BIPOLAR DISORDERS

Includes Bipolar I, Bipolar II, and Bipolar Disorder Not Otherwise Specified.

INFORMATION REQUIRED

All Applicants:

- Mental Health Treatment Summary Form
- Review of functional status as documented in the Mental Health Treatment Summary.

If Applicable:

- Discharge summary for all psychiatric hospitalizations.
- Additional review of functional status, e.g., contact Volunteer Recruitment & Selection.

If Currently Undergoing Treatment with Psychotropic Medications:

- Statement from prescribing physician addressing:
  - Diagnosis
  - Medication history, i.e., dates, doses, response, adverse effects.
  - Required monitoring over the next 3 years.

A. Bipolar I Disorder

CLEARANCE CRITERIA	REVIEWER	GUIDANCE
1. Applicant presents with a history of the following diagnosis:		
• Bipolar I Disorder	MHA	DEFER/MNQ Deferral/MNQ letter requires review by screening manager.

B. Bipolar II Disorder or Bipolar Disorder Not Otherwise Specified

CLEARANCE CRITERIA	REVIEWER	GUIDANCE
1. Diagnosis of Bipolar II Disorder or Bipolar Disorder Not Otherwise Specified. 2. No history of moderate or severe hypomanic episodes for at least the past 3 years. 3. No history of moderate or severe major depressive episodes for at least the past 3 years. 4. Effective management of chronic, mild, hypomanic symptoms for at least the past 3 years. 5. Effective management of chronic, mild, depressive symptoms for at least the past 3 years. 6. Functioning well socially and occupationally during the past 3 years (corresponds to a GAF of 80 or above). 7. Active phase of psychotherapy or counseling complete. Continuing counseling sessions for normative issues only. 8. No history of suicide attempt, gesture, or ideation with plan. 9. No history of coexisting psychiatric disorders (Axis I and Axis II). 10. No history of psychosis		
Meets clearance criteria 1 - 10, AND • No use of psychotropic medications (includes anticonvulsants) for *at least* the past 3 years, OR; • Stable on psychotropic medications (includes anticonvulsants) for *at least* the past 3 years.	MHA	CLEAR WITH RESTRICTION 8A Accommodation
	PCMO FOLLOW-UP Psychiatric and/or medication monitoring every 3-4 months. Mefloquine contraindicated.	

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Does not meet clearance criteria due to one or more of the following: • Ineffective management of chronic, *mild*, hypomanic symptoms during the past 3 years. • Ineffective management of chronic, *mild*, depressive symptoms during the past 3 years. • Some impairment of functioning socially or occupationally during the past 3 years (corresponds to a GAF below 80). • Active phase of psychotherapy or counseling not complete. • Not stable on psychotropic medications (includes anticonvulsants) for *at least* the past 3 years	**MHA**	Risk varies - assess based on detailed history.
Does not meet clearance criteria due to one or more of the following: • History of moderate or severe hypomanic episodes *within* the past 3 years. • History of moderate or severe major depressive episodes *within* the past 3 years. • History of suicide attempt, gesture, or ideation with plan. • History of coexisting psychiatric disorders (Axis I and Axis II). • History of psychosis.	**MHA** **MED ADVISOR**	**DEFER/MNQ**

DIAGNOSTIC CODES

	Bipolar I Disorder
96.x1	Mild
296.x2	Moderate
296.x3	Severe without psychotic features
296.x4	Severe with psychotic features
296.x5	In partial remission
296.6	In full remissions
296.0	Single manic episode
296.40	Most recent episode hypomanic
296.4x	Most recent episode manic
296.6x	Most recent episode mixed
296.5x	Most recent episode depressed
296.7	Most recent episode unspecified
296.89	Bipolar II Disorder
296.70	Bipolar Disorder Not Otherwise Specified
	Cross Reference DSM - IV

NOTES AND INSTRUCTIONS FOR REVIEWERS

Reviewers to Consider:

- Current mental health evaluation, i.e., Mental Health Evaluation Form.
- Telephone interview with applicant.

  Telephone interview with applicant's mental health provider or treating physician.

COMMENTS

Background: Bipolar Disorders are among the most severe psychiatric disorders with a high rate of morbidity, relapse, and mortality. Even on prophylactic medications the rates of relapse are unpredictable.

