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EDITORIAL
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The Diagnosis of Bipolar Disorders: A Major Public Health Issue

The scientific literature points to a delay of between 8 and 10 years for diagnosing bipolar disorder, but some testimonies speak of 10 years, 15 years, and even 20 years. From the first symptoms to diagnosis: an often long and dizzying path.[1]

Bipolar disorder is a chronic psychiatric illness characterized by recurrent mood disorders. People with bipolar disorder alternate between manic, hypomanic, depressive, or mixed episodes. Scientific literature tells us that the first symptoms of bipolar disorder generally appear between the ages of 15 and 25.[2]

Bipolar disorder is an extremely complex illness with multifactorial causes: genetic, biological, psychological, and socio-environmental factors are involved. Even if we cannot say with certainty the origin of this disorder, it seems that there is a strong family predisposition.[3] In fact, the risk of developing bipolar disorder is 10 times higher than that of the general population when a first-degree relative is affected. The environment can also play a role in triggering the disorder.[4]

Patients questioned about the events which, according to them, triggered the first symptoms of bipolar disorder gave fairly homogeneous responses. While unsurprisingly, a trauma (in general) would be a trigger, other respondents mention the arrival of a child, poor working conditions, an exam period, leaving the family home for studies, or even another move.[5] These findings show us that depending on the emotional state of the person, an event which may seem at first glance quite "classic" in one's life can, in reality, cause dramatic consequences and potentially trigger a mental disorder, such as bipolar disorder.[6] These empirical data show that a change in life, whatever it may be, is not to be taken lightly and that the slightest mood disturbance must alert and be taken care of, even diagnosed if it is a mental disorder.

The patients are categorical: the delay in diagnosis has had serious consequences in their lives, particularly in terms of relationships. Indeed, most patients affirm that the delay in diagnosis had an impact on personal relationships, and also mentioned an impact on their mental health, closely followed by suicidal thoughts: a delay in diagnosis which therefore did not only aggravate the situation of these people already in distress. Many lost their jobs or dropped out of school, while others took action and attempted suicide.[7]

To date, there is no objective assessment tool for the diagnosis of bipolar disorder. The diagnosis of bipolar disorder is based solely on a clinical psychiatric examination of the patient, carried out by a specialist doctor using questionnaires and various validated scales.[8] Based on the symptoms reported and the signs observed, the doctor can make the diagnosis of bipolar disorder. The diagnosis is generally long and complex; however, if detected late, this disorder can have very harmful repercussions for the mental and physical health of patients, for their caregivers, and more generally in the family, social, and professional spheres.[9]

Bipolar disorder is so difficult to diagnose because it is often confused with depression. There are several reasons for this: a majority of people consult in a depressive phase (it is often the symptom that is expressed first); the onset of manic states may not be alarming at first; there may be confusion with schizophrenia; the abuse of toxic substances can mask other symptoms; mood variations during adolescence may be perceived as normal and/or transient.

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Most patients cite the sole presence of depressive episodes (without manic episodes) as the main cause of the delay in diagnosis.[10]

Bipolar disorders are all the more devastating the later they are treated. Beyond untreated mood fluctuations, there is a risk that other disorders will be associated, such as anxiety disorders and addictions. All of this can promote social and professional disintegration and even suicidal behavior, while people with stabilized bipolar disorder can have completely satisfactory functioning and quality of life.[11]

Today, there is an urgent need to make a diagnosis quickly because a person with the wrong diagnosis may receive inappropriate treatment, which will not relieve their symptoms and may even worsen their physical and mental health. Since the pathologies of bipolarity and depression do not respond to the same treatments, a wrong diagnosis can also encourage risky behavior (abuse of alcohol and other substances, for example) and increase the risk of suicide.[12]

Aware of the challenge represented by the diagnosis of bipolar disorders, here are 10 realistic recommendations in the short, medium, and long term to reduce diagnosis time and improve care:

1. Raise awareness among the general public about bipolar disorder.
2. Support innovation in the service of patients.
3. Increase the number of training hours dedicated to mental health and the diagnosis of mental pathologies as part of compulsory initial and continuing training for health professionals.
4. Restore a taste for psychiatry.
5. Encourage precision psychiatry.
6. Raise awareness among general practitioners of the issues surrounding the symptoms of bipolar disorder that are difficult to differentiate from depression, as well as the issue of early diagnosis for the mental and physical health of their patients.
7. Create a real ecosystem around bipolar disorder.
8. Train those around you so that they can better accompany and support you.
9. Democratize the use of digital technology in psychiatry.
10. Develop the role of the psychologist.

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