

Chapter 8

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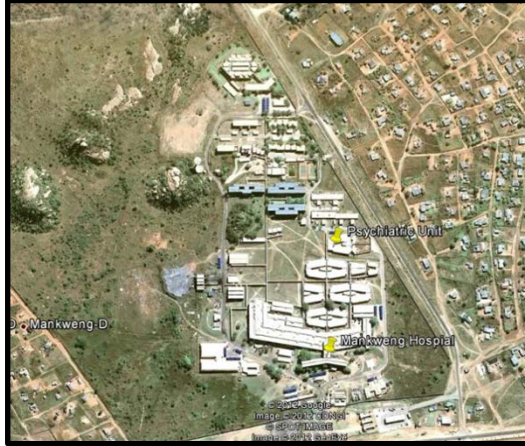


Appendix A

Thesis Photographs

MD Thesis photographs

Mankweng Hospital



Aerial view of
Mankweng
Hospital using
Google Earth

Mankweng Hospital



Front view of
the
Administrative
Block

Mankweng Psychiatric Unit



The
Mankweng
Psychiatric
Unit, aka "The
Child and
Family Unit"

Mankweng Hospital



The view from the entrance to the unit

Mankweng Hospital



The MDT at the Unit preparing for a wardround

Mankweng Hospital



More members of the MDT

Mankweng Hospital



The Interview Room

Mankweng Hospital



View from the back of the unit

Mankweng Hospital



The OT and Clinical Psychologist discussing a patient



Mankweng Hospital



The Nurses' Station

Mankweng Hospital



Confusing signage

Mankweng Hospital



The hospital is situated across the road from the University of the Limpopo

Mokopane Hospital



Aerial view using Google Earth

Mokopane Hospital



Entrance to Mokopane hospital

Mokopane Hospital



Some businesses at the entrance

Mokopane Hospital



A Coffee-shop near the entrance to the hospital

Mokopane Hospital



Inside the premises - the gardens are always impeccably kempt

Mokopane Hospital



The Interview Room



Mokopane Hospital



A Marula tree outside the Female Medical Ward

Mokopane Hospital



Some marulas in season

Mokopane Hospital



Doing Outreach from Mokopane Hospital ...



George Masebe Hospital



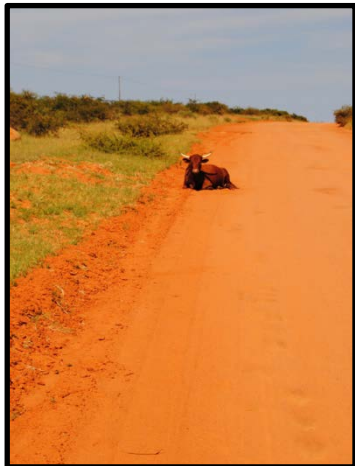
The road to George Masebe Hospital

George Masebe Hospital



Lovely scenery along the road

George Masebe Hospital



Some obstacles that is sometimes encountered along the way



George Masebe Hospital



And more obstacles to avoid

George Masebe Hospital



A Maize-meal Depot along the way

George Masebe Hospital



A Petrol Filling Station

George Masebe Hospital



Another business selling fuel

George Masebe Hospital



A local shopping centre

George Masebe Hospital



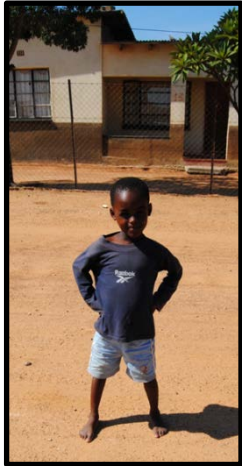
For low self esteem, may I recommend ...

George Masebe Hospital



Locals have to carry water to their houses

George Masebe Hospital



This dapper young man just begged to have his photograph taken

George Masebe Hospital



An example of an outside toilet



George Masebe Hospital



A rural household, growing their own mielies and sun flower

George Masebe Hospital



My son and I. My wife took the photographs

George Masebe Hospital



Another 27 kilometers to go

George Masebe Hospital



Aerial view using Google Earth

George Masebe hospital



Welcome to George Masebe Hospital

George Masebe Hospital



Entrance to the hospital

George Masebe Hospital



The outside of the ward

George Masebe Hospital



Dual function office

George Masebe Hospital



The Interview Room

George Masebe Hospital



The bravest and most dedicated CPN ever!