BIPOLAR DISORDERS

Bipolar I Disorder: To meet the criteria for Bipolar I Disorder an individual must have had at least one previous Manic Episode. Manic episodes are not correlated with stressful life events. Manic episodes tend to predominate in youth and depressed episodes in later years. More than 90% of individuals who have a single Manic Episode go on to have future episodes. Roughly 60-70% of Manic Episodes occur immediately before or after a Major Depressive Episode. The number of lifetime episodes tends to be higher for Bipolar I Disorder compared with Major Depressive Disorder, Recurrent. A pattern of frequent manic episodes (more than 4 per year) is associated with a poorer prognosis and is referred to as "rapid cycling". Completed suicide occurs in 10-15% of individuals with Bipolar I Disorder, and approximately 5% of people with Bipolar Disorder become chronically manic.

Bipolar II Disorder: To meet the criteria for Bipolar II Disorder an individual must have had one or more Hypomanic Episodes. The depression, when present, is major depression. Sixty to seventy percent of the Hypomanic Episodes occur immediately before or after a Major Depressive Episode. Bipolar II Disorder is more common than Bipolar I Disorder and is more common in women. The number of lifetime episodes tends to be higher for Bipolar II Disorder compared with Major Depressive Disorder, Recurrent. The interval between episodes tends to decrease as the person ages. Five to fifteen percent of individuals with this disorder have a rapid-cycling pattern, i.e., 4 or more episodes a year.

Medications/Therapy: Medications used to treat mood instability require frequent and careful monitoring and do not always protect an individual from further relapses. Antidepressant medications may be used to augment the treatment of Major Depressive Episodes. The use of prophylactic medications lowers the relapse rate for manic episodes but does not totally prevent future episodes. A person who is compliant with medication and on therapeutic levels can still have manic and depressive breakthrough episodes. Individuals with Bipolar Disorders may require hospitalization during their manic or depressive episodes.

Literature review available.

INFORMATION REQUIRED

All Applicants:

- Mental Health Treatment Summary Form
- Review of functional status as documented in the Mental Health Treatment Summary.

If Applicable:

- Discharge summary for all psychiatric hospitalizations.
- Additional review of functional status, e.g., contact Volunteer Recruitment & Selection.

If Currently Undergoing Treatment with Psychotropic Medications:

- Statement from prescribing physician addressing:
  - Diagnosis
  - Medication history, i.e., dates, doses, response, adverse effects.
  - Required monitoring over the next 3 years.

CLEARANCE CRITERIA	REVIEWER	GUIDANCE
1. Effective management of chronic, mild, hypomanic symptoms for *at least* the past 2 years. 2. Effective management of chronic, mild, depressive symptoms for *at least* the past 2 years. 3. Functioning well socially and occupationally during the past 2 years (corresponds to a GAF of 80 or above). 4. Active phase of psychotherapy or counseling complete. Continuing counseling sessions for normative issues only. 5. No history of suicide attempt, gesture, or ideation with plan. 6. No history of coexisting psychiatric disorders (Axis I and Axis II). 7. No history of psychosis		
Meets clearance criteria 1 - 7, AND • No use of psychotropic medications (includes anticonvulsants) for *at least* the past 1 year, OR; • Stable on psychotropic medications (includes anticonvulsants) for *at least* the past 1 year	**MHA**	**CLEAR WITH RESTRICTION** 8A Accommodation
	PCMO FOLLOW-UP Mefloquine contraindicated.	
Does not meet clearance criteria due to one or more of the following: • Ineffective management of chronic, mild, hypomanic symptoms during the past 2 years. • Ineffective management of chronic, mild, depressive symptoms during the past 2 years. • Some impairment of functioning socially or occupationally during the past 2 years (corresponds to a GAF below 80). • Active phase of psychotherapy or counseling not complete. • If on psychotropic medications (includes anticonvulsants), not stable for *at least* the past 1 year.	**MHA**	——— Risk varies - assess based on detailed history.
Does not meet clearance criteria due to one or more of the following: • History of suicide attempt, gesture, or ideation with plan. • History of coexisting psychiatric disorders (Axis I and Axis II). • History of psychosis.	**MHA** **MED ADVISOR**	**DEFER/MNQ**

CYCLOTHYMIC DISORDER

MH 5.2

DIAGNOSTIC CODES

301.13 Cyclothymic Disorder

Cross Reference DSM - IV

NOTES AND INSTRUCTIONS FOR REVIEWERS

Reviewers to Consider:

- Current mental health evaluation, i.e., Mental Health Evaluation Form
- Telephone interview with applicant.
- Telephone interview with applicant's mental health provider or treating physician.

