

## Preview of the Medifocus Guidebook on: Bipolar Disorder

Updated October 30, 2009



This document is only a SHORT PREVIEW of the **Medifocus Guidebook on Bipolar Disorder**. It is intended primarily to give you a general overview of the **format and structure** of the Guidebook as well as select pages from each major Guidebook section listed in the Table of Contents.

To purchase the COMPLETE Medifocus Guidebook on Bipolar Disorder (135 pages; Updated October 30, 2009), please:

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# 1 - Background Information

## Introduction

Chronic or life-threatening illnesses can have a devastating impact on both the patient and the family. In today's new world of medicine, many consumers have come to realize that they are the ones who are primarily responsible for their own health care as well as for the health care of their loved ones.

When facing a chronic or life-threatening illness, you need to become an educated consumer in order to make an informed health care decision. Essentially that means finding out everything about the illness - the treatment options, the doctors, and the hospitals - so that you can become an educated health care consumer and make the tough decisions. In the past, consumers would go to a library and read everything available about a particular illness or medical condition. In today's world, many turn to the Internet for their medical information needs.

The first sites visited are usually the well known health "portals" or disease organizations and support groups which contain a general overview of the condition for the layperson. That's a good start but soon all of the basic information is exhausted and the need for more advanced information still exists. What are the latest "cutting-edge" treatment options? What are the results of the most up-to-date clinical trials? Who are the most notable experts? Where are the top-ranked medical institutions and hospitals?

The best source for authoritative medical information in the United States is the National Library of Medicine's medical database called PubMed®, that indexes citations and abstracts (brief summaries) of over 7 million articles from more than 3,800 medical journals published worldwide. PubMed® was developed for medical professionals and is the primary source utilized by health care providers for keeping up with the latest advances in clinical medicine.

A typical PubMed® search for a specific disease or condition, however, usually retrieves hundreds or even thousands of "hits" of journal article citations. That's an avalanche of information that needs to be evaluated and transformed into truly useful knowledge. What are the most relevant journal articles? Which ones apply to your specific situation? Which articles are considered to be the most authoritative - the ones your physician would rely on in making clinical decisions? This is where *Medifocus.com* provides an effective solution.

*Medifocus.com* has developed an extensive library of *MediFocus Guidebooks* covering a wide spectrum of chronic and life threatening diseases. Each *MediFocus Guidebook* is a

high quality, up- to-date digest of "professional-level" medical information consisting of the most relevant citations and abstracts of journal articles published in authoritative, trustworthy medical journals. This information represents the latest advances known to modern medicine for the treatment and management of the condition, including published results from clinical trials. Each *Guidebook* also includes a valuable index of leading authors and medical institutions as well as a directory of disease organizations and support groups. *MediFocus Guidebooks* are reviewed, revised and updated every 4-months to ensure that you receive the latest and most up-to-date information about the specific condition.

## About Your MediFocus Guidebook

### ***Introduction***

Your *MediFocus Guidebook* is a valuable resource that represents a comprehensive synthesis of the most up-to-date, advanced medical information published about the condition in well-respected, trustworthy medical journals. It is the same type of professional-level information used by physicians and other health-care professionals to keep abreast of the latest developments in biomedical research and clinical medicine. The *Guidebook* is intended for patients who have a need for more advanced, in-depth medical information than is generally available to consumers from a variety of other resources. The primary goal of a *MediFocus Guidebook* is to educate patients and their families about their treatment options so that they can make informed health-care decisions and become active participants in the medical decision making process.

The *Guidebook* production process involves a team of professionals with expertise in diverse areas including experienced medical database researchers and practicing physicians who serve as members of the *Medifocus.com* Medical Advisory Board (MAB). This team approach to the development and production of the *MediFocus Guidebooks* is designed to ensure the accuracy, completeness, and clinical relevance of the information. The *Guidebook* is intended to serve as a basis for more meaningful discussions between patients and their health-care providers in a joint effort to seek the most appropriate course of treatment for the disease.

### ***Guidebook Organization and Content***

#### **Section 1 - Background Information**

This section provides detailed information about the organization and content of the *Guidebook* including tips and suggestions for conducting additional research about the condition.