George Masebe Hospital



The Nurses' Station in Male Medical Ward

George Masebe Hospital



Mentally ill patients are admitted in the Medical wards

Appendix B

Affective Disorder Evaluation

Name _____ Date ____/____/____
D.O.B. ____/____/____ Age ____ Marital status / domestic partner _____ Referred by: _____

History of present illness:

Current Medications

Indicate medications, daily doses (in mg), and how long patient has been taking each medication (in months).

(01) Lithium _____ mg ____ mo (05) _____ mg ____ mo (09) _____ mg ____ mo
(02) Valproate _____ mg ____ mo (06) _____ mg ____ mo (10) _____ mg ____ mo
(03) _____ mg ____ mo (07) _____ mg ____ mo (11) _____ mg ____ mo
(04) _____ mg ____ mo (08) _____ mg ____ mo (12) _____ mg ____ mo

Over the past two (2) weeks, how many days have you been/had...	Last 2 weeks # of days	Severity (Rate 0-4)	~ % days past year...	Other <i>Current</i> (past week) Symptoms (0-4)
... depressed most of the day	(13) _____	(14) ____	(15) ~ ____ %	(28) ____ PI (29) ____ IOR
... less interest in most activities or found couldn't enjoy even pleasurable activities most of the day	(16) _____	(17) ____	(18) ~ ____ %	(30) ____ LOA (31) ____ Hallucinations
... any abnormal mood elevation	(19) _____	(20) ____	(21) ~ ____ %	(32) ____ Delusions (33) ____ Binge/Purge
... any abnormal irritability	(22) _____	(23) ____	(24) ~ ____ %	(34) ____ Panic Attacks (35) ____ OCD
... any abnormal anxiety	(25) _____	(26) ____	(27) ~ ____ %	(36) ____ Social Phobia (37) ____ Gen Anx

Rate Associated Symptoms for the PAST WEEK

MORE +2 ----- 0 ----- -2 LESS
0 = usual/none

MDE: Requires at least 5 moderate symptoms (including depressed mood and/or interest)

Depressed mood	Sleep	Interest	Guilt / SE	Energy	Conc / Distr	Appetite	PMR / PMA	SI
(38) ____	(39) ____	(41) ____	(42) ____ or ____ (43)	(44) ____	(45) ____ or ____ (46)	(47) ____	(48) ____ or ____ (49)	(50) ____
(40) Sleeps ____ - ____ hours <input type="checkbox"/> EBT <input type="checkbox"/> DFA <input type="checkbox"/> MCA <input type="checkbox"/> EMA <input type="checkbox"/> DGOOB <input type="checkbox"/> Naps <input type="checkbox"/> Anhedonia (51) <input type="checkbox"/> LNWL <input type="checkbox"/> Passive <input type="checkbox"/> Active								

Elevation: Mania/hypomania requires at least 3 moderate symptoms, unless only irritable, then at least 4 moderate symptoms are required. (Do not count elevation or irritability in symptom count.)

Self Esteem	Need for sleep	Talking	FOI / Racing thoughts	Distractible	Goal directed activity / PMA	High Risk Behavior
(52) ____	(53) ____	(54) ____	(55) ____	(56) ____	(57) ____ or ____ (58)	(59) ____