COMMENTS

Background: The impairment with this disorder is more subtle than Bipolar Disorder but nonetheless pervasive, effecting these individuals' ability to interact successfully with others. These individuals tend to experience a lot of chaos in their personal lives. This disorder is equally common in men and women. Cyclothymic Disorder typically begins in adolescence or early adult life. It has an insidious and chronic course. There is a 15% to 50% risk that a person with this disorder will subsequently develop Bipolar I or II Disorder. Polysubstance Abuse is seen in 50% of individuals with Cyclothymic Disorder.

Key Symptoms: Patients with Cyclothymic Disorder have numerous periods of hypomanic symptoms and numerous periods of depressive symptoms that do not meet criteria for Major Depressive Disorder. For diagnosis, the patient must have symptoms for at least 2 years and not be without symptoms for more than 2 months at a time.

Medications/Therapy: Many individuals with Cyclothymic Disorder do not present for treatment. Those that do are typically treated with psychotherapy, mood stabelizers, or antidepressants. The efficacy of these treatments for this disorder continues to be debated.

Literature review available.

DYSTHYMIC DISORDER

Includes Minor Depressive Disorder

INFORMATION REQUIRED

All Applicants:

- Mental Health Treatment Summary Form
- Review of functional status as documented in the Mental Health Treatment Summary.

If Applicable:

- Discharge summary for all psychiatric hospitalizations.
- Additional review of functional status, e.g., contact Volunteer Recruitment & Selection.

If Currently Undergoing Treatment with Psychotropic Medications:

- Statement from prescribing physician addressing:
  - Diagnosis
  - Medication history, i.e., dates, doses, response, adverse effects.
  - Required monitoring over the next 3 years.

CLEARANCE CRITERIA	REVIEWER	GUIDANCE
1. No history of major depression or severe major depressive episodes. 2. Effective management of chronic, *mild*, depressive symptoms for *at least* the past 1 year. 3. Functioning well socially and occupationally during the past 1 year (corresponds to a GAF of 75 or above). 4. Active phase of psychotherapy or counseling complete. Continuing counseling sessions for normative issues only. 5. No history of suicide attempt, gesture, or ideation with plan. 6. No history of coexisting psychiatric disorders (Axis I and Axis II). 7. No history of psychosis.		
Meets clearance criteria 1 - 7, AND • No use of psychotropic medications for *at least* the past 6 months.	**RN**	**CLEAR**
	PCMO FOLLOW-UP Mefloquine contraindicated.	
Meets clearance criteria 1 - 7, AND • If on psychotropic medications, stable for *at least* the past 3 months.	**RN**	**CLEAR WITH RESTRICTION** 8B Accommodation
	PCMO FOLLOW-UP Medication monitoring every 4-6 months. Mefloquine contraindicated.	
Does not meet clearance criteria due to one or more of the following: • Ineffective management of chronic depressive symptoms during the past 1 year. • Some impairment of functioning socially or occupationally during the past 1 year (corresponds to a GAF below 75). • Active phase of psychotherapy or counseling not complete. • Not stable on psychotropic medications for *at least* the past 3 months.	**MHA**	**DEFER** Deferral period consistent with clearance criteria.
Does not meet clearance criteria due to one or more of the following: • History of suicide attempt, gesture, or ideation with plan. • History of coexisting psychiatric disorders (Axis I and Axis II).	**MHA**	—— Risk varies - assess based on detailed history.

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Does not meet clearance criteria due to one or more of the following: • Multiple suicide attempts, gestures, or ideation with plans. • History of psychosis.	**MHA MED ADVISOR**	**DEFER/MNQ**
Does not meet clearance criteria due to one or more of the following: • History of major depression or severe major depressive episodes.	**RN**	—— See "Major Depression" Guideline

DIAGNOSTIC CODES

300.40	Dysthymic Disorder
311.00	Minor Depressive Disorder
	Cross Reference DSM - IV

NOTES AND INSTRUCTIONS FOR REVIEWERS

Reviewers to Consider:

- Current mental health evaluation, i.e., Mental Health Evaluation Form.
- Telephone interview with applicant.
- Telephone interview with applicant's mental health provider or treating physician.