#### **Section 2 - The Intelligent Patient Overview**

This section of your *MediFocus Guidebook* represents a detailed overview of the disease or condition specifically written from the patient's perspective. It is designed to satisfy the basic informational needs of consumers and their families who are confronted with the illness and are facing difficult choices. Important aspects which are addressed in "The Intelligent Patient" section include:

- The etiology or cause of the disease
- Signs and symptoms
- How the condition is diagnosed
- The current standard of care for the disease

- Treatment options
- New developments
- Important questions to ask your health care provider

### **Section 3 - Guide to the Medical Literature**

This is a roadmap to important and up-to-date medical literature published about the condition from authoritative, trustworthy medical journals. This is the same information that is used by physicians and researchers to keep up with the latest developments and breakthroughs in clinical medicine and biomedical research. A broad spectrum of articles is included in each *MediFocus Guidebook* to provide information about standard treatments, treatment options, new clinical developments, and advances in research. To facilitate your review and analysis of this information, the articles are grouped by specific categories. A typical *MediFocus Guidebook* usually contains one or more of the following article groupings:

- *Review Articles*: Articles included in this category are broad in scope and are intended to provide the reader with a detailed overview of the condition including such important aspects as its cause, diagnosis, treatment, and new advances.
- *General Interest Articles*: These articles are broad in scope and contain supplementary information about the condition that may be of interest to select groups of patients.
- *Drug Therapy*: Articles that provide information about the effectiveness of specific drugs or other biological agents for the treatment of the condition.
- *Surgical Therapy*: Articles that provide information about specific surgical treatments for the condition.
- *Clinical Trials*: Articles in this category summarize studies which compare the safety and efficacy of a new, experimental treatment modality to currently available standard treatments for the condition. In many cases, clinical trials represent the latest advances in the field and may be considered as being on the "cutting edge" of medicine. Some of these experimental treatments may have already been incorporated into clinical practice.

The following information is provided for each of the articles referenced in this section of your *MediFocus Guidebook*:

- Article title
- Author Name(s)
- Institution where the study was done

- Journal reference (Volume, page numbers, year of publication)
- Link to Abstract (brief summary of the actual article)

*Linking to Abstracts:* Most of the medical journal articles referenced in this section of your *MediFocus Guidebook* include an abstract (brief summary of the actual article) that can be accessed online via the National Library of Medicine's PubMed® database. You can easily access the individual abstracts online via PubMed® from the "electronic" format of your *MediFocus Guidebook* by clicking on the corresponding URL address that is provided for each cited article. If you purchased a printed copy of a *MediFocus Guidebook*, you can still access the article abstracts online by entering the individual URL address for a particular article into your web browser.

## **Section 4 - Centers of Research**

We've compiled a unique directory of doctors, researchers, medical centers, and research institutions with specialized research interest, and in many cases, clinical expertise in the management of the specific medical condition. The "Centers of Research" directory is a valuable resource for quickly identifying and locating leading medical authorities and medical institutions within the United States and other countries that are considered to be at the forefront in clinical research and treatment of the condition.

Inclusion of the names of specific doctors, researchers, hospitals, medical centers, or research institutions in this *Guidebook* does not imply endorsement by Medifocus.com, Inc. or any of its affiliates. Consumers are encouraged to conduct additional research to identify health-care professionals, hospitals, and medical institutions with expertise in providing specific medical advice, guidance, and treatment for this condition.

## **Section 5 - Tips on Finding and Choosing a Doctor**

One of the most important decisions confronting patients who have been diagnosed with a serious medical condition is finding and choosing a qualified physician who will deliver high-level, quality medical care in accordance with currently accepted guidelines and standards of care. Finding the "best" doctor to manage your condition, however, can be a frustrating and time-consuming experience unless you know what you are looking for and how to go about finding it. This section of your *Guidebook* offers important tips for how to find physicians as well as suggestions for how to make informed choices about choosing a doctor who is right for you.

## **Section 6 - Directory of Organizations**

This section of your *Guidebook* is a directory of select disease organizations and support groups that are in the business of helping patients and their families by providing access to information, resources, and services. Many of these organizations can answer your questions, enable you to network with other patients, and help you find a doctor in your geographical area who specializes in managing your condition.

## 2 - The Intelligent Patient Overview

# BIPOLAR DISORDER

### Introduction to Bipolar Disorder

*Bipolar disorder*, also referred to as *manic depression*, is a disorder of mood that affects adults most often but also occurs in adolescents and children. It is a brain disorder that causes unusual swings in mood, energy, and the ability to function. Bipolar disorder can cause significant impairment of quality of life for patients, their family and friends, and can also affect performance at work and in school. The World Health Organization ranks bipolar disorder as the sixth most important cause of disability in young adults.