<p>(60) Symptoms of current episode began: ____/____/____ <input type="checkbox"/> N/A if Current Status = <i>Recovered</i></p> <p>(61) Immediately prior to current mood state, mood was: <input type="checkbox"/> euthymic <input type="checkbox"/> depressed <input type="checkbox"/> elevated <input type="checkbox"/> mixed <input type="checkbox"/> _____</p> <p>Prior to onset of current episode... (62) Well for ____ Months OR (63) Time since last episode: ____ Months</p> <p>(64) In past 2 years, what is the longest period your mood has been consistently normal? ____ days ____ weeks ____ months</p> <p>(65) Dysthymia: Depressed more days than not for > 2 years (circle one) Y N</p> <p>(66) Cyclothymia: Many ups and downs for > 2 years (circle one) Y N</p>	<p style="text-align: center;">(67) Current Clinical Status (check one)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">DSM (+)</td> <td style="width: 50%; text-align: center;">DSM (-)</td> </tr> <tr> <td><input type="checkbox"/> Depression</td> <td><input type="checkbox"/> Continued Sxs</td> </tr> <tr> <td><input type="checkbox"/> Hypomania</td> <td><input type="checkbox"/> Recovering</td> </tr> <tr> <td><input type="checkbox"/> Mania</td> <td><input type="checkbox"/> Recovered</td> </tr> <tr> <td><input type="checkbox"/> Mixed</td> <td><input type="checkbox"/> Roughening</td> </tr> </table> <p>If new episode, estimate onset date: ____/____/____</p>	DSM (+)	DSM (-)	<input type="checkbox"/> Depression	<input type="checkbox"/> Continued Sxs	<input type="checkbox"/> Hypomania	<input type="checkbox"/> Recovering	<input type="checkbox"/> Mania	<input type="checkbox"/> Recovered	<input type="checkbox"/> Mixed	<input type="checkbox"/> Roughening
DSM (+)	DSM (-)										
<input type="checkbox"/> Depression	<input type="checkbox"/> Continued Sxs										
<input type="checkbox"/> Hypomania	<input type="checkbox"/> Recovering										
<input type="checkbox"/> Mania	<input type="checkbox"/> Recovered										
<input type="checkbox"/> Mixed	<input type="checkbox"/> Roughening										



Have you ever had a time...

	No	Probable	Yes		
...when you were feeling so good or so hyper that other people thought you were not your normal self?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when was that?	__ / __ / ____ Age: ____
...or you were so hyper you got into trouble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when was that?	__ / __ / ____ Age: ____
...did anyone say you were manic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when was that?	__ / __ / ____ Age: ____
...when you felt like you could do much more than ordinarily capable of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when was that?	__ / __ / ____ Age: ____
...when you were so irritable that you shouted at people or started fights or arguments? Did you find yourself yelling at people you didn't really know?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when was that?	__ / __ / ____ Age: ____

For the most severe episode identified above, determine:

During that time, were there **any times** when your mood was: euphoric expansive irritable dysphoric
(Was it really too _____, or just better than the times you felt down?)

Were you admitted to the hospital during this time? hospitalized not hospitalized

Altogether, how long did this period last? _____ hours _____ days _____ weeks _____ months

Symptoms present to a significant degree during most severe episode identified above

During that time...	(Much less) -2-0-+2 (Much more)
...were you feeling more self-confident than usual or like you were special, more talented, more attractive, or smarter than usual? Were there any times when your thoughts were grandiose?	_____ Self-esteem
...were there nights you got less sleep than usual and found you didn't really miss it?	_____ Need for sleep
...were there any times you were more talkative than usual, or you found you said much more than you intended? Were there any times you spoke faster than usual?	_____ Talking
...did you find that you had more ideas than usual? Were there times when your thoughts seemed to be racing through your head?	_____ FOI/Racing
...did you find you were easily distracted?	_____ Distractible
...did you experience difficulties due to making new plans or getting new projects started? Were you so active that people worried about you taking on so much? Were there times when you were so energized or agitated you couldn't sit still?	_____ / _____ Goal-directed activity/PMA
...did you do anything that was unusual for you or that other people might think was excessive, foolish or risky? Did you do anything that would have caused a problem if you were caught?	_____ High-risk behavior

Other features of past episodes of mood elevation ("+" indicates symptom present to a significant degree in any week, "-" indicates absent.)

<input type="checkbox"/> ↑ Risky pleasure: _____	<input type="checkbox"/> Extraordinary accomplishment	Organic factors:
<input type="checkbox"/> Sudden onset	<input type="checkbox"/> Easily annoyed	<input type="checkbox"/> Alcohol abuse
<input type="checkbox"/> ↓ Appetite	<input type="checkbox"/> ↑ Energy	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> ↑ Spending	<input type="checkbox"/> ↑ Libido	<input type="checkbox"/> Onset <12 wks after ↑ antidepressant
<input type="checkbox"/> PI	<input type="checkbox"/> Delusions	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hallucinations: _____		

Associated stressor: _____

During worst week of episode: Rate: 0 = none, 1 = mild, 2 = moderate, 3 = severe

Marital discord Occupational dysfunction Social dysfunction Violence Legal problems

(68) Mania? Y N (69) If no, Hypomania? Y N If neither, is mood elevation sufficient for BP NOS? Y N

Determine number of (hypo)manic episodes

The time we've been talking about is what we would call (hypo)mania.