COMMENTS

Dysthymic Disorder: Individuals with Dysthymic Disorder report having been depressed all their lives. They are described as brooding, habitually gloomy, lacking any joy in life, and preoccupied with inadequacy (see Kaplan & Sadock, 1139). This disorder has a major effect on an individual's ability to function psychosocially. Over 3% of the adults in the United States suffer from Dysthymic Disorder in any 6-month period, making this a common psychiatric disorder. The ratio of women to men is 2:1 to 3:1. The onset tends to be insidious, dating back to adolescence or childhood. Ten percent of individuals with Dysthymic Disorder will develop Major Depressive Disorder in the next few years, and it appears that most individuals with Dysthymic Disorder who remain untreated will eventually develop a Major Depressive Episode. Dysthymic Disorder is commonly associated with Borderline, Histrionic, Narcissistic, Avoidant, and Dependent Personality Disorders. Suicidal ideation and suicide attempts are common in this population.

Key Symptoms: The patient has a constantly depressed mood for at least two years with the addition of at least 2 of the following symptoms: poor appetite or overeating, insomnia or hypersomnia, low energy or fatigue, low self-esteem, poor concentration, or feelings of hopelessness. Dysthymic Disorder is also associated with feelings of inadequacy, generalized loss of interest or pleasure, social withdrawal, feelings of guilt or brooding about the past, feelings of irritability or excessive anger, decreased activity, or decreased effectiveness of production.

Minor Depressive Disorder: There is little reported data regarding Minor Depressive Disorder. In general, people suffering from this disorder are less impaired than individuals with Major Depressive Disorder. However, one of the possible symptoms is suicidal ideation. The incidence of suicide in this population remains unknown at this time.

Key Symptoms: The essential feature is one or more periods of depressive symptoms that are identical to Major Depressive Episodes in duration (at least 2 weeks), but which involve fewer symptoms and less impairment. An episode involves either a sad or depressed mood or loss of interest in nearly all activities. At least 2, but no more than 5, of the symptoms for Major Depressive Episodes are present.

Medications/Therapy: Despite a paucity of double-blind placebo-controlled treatments trials, it has been well demonstrated that Dysthymic Disorder responds to antidepressant medications, including selective serotonin reuptake inhibitors, tricyclic antidepressants, and monoamine oxidase inhibitors. Psychotherapy may be particularly important in dealing with the psychosocial deficits commonly associated with Dysthymic Disorder. However, research data for the effectiveness of the treatment of Dysthymic Disorder with psychotherapy is lacking.

Mefloquine: According to the FDA, Mefloquine is contraindicated "in patients with active depression, a recent history of depression, generalized anxiety disorder, psychosis, schizophrenia or other major psychiatric disorders, or with a history of convulsions." Roche also states that "mefloquine should be used with caution in patients with a history of depression."

Literature review available.

MAJOR DEPRESSION

MH 5.4

Includes Single Episode and Recurrent Depression.

INFORMATION REQUIRED

All Applicants:

- Mental Health Treatment Summary Form
- Review of functional status as documented in the Mental Health Treatment Summary.

If Applicable:

- Discharge summary for all psychiatric hospitalizations.
- Additional review of functional status, e.g., contact Volunteer Recruitment & Selection.

If Currently Undergoing Treatment with Psychotropic Medications:

- Statement from prescribing physician addressing:
  - Diagnosis
  - Medication history, i.e., dates, doses, response, adverse effects.
  - Required monitoring over the next 3 years.