In the course of everyday life, we all experience "ups" where we may feel good, productive, optimistic, and happy, and "downs" where we may feel sad, discouraged, or "down on ourselves". We generally do not get mired down in the "down" period and it usually passes in a timely fashion. Bipolar disorder, however, is far more than experiencing the normal ups and downs of everyday life. The moods themselves are much more intense and are called *mania* and *depression* and the shifts between moods are extreme. The degree of severity, intensity, and frequency of mood and mood shifts varies with each individual, but in all cases, they are disruptive to relationships, the work/school environment, and quality of life.

### ***Mania and Depression in Bipolar Disorder***

*Mania*, or a *manic episode*, is defined by the American Psychiatric Association (APA) as a period of at least one week of elevated, euphoric, irritable, or expansive mood, accompanied by at least 3 of the following:

- Inflated self-esteem or grandiosity
- Increased energy levels
- Decreased need for sleep
- Increased talkativeness or pressured speech
- Racing thoughts or flight of ideas
- Distractibility
- Increased activity or psychomotor agitation
- Excessive involvement in pleasurable activities that have high potential for painful consequences

In addition, to meet the criteria of a manic episode, the mood disturbance must cause a significant impairment of occupational and social functioning as well as either:

- Necessitate hospitalization for the safety of the patient or people close to the patient

- Include psychotic features of delusions or hallucinations.

The symptoms cannot be related to other any medical condition or be the result of medication side effects or substance abuse.

*Depression*, or a *depressive episode* is defined by the APA as at least a two-week period with depression or irritable mood, diminished interest, loss of pleasure in most activities, or a change from previous functioning, plus at least 4 of the following:

- Feelings of worthlessness or inappropriate guilt (may be accompanied by delusions)
- Sleep disturbance (increased or decreased amount)
- Fatigue or loss of energy
- Decreased concentration or indecisiveness
- Significant weight loss without dieting, weight gain, or change in appetite
- Psychomotor agitation that is noticeable by other people
- Suicidal ideation or thoughts of death in general

In addition, in order to meet the criteria of a depressive episode, the symptoms must cause significant impairment of social and occupational functioning, must not be related to any other medical condition, must not be due to side-effects of medication or substance abuse, and must not be accounted for by bereavement.

*Hypomania*, as defined by the APA, is similar to mania in that it involves an elevated, expansive, or irritable mood, but differs in being generally of a shorter duration with a minimum of four days.

Like mania, hypomania must be accompanied by at least three of the following symptoms:

- Inflated self esteem
- Decreased need for sleep
- More talkative than usual
- Racing thoughts
- Distraction by unimportant or irrelevant stimuli
- Increased agitation or activity
- Excessive involvement in pleasurable activities that have a high potential for harm to the patient or to others

In addition, to meet the criteria of hypomania:

- There must be a change in functioning observable by others
- The episode must not be severe enough to require hospitalization
- The episode must not cause marked impairment in social or occupational functioning
- There must not be evidence of psychosis
- The episode must not be related to any other medical condition, or be the result of medication side effects or substance abuse.

Hypomania can be deceptive since patients may be experiencing an elevated mood, making them

feel as though they are functioning well and are being more productive than usual. But this feeling can usually not be sustained and may either escalate into a full-blown mania or deteriorate into depression.

*Mixed episodes* must meet the criteria for both mania and depression almost every day for at least one week. There is generally a feeling of excitability or agitation concurrent with irritability, depression and trouble sleeping. Mixed episodes are much more common than previously recognized. The mood disturbances are characterized by:

- Being severe enough to cause impairment of functioning in the workplace, in social activities, or in relationships with others
- Requiring hospitalization to prevent harm to the patient as well as to others
- Being accompanied by psychotic features

In addition, the episode must not be related to any other medical condition or be the result of medication side effects or substance abuse.

Mixed episodes may be the most disabling of all since the swings and fluctuations are so rapid and intense. Mixed episodes are associated with a very high risk of suicide.

There are two behavior traits associated with bipolar disorder that may be particularly difficult on patients and their families, namely *agitation* and *suicide ideation*.