Using that time as a guide, how many times have you been like that for as long as 1 wk?

(70) Number of phases (circle one): 0 1 2 3-4 5-9 10-20 20-50 Too many to count Indeterminate

(71) When was the last episode of (hypo)mania?
(Do not consider current episode.) Estimated onset: __ / __ / ____ Estimated offset: __ / __ / ____

How many times have you felt like that in the past year? Mania: ____ Hypomania: ____ Mixed: ____ (72) Total: ____
(If the total is >1): How were you feeling between those times? _____

Earliest episode: When was the first time your mood was like that for a week or more? (73) Age: ____ Date onset: __ / __ / ____



	No	Probable	Definite
Has there ever been a period when you were feeling down or depressed most of the day, nearly every day, for as long as two weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What about being a lot less interested in things or unable to enjoy things you usually would enjoy nearly every day for as long as two weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If either is "Definite":

Symptoms present to a significant degree during <u>most severe episode</u>	
During that time...	(Much less) -2-0-+2 (Much more)
...did you have a change in sleep pattern?	Sleep (___ - ___ hours)
...were you down on yourself? Did you feel as if you were a bad person or that you deserved to suffer?	Guilt / Self-esteem
...how was your energy level? Were there things that you should have done and didn't because you didn't have enough energy or were simply too tired?	Energy
...how was your concentration? Were you able to read the newspaper or watch TV? Did you find that you were easily distracted?	Concentration / Distractibility
...how was your appetite? Did your weight change?	Appetite
...were there times when you were so fidgety or agitated it was hard for you to stay still? What about the opposite, thinking or moving more slowly than usual (or feeling like molasses in January)? If I had been there, would I have noticed that something was wrong?	PMR / PMA
...were there times when you were feeling so bad that you felt life was not worth living? What about actually thinking about suicide or harming yourself?	SI <input type="checkbox"/> LNWL <input type="checkbox"/> Passive <input type="checkbox"/> Active

Other features of past episodes of depression ("+" indicates symptom present to a significant degree in any week, "-" indicates absent.)

- | | | | | |
|----------------------------|-----------------------|------------------------|---------------------------|-------------------------|
| (74) ___ Sudden onset | (75) ___ Irritability | (76) ___ Anger attacks | (77) ___ Leaden paralysis | Organic factors: |
| (78) ___ Worthlessness | (79) ___ PI | (80) ___ Delusions | (81) ___ Hallucinations | ___ Alcohol abuse |
| Associated stressor: _____ | | | | ___ Substance abuse |
| | | | | ___ Other: _____ |

Determine number of depressive episodes

The time we've been talking about is what we'd call an episode of depression. Using that time as a guide, how many times have you been like that for as long as 2 weeks?

- (82) Number of phases (circle one): 0 1 2 3-4 5-9 10-20 20-50 Too many to count Indeterminate
- (83) When was last episode of depression? (Do not consider current episode.) Estimated onset: ___ / ___ / ___ Estimated offset: ___ / ___ / ___
- (84) How many times have you felt like that in the past year? ___
(If the total is >1): How were you feeling between those times? _____

Earliest episode: When was the first time your mood was like that for a week or more? (85) Age: ___ Date onset: ___ / ___ / ___

PATTERN OF MOOD SYMPTOMS: <input type="checkbox"/> NONE APPARENT		USUAL ONSET: ___ - ___	USUAL OFFSET: ___ - ___						
(86) Hx Antidepressant induced (hypo)mania <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/not done		↘ If yes, drug: _____, date: ___ / ___ / ___							
(87) Perimenstrual Exacerbation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown/not done <input type="checkbox"/> N/A									
Mood Sxs associated with Pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									
(88) Postpartum <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									
NUMBER OF PHASES: (SEPARATED BY 4 WEEKS OF EUTHYMIA OR AN EPISODE OF OPPOSITE POLARITY)	NO RELIABLE INFO	0	1	2	3	4	5-12	13-52	≥53
	(89) LIFETIME								
	(90) PAST 12 MONTHS								
(91) MOST EVER IN 12 MONTHS									
(92) Episode pattern: <input type="checkbox"/> DEM <input type="checkbox"/> DME <input type="checkbox"/> MED <input type="checkbox"/> MDE <input type="checkbox"/> MDMDMD <input type="checkbox"/> Inconsistent <input type="checkbox"/> Unclear									
IS SEASONAL PATTERN SUSPECTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN/NOT DONE		↘ If yes, comment: _____							

**CYCLOTHYMIA** (Optional, determine whether patient has/had current or past cyclothymia)

Other than the times we talked about when you met criteria for depression...