CLEARANCE CRITERIA	REVIEWER	GUIDANCE
1. History of one or two episodes of major depression. 2. Depressive symptoms have been resolved for *at least* the past 1 year. 3. Functioning well socially and occupationally during the past 1 year (corresponds to a GAF of 75 or above). 4. Active phase of psychotherapy or counseling complete. Continuing counseling sessions for normative issues only. 5. No history of suicide attempt, gesture, or ideation with plan. 6. No history of coexisting psychiatric disorders (Axis I and Axis II). 7. No history of psychosis.		
Meets clearance criteria 1 - 7, AND • If no, or discontinued, use of psychotropic medications; stable off medications for *at least* the past 6 months.	**RN**	**CLEAR**
	PCMO FOLLOW-UP Mefloquine contraindicated	
Meets clearance criteria 1 - 7, AND • If on psychotropic medication, stable for *at least* the past 3 months.	**RN**	**CLEAR WITH RESTRICTION** 8B Accommodation
	PCMO FOLLOW-UP Psychiatric and/or medication monitoring every 3-4 months. Mefloquine contraindicated	
Does not meet clearance criteria due to one or more of the following: • Symptomatic within the past 1 year. • Some impairment of functioning socially or occupationally during the past 1 year (corresponds to a GAF below 75). • Active phase of psychotherapy or counseling not complete. • If no, or discontinued, use of psychotropic medications; *not* stable off medications for *at least* the past 6 months. • If on psychotropic medications, *not* stable for *at least* the past 3 months.	**MHA**	**DEFER** Deferral period consistent with clearance criteria.
• History of suicide attempt, gesture, or ideation with plan. • History of coexisting psychiatric disorders (Axis I and Axis II).	**MHA**	——— Risk varies - assess based on detailed history.

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Does not meet clearance criteria due to one or more of the following: • History of three or more episodes of major depression. • Multiple suicide attempts, gestures, or ideation with plans. • History of psychosis.	**MHA** **MED ADVISOR**	**DEFER/MNQ**

DIAGNOSTIC CODES

Single	296.21	Mild
	296.22	Moderate
	296.23	Severe without psychotic features
	296.24	Severe with psychotic features
	296.25	In partial remission
	296.26	In full remission
Recurrent	296.31	Mild
	296.32	Moderate
	296.33	Severe without psychotic features
	296.34	Severe with psychotic features
	296.35	In partial remission
	296.36	In full remission

Cross Reference DSM - IV

NOTES AND INSTRUCTIONS FOR REVIEWERS

Reviewers to Consider:

- Current mental health evaluation, i.e., Mental Health Evaluation Form.
- Severity of past depressive episodes.
- Family history of mental illness

If Necessary Reviewers May Consider:

- Telephone interview with applicant.
- Telephone interview with applicant's mental health provider or treating physician.

COMMENTS

Background: The lifetime prevalence of major depression in the general population is 20-30%. Following a single episode of major depression, 40% recover within 6-12 months, 20% become chronically depressed, and 40% have episodic relapses. The likelihood of relapse increases with the following: 1) a single episode lasting > 12 months; 2) coexisting psychiatric disorders; 3) suicidal ideation, gestures, or attempts; 4) > 2 psychiatric hospitalizations; 5) a family history of depression or suicide attempts; and 6) multiple major depressive episodes.

The rate of relapse experienced by individuals with Major Depressive Disorder increases sharply with the number of Major Depressive Episodes experienced. An individual who experiences a major depressive disorder, Single Episode, has a 50% chance of experiencing further Major Depressive Episodes. The first and second episodes of Major Depressive Disorder are frequently triggered by psychosocial stressors (this is less true for later episodes). The severity of Major Depressive Disorder can vary from mild, involving minor impairment in social and occupational functioning to severe with psychotic features, involving delusions and hallucinations. After a third episode of major depression, there is a 90% chance that an individual will have a fourth episode.

Synopsis of the Criteria for a Major Depressive Episode: Five or more of the following symptoms have been present during the same 2-week period and represent a change from previous functioning, At least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure. The symptoms are not due to the direct physiological effects of a substance or a general medical condition and are not better accounted for by bereavement.

MAJOR DEPRESSION

MH 5.4

- Depressed mood most of the day, nearly every day.
- Markedly diminished interest or pleasure in activities.
- Significant weight loss or weight gain, or decrease or increase in appetite.
- Insomnia or hypersomnia.
- Psychomotor agitation or retardation.
- Fatigue or loss of energy.
- Feelings of worthlessness or excessive or inappropriate guilt.
- Diminished ability to think or concentrate, or indecisiveness.
- Recurrent thoughts of death, recurrent suicidal ideation, a suicidal plan or suicide attempt.