## **Agitation**

Agitation can occur during any phase of bipolar disorder and when it occurs can significantly impact the person's functioning at all levels as well as relationships with family and friends. During the acute phase of mania, when energy levels are increased and there is less need for sleep, agitation may manifest itself in restless, irritable, or aggressive behavior which can result in significant problems for the bipolar patient since judgment is usually notably impaired. During mixed and depressive states, agitation is associated with fluctuating energy levels and concomitant irritability which can also result in considerable distress for the patient and their family and friends.

Women are as likely as men to exhibit aggressive behavior during states of agitation, however, the pattern of their aggression is different. Whereas men tend to punch, kick and/or use weapons if available, women usually slap and scratch. The pattern of being reasonable and friendly one moment and aggressive or violent the next is common to both men and women.

Children and adolescents also exhibit symptoms of agitation but instead of being related to discreet episodes of mania, mixed, or depressive moods usually found in adults, in children the symptoms, such as irritability, aggression, belligerence, appear to be more diffuse and can be the source of considerable dysfunction.

## **Suicide Ideation and Bipolar Disorder**

Approximately 15-20% of people with bipolar disorder commit suicide. If a person with bipolar disorder speaks of suicide or has thoughts of suicide, it is critical that they be taken seriously and that action is taken immediately to seek help from a professional.

The risk of suicide is thought to be higher earlier in the course of bipolar disorder. In addition, the American Psychiatric Association notes that the overwhelming majority of suicides take place during a depressive episode or during the depressive interval of a mixed episode.

Factors that may place the bipolar patients at higher risk for suicide include:

- Substance abuse
- Psychosis
- Untreated depression
- Discouragement that medications are not working fast enough
- Recovering from depression and the patient realizes what a burden they may have been and how much trouble they have caused

Warning signs that a person with bipolar disorder may be contemplating suicide include:

- Speaking of feeling suicidal or wanting to die
- Putting affairs in order
- Giving away belongings
- Writing a suicide note
- Feeling helpless
- Feeling hopeless
- Drug abuse
- Feeling as if the patient is a burden on the family
- Sudden change in personality
- Participation in high risk activity
- Personal crisis

If anyone suspects that a bipolar patient may be suicidal, the National Institute of Mental Health (NIMH) suggests taking 3 steps:

- IMMEDIATELY call a doctor, emergency room, or 911
- Make sure the suicidal person is not left alone
- Make sure to prevent the person from gaining access to drugs, weapons or any other substance that could cause harm (e.g., household chemicals)

Patients who pose an immediate serious threat to themselves or others around them may require immediate hospitalization.

## ***Hospitalization for Bipolar Disorder***

Many people with bipolar disorder are hospitalized at some point. They may vehemently object to being hospitalized because they do not have good judgment while the problem is acute.

Hospitalization is considered if:

- Person is suicidal, homicidal, or aggressive

- Severe dysfunction requiring 24 hour monitoring
- There is comorbid substance abuse
- There is an unstable underlying medical condition
- The patient requires close observation for reaction to medication

## ***Triggers for Bipolar Disorder***

In many cases, onset of manic and/or depressive episodes is clearly associated with precipitating events called *triggers* or *stressors* that are consistently evident before the onset of a bipolar episode. Common triggers include:

- Sleep loss (triggers mania but not depression)
- Substance abuse
- Sudden discontinuation of certain drugs (e.g., lithium)
- Prior use of antidepressants
- Trauma
- Grief
- Change of seasons

According to the American Psychiatric Association, triggers usually precede an episode in all phases of bipolar disorder.

## ***Classification of Bipolar Disorder***

The hallmark symptoms of bipolar disorder are manic and depressive episodes that are experienced by the patients in varying degrees of intensity and frequency. There are four types of bipolar disorder:

### **Bipolar I**

Bipolar I is characterized by at least one episode of mania and typically one or more episodes of major depression, although depression is not required for the diagnosis of Bipolar I. Hypomanic and mixed states can occur and there may be mood swings between episodes. This is considered by the American Psychiatric Association (APA) to be the most severe form of bipolar disorder. During a manic episode the patients may become delusional and suffer from hallucinations, a condition called Bipolar I with Psychotic Features.

### **Bipolar II**

This type of bipolar disorder is characterized primarily by major depressive episodes with one or more episodes of hypomania but not full-blown mania. Bipolar II is associated with an elevated suicide risk.