...have you ever had a period when you had lots of ups and downs, that is, some days you felt too good or even a little high, and other days you felt down and depressed?	Y	N
(If yes) Were the good days really too good, or just better than the bad days?	Y	N
Did the ups and downs follow any pattern?	Y	N
Was there a period of time like that for as long as two years during which you were never without those ups and downs for as long as two months?	Y	N
During that time, what's the longest period that you felt normal?	___ weeks	
Well interval	___/___ - ___/___	

Note: DSM-IV does not specify the number of symptoms of mood elevation required for cyclothymia. Use script to screen for occult periods of mood elevation.

During those period when you were high, did you find that you...

...needed less sleep than usual?	Y	N
...felt particularly full of energy?	Y	N
...felt especially self confident?	Y	N
...get a lot more done than usual?	Y	N
...felt physically restless?	Y	N
...talked more than usual?	Y	N
...had unusually good ideas or think especially clearly?	Y	N
...did things that could have caused trouble for you or your family (e.g., lavish spending sprees, reckless driving)?	Y	N
...laugh or joke about things that other people don't find funny (or think are in poor taste)?	Y	N

Cyclothymia Y N**DYSTHYMIA** (Optional, or if unclear whether patient has mood disorder)

Have you ever felt down/depressed more often than not for 1-2 years and were never without those feelings for as long as 2 months?	Y	N
During that time, what was the longest period of time that you felt normal?	___ weeks	

During this period of feeling depressed most of the time...

...did your appetite change significantly?	Y	N
...did you have trouble sleeping or sleep excessively?	Y	N
...did you feel tired or without energy?	Y	N
...did you lose your self-confidence?	Y	N
...did you have trouble concentrating or making decisions?	Y	N
...did you feel hopeless?	Y	N

Are two or more answers coded yes? Y N

Did these symptoms cause significant distress or impair your ability to function at work, socially, or in some other way?	Y	N
---	---	---

Dysthymia Y N**SUBSYNDROMAL MOOD ELEVATION** (Optional, or if unclear whether patient has bipolar disorder)

Have you ever had even brief periods when your mood was abnormally high or when you were very easily annoyed?	Y	N
In the past 2 months how many weeks have you had without even one day like that?	___ weeks	



Other Psychiatric History (Use DSM criteria. If indicate "Definite." If patient may meet criteria or meets subthreshold criteria, indicate "Probable.")

	No	Probable	Definite	Comment	Age/ Onset
(93) Panic					(94)
(95) Social Phobia					(96)
(97) GAD					(98)
(99) OCD					(100)
(101) Hypochondriasis					(102)
(103) Bulimia					(104)
(105) Anorexia Nervosa					(106)
(107) Personality disorder					(108)
(109) PTSD					(110)
Abuse/Trauma	Yes		No		
Sexual					
Physical					
Emotional					
Other extreme trauma					

	Yes	No	???	(Type/Date):	Age/Onset
(111) Suicide attempt					(112)
(113) Violence					(114)
(115) Arrests					(116)
(117) Other Legal Problems					(118)

Psychotic Disorders (review patient packet and mental status exam)	No	Probable	Yes	Age/ Onset
Current or historical delusions				
Current or historical hallucinations				
Current or historical formal thought disorder (disorganized speech, tangentiality, loose associations)				
Current or historical negative sx's (flat affect, amotivation, avolition) in absence of depressed mood				
Current or historical bizarre behavior, catatonia, gross disorganization				
Level of occupational or social functioning significantly below expected or achieved prior to sx's onset				

If one or more psychotic symptom above coded "Definite":	Yes	No
Have any of the above symptoms occurred in the absence of severe mood symptoms?		
Have any of the above symptoms occurred in the absence of intoxication, medication such as steroids, or neurologic or metabolic illness?		
If mood symptoms have been present, have their total duration been brief relative to the total duration of active and residual symptoms?		
Have any of the above positive symptoms persisted for a significant amount of time during any one month period (less if successfully treated)?		
Has there been continuous signs of disturbance for at least 6 months (less if successfully treated)?		