Mefloquine: According to the FDA, Mefloquine is contraindicated "in patients with active depression, a recent history of depression, generalized anxiety disorder, psychosis, schizophrenia or other major psychiatric disorders, or with a history of convulsions." Roche also states that "mefloquine should be used with caution in patients with a history of depression."

Literature review available.

INFORMATION REQUIRED

All Applicants:

- Mental Health Treatment Summary Form
- Review of functional status as documented in the Mental Health Treatment Summary.

If Applicable:

- Discharge summary for all psychiatric hospitalizations.
- Additional review of functional status, e.g., contact Volunteer Recruitment & Selection.

If Currently Undergoing Treatment with Psychotropic Medications:

- Statement from prescribing physician addressing:
  - Diagnosis
  - Medication history, i.e., dates, doses, response, adverse effects.
  - Required monitoring over the next 3 years.

CLEARANCE CRITERIA	REVIEWER	GUIDANCE
1. Effective management of cyclic symptoms for at least the past 6 months. 2. Functioning well socially and occupationally during the past 6 months (corresponds to a GAF of 75 or above). 3. Active phase of psychotherapy or counseling complete. Continuing counseling sessions for normative issues only. 4. No history of suicide attempt, gesture, or ideation with plan. 5. No history of coexisting psychiatric disorders (Axis I and Axis II). 6. No history of psychosis.		
Meets clearance criteria 1 - 6, AND • No use of psychotropic medications for *at least* the past 3 months. • Stable for *at least* the past 3 months on nonpsychotropic medications.	**RN**	**CLEAR**
Meets clearance criteria 1 - 6, AND • Stable for *at least* the past 3 months on psychotropic medications.	**RN**	**CLEAR WITH RESTRICTION** 8B Accommodation
	PCMO FOLLOW-UP Medication monitoring every 6 months. Mefloquine contraindicated.	
Does not meet clearance criteria due to one or more of the following: • Ineffective management of cyclic symptoms during the past 6 months. • Some impairment of functioning socially or occupationally during the past 6 months (corresponds to a GAF below 75). • Active phase of psychotherapy or counseling not complete. • Not stable for the past 3 months on psychotropic and/or nonpsychotropic medications.	**RN**	**DEFER** Deferral period consistent with clearance criteria.
Does not meet clearance criteria due to one or more of the following: • History of suicide attempt, gesture, or ideation with plan. • History of coexisting psychiatric disorders (Axis I and Axis II). • History of psychosis.	**MHA**	—— Risk varies - assess based on detailed history.

PREMENSTRUAL DYSPHORIC DISORDER MH 5.5

DIAGNOSTIC CODES

NA Premenstrual Dysphoric Disorder
Coded as Depressive Disorder Not Otherwise Specified (311.0)

Cross Reference DSM - IV

NOTES AND INSTRUCTIONS FOR REVIEWERS

Reviewers to Consider:

- Current mental health evaluation, i.e., Mental Health Evaluation Form.
- Telephone interview with applicant.
- Telephone interview with applicant's mental health provider or treating physician.

COMMENTS

Background: Premenstrual Dysphoric Disorder is differentiated from premenstrual syndrome (PMS) which is primarily reserved for milder physical symptoms such as breast tenderness, bloating, headache, and minor mood changes. It is estimated that at least 75% of women with regular menstrual cycles report some symptoms of PMS. Premenstrual Dysphoric Disorder (PMDD), however, is much less common, it affects only 3% to 8% of women in this age group, but it is much more severe and exerts a much greater psychosocial toll. The most vulnerable period for PMDD appears to be in the years of the last 20s to the mid-30s. For these women, premenstrual symptoms of irritability, tension, dysphoria, and lability of mood seriously interfere with their lifestyle. These patients generally do not respond to more conventional interventions, and eventually are referred to tertiary care centers and are seen by psychiatrists. Several authors believe that premenstrual symptoms worsen over time if left untreated. Complaints tend to be more frequent in women over 30 and tend to abate after age 45 or after menopause.

Key Symptoms: Symptoms usually consistent with Major Depressive Disorder must have occurred in most menstrual cycles during the past year. The symptoms must have occur regularly during the last week of the luteal phase and remit within a few days of the onset of menses. Examples of symptoms include: depressed mood, anxiety, affective lability, and decreased interest in activities. For diagnosis, the symptoms must be severe enough to markedly interfere with work, school, or usual activities and be entirely absent for at least 1 week post menses.

