retrospective life charting is done monthly and prospective ratings are done daily. Hypomania and mania are charted above the dateline, and depression is charted below the dateline, creating a graphical picture of mood fluctuations above and below normal over time. Any hospitalization (for mood) is considered a severe episode and is completely darkened for easy recognition.

Dotted lines represent estimated episodes (unsure of date). Ultra-rapid (four or more episodes per week) or ultradian (rapid mood shifts within a day) cycling is indicated by vertical lines. Treatments, including medications and psychotherapy, are charted above the top of the mania section. Comorbid symptoms, such as alcohol and/or substance abuse, anxiety, panic attacks, and others are recorded below the depression section. Significant life events are charted below the comorbidity section with an impact rating from -4 (very negative) to +4 (very positive), with 0 representing no impact.

The details of completing a retrospective, prospective, or kiddie life chart are outlined in detail on the following pages. Making copies of the blank forms in this issue of the *BNN* will provide you with the opportunity to continually chart your (or your children's) bipolar illness today and into the future.

Does Life Charting Work?

Hundreds of patients have used the NIMH-LCM successfully to keep track of their illness. Many different patterns of illness were unknown to both patients and their physicians before a life chart was constructed. The life chart also provides a portable psychiatric history for patients, useful when changing treatment providers or settings.

Is life charting accurate, however? In other words, is life charting consistent and dependable when repeated (reliability), and does it measure what it is supposed to measure (validity)?

Two different studies have confirmed both the validity and reliability of the NIMH-LCM. In 1997, Denicoff et al. (*J Psychiatric Res*; 31: 593–603) found that the Prospective Life Chart (LCM-p) reliability was extremely consistent between two different raters in 27 bipolar patients, over a two-week period of daily ratings by each rater. To assess validity, Denicoff et al. correlated LCM-p depression and mania ratings with other more established rating scales, such as the Hamilton Rating Scale for Depression (HRSD), the Beck Depression Inventory (BDI), the Young Mania Rating Scale (YMRS), and the Global Assessment Scale (GAS). They found statistically significant correlations between the LCM-p depression ratings and the two depression scales (HRSD and BDI), between the LCM-p mania ratings and the YMRS, and between the LCM-p average severity rating and the GAS.

In a second study (*Psychological Med* 2000; 30: 1391–1397), Denicoff et al. compared LCM-p ratings in 270 bipolar patients to the Inventory of Depressive Symptomatology-clinician rated (IDS-C) scale, the YMRS, and the Global Assessment of Functioning (GAF) scale. Again, the validity of the NIMH-LCM was confirmed, this time in a study with a much larger number of patients. Statistically significant correlations were found between severity of depression ratings on the LCM-p and the IDS-C, between LCM-p mania ratings and the YMRS, and between LCM-p average severity of illness ratings and the GAF.

A study of the NIMH-LCM in the Netherlands found that most of the patients found it worthwhile, and were able to complete their life charts with minimal outside assistance (Honig et al., 2001; *Patient Education and Counseling* 43: 43–48). ■

New Web Address!

The *Bipolar Network News* has a new website address!!!

www.bipolarnews.org

All past and current issues of the *Bipolar Network News* are found here in *.pdf form, for you to view or print out. Check back periodically as we expand the site to include more information on bipolar research and treatment.

Life Chart Forms!

Retrospective and prospective life chart forms and instruction manuals for clinicians, patients, and parents of bipolar children or adolescents will soon be available online for you to view or print out.

Bipolar Network News

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The *BNN* is published three times a year by investigators working with patients with bipolar disorder to better understand the long-term course and treatment of the illness. The newsletter is available free of charge to all who request it. Although the editors of the *BNN* have made every effort to report accurate information, much of the work detailed here is in summary or prepublication form, and therefore cannot be taken as verified data. The *BNN* can thus assume no liability for errors of fact, omission, or lack of balance. Patients should consult with their physicians, and physicians with the published literature, before making any treatment decisions based on information given in this issue or in any issue of the *BNN*.

Publication of the *BNN* is made possible by an unrestricted grant from Janssen Pharmaceutica (http://us.janssen.com), a division of the Johnson and Johnson company.

The opinions expressed in the *BNN* are solely those of the editors, and do not represent the views of the National Institute of Mental Health or any other scientific entity or foundation. For any comments or suggestions you may have, or to be placed on the mailing list, please contact us at:

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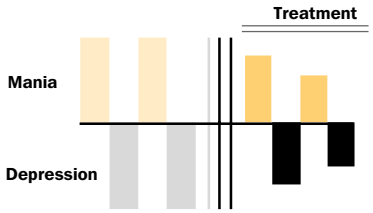
Life Chart Highlight

Prospective Life Chart - Self Version



Introduction

We hope that learning how to chart your own course of illness will be useful and will make it easier for you and your physician to evaluate how well a medication or treatment works for you and which are the most effective for you in the short and long-term management of your illness.

Starting your daily ratings now as part of your current treatment while also constructing a retrospective Life Chart of your past course of illness (as your time allows, p. 8), will create a *Portable Psychiatric History* that is available to you and your physician at all times as a comprehensive overview of the course of your illness and its response to treatment. Also, life charts can be very valuable should you transfer to a different treatment setting or wish to obtain a consultation regarding further treatment options.

This life chart guide introduces you to the current, daily (*i.e., prospective)* charting of your mood and functioning and provides guidelines for using the NIMH-LCM™ Self-Rated Prospective form (LCM- S/P) on a daily basis.

Think of the life chart as a way of sketching an outline of your past and current course of illness in the form of a simple, continuous graph that can visually record manic and depressive episodes and hospitalizations you have experienced, medications you have taken, and important things that have happened in your life.

Charting Your Illness

The LCM- S/P uses daily ratings of mood and functioning along with entry of the total number of tablets of medications taken each day to track the course and treatment of your affective illness. Each box on the form represents one day and each form provides for ratings for one month. An example of a completed prospective life chart is given on page 5 as a guide.

The daily rating, which is done at the end of each day, will only take a minute or two and can easily be completed together with taking your evening medications. This is useful not only in tracking the daily course of illness, but can also help you remember to take all your prescribed medications for the day. A blank prospective form is given on page 6 for you to fill out if you choose to do so. Consider making copies of the blank form before you fill it out, so you can continue your mood charting in the future. You can also find blank copies of the form at our website at **www.bipolarnews.org.**

Graphing Episodes:

1 The time line in the middle of the chart, (which also marks the **Days of the Month**), is called the baseline, which indicates a level or balanced mood state, i.e., no depression, hypomania or mania.

Episodes of depression are drawn below the baseline and episodes of hypomania or mania are drawn above the baseline at four severity levels (mild, low moderate, high moderate, or severe). Severity is based on the level of functional impairment due to depressive, hypomanic, or manic mood symptoms in your usual social, educational, and occupational roles. Any hospitalization for mania or depression is rated at the most severe level and blackened in.

Mood Scale:

2 The prospective rating form provides a **mood scale** (on the left lower corner of the form) to assist you in rating your daily mood with fine gradations. The scale is from 0-100 (0 = most depressed you could imagine being; 50 = balanced or level mood; 100 = most energetic/activated/manic you could ever be).

After you have rated your mood on this scale, you record the number you chose for the day in the row marked **Mood (0–100)**. For example, if today you felt moderately depressed you might rate your mood as 32 or 35, or if you felt mildly hypomanic, you might rate your mood as 54 or 57.

You then assess how much your mood has affected your ability to function (for that day) in your usual roles at home, work, school or with friends. The level of functional impairment based on mood symptoms determines the severity of your episode, as described in detail in the following section.

Assessing Episode Severity:

3 **Functional impairment resulting from manic or depressive mood symptoms** has been employed as an effective and more consistent way of **measuring episode severity.** Episode severity has been categorized at four levels prospectively and for ease of use we have precoded the levels of episode severity at the left margin of the form. Tables with key words indicating the corresponding episode severity level are provided on page 7 to help you assess your level of hypomania, mania, or depression.