Select the best DSM-IV diagnosis

Determine Psychotic Disorder Diagnosis	
(119) Any Psychotic Disorder? Y N	(120) If so, earliest age of onset: _____
(121) Check appropriate diagnosis below.	
<input type="checkbox"/>	Affective Psychosis Psychosis only in association with depressive or manic episodes
<input type="checkbox"/>	Schizoaffective Disorder Psychosis persists significantly beyond (>2 wks) resolution of affective episode
<input type="checkbox"/>	Schizophrenia Duration of Affective illness is much less than duration of psychosis
<input type="checkbox"/>	Secondary Psychosis All psychotic sx's attributable to only secondary substance use or a gen'l medical etiology
<input type="checkbox"/>	Other _____



Use DSM criteria and code: "No," "Probable," or "Definite." If uncertain of criteria, indicate "Probable" and check DSM. If patient is short of criteria, indicate "No."

	No	Probable	Definite	Comment	Age / Onset
(122) ADD/ADHD					(123)
(124) Oppositional/Defiant					(125)
(126) Conduct Disorder					(127)
(128) Learning Disorders					(129)
(130) Overanxious/GAD					(131)
(132) Separation					(133)
(134) Avoidant					(135)
(136) Sleep Walking					(137)
(138) Sleep Talking					(139)
(140) Night Terrors					(141)
(142) Enuresis					(143)
(144) Migraine Headaches					(145)
(146) Other:					(147)

Compared to average classmate/peer:		Much worse = -2 — 0 — +2 = Much better (0 = average)		Best term	Worst term
Academic function:					
				Best year	Worst year
Social function:					

PSYCHOACTIVE SUBSTANCE USE HISTORY

	Current use	Age last use	Age peak use	Hx Abuse?	Age onset	Abuse Treatment
EtOH	(148) ___ dr/d	___	___	Y N	(149) ___	(150) Y N if yes, age: ___
Caffeine	(151) ___ c/d	___	___	Y N	(152) ___	(153) Y N if yes, age: ___
Nicotine	(154) ___ p/d	___	___	Y N	(155) ___	(156) Y N if yes, age: ___
MJ	(157) Y N	___	___	Y N	(158) ___	(159) Y N if yes, age: ___
Amphetamine	(160) Y N	___	___	Y N	(161) ___	(162) Y N if yes, age: ___
Cocaine	(163) Y N	___	___	Y N	(164) ___	(165) Y N if yes, age: ___
PCP	(166) Y N	___	___	Y N	(167) ___	(168) Y N if yes, age: ___
LSD	(169) Y N	___	___	Y N	(170) ___	(171) Y N if yes, age: ___
Opiates	(172) Y N	___	___	Y N	(173) ___	(174) Y N if yes, age: ___
	Y N	___	___	Y N	___	Y N if yes, age: ___
	Y N	___	___	Y N	___	Y N if yes, age: ___

How old were you when you were first treated for...	Age	Treatment
...any psychiatric (emotional, psychological, behavioral) problem? (Dx: _____)		
...depression?		
...depression with medication or ECT? (if first tx did not include antidepressant meds or ECT)		
...mood elevation (irritability)?		
...mood elevation (irritability) with medication or ECT? (if first tx did not include antimanic meds or ECT)		