Literature review available.

INFORMATION REQUIRED

All Applicants:

- Mental Health Treatment Summary Form
- Review of functional status as documented in the Mental Health Treatment Summary.

If Applicable:

- Discharge summary for *all* psychiatric hospitalizations.
- Additional review of functional status, e.g., contact Volunteer Recruitment & Selection.

If Currently Undergoing Treatment with Psychotropic Medications:

- Statement from prescribing physician addressing:
  - Diagnosis
  - Medication history, i.e., dates, doses, response, adverse effects.
  - Required monitoring over the next 3 years.

CLEARANCE CRITERIA	REVIEWER	GUIDANCE
1. Effective management of seasonal depressive symptoms for at *least* the past winter season; may include relocation during the winter season, or use of light therapy. 2. Functioning well socially and occupationally during the past winter season (corresponds to a GAF of 75 or above). 3. Active phase of psychotherapy or counseling complete. Continuing counseling sessions for normative issues only. 4. No history of suicide attempt, gesture, or ideation with plan. 5. No history of coexisting psychiatric disorders (Axis I and Axis II). 6. No history of psychosis.		
Meets clearance criteria 1 - 6, AND • No use of psychotropic medications during the past winter season.	**RN**	**CLEAR WITH RESTRICTION** SAD Accommodation
Meets clearance criteria 1 - 6, AND • If on psychotropic medications, stable during the past winter season.	**RN**	**CLEAR WITH RESTRICTION** SAD Accommodation 8B Accommodation
	PCMO FOLLOW-UP Avoid mefloquine.	
Does not meet clearance criteria due to one or more of the following: • Ineffective management of seasonal depressive symptoms during the past winter season. • Some impairment of functioning socially or occupationally during the past winter season (corresponds to a GAF below 75). • Active phase of psychotherapy or counseling not complete. • Not stable during the past winter season on psychotropic medications.	**MHA**	**DEFER** Deferral period consistent with clearance criteria.
Does not meet clearance criteria due to one or more of the following: • History of suicide attempt, gesture, or ideation with plan. • History of coexisting psychiatric disorders.	**MHA**	—— Risk varies - assess based on detailed history.
Does not meet clearance criteria due to one or more of the following: • History of psychosis.	**MHA** **MED ADVISOR**	**DEFER/MNQ**

DIAGNOSTIC CODES

There is no DSM-IV diagnostic code for Seasonal Affective Disorder. The proper diagnosis includes the appropriate affective disorder with the added specifier, i.e., "With Seasonal Pattern." Examples include: Major Depressive Disorder, Recurrent, With Seasonal Pattern; or Major Depressive Disorder Not Otherwise Specified, with Seasonal Pattern.

Cross Reference DSM - IV

NOTES AND INSTRUCTIONS FOR REVIEWERS

Reviewers to Consider:

- Current mental health evaluation, i.e., Mental Health Evaluation Form.
- Telephone interview with applicant.
- Telephone interview with applicant's mental health provider or treating physician.
- Expanded placement opportunities for applicants effectively managed with seasonal psychotropic medication or light therapy.
- Possibility of alternative diagnosis.

COMMENTS

Background: Patients with Seasonal Affective Disorder (SAD), or "winter depression", experience major depressive episodes, while residing in more northern latitudes, during the winter when days are significantly shorter and periods of darkness more prolonged; conversely, there is a marked reduction, or absence, of depressive episodes in latitudes where the environmental light/dark cycles are not as extreme. The use of intense white light (>2000 luc) presented at a specified time during the day, for a precise period of time, has proved to be therapeutically effective in some patients with this syndrome.

Key Symptoms: There is a regular temporal relationship between the onset of Major Depressive Episodes and a particular time of the year. The most typical pattern is the regular appearance of a Major Depressive Episode in the fall or winter with remission in the spring and summer. The most common symptoms include depressed mood, overeating, oversleeping, and carbohydrate craving.

Literature review available.

OTHER MOOD DISORDERS

INFORMATION REQUIRED

If Mental Health Consultant Requests:

- Mental Health Treatment Summary Form
- Review of functional status as documented in the Mental Health Treatment Summary.
- Discharge summary for all psychiatric hospitalizations.
- Additional review of functional status, e.g., contact Volunteer Recruitment & Selection.
- Statement from prescribing physician addressing:
  - Diagnosis
  - Medication history, i.e., dates, doses, response, adverse effects.
  - Required monitoring over the next 3 years.

