The Bipolar Spectrum Diagnostic Scale (BSDS)1 is a self-report instrument designed to help detect milder cases of bipolar disorder (e.g., bipolar II disorder and bipolar disorder not otherwise specified [NOS]) as well as cases that are more severe (e.g., bipolar I disorder). The BSDS has 2 sections. The first section “is a paragraph containing 19 positively valenced sentences describing many of the symptoms of bipolar disorder. . . . Each sentence is followed by an underlined space for subjects to place a checkmark if they feel that it applies to them. Each checkmark is worth one point.” The second section “is one simple multiple-choice question, asking subjects to rate how well the story describes them overall. There are four possible answers from which to choose.”

Developed by author Ronald Pies (with revisions by coauthors Ghaemi and Miller), the BSDS “consists of a descriptive story that captures subtle features of bipolar illness, to which patients may assent on a sentence-by-sentence basis.” The initial validation study included 68 outpatients with bipolar disorder (44 with bipolar I disorder, 3 with bipolar II disorder, and 21 with bipolar disorder NOS). Since the bipolar II and NOS groups were characterized by milder manic symptoms, they were combined into one group for the purpose of the statistical analyses. Also participating in the study was a control group of 27 outpatients with unipolar major depressive disorder.

In the study, sensitivity and specificity of BSDS were assessed by comparing the scores obtained on the BSDS to diagnoses that were determined by clinicians guided by the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th Edition).

Using a score threshold of 13, the BSDS had a sensitivity of 0.75. That is, a BSDS score of 13 or higher correctly identified 75% of the patients who had a bipolar disorder diagnosis. At that same threshold of 13, the BSDS had a specificity of 0.93. That is, a BSDS score of 13 or higher correctly identified 93% of unipolar-depression patients as not having a bipolar disorder diagnosis. The authors state that “importantly, this success occurred across the bipolar spectrum: patients with bipolar types I and II and NOS were all identified as bipolar with approximately equal frequency.” Although they note that replication of the findings is needed (especially due to the small sample size), the authors conclude that the data indicate that the “BSDS was highly sensitive and specific for bipolar spectrum illness.” The authors add that data from their own validation study of the Mood Disorder Questionnaire (MDQ)2,3 showed that “the MDQ was very effective in detecting bipolar I disorder, but not as effective for patients with milder manic symptoms (type II and NOS). Thus, the BSDS and MDQ might be good complements for one another. . . . Overall, then, these results lead us to believe that simultaneous administration of the MDQ and BSDS could be a powerful screening tool, with good sensitivity across the bipolar spectrum and a low rate of false positives.”

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Likelihood of Bipolar Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 6</td>
<td>Highly Unlikely</td>
</tr>
<tr>
<td>7 – 12</td>
<td>Low Probability</td>
</tr>
<tr>
<td>13 – 19</td>
<td>Moderate Probability</td>
</tr>
<tr>
<td>20 – 25</td>
<td>High Probability</td>
</tr>
</tbody>
</table>

Optimum threshold for positive diagnosis: score of 13 or above.


The Bipolar Spectrum Diagnostic Scale is on the next page of this issue. The Mood Disorder Questionnaire is in our December 2000 issue and at our Web site in the Assessment Instruments and Articles section of the Subscribers’ Area. ©
The Bipolar Spectrum Diagnostic Scale (BSDS)

Instructions: Please read through the entire passage below before filling in any blanks.

Some individuals notice that their mood and/or energy levels shift drastically from time to time. These individuals notice that, at times, their mood and/or energy level is very low, and at other times, very high. During their “low” phases, these individuals often feel a lack of energy; a need to stay in bed or get extra sleep; and little or no motivation to do things they need to do. They often put on weight during these periods. During their low phases, these individuals often feel “blue,” sad all the time, or depressed. Sometimes, during these low phases, they feel hopeless or even suicidal. Their ability to function at work or socially is impaired. Typically, these low phases last for a few weeks, but sometimes they last only a few days. Individuals with this type of pattern may experience a period of “normal” mood in between mood swings, during which their mood and energy level feels “right” and their ability to function is not disturbed. They may then notice a marked shift or “switch” in the way they feel. Their energy increases above what is normal for them, and they often get many things done they would not ordinarily be able to do. Sometimes, during these “high” periods, these individuals feel as if they have too much energy or feel “hyper.” Some individuals, during these high periods, may feel irritable, “on edge,” or aggressive. Some individuals, during these high periods, take on too many activities at once. During these high periods, some individuals may spend money in ways that cause them trouble. They may be more talkative, outgoing, or sexual during these periods. Sometimes, their behavior during these high periods seems strange or annoying to others. Sometimes, these individuals get into difficulty with co-workers or the police, during these high periods. Sometimes, they increase their alcohol or non-prescription drug use during these high periods.

Now that you have read this passage, please check one of the following four boxes:

- This story fits me very well, or almost perfectly
- This story fits me fairly well
- This story fits me to some degree, but not in most respects
- This story does not really describe me at all

Now please go back and put a check after each sentence that definitely describes you.

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