### **Cyclothymic Disorder**

The American Psychiatric Association (APA) defines *cyclothymic disorder* as numerous periods of hypomanic and depressive symptoms lasting for at least two years during which time neither meet the criteria for fully developed mania or depression. While this disorder may not be as severe

as the other types, it is more persistent and relief from symptoms usually lasts no more than two months. This disorder may be a precursor to full-blown bipolar disorder or may continue as a low-grade chronic condition.

## **Bipolar Disorder Not Otherwise Specified**

The APA characterizes this condition as involving the presence of manic symptoms but the criteria for bipolar I, bipolar II, or cyclothymic disorder are not met. Depressive symptoms may be present but are not required for diagnosis.

## **Rapid Cycling**

*Rapid cycling* is a complicated phase of bipolar disorder in which episodes of mania and depression alternate at least 4 times a year and, in severe cases, can even progress to several cycles a day. This phase of bipolar disorder affects approximately 15% of individuals. There are two types of rapid cycling:

- Primary rapid cycling - rapid cycling in the absence of provoking factors
- Secondary cycling - rapid cycling associated with other causes, (e.g., substance abuse or hypothyroidism)

Risk factors associated with rapid cycling include:

- Female gender - women are more likely than men to experience rapid cycling
- History of prior use of antidepressants
- Hypothyroidism - underactive thyroid gland producing insufficient levels of thyroid hormone
- Older age

## ***What Causes Bipolar Disorder?***

Bipolar disorder is considered to be a life-long disorder and is thought to stem from a chemical imbalance in the brain which affects how people function emotionally (e.g., experience moods and mood variations). Research indicates that *neurotransmitters*, chemicals which carry messages within the brain, do not communicate correctly. This causes an imbalance of chemicals that can seriously affect mood. The imbalance may be due to:

- Hereditary factors - Studies indicate that first degree relatives of people diagnosed with bipolar disorder have a significantly higher incidence of mood disorders than found in the general population. Twin studies also indicate a higher than average genetic predisposition for bipolar disorder.
- Environmental and lifestyle factors including stress and significant life events.

## ***Incidence of Bipolar Disorder***

It is estimated that between 2 million to 2.5 million Americans suffer from bipolar disorder in any given year. This constitutes approximately 1% of the population 18 years and older. Bipolar disorder occurs equally among men and women. On the average, adults in the United States with bipolar disorder report that their initial episode was often depression, and 20-40% of these adults had onset of symptoms prior to age 18.

According to the American Psychiatric Association, 0.8% of the adult population is affected by bipolar I and 0.5% of the population by bipolar II. Bipolar I affects men and women equally but Bipolar II tends to be more predominant in women.

Onset of initial episodes is usually in late adolescence (between the ages of 15-19) or slightly later (between the ages of 20-24). It has been known to occur in children as young as five years old (very rare) and in older adults between the ages of 40-60. When bipolar develops after the age of 60, it is usually secondary to identifiable medical conditions (e.g., stroke).

## ***Risk Factors for Bipolar Disorder***

Risk factors for the development of bipolar disorder may include:

- Family history of bipolar disorder
- Attention deficit hyperactivity disorder (ADHD)
- Certain personality traits (lack of persistence, tendency to avoid harmful situations)
- Hypothyroidism
- Time of year (mania tends to occur in summer, depression tends to occur in fall and winter)
- Higher socioeconomic status
- Psychosocial stressors
- Physical and sexual abuse
- Drugs/medications

The **Intelligent Patient Overview** in the complete **Medifocus Guidebook on Bipolar Disorder** also includes the following additional sections:

- **Diagnosis of Bipolar Disorder**
- **Treatment Options for Bipolar Disorder**
- **Quality of Life Issues in Bipolar Disorder**
- **New Developments in Bipolar Disorder**
- **Questions to Ask Your Doctor About Bipolar Disorder**

To Order the Complete **Guidebook on Bipolar Disorder** [Click Here](#)  
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

## 3 - Guide to the Medical Literature

### Introduction

This section of your *MediFocus Guidebook* is a comprehensive bibliography of important recent medical literature published about the condition from authoritative, trustworthy medical journals. This is the same information that is used by physicians and researchers to keep up with the latest advances in clinical medicine and biomedical research. A broad spectrum of articles is included in each *MediFocus Guidebook* to provide information about standard treatments, treatment options, new developments, and advances in research.