CLEARANCE CRITERIA	REVIEWER	GUIDANCE
Applicant presents with a history of one or more of the following disorders:		
1. Depressive Disorder Not Otherwise Specified. 2. Recurrent Brief Depressive Disorder.	**MHA**	—— Risk varies - assess based on detailed history.
3. Mood Disorder Not Otherwise Specified.	**PCMO FOLLOW-UP** If cleared, mefloquine contraindicated.	
4. Substance-Induced Mood Disorder. 5. Mood Disorder Due to a General Medical Condition.	**MHA** **MED ADVISOR**	—— Risk varies - assess based on detailed history.
	PCMO FOLLOW-UP If cleared, mefloquine contraindicated.	

DIAGNOSTIC CODES

	Depressive Disorders
311.0	Depressive Disorders Not Otherwise Specified
311.0	Recurrent Brief Depressive Disorder
	Mood Disorders
296.90	Mood Disorder Not Otherwise Specified
293.83	Substance-Induced Mood Disorders
293.83	Mood Disorder Due to a General Medical Condition
	Cross Reference DSM - IV

NOTES AND INSTRUCTIONS FOR REVIEWERS

Reviewers to Consider:

- Current mental health evaluation, i.e., Mental Health Evaluation Form.
- Telephone interview with applicant.
- Telephone interview with applicant's mental health provider or treating physician.

COMMENTS

Depressive Disorders Not Otherwise Specified: The Depressive Disorder Not Otherwise Specified category includes disorders with depressive features that do not meet criteria for the Depressive Disorders listed elsewhere in the Screening Guidelines.

Recurrent Brief Depressive Disorder: The essential feature is the recurrence of brief episodes of depressive symptoms that are identical to Major Depressive Episodes in the number and severity of symptoms but that do not meet the 2 week duration requirement. Episodes last at least 2 days but less than 2 weeks, and must occur at least once a month for 12 consecutive months. The severity of this disorder appears to be the same as for Major Depressive Disorder. Suicide attempts are the most severe complication.

Mood Disorder Not Otherwise Specified: This category includes disorders with mood symptoms that do not meet the criteria for any specific Mood Disorder and in which it is difficult to choose between Depressive Disorder Not Otherwise Specified and Bipolar Disorder Not Otherwise Specified.

Substance-Induced Mood Disorders: Changes in mood, as well as other psychiatric symptoms are common with substance intoxication, withdrawal, dependency, and abuse. Changes in mood can also be seen with prescription medications. When the symptoms are persistent a Substance-induced Mood Disorder is diagnosed. A common example is depression seen after discontinuation of long-term cocaine abuse. To be labeled as a Substance-Induced Mood Disorder there must be a clear etiologic connection to a substance. It is possible to have a primary Mood Disorder that is masked or aggravated by substance abuse. The applicant must satisfy screening guidelines for both Substance-Induced Mood Disorder and Substance-Related Disorders.

Key symptoms include a persistent and prominent disturbance in mood characterized by either, or both, of the following: (1) a depressed mood or markedly diminished interest or pleasure in activities; and/or (2) an elevated, expansive, mood. There is clear evidence that the symptoms developed during, or within a month of, substance intoxication or withdrawal or that medication used is etiologically related to the disturbance.

Mood Disorder Due to a General Medical Condition: Many, if not most, severe medical conditions, are associated with a transient disturbance in mood. Twenty-five percent to forty percent of individuals with certain neurological conditions will develop a marked depressive disturbance at some point during the course of their illness. For general medical conditions without direct central nervous system involvement, rates are for more variable, ranging from more than 60% in Cushing's syndrome to less than 8% in end-stage renal disease. A major concern is the detection of an underlying primary mood disorder that is "triggered" by the stress of the general medical condition.

Key symptoms include a prominent and persistent disturbance in mood that predominates during a general medical condition and is characterized by either, or both, of the following: (1) a depressed mood or markedly diminished interest or pleasure in all, or almost all, activities; or (2) an elevated, expansive, or irritable mood. The disturbance is a direct physiological consequence of a general medical condition and is not better accounted for by another mental disorder.

Literature review available.