The following guidelines have been established for rating the four levels of episode severity for the daily prospective life chart ratings. After you have determined the level of episode severity for that particular day, draw

(Continued on page 4)

Tip:
It may help to identify and develop a short list of your typical symptoms associated with depressed and manic episodes. For example, for some people the best marker of hypomania may be increased energy, for others decreased need for sleep, for others increased sociability, phone calling or spending. Likewise, for depression, some people feel slow or apathetic while others feel agitated, some sleep more while others can't sleep much, some have the feeling that their mind is blank while others are plagued with depressive thoughts. Having your own list of your typical symptoms can serve as your own **Early Warning System** to help you and your doctor be more aware of any signs of re-emergence of your illness.

If you feel comfortable sharing your key symptom list with selected people in your usual environment, such as family, friends, or a trusted co-worker, it can significantly contribute to your ability to stay well. Early warning symptoms of an impending breakthrough episode are sometimes ignored (possibly in the hope that things will get better on their own) or simply not recognized (particularly an impending manic breakthrough).

Prospective Life Chart

(Continued from page 3)

a solid line along the dots according to that level (mild, low moderate, high moderate, severe). For hypomania or mania, use the top edge of the box for the day you are rating; for depression, use the bottom edge of the box. For days you are euthymic (no hypomania, mania, or depression), draw a straight line through the day of the month, as shown in the example on page 5 (days 1–4, 12–14, and 28–31).

Hypomania and Mania:

At the **mild level** of hypomania you may experience very mild symptoms such as decreased need for sleep, increased energy, some irritability or euphoria (elated, very happy mood), or an increase in the rate of thought, speech or sociability. At the mild level these symptoms have no negative impact and might even initially enhance your ability to function.

At the **low moderate level** of mania you have some of the above symptoms to a somewhat greater degree with some added symptoms, you may begin to be less productive and more unfocused, and you get some feedback from family, friends, or coworkers that your behavior is different from your usual self.

At the **high moderate level** of mania you may experience very significant symptoms such as very decreased need for sleep (or you may not sleep at all), a greatly increased level of energy, feeling all powerful or out of control, extremely rapid thoughts and speech, and a lot of feedback that your behavior is different or difficult. Friends, family, or coworkers express great concern about your ability to look after yourself or others, and others may appear angry or frustrated with your behavior.

At the **highest or severe level** of the manic mood state there is an even greater increase in the above symptoms with much insistence by family and friends that you need medical attention, that your behavior is out of control, or they might take you to the hospital concerned that they and you cannot keep you safe any longer.

Dysphoric Hypomania or Mania:

If you experience increases in energy, activity, your rate of thinking and interactions (typical of hypomania or mania), but also with anger and irritability in the context of decreased need for sleep, you may be experiencing what is known as dysphoric hypomania or mania, which is experienced, at times, by about 40% of patients. On the high side of the mood scale (i.e., above 50 to 100), even if the activation feels driven, unpleasant, and is accompanied by anxiety, irritability, and anger, you are not slowed down or fatigued. Anxiety, irritability, anger and decreased sleep can also occur with agitated depression with pacing and ruminations, however, there is usually a sense of fatigue and slowness in responding.

On days that you may experience such a dysphoric, unhappy, irritable hypomania or mania, please put a checkmark in the **Dysphoric Mania** box above the mania section of the life chart form (right below the **Hours Of Sleep** box.)

Depression:

Mild depression represents a subjective sense of distress, a low mood, some social isolation, but you continue to function with little or no functional impairment.

Low moderate depression indicates that functioning in your usual roles is more difficult due to depressive mood symptoms and requires extra time or effort (you have to push yourself to get things done).

High moderate depression indicates that functioning is very difficult and requires great extra time or great extra effort with very marked difficulty in your usual routines.

Severe depression means that you are unable to function in any one of your usual social and occupational roles, i.e., you are unable to get out of bed, go to school or work, or carry out any of your routine functions, and you require much extra care at home, or need to be hospitalized.

Ultradian Cycling:

4 At times you may experience what is called very fast, "ultradian" cycling within a day by switching mood states (A) or by experiencing significant switches within the same mood state (B) as described below.

(A) Cycling (switching) within a day between hypomania or mania and depression:

Sudden, distinct, and large mood changes within a single day are rated as a split mood rating indicating the most energized/manic mood for the day (for example 75), and the lowest mood for the day (for example 16). This split mood rating is entered in the **Mood (0 - 100)** box (located below the depression ratings) as 75/16. Each time the mood crosses from one mood state to another (i.e., from depression to hypomania or mania or from hypomania or mania to depression) within one day, this is counted as one mood switch. The number of times that the mood switches from one mood to the other is entered in the **Number of Mood Switches/Day** box.

(B) Cycling (switching) within a day within the same mood state:

Sudden, sharp and dramatic mood switches within a single day within one mood state (such as from very mild hypomania to mania and back) are also counted as a mood switch. The greatest amplitude (or range) of a sudden switch, for example, 85/54 for a switch within the manic range, (or, for instance, 41/12 for a switch within the depressive range), is recorded as a split mood rating and is entered in the **Mood (0 - 100)** box. The number of switches is then entered in the **Number of Mood Switches/Day** box.

Please note that typical diurnal mood variation, i.e., worse in the

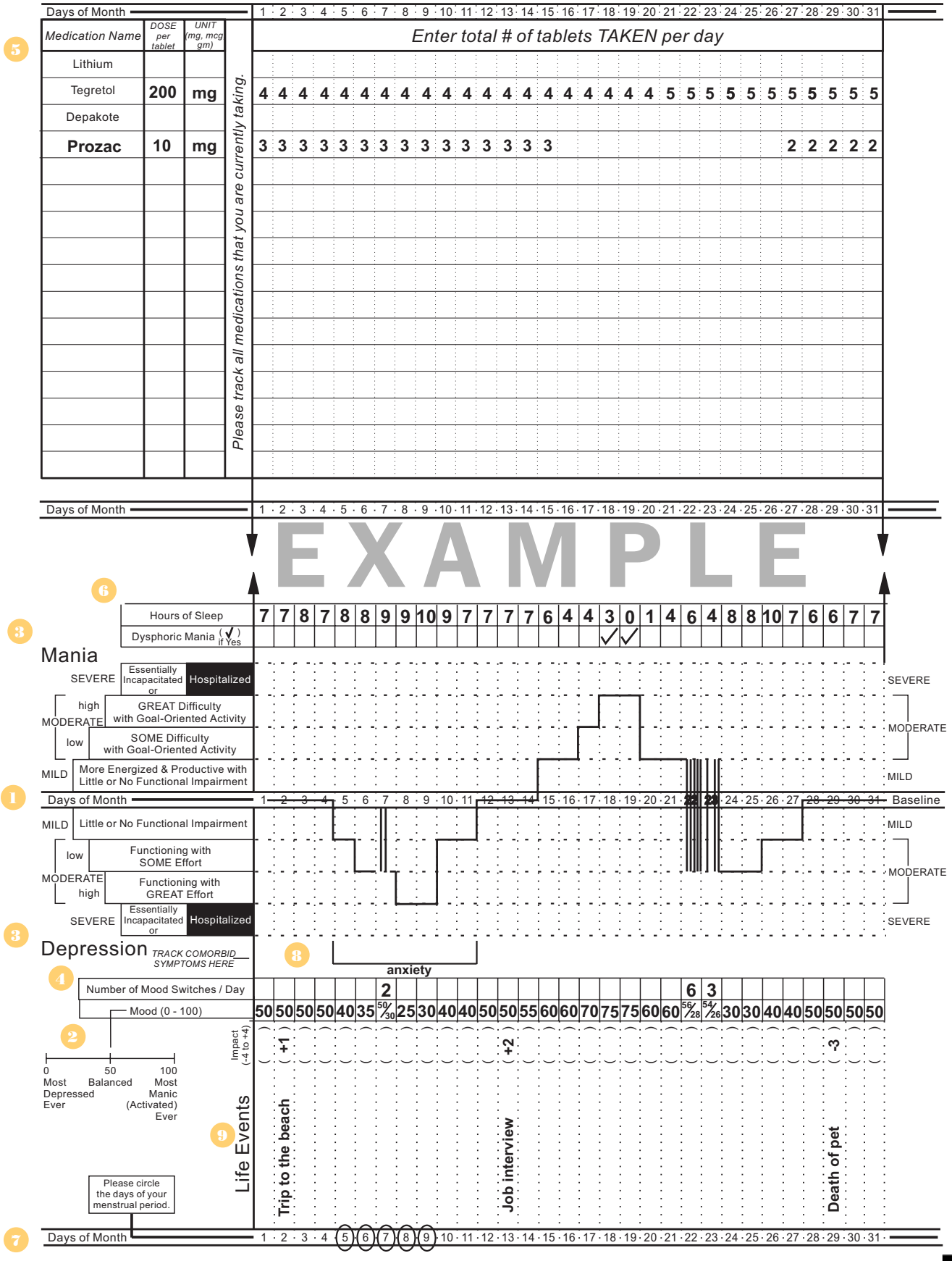
(Continued on page 7)