To facilitate your review and analysis of this information, the articles in this *MediFocus Guidebook* are grouped in the following categories:

- Review Articles - 43 Articles
- General Interest Articles - 59 Articles
- Drug Therapy Articles - 7 Articles
- Clinical Trials Articles - 37 Articles
- Suicide Risk Articles - 5 Articles

The following information is provided for each of the articles referenced in this section of your *MediFocus Guidebook*:

- Title of the article
- Name of the authors
- Institution where the study was done
- Journal reference (Volume, page numbers, year of publication)
- Link to Abstract (brief summary of the actual article)

**Linking to Abstracts:** Most of the medical journal articles referenced in this section of your *MediFocus Guidebook* include an abstract (brief summary of the actual article) that can be accessed online via the National Library of Medicine's PubMed® database. You can easily access the individual abstracts online via PubMed® from the "electronic" format of your *MediFocus Guidebook* by clicking on the URI that is provided for each cited article. If you purchased a printed copy of the *MediFocus Guidebook*, you can still access the abstracts online by entering the individual URI for a particular abstract into your computer's web browser.

## Recent Literature: What Your Doctor Reads

Database: PubMed <July 2007 to October 2009>

### Review Articles

1.

#### **Anticonvulsants in bipolar disorders: current research and practice and future directions.**

**Author:** Bowden CL  
**Institution:** Department of Psychiatry, University of Texas Health Science Center at San Antonio, San Antonio, TX 78229-3900, USA. bowdenc@uthscsa.edu  
**Journal:** Bipolar Disord. 2009 Jun;11 Suppl 2:20-33.  
**Abstract Link:** <http://www.medifocus.com/abstracts.php?gid=PS002&ID=19538683>

2.

#### **Maintenance treatment in bipolar disorder: a reassessment of lithium as the first choice.**

**Author:** Coryell W  
**Institution:** Department of Psychiatry, University of Iowa Carver College of Medicine, Iowa City, IA 52242, USA. william-coryell@uiowa.edu  
**Journal:** Bipolar Disord. 2009 Jun;11 Suppl 2:77-83.  
**Abstract Link:** <http://www.medifocus.com/abstracts.php?gid=PS002&ID=19538687>

3.

#### **Treatment-refractory bipolar disorder: classification to aid in clinical management.**

**Author:** Gajwani P  
**Institution:** Case Western Reserve University School of Medicine, 10524 Euclid Avenue, Cleveland, Ohio 44106, USA. Prashant.gajwani@uhhospitals.org  
**Journal:** Expert Opin Pharmacother. 2009 Aug;10(12):1907-15.  
**Abstract Link:** <http://www.medifocus.com/abstracts.php?gid=PS002&ID=19606936>

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## 4 - Centers of Research

This section of your *MediFocus Guidebook* is a unique directory of doctors, researchers, medical centers, and research institutions with specialized research interest, and in many cases, clinical expertise in the management of this specific medical condition. The *Centers of Research* directory is a valuable resource for quickly identifying and locating leading medical authorities and medical institutions within the United States and other countries that are considered to be at the forefront in clinical research and treatment of this disorder.

Use the *Centers of Research* directory to contact, consult, or network with leading experts in the field and to locate a hospital or medical center that can help you.

The following information is provided in the *Centers of Research* directory:

- **Geographic Location**

- United States: the information is divided by individual states listed in alphabetical order. Not all states may be included.
- Other Countries: information is presented for select countries worldwide listed in alphabetical order. Not all countries may be included.

- **Names of Authors**

- Select names of individual authors (doctors, researchers, or other health-care professionals) with specialized research interest, and in many cases, clinical expertise in the management of this specific medical condition, who have recently published articles in leading medical journals about the condition.
- E-mail addresses for individual authors, if listed on their specific publications, is also provided.

- **Institutional Affiliations**

- Next to each individual author's name is their **institutional affiliation** (hospital, medical center, or research institution) where the study was conducted as listed in their publication(s).
- In many cases, information about the specific **department** within the medical institution where the individual author was located at the time the study was conducted is also provided.

