How bipolar disorders are managed in family practice

Self-assessment survey

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ABSTRACT

OBJECTIVE To investigate family physicians' experience in diagnosing and managing bipolar disorder, how they rate their undergraduate and postgraduate training in this area, and what they think they need to learn in the future.

DESIGN Survey questionnaire.

SETTING Family practices in London, Ont.

PARTICIPANTS Random sample of 297 family physicians.

MAIN OUTCOME MEASURES Physicians' experience in diagnosing and managing patients with bipolar disorder, rating of their undergraduate and postgraduate training in this area, and thoughts about what they need to learn in the future.

RESULTS Of 297 surveys sent out, 147 (49.5%) were returned. Male respondents accounted for 62%, and female respondents 37%, of completed surveys. Average year of graduation from medical school was 1979. The most common response for level of experience in diagnosing and treating bipolar disorders was "somewhat comfortable." Physicians frequently reported screening for symptoms of mood disorders (42%), and most of them were sharing care with other professionals (88%). Undergraduate training was rated as poor (42%) or satisfactory (46%), and postgraduate training was rated as poor (42%) or satisfactory (44%). Physicians thought they needed more education in issues of diagnosis and pharmacotherapy.

CONCLUSION Family physicians were only somewhat comfortable with diagnosing and managing bipolar disorders, and most thought their undergraduate and graduate training in this area had been, at best, satisfactory. They expressed a need for more education in the areas of diagnosis and pharmacotherapy.

EDITOR'S KEY POINTS

- In a survey of London, Ont, family doctors, two thirds felt somewhat comfortable diagnosing and managing bipolar disorders. Care was usually shared with psychiatrists, psychologists, or other mental health care professionals.
- Two thirds of the family physicians had between one and five patients with each of bipolar I and bipolar II disorders in their practices. Physicians were most interested in learning more about diagnosis, pharmacotherapy, and community outpatient resources.

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Bipolar disorder is a chronic, severe, and disabling condition associated with much morbidity and mortality.[1,2] For family physicians, bipolar disorder poses several clinical challenges including accurate diagnosis, management of comorbid conditions, keeping up-to-date with treatment options, long-term follow up, and appropriate referral to specialists.[3]

There is little information on how bipolar disorder is managed in family practice. Our survey aimed to determine family physicians' experience with diagnosing and managing patients with bipolar disorders and to identify what these physicians need to learn in the future.

Methods

A 22-item questionnaire was developed, and a deductive-analytic approach was used to test its construction.[4] The survey was modified from another survey used to assess family physicians' experience with eating disorders (unpublished). All elements were subjected to content validation using an expert rating procedure. The main areas addressed in the survey were physician demographics, type of practice, and knowledge and experience of managing bipolar disorder.

A list of family physicians was obtained from a local organization of family physicians. The survey was sent to 297 family physicians in London, Ont. London is a city of 330 000 residents; to obtain significant results, the sample size was estimated at about 300 family physicians. The survey was reviewed by the Clinical Research Suitability and Impact Committee of Regional Mental Health Care–London.

Results

Almost half the surveys were returned (147/297, 49.7%). Physicians' demographics are shown in **Table 1**. Physicians most frequently reported seeing 100 to 150 patients each week. Physicians with special interests were most commonly focusing on psychotherapy or obstetrics. About 38% had graduated from medical school 11 to 20 years ago, and 27% had graduated 21 to 30 years ago. About 35% were aged between 35 and 44 years; about 29% were between 45 and 54 years.

Table 1. Demographics of respondents: *Average year of graduation was 1979 (N = 147).*

CHARACTERISTIC	N (%)
Sex	
• Male	91 (62)
• Female	55 (37)
CFPC Certification	78 (53)
General internship	56 (38)
General practice	90 (61)
Practice with a special interest	56 (38)

CFPC—College of Family Physicians of Canada.

Family physicians felt "somewhat comfortable" in diagnosing and treating patients with bipolar disorders (**Table 2**). About 56% reported diagnosing only "some" of the patients with bipolar disorders, however. In their current practices, most family physicians reported having had between one and five patients with bipolar I (67%) and between one and five patients with bipolar II (66%) disorders. In their practices during the past 5 years, the most frequent response was that they had between one and 10 patients with bipolar I (76%) and between one and 10 patients with bipolar II (68%) disorder. Some physicians (42%) also reported routinely screening for symptoms of mood disorders.

In terms of management, family physicians shared care with other professionals (88%) rather

Table 2. Respondents' comfort level in diagnosing and managing bipolar disorders: *Most felt "somewhat comfortable" (N = 147).*

COMFORT LEVEL	DIAGNOSING N (%)	TREATING N (%)
Very comfortable	17 (11.6)	15 (10.2)
Somewhat comfortable	84 (57.1)	80 (54.5)
Somewhat uncomfortable	34 (23.1)	41 (27.9)
Very uncomfortable	10 (6.8)	8 (5.4)
No response	2 (1.4)	3 (2.0)

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than referring patients or managing all aspects of care. Care was shared with psychiatrists (90%), psychologists (13%), social workers (20%), special clinics (16%), and nurses or nurse practitioners (1.4%).

The quality of training was surveyed using categories from poor to excellent. Most family physicians reported their undergraduate training as poor (42%) or satisfactory (46%) and their postgraduate training as poor (42%) and satisfactory (44%).

The most frequently mentioned areas in which they wanted more education were pharmacotherapy (75%), diagnosis (65%), and availability of outpatient services (53%). Respondents preferred to get this education through interactive workshops (76%), peer-led case-based discussions (62%), and formal lectures (59%).

Limitations

One limitation of this survey is that it was sent only to physicians in the London area. London is an academic centre that offers frequent opportunities for physicians to update their knowledge and skills. Another limitation is that actual practice could differ from self-reported practice and that self-assessment surveys are vulnerable to recall bias. Another is that responses to questions were limited by the categories provided. For example, precise definitions of "comfortable" and "medications used to treat patients" were not provided, and which symptoms and how symptoms of mood disorders were screened for was unclear.

Conclusion

Physicians felt somewhat comfortable diagnosing and treating bipolar disorder despite having graduated on average in 1979 and having received only poor to satisfactory training in the area of bipolar disorders during undergraduate and postgraduate medical education. Although they reported having similar numbers of patients with bipolar I and bipolar II disorders, it is likely they had more patients with undiagnosed bipolar II disorders because bipolar II disorders are more common and are often underdiagnosed.[3] Sharing care with other health professionals appeared to be the rule. Family physicians reported routinely screening for symptoms of mood disorders.

Given the lack of literature on family physicians' experience with bipolar disorders, this survey provides valuable information on their experiences with this disease. Despite reporting being somewhat comfortable in managing bipolar disorders, the physicians identified a need for continuing education addressing issues of diagnosis and pharmacotherapy through interactive workshops and peer-led case-based discussions.

Contributors

Dr Balachandra *contributed to developing the survey, analyzing the data, and writing the article.* **Dr Sharma** *contributed to developing the survey and writing the article.* **Dr Dozois** *contributed to developing the survey and writing the Methods section of the article.* **Dr Bhayana** *reviewed and pilot tested the survey.*

Competing interests

None declared

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