Tip:
The following list of life events has been helpful to many patients in completing the life events section. Many of these examples may be significant because they apply to you, or someone close to you.

- Death (spouse, close family member, child, friend)
- Major financial difficulties
- Business failure
- Loss of job
- Divorce
- Marital separation
- Serious illness
- Unemployment
- Demotion
- Serious personal illness
- Lawsuit
- Increased arguments
- Separation
- Change in residence
- Relationship problems
- Holiday
- Vacation
- Sick pet
- Anniversaries
- Marriage
- Transportation problems
- Birth of a child
- Change in work conditions
- New job
- Engagement
- Accident
- Promotion

NIMH-LCM™ Self/PROSPECTIVE Ratings: The LCM-S/P™

Name: My Chart Month OCTOBER Year 1994

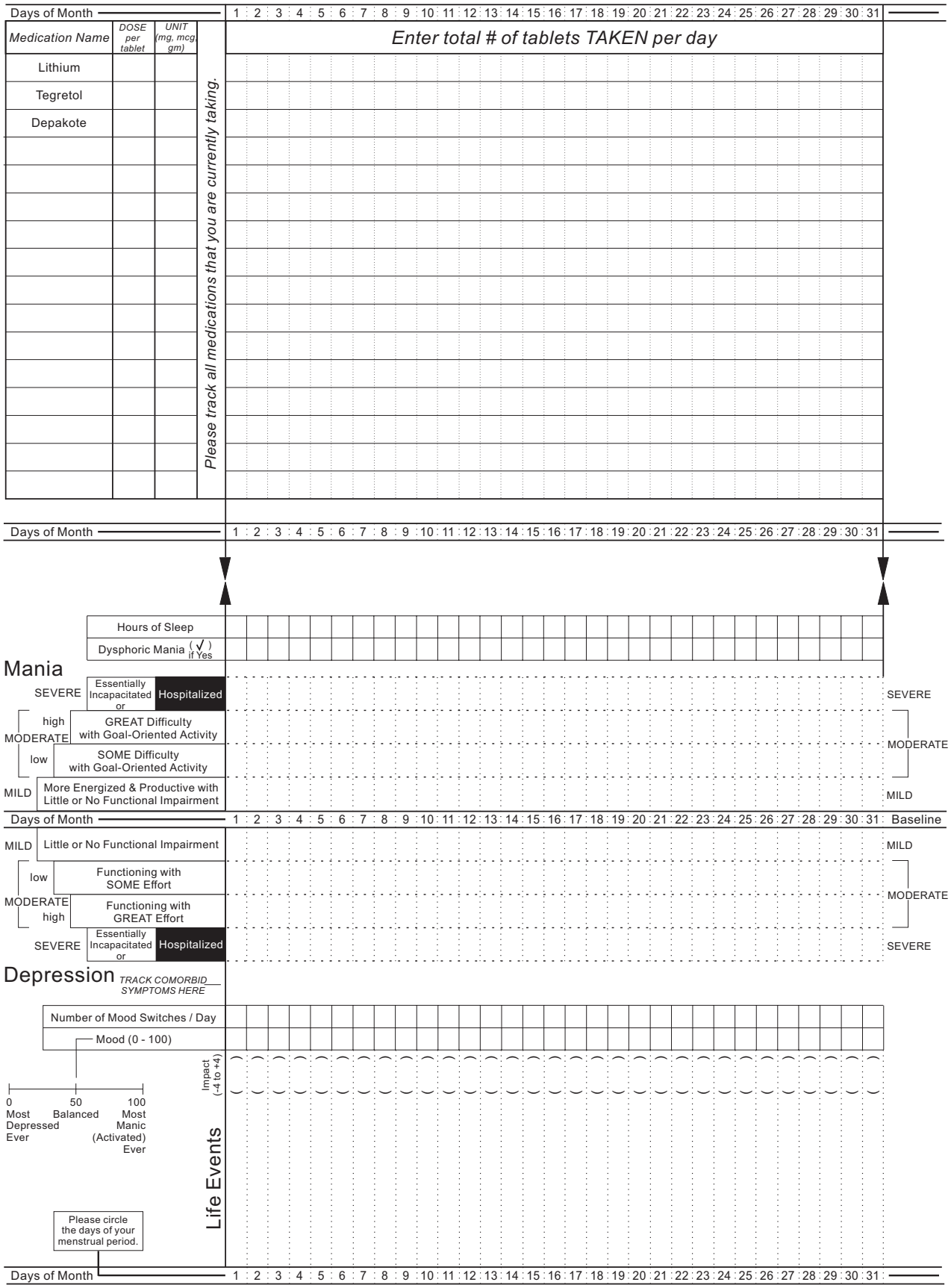


Example of a completed prospective life chart

NIMH-LCM™ Self/PROSPECTIVE Ratings: The LCM-S/P™

Name _____ Month _____ Year _____

LCM-SP™ Version 2-02



Prospective life chart form for daily tracking

Prospective Life Chart

(Continued from page 4)

morning and a very gradual improvement during the day (or better in the morning with a gradual worsening as the day goes on) should not be counted as a mood switch.

After counting and entering the number of mood switches per day you then rate how much your worst hypomanic, manic, and depressive symptoms of this day have affected your ability to function. Indicate the greatest functional impact of these manic and depressive switches by drawing vertical lines to the most severe impairment level reached, following the guidelines on the margin of the life chart rating form. For an example, see page 5, the 22nd and 23rd days of the month.

Medications:

5 Record each **medication and dose** in the left margin of the Medication Section. Enter the daily total number of tablets taken of each medication in the appropriate box (e.g., lithium, 300 mg, 3 tablets). This can best be done in the evening when you chart your mood and episode severity for the day, and will help you track your medications and make sure that you haven taken all your medications for the day. Three of the most common mood stabilizers (lithium, Tegretol® [carbamazepine], and Depakote® [valproate, valproic acid]) have already been entered in the medication section for your convenience.

Hours of Sleep:

6 **Hours of sleep** (rounded to the nearest whole hour) can be recorded in the appropriate box (above the mania section). If you slept, for example, 4.5 hours, round to the nearest whole hour, i.e., 5. Count only nighttime sleep and do not include naps you might have taken several hours after you got up.

Menses:

7 For premenopausal women, menses are tracked by **circling the days** of the menstrual periods at the bottom of the rating form (see example, bottom of page 5).