## Centers of Research

### United States

#### CA - California

<u>Name of Author</u>	<u>Institutional Affiliation</u>
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The **Centers of Research** in the complete **Medifocus Guidebook on Bipolar Disorder** includes the following sections:

- Centers of Research for relevant states in the United States
- Centers of Research listed for relevant countries outside the United States

To Order the Complete **Guidebook on Bipolar Disorder** [Click Here](#)  
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

# 5 - Tips on Finding and Choosing a Doctor

## Introduction

One of the most important decisions confronting patients who have been diagnosed with a serious medical condition is finding and choosing a qualified physician who will deliver a high level and quality of medical care in accordance with currently accepted guidelines and standards of care. Finding the "best" doctor to manage your condition, however, can be a frustrating and time-consuming experience unless you know what you are looking for and how to go about finding it.

The process of finding and choosing a physician to manage your specific illness or condition is, in some respects, analogous to the process of making a decision about whether or not to invest in a particular stock or mutual fund. After all, you wouldn't invest your hard earned money in a stock or mutual fund without first doing exhaustive research about the stock or fund's past performance, current financial status, and projected future earnings. More than likely you would spend a considerable amount of time and energy doing your own research and consulting with your stock broker before making an informed decision about investing. The same general principle applies to the process of finding and choosing a physician. Although the process requires a considerable investment in terms of both time and energy, the potential payoff can be well worth it--after all, what can be more important than your health and well-being?

This section of your Guidebook offers important tips for how to find physicians as well as suggestions for how to make informed choices about choosing a doctor who is right for you.

## Tips for Finding Physicians

Finding a highly qualified, competent, and compassionate physician to manage your specific illness or condition takes a lot of hard work and energy but is an investment that is well-worth the effort. It is important to keep in mind that you are not looking for just any general physician but rather for a physician who has expertise in the treatment and management of your specific illness or condition. Here are some suggestions for where you can turn to identify and locate physicians who specialize in managing your disorder:

- **Your Doctor** - Your family physician (family medicine or internal medicine specialist) is a good starting point for finding a physician who specializes in your illness. Chances are that your doctor already knows several specialists in your geographic area who specialize in your illness and can recommend several names to you. Your doctor can also provide you with information about their qualifications, training, and hospital affiliations.

The **Tips on Finding and Choosing a Doctor** in the complete **Medifocus Guidebook on Bipolar Disorder** includes additional information that will assist you in locating a highly qualified and competent physician to manage your specific illness.

To Order the Complete **Guidebook on Bipolar Disorder** [Click Here](#)  
Or Call 800-965-3002 (USA) or 301-649-9300 (Outside USA)

## 6 - Directory of Organizations

### **American Academy of Child and Adolescent Psychiatry**

3615 Wisconsin Avenue, NW; Washington, DC 20016

202.966.7300; 202.966.2891 (fax)

[clinical@aacap.org](mailto:clinical@aacap.org)

[www.aacap.org](http://www.aacap.org)

### **American Association for Geriatric Psychiatry**

7910 Woodmont Avenue; Suite 1050; Bethesda, MD, 20814-3004

888.463.6472 301.654.7850; 301.654.4137 (fax)

[main@aagponline.org](mailto:main@aagponline.org)

[www.aagpgpa.org](http://www.aagpgpa.org)

### **American Foundation for Suicide Prevention**

120 Wall Street; 22nd Floor; New York, NY 10005

888.333.2377 212.363.3500; 212.363.6237 (f)

[inquiry@afsp.org](mailto:inquiry@afsp.org)

[www.afsp.org](http://www.afsp.org)

### **American Psychiatric Association**

1000 Wilson Blvd. Suite 1825; Arlington, VA 22209-3901

703.907.7300; 202.682.6114 (fax)

[apa@psych.org](mailto:apa@psych.org)

[www.psych.org](http://www.psych.org)

### **American Society for Clinical Psychopharmacology**

POB 40395; Glen Oaks, NY 11004

718.470.4007; 718.343.7739 (fax)

[www.ascpp.org](http://www.ascpp.org)

### **Anxiety Disorders Association of America**

8730 Georgia Avenue; Suite 600; Silver Spring, MD 20910

240.485.1001; 240.485.1035 (f)

[information@adaa.org](mailto:information@adaa.org)

[www.adaa.org](http://www.adaa.org)

The **Directory of Organizations** in the complete **Medifocus Guidebook on Bipolar Disorder** includes a list of selected disease organizations and support groups that are helping people diagnosed with Bipolar Disorder.

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This document is only a SHORT PREVIEW of the **Medifocus Guidebook on Bipolar Disorder**. It is intended primarily to give you a general overview of the **format and structure** of the Guidebook as well as select pages from each major Guidebook section listed in the Table of Contents.

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