Comorbid Symptoms:

8 Record any other illness symptoms you may have experienced for days or all of this month, such as anxiety, number of panic attacks, alcohol use (i.e., number of drinks per day), binge eating, etc., in the space labeled **Track Comorbid Symptoms Here**. Please indicate start and stop dates of these symptoms with arrows pointing to the date line.

Life Events:

9 Record important life events you may have experienced on any of the days of the month in the **Life Events** section of the life chart.

Also rate the expected impact each key life event had on a scale from +4 (extremely positive) to 0 (neutral) to -4 (extremely negative) and enter your rating in the **Impact (-4 to +4)** box available for each day. When rating the impact of the event, please consider how desirable the event was, how much you felt the event was under your control, how expected or anticipated the event was (or how unexpectedly it happened), how potentially disruptive the event could be long-term, and how much it could potentially affect or lower your self-esteem. A list of life events is given in the left margin of page 4 to help you complete the life events section.

Summary

By completing your daily prospective ratings, you are generating an accurate and detailed picture of your illness and its response to treatment and relationship to stressors. This should be very helpful to you and your doctor in assessing the effectiveness of treatment and maintaining or changing it accordingly.

Sample key words for levels of DEPRESSION and associated functional impairment

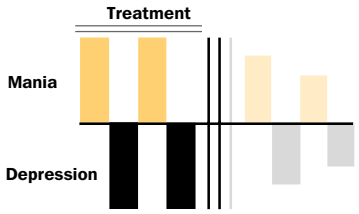
Types of Mood and Vegetative Symptoms	Severity Level	Functional Impairment
subjective distress mild sad mood not sharp, sluggish "a bit off" mild disinterest sleep and appetite o.k.	**MILD**	• minimal or no impairment; continue to function well at work, school, and home
depressed mood hopeless lack of interest tearful anxious irritable decreased concentration decreased energy decreased self-esteem feelings of guilt, self-reproach unable to enjoy things no interest in pleasurable things suicidal ideation sleep disturbance appetite disturbance physically slowed down decreased sexual interest/activity agitated angry socially withdrawn isolates at home	**LOW MODERATE** ↓ **HIGH MODERATE** ↓	• some extra effort needed to function • occasionally missing days from work or school • noticeable impairment at work, school, or home • much extra effort needed to function • very significant impairment at work, school, or home • missing many days from work or school, • barely scraping by
immobilized lack of self care poor eating poor fluid intake unable to dress long speech delays, or mute very agitated, pacing very suicidal cannot think or remember false beliefs (delusions) sensory distortions (hallucinations)	**SEVERE**	• not working • not in school • not functioning at home • cannot carry out any routine activities incapacitated at home or • hospitalized

Sample key words for levels of MANIA and associated functional impairment

Types of Mood and Vegetative Symptoms	Severity Level	Functional Impairment
increased energy increased activity more social enthusiastic, exuberant irritable talkative feel more productive	**MILD**	• minimal or no impairment; continue to function well at work, school, and home • functioning may even improve in some areas
euphoric irritable intrusive hypertalkative disruptive insistent overinvolved decreased need for sleep increased energy pressured flight of ideas very distractible increased spending speeding uncomfortably driven increased sexual interest/activity promiscuous grandiose may be reckless	**LOW MODERATE** ↓ **HIGH MODERATE** ↓	• difficulty with goal-oriented activity • feel productive but may not be (e.g., starting many projects without finishing) • get in trouble with work, school, family • others comment about behavior • can't focus • others angry/frustrated with you • poor judgment • great difficulty with goal oriented activities
need little or no sleep feel out of control explosive feel all powerful invincible angry potentially violent excessive energy extremely driven reckless see or hear things not there	**SEVERE**	• close supervision needed • asked to leave work or school • unable to function with any goal-oriented activity • bizarre behavior or decisions • family and friends insist that you get help • in trouble with the law • hospitalized

Life Chart Highlight

Retrospective Life Chart - Self Version



Introduction

In the past you have probably been asked many questions about your illness by doctors or therapists who have worked with you, and by family members or friends who were concerned about your well-being. The retrospective life chart can be a very valuable tool in helping you organize and visually present many important aspects of the past course of your illness.

Ask your family and friends to assist you with your retrospective life chart by helping you remember times you were depressed or hypomanic or manic, in recalling important events in your life that may have been associated with an episode, and medications you have taken. Many other sources of information, such as diaries, calendars, medical records, physician notes, pharmacy printouts, etc. will further help in the life-charting process and produce a life chart that is as accurate and representative of your prior course of illness as possible.

The retrospective life chart is very similar to the prospective life chart on page 3; however, there are some key differences:

1) Ratings are done by month, not daily, as in the prospective form;

2) There are only three levels of episode severity (mild, moderate, and severe hypomania, mania, or depression) in the retrospective life chart as opposed to four levels in the prospective life chart, because it was decided that it would be easier to distinguish low moderate and high moderate levels of episode severity when rating each day; a retrospective life chart is rated by month, where three levels of episode severity seemed more appropriate and easier to recall.

3) Hours of Sleep, Menses, and Mood (0 - 100) boxes have been eliminated.

We have developed a life chart form to make charting of past episodes and medications as easy as possible for you (page 9). The time frame for each form covers five years on each page and provides for episode severity coding (based on functional impairment resulting from mood symptoms) in the left margin of the form. Each space (or box) on the form represents one month and the months of each year are numbered within the dateline/baseline. Use dotted lines to graph episodes when details of timing cannot be reconstructed (estimated episodes), i.e., you are certain that an episode took place but you are not very sure when the episode started or stopped; this is still important information and should be recorded on the life chart with dotted lines.

Graphing Episodes:

1 The time line in the middle of the chart, (which also marks the **Months of Year**), is called the baseline, which indicates a level or balanced mood state, i.e., you are *not* depressed or hypomanic or manic.

Episodes of depression are drawn below the baseline and episodes of hypomania or mania are drawn above the baseline at three severity levels (mild, moderate, or severe). Severity is based on your level of functional impairment due to depressive or manic mood symptoms in your usual social, educational, and occupational roles. Any hospitalization for mania or depression is rated at the most severe level and blackened in.

Assessing Episode Severity:

Functional impairment resulting from manic or depressive mood symptoms has been employed as an effective and more consistent way of measuring episode severity**.** Episode severity has been categorized at three levels retrospectively and for ease of use we have precoded the levels of episode severity at the left margin of the form.

The following guidelines have been established for rating the three levels of episode severity for the daily prospective life chart ratings:

Hypomania and Mania:

At the **mild level** of hypomania you may experience very mild symptoms such as decreased need for sleep, increased energy, some irritability or euphoria (elated, very happy mood), or an increase in the rate of thought, speech or sociability. At the mild level these symptoms have no negative impact and might even initially enhance your ability to function.

At the **moderate level** of mania you have some of the above symptoms to a somewhat greater degree with some added symptoms, you may begin to be less productive and more unfocused, and you get some feedback from family, friends, or coworkers that your behavior is different from your usual self. As your mania accelerates you may experience very significant symptoms such as very decreased need for sleep (or you may not sleep at all), a greatly increased level of energy, feeling all powerful or out of control, extremely rapid thoughts and speech, and a lot of feedback that your behavior is different or difficult. Friends, family, or coworkers express great concern about your ability to look after yourself or others, and oth-

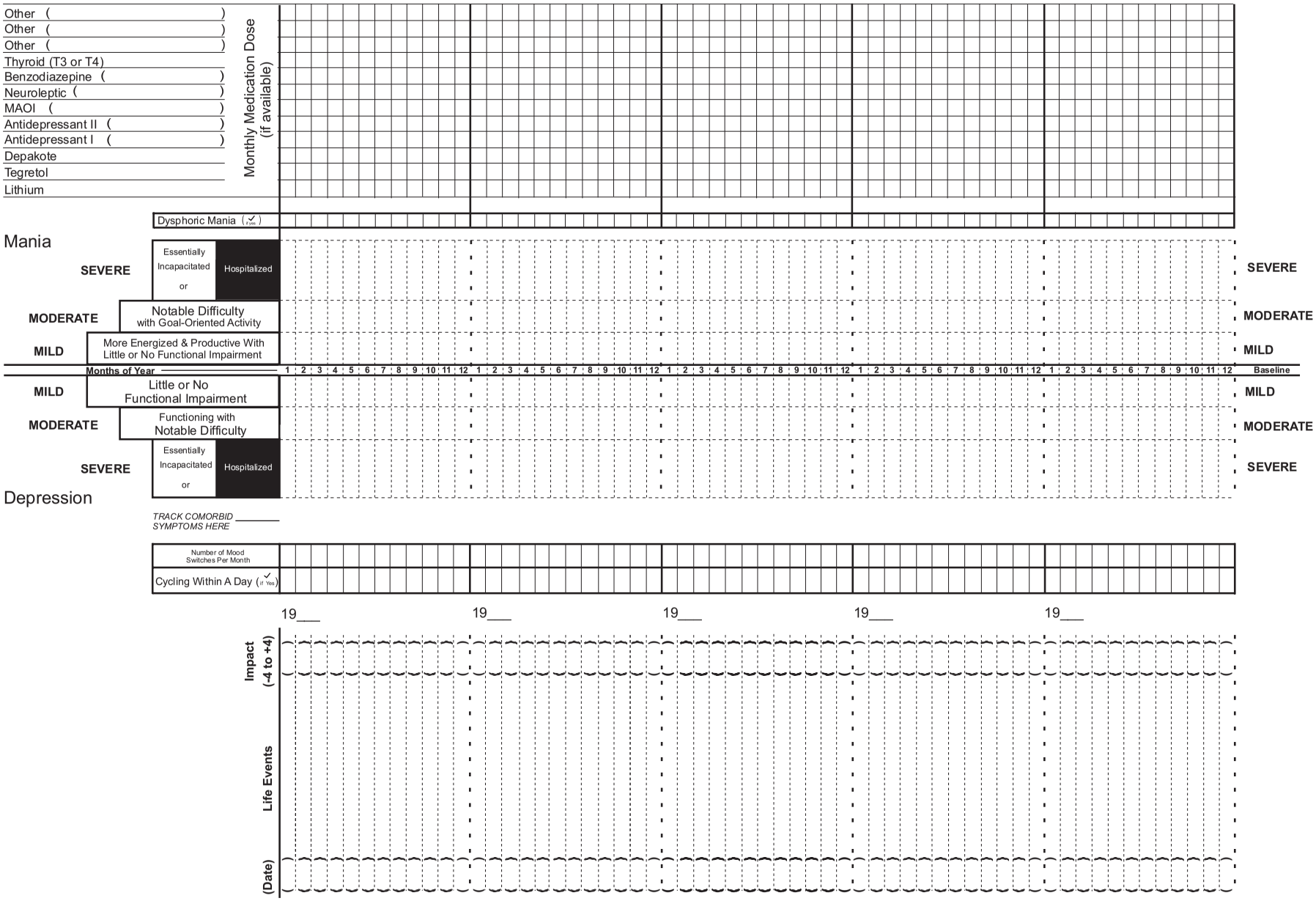
(Continued on page 10)

NIMH-LCM™ Self Ratings (RETROSPECTIVE)

Patient Name _____ **Years 19___ - 19___**

PLEASE PRINT

LCM-SR™ Version 2-02



Retrospective life chart form for monthly tracking

Retrospective Life Chart

(Continued from page 8)

ers may appear angry or frustrated with your behavior.

At the **severe level** of the manic mood state there is an even greater increase in the above symptoms with much insistence by family and friends that you need medical attention, that your behavior is out of control, or they might take you to the hospital concerned that they and you cannot keep you safe any longer.

Dysphoric Hypomania or Mania:

If you experienced increases in energy, activity, your rate of thinking and interactions (typical of hypomania or mania), but also with anger and irritability in the context of decreased need for sleep, you may have experienced what is known as dysphoric hypomania or mania, which occurs in about 40% of patients. Even if the activation felt driven, unpleasant, and was accompanied by anxiety, irritability, and anger, you were not slowed down or fatigued. Anxiety, irritability, anger and decreased sleep can also occur with agitated depression with pacing and ruminations, however, there is usually a sense of fatigue and slowness in responding.

In months that you may have experienced such a dysphoric, unhappy, irritable hypomania or mania, put a checkmark in the **Dysphoric Mania** box above the mania section of the life chart form.

Depression:

Mild depression represents a subjective sense of distress, a low mood, some social isolation, but you continue to function with little or no functional impairment.

Moderate depression indicates that functioning in your usual roles (work, school, or with family) is more difficult due to depressive mood symptoms and requires extra time or effort (you have to push yourself to get things done). You may miss days from work, school, or other regular activities or responsibilities.

Severe depression means that you are unable to function in any one of your usual social and occupational roles, i.e., you are unable to get out of bed, go to school or work, or carry out any of your routine functions, and you require much extra care at home, or need to be hospitalized.

In summary, the impairment in your ability to function that you experienced as a result of being hypomanic, manic, or depressed determines the severity rating of the episode when you graph the episode on your life chart.

Frequent Cycling:

2 If you were experiencing frequent cycling between a manic or depressive episode (or within a depressive or manic episode), indicate the range of the mood changes or switches, (i.e. the severity of the switch into the manic and depressive range using life chart episode severity criteria) by drawing vertical lines to the highest severity of hypomania or mania and depression you experienced.

If you had ultra-rapid cycling (one or more full episodes lasting a week or less), indicate this by frequent, spaced lines above and below the baseline (to the appropriate level of severity) and simply mark the approximate total number of episodes or mood switches per month in the box marked **Number of Mood Switches Per Month** (rather than trying to exactly match the number of vertical lines above and below the baseline to the ultra-rapid episode occurrence).

Ultradian cycling is defined by a clear shift between (or within) hypomanic or manic and depressive episodes within a day and is indicated by densely packed frequent lines above and below the baseline to the appropriate level of severity. If you recall such periods of ultradian cycling in the past, put a checkmark in the **Cycling Within a Day** box for any month you remember having experienced such distinct, rapid mood cycling within a day.

If you experienced both patterns of cycling during a month (one or more full episodes lasting a week or less and periods of cycling within the day), continue to record the total approximate number of episodes or mood switches lasting a week or less in the **Number of Mood Switches Per Month** box and also put a check mark in the **Cycling Within a Day** box.

Please note that typical diurnal mood variation, i.e., worse in the morning and a very gradual improvement during the day (or better in the morning with a gradual worsening as the day goes on) should not be counted as a mood switch.

Medications:

3 Record each medication and dose you may have taken in the past in the **Medication** section. You can draw lines through each medication row for the medication that you have entered in the margin at the time point the medication was started. Be sure to indicate the dose at the start of a medication (if known) or any dose change that may have occurred over time.

Comorbid Symptoms:

4 Record any other illness symptoms you may have experienced, such as anxiety, number of panic attacks, alcohol use (i.e., number of drinks per day), binge eating, etc., in the space labeled **Track Comorbid Symptoms Here**. Indicate start and stop dates of these symptoms with arrows pointing to the date line.

Life Events:

5 Record important life events you may have experienced in any months in the **Life Events** section of the life chart.

(Continued on page 11)

Retrospective Life Chart

(Continued from page 10)

Also rate the impact each key life event had on you on a scale from +4 (extremely positive) to 0 (neutral) to -4 (extremely negative) and enter your rating in the **Impact (-4 to +4)** box available for each month. When rating the impact of the event, please consider how desirable the event was, how much you felt the event was under your control, how expected or anticipated the event was (or how unexpectedly it happened), how potentially disruptive the event was long-term, and how much it affected or lowered your self-esteem.

Summary

When you begin graphing your past episodes of mania and depression on the life chart it is generally easiest to start with the last year since this is probably the year you most clearly remember.

Graph last year's episodes at the appropriate severity level (i.e., at the level of functional impairment resulting from mood symptoms) following the instructions and examples given here. Record the medications with doses whenever possible, as well as important life events you remember took place, or any additional events that may not be on the list.

Be sure to draw the degree of episode severity on the appropriate line of episode severity as indicated in the margin rather than in the middle of the boxes. For hypomania or mania draw the line along the top edge of the box and for depression draw the line along the bottom edge of the box at the severity level you determined was correct.

When you are finished with recording episodes, medications, and events for the last year, try to go back to the beginning of your illness following the same method of graphing episodes, medications, and whenever possible, events. Try to record as much information as you can recall at this time and don't be worried if you can't remember exact dates, or all the names of the medications. If you remember that you were on an antidepressant medication but have forgotten the exact name, record it under the class of antidepressant medication (as precoded in the left margin), without a specific name. This is applicable to any other medication where you cannot recall the name; knowing the class of the medication with which you were treated will provide important information in itself with regard to past treatment responses and what might be the best next step in your treatment.

Try to work forward in time from the onset of your illness but if you feel more comfortable working your way backward from the current time, or want to continue with a time period you remember well, proceed in that fashion. Many people work backward and forward in time on the life chart in a way that is most productive and helpful for them and provides them with the most information about their course of illness.

The life chart graph can be a very basic or a more detailed picture of your course of illness depending on the information available and the amount of time you can spend on it as well as your current mood.

Working on your life chart is easier when you are feeling better and it is generally helpful to review your chart again when you are well. Your personal records and recollections, insurance statements and bills, hospital or physician records, pharmacy printouts, performance reviews from work, school or college grades, disability statements, family and friends' recollections, all can assist you in recalling important times and possible mood episodes in your life. The life-charting process is open-ended so that further information can be added to the life chart at any time as more material is gathered or when you are able to spend more time on it, but it will be most helpful to you and your doctor if as many episodes and medications as possible can be graphed out in the beginning even if they are only estimated in terms of timing (i.e., using dotted lines). ■

//www: bipolar

Websites on bipolar illness that may be helpful to you:

www.jbrf.org
Juvenile Bipolar Research Foundation

pn.psychiatryonline.org
American Psychiatric Association newspaper

www.nami.org
National Alliance for the Mentally Ill

www.ndmda.org
National Depressive and Manic-Depressive Association

www.narsad.org
National Alliance for Research on Schizophrenia and Depression

www.bpkids.org
The Child and Adolescent Bipolar Foundation

www.bpso.org
Bipolar Significant Others

www.nimh.nih.gov/publicat/childmenu.cfm
NIMH Child and Adolescent Mental Health

www.clinicaltrials.gov
NIMH Clinical Trial Database

www.stepbd.org
Systematic Treatment Enhancement Program for Bipolar Disorder

www.edc.gsph.pitt.edu/stard
Sequenced Treatment Alternatives to Relieve Depression

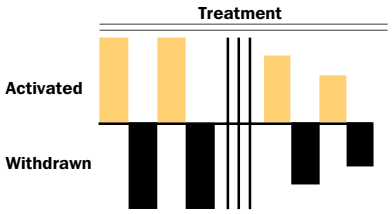
www.ncbi.nlm.nih.gov/entrez/query.fcgi
PubMed (National Library of Medicine)

www.nih.gov
National Institutes of Health

www.bipolarnews.org
Bipolar Network News

Life Chart Highlight

Kiddie Life Chart - Parental Prospective and Retrospective Versions



Introduction

At the turn of the twentieth century, the German psychiatrist Dr. Emil Kraepelin in his life chart graphs already showed early onset bipolar disorder in adolescents. The NIMH has developed a retrospective and prospective "Kiddie" life chart method for children and adolescents, to be completed by parents. Rather than defining illness phases as mania and depression, we categorized mood symptoms and behaviors (with associated functional impairment) as either activated or withdrawn.

The following is a list of suggested steps for completing daily prospective life chart ratings of your child or adolescent. For an example of a completed life chart, see page 5, as the adult prospective life chart is similar in many ways. A retrospective kiddie life chart form and instructions are given on pages 14–15.

Severity of Symptoms and Behaviors:

Assess how much the child's or adolescent's **Activated** or **Withdrawn** behaviors have affected his or her ability to function in usual social or educational roles or interactions at home, with peers, or at school. Check the most prominent symptoms and behaviors for the month (see top box of form at right) and rate the degree of dysfunction caused by these symptoms and behaviors in the Activated and Withdrawn sections of the rating scale.

Activated:

Draw a solid line along the dots according to the severity of impairment experienced; use the **top edge** of the **box for activated symptoms**:

Mild level: Very energetic, enhanced functioning or slightly disorganized; happier or more irritable than usual;

Low Moderate level: Some feedback and own observation that behavior is different or unusual; some problems with goal-oriented activities and social interactions;

High Moderate level: Much feedback and own observation that behavior is out of control, highly unusual, bizarre, excessive;

Severe level: Family and friends want child or adolescent in the hospital; he or she cannot be managed at home.

Normal/Usual

Draw a line through the dateline in the middle (marked **Days of Month** and **Baseline**).

Withdrawn

Draw a solid line along the dots according to the severity of impairment experienced; use the bottom edge of box for withdrawn symptoms:

Mild level: Low mood, might seem a little withdrawn but essentially no impairment in all areas of daily activities;

Low Moderate level: Some extra effort needed in usual roles, noticeable withdrawal, decrease in many activities;

High Moderate level: Much extra effort needed; marked difficulty in usual activities, missed days from school;

Severe level: Largely unable to function in any capacity.

If hospitalized for Activated or Withdrawn symptoms and behaviors, blacken in boxes. Do not draw a line through the middle of a box.

Hours of Sleep:

Rate the approximate number of **Hours of Sleep** (rounded to the nearest hour) that the child or adolescent had the night before. Do not count daytime naps.

Psychosis:

Put a check mark in the **Psychosis** box for any day the child or adolescent seems to exhibit psychotic symptoms such as paranoid thinking, hearing voices, bizarre behaviors, appearing mute and internally preoccupied, others.

Medication:

Enter the name and total dose taken per day in the **Interventions or Treatments** section. If your child participates in any type of therapy or other behavioral interventions, please record these in the same section and put a checkmark for the days the therapy occurred.

Number of Switches:

If behaviors and symptoms changed dramatically in the course of a day, indicate the greatest functional impact of these activated and depressive switches in the appropriate rating sections of the life chart by drawing vertical lines to the appropriate impairment level in the rating sections of the K-LCM (i.e., how much did the child's most activated and depressive/withdrawn symptoms of the day affect his or her ability to function). Estimate how often the behaviors and symptoms switched in a day and record the approximate number in the **Number of Switches/Day** box.

Important Events of the Day:

Record important events (and/or specific behaviors) in the **Life Events and Predominant Symptoms** section. Rate

(Continued on page 15)

K-LCM™/P: The Child Life Chart Method - *Parent Daily* PROSPECTIVE Ratings

Name _____ Month _____ Year _____

K-LCM™/P version 2-02

Please Check √ **ALL BEHAVIORS AND SYMPTOMS*** Observed in Your Child **THIS MONTH:**

ACTIVATED

___ **1** Impulsivity
___ **2** Irritability
___ **3** Temper tantrums
___ **4** Sleeps less than usual
___ **5** Hyperactivity
___ **6** Increased aggression
___ **7** Skips school
___ **8** Decreased attention span
___ **9** Inappropriate sexual behavior
___ **10** Unusually happy and enthusiastic
___ **11** Excessively talkative
___ **12** Unreasonably and excessively self-confident
___ **13** Stealing
___ **14** Disregard for authority
___ **15** Fighting
___ **16** Destruction of property
___ **17** Excessive risk taking
___ **18** Trouble with the law
___ **19** Lack of remorse
___ **20** Frequent lying
___ **21** Racing thoughts
___ **22** Bizarre behavior
___ **23** Other: _____
___ **24** Other: _____

WITHDRAWN

___ **25** Periods of sadness
___ **26** Low self-esteem/ sense of worthlessness
___ **27** More withdrawn than usual
___ **28** Cries more easily than usual
___ **29** Unusually clingy and dependent
___ **30** Less active and energetic than usual
___ **31** Excessive guilt
___ **32** More anxious (tense/worried) than usual
___ **33** Change in appetite
___ **34** Suicidal thinking
___ **35** Suicidal gesture
___ **36** Serious suicide attempt
___ **37** Physical complaints
___ **38** Sleeps more than usual
___ **39** Obsessive thoughts
___ **40** Night terrors
___ **41** Does not talk or respond
___ **42** Paranoid thinking
___ **43** Hearing voices
___ **44** Other: _____
___ **45** Other: _____

Interventions or Treatments ***(list below)***

For each MEDICATION, please enter the **total dose taken** per day.
For OTHER TREATMENT INTERVENTIONS (e.g., psychotherapy, behavior modification, etc.), please **check the days the treatment was received.**

Days of Month 1 · 2 · 3 · 4 · 5 · 6 · 7 · 8 · 9 · 10 · 11 · 12 · 13 · 14 · 15 · 16 · 17 · 18 · 19 · 20 · 21 · 22 · 23 · 24 · 25 · 26 · 27 · 28 · 29 · 30 · 31

Please rate the degree of dysfunction caused by either ACTIVATED or WITHDRAWN behaviors above and below the midline.

Psychosis (√ if Yes)

Hours of Sleep

RATE DEGREE of Dysfunction:

Activated *(IMPULSIVE, AGGRESSIVE)*

DYSFUNCTION: SEVERE · HIGH MODERATE · LOW MODERATE · MILD

SEVERE · HIGH MOD · LOW MOD · MILD — DYSFUNCTION

Days of Month 1 · 2 · 3 · 4 · 5 · 6 · 7 · 8 · 9 · 10 · 11 · 12 · 13 · 14 · 15 · 16 · 17 · 18 · 19 · 20 · 21 · 22 · 23 · 24 · 25 · 26 · 27 · 28 · 29 · 30 · 31 Baseline

Withdrawn *(ANXIOUS, DEPRESSED)*

DYSFUNCTION: MILD · LOW MODERATE · HIGH MODERATE · SEVERE

MILD · LOW MOD · HIGH MOD · SEVERE — DYSFUNCTION

Number of Switches/Day

Life Events and Predominant Symptoms* (Life Event Impact (-4 to +4))

Days of Month 1 · 2 · 3 · 4 · 5 · 6 · 7 · 8 · 9 · 10 · 11 · 12 · 13 · 14 · 15 · 16 · 17 · 18 · 19 · 20 · 21 · 22 · 23 · 24 · 25 · 26 · 27 · 28 · 29 · 30 · 31

K-LCM™/R: The Child Life Chart Method - Parents RETROSPECTIVE Ratings

Patient Name _____ Date Completed ☐☐/☐☐/☐☐

Please Check √ **ALL BEHAVIORS AND SYMPTOMS*** Observed in Your Child During This **THREE- YEAR Period**:

ACTIVATED Behaviors Might Include:

YEAR (Below) 1	2	3		
—	—	—	1	Impulsivity
—	—	—	2	Irritability
—	—	—	3	Temper tantrums
—	—	—	4	Sleeps less than usual
—	—	—	5	Hyperactivity
—	—	—	6	Increased aggression
—	—	—	7	Skips school
—	—	—	8	Decreased attention span
—	—	—	9	Inappropriate sexual behavior
—	—	—	10	Unusually happy and enthusiastic
—	—	—	11	Excessively talkative
—	—	—	12	Unreasonably and excessively self-confident

YEAR (Below) 1	2	3		
—	—	—	13	Stealing
—	—	—	14	Disregard for authority
—	—	—	15	Fighting
—	—	—	16	Destruction of property
—	—	—	17	Excessive risk taking
—	—	—	18	Trouble with the law
—	—	—	19	Lack of remorse
—	—	—	20	Frequent lying
—	—	—	21	Racing thoughts
—	—	—	22	Bizarre behavior
—	—	—	23	Other: _____
—	—	—	24	Other: _____

WITHDRAWN Behaviors Might Include:

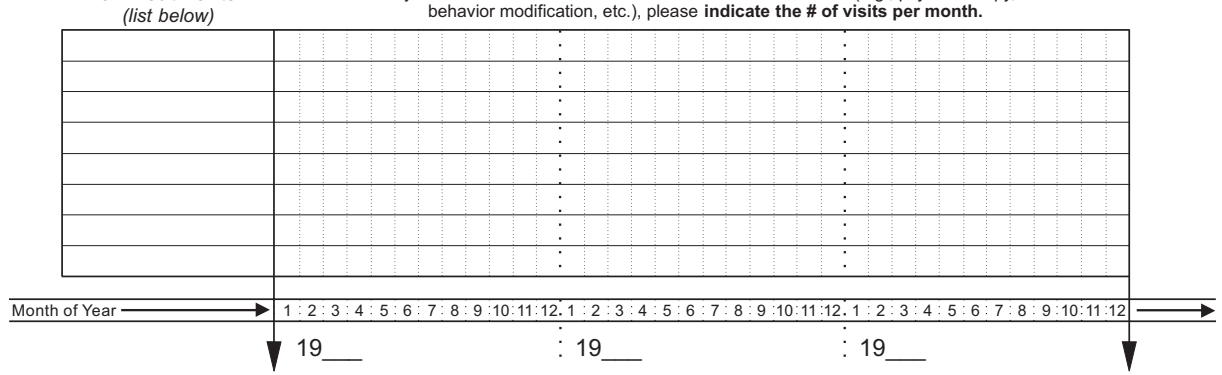
YEAR (Below) 1	2	3		
—	—	—	25	Periods of sadness
—	—	—	26	Low self-esteem/sense of worthlessness
—	—	—	27	More withdrawn than usual
—	—	—	28	Cries more easily than usual
—	—	—	29	Unusually clingy & dependent
—	—	—	30	Less active & energetic than usual
—	—	—	31	Excessive guilt
—	—	—	32	More anxious (tense/worried) than usual
—	—	—	33	Change in appetite
—	—	—	34	Suicidal thinking

YEAR (Below) 1	2	3		
—	—	—	35	Suicidal gesture
—	—	—	36	Serious suicide attempt
—	—	—	37	Physical complaints
—	—	—	38	Sleeps more than usual
—	—	—	39	Obsessive thoughts
—	—	—	40	Night terrors
—	—	—	41	Does not talk or respond
—	—	—	42	Paranoid thinking
—	—	—	43	Hearing voices
—	—	—	44	Other: _____
—	—	—	45	Other: _____
—	—	—	46	Other: _____

K-LCM™/R version 2-02

Interventions or Treatments *(list below)*

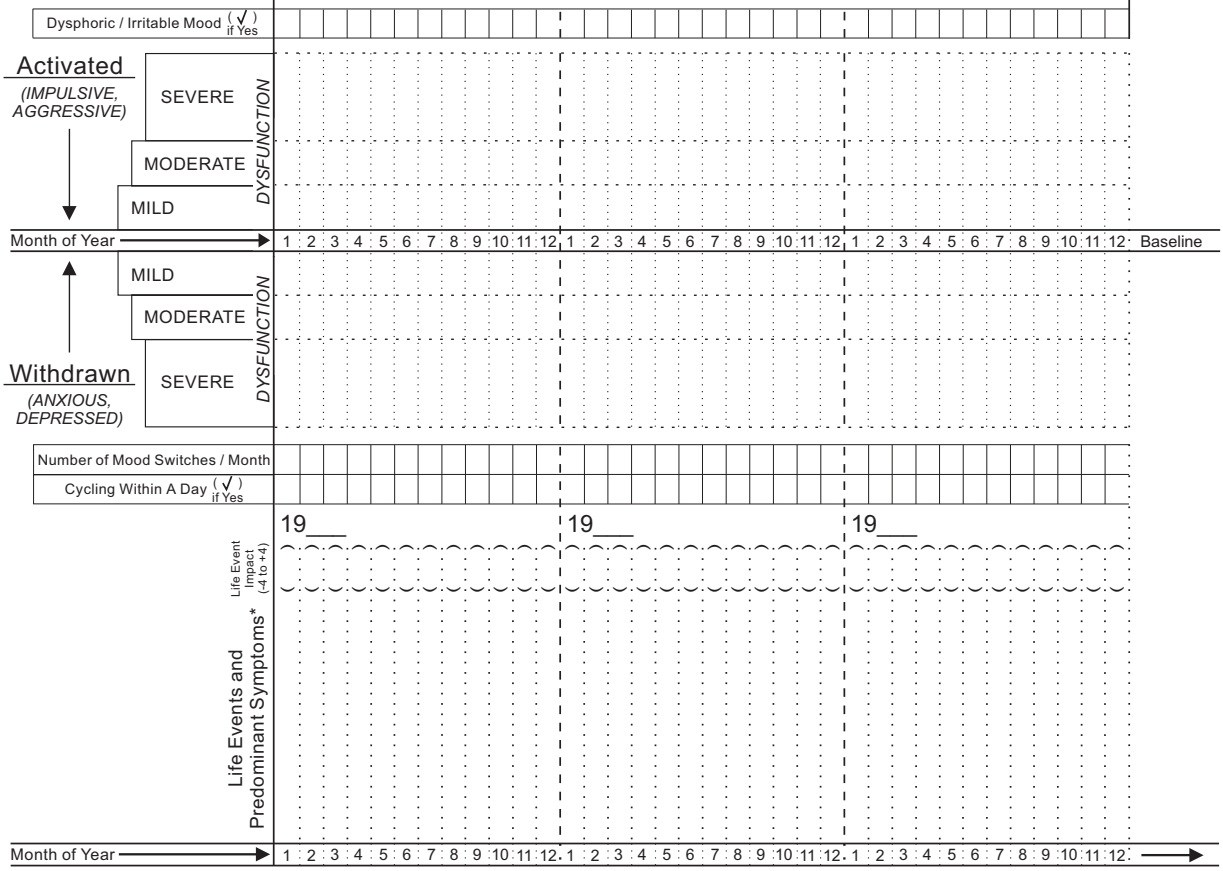
For each **MEDICATION**, please enter (by month) the **maximal dose per day taken** by the child. For **OTHER TREATMENT INTERVENTIONS** (e.g., psychotherapy, behavior modification, etc.), please **indicate the # of visits per month.**



Month of Year → 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2 3 4 5 6 7 8 9 10 11 12 | 1 2 3 4 5 6 7 8 9 10 11 12 →

19___ 19___ 19___

Please rate the degree of dysfunction caused by either ACTIVATED or WITHDRAWN behaviors above and below the midline.



Retrospective Kiddie life chart form for monthly tracking

Kiddie Prospective Life Chart

(Continued from page 12)

the expected impact of each life event from extremely positive (+4) to neutral (0) to extremely negative (-4). Graph the severity of behaviors and/or symptoms in the activated and withdrawn sections of the life chart.

Retrospective Kiddie Life Chart

The retrospective kiddie life chart is very similar to the prospective life chart on page 13; however, there are some key differences:

*1) Ratings are done **by month,** not daily, as in the prospective form;*

*2) There are only **three levels of episode severity** (mild, moderate, and severe) as opposed to four levels in the prospective kiddie life chart;*

*3) **Hours of Sleep** and **Psychosis** boxes have been eliminated;*

*4) A box for **Number of Mood Switches/Month** has been added as well as a checkbox for **Cycling Within a Day** if it occurred in the month you are rating.*

Severity of Symptoms and Behaviors:

Assess how much the child's or adolescent's **Activated** or **Withdrawn** behaviors affected his or her ability to function in usual social or educational roles or interactions at home, with peers, or at school. Check the most prominent symptoms and behaviors for each year on the three-year form (see top box of form at left).

Note: For example if the first year on the three-year form you are rating is 1996, this would be year 1; year 3 would be 1998.

Rate the degree of dysfunction caused by these symptoms and behaviors in the Activated and Withdrawn sections of the rating scale for each month of the rated year.

Activated:

Draw a solid line along the dots according to the severity of impairment experienced; use the **top edge** of the **box for activated symptoms**:

Mild level: Very energetic, enhanced functioning or slightly disorganized; happier or more irritable than usual;

Moderate level: Some feedback and own observation that behavior is different or unusual; some problems with goal-oriented activities and social interactions; illness may progress so that much feedback and own observation that behavior is out of control, highly unusual, bizarre, excessive;

Severe level: Family and friends want child or adolescent in the hospital; he or she cannot be managed at home.

Normal/Usual

Draw a line through the dateline in the middle (marked **Month of Year** and **Baseline**).

Withdrawn

Draw a solid line along the dots according to the severity of impairment experienced; use the **bottom edge** of **box for withdrawn symptoms**:

Mild level: Low mood, might seem a little withdrawn but essentially no impairment in all areas of daily activities;

Moderate level: Some extra effort needed in usual roles, noticeable withdrawal, decrease in many activities; illness may progress so that much extra effort needed, marked difficulty in usual activities, missed days from school;

Severe level: Largely unable to function in any capacity.

If hospitalized for Activated or Withdrawn symptoms and behaviors, blacken in boxes. Do not draw a line through the middle of a box.

Dysphoric / Irritable Mood

If your child exhibits both activated symptoms **and** withdrawn symptoms at the same time in a given month, put a check mark in the **Dysphoric / Irritable Mood** box. For example, your child could be highly activated, energetic, and irritable, but also very anxious, fearful, or suicidal at the same time.

Medication:

Enter (by month) the name and dose taken in the **Interventions or Treatments** section. If your child participated in any type of therapy or other behavioral interventions, please record these in the same section as indicated by putting checkmarks in the appropriate month for the year you are rating.

Number of Switches:

If behaviors and symptoms changed from activated to withdrawn or vice versa in the course of a month in a given year, indicate the greatest functional impact of these activated and depressive states in the appropriate rating sections of the life chart by drawing vertical lines to the appropriate impairment level in the rating sections of the K-LCM (i.e., how much did the child's most activated and depressive/withdrawn symptoms in a rated month affect his or her ability to function). Estimate how often the behaviors and symptoms switched in a month and record the approximate number in the **Number of Mood Switches/Month** box.

Cycling Within a Day:

If you noticed your child was dramatically alternating between distinct activated and withdrawn moods within a day in a given month, please place a check mark in the **Cycling Within a Day** box for that month.

Important Events of the Day:

Record important life events (and/or specific behaviors) in the **Life Events and Predominant Symptoms** section. Rate the expected impact of each life event from extremely positive (+4) to neutral (0) to extremely negative (-4). Graph the severity of behaviors and/or symptoms in the activated and withdrawn sections of the life chart. ■

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