Treatment	Date	Wks of tx	Max dose (mg/d)	Response	Affective switch* in 1 st 12 weeks (circle one)	Comments / adverse effects
Mood stabilizing agents						
<input type="checkbox"/> (175) Lithium					Y N ?	
<input type="checkbox"/> (176) Valproate					Y N ?	
<input type="checkbox"/> (177) Carbamazepine					Y N ?	
<input type="checkbox"/> (178) Lamotrigine					Y N ?	
<input type="checkbox"/> (179) Gabapentin					Y N ?	
<input type="checkbox"/> (180) Clonazepam					Y N ?	
<input type="checkbox"/> (181) Omega-3					Y N ?	
<input type="checkbox"/> (182) Ca blocker					Y N ?	
Antidepressants						
<input type="checkbox"/> (183) Bupropion					(184) Y N ?	
<input type="checkbox"/> (185) Mirtazapine					(186) Y N ?	
<input type="checkbox"/> (187) MAOI					(188) Y N ?	
<input type="checkbox"/> (189) Citalopram					(190) Y N ?	
<input type="checkbox"/> (191) Fluoxetine					(192) Y N ?	
<input type="checkbox"/> (193) Sertraline					(194) Y N ?	
<input type="checkbox"/> (195) Paroxetine					(196) Y N ?	
<input type="checkbox"/> (197) Fluvoxamine					(198) Y N ?	
<input type="checkbox"/> (199) Venlafaxine					(200) Y N ?	
<input type="checkbox"/> (201) Nefazodone					(202) Y N ?	
<input type="checkbox"/> (203) Heterocyclic					(204) Y N ?	
<input type="checkbox"/> (205) ECT Uni Bi					(206) Y N ?	
Stimulants						
					Y N ?	
					Y N ?	
Anxiolytics						
<input type="checkbox"/> (207) Benzodiazepine					Y N ?	
<input type="checkbox"/> (208) Buspirone					Y N ?	
<input type="checkbox"/> (209) Beta blocker					Y N ?	
Antipsychotic						
<input type="checkbox"/> (210) Risperidone					(211) Y N ?	
<input type="checkbox"/> (212) Clozapine					(213) Y N ?	
<input type="checkbox"/> (214) Olanzapine					(215) Y N ?	
<input type="checkbox"/> (216) Quetiapine					(217) Y N ?	
<input type="checkbox"/> (218) Ziprasidone					(219) Y N ?	
<input type="checkbox"/> (220) Haloperidol					(221) Y N ?	
<input type="checkbox"/> (222) Other					(223) Y N ?	
<input type="checkbox"/> (224) Other					(225) Y N ?	
Other						
<input type="checkbox"/> (226) Thyroid					(227) Y N ?	
<input type="checkbox"/> (228) Light					(229) Y N ?	
<input type="checkbox"/> (230) Verbal tx					(231) Y N ?	

* *Affective switch* is defined as a switch to a new episode of opposite polarity.



Cognitive Screen	Spell	Repeat Items (4)	Subtraction (5)	Date of birth	Oriented (x4)	Memory
	“WORLD” backwards.	Repeat the following: “Detroit, 16, Streetcar, Rainbow”	100-7-7-7-7-7	___/___/___	Person, Place, Day, Date	Recall the last 4 presidents
Errors:	0 1 ≥2	0 1 2 ≥3	0 1 2 ≥3	0 1 2 ≥3	0 1 2 ≥3	0 1 2 ≥3
(232) Total number of errors: _____						
(233) MMSE Done? Y N (If >1 error, complete MMSE below. If 0 or 1 error, MMSE is optional.)						

The Mini-Mental State Examination ¹ (MMSE)	Maximum Score	Score	
	5	()	ORIENTATION What is the (year) (season) (date) (day) (month)? <i>One point for each correct response.</i>
5	()	Where are we: (state) (county) (town or city) (hospital) (floor)? <i>One point for each correct response.</i>	
3	()	REGISTRATION Name 3 common objects (e.g., “apple, table, penny”). <i>One point for each correct response.</i> Count trials and record. Trials: _____	
5	()	ATTENTION AND CALCULATION Serial 7’s backwards. <i>One point for each correct response.</i> Stop after 5 answers. Alternatively, spell “WORLD” backwards.	
3	()	RECALL Ask for the 3 objects repeated above. <i>One point for each response.</i>	
2	()	LANGUAGE Name a pencil and a watch.	
1	()	Repeat the following: “No ifs, ands, or buts.”	
3	()	Follow a 3-stage command: “Take a paper in your right hand, fold it in half, and put it on the floor.” <i>One point for each part correctly executed.</i>	
1	()	Read and obey the following: CLOSE YOUR EYES.	
1	()	Write a sentence.	
1	()	Copy the following design.	
	Maximum Total 30	Total Score	
		(234)	

¹ Folstein et al.,
J Psychiatr Res.,
1975

General	Cooperativeness:			Reliability:		
	Dress:			Grooming:		
Speech <input type="checkbox"/> Normal	Rate	Latency	Volume	Detail	Goal directed	Over inclusive
	Major Themes:					
Content <input type="checkbox"/> No SI, HI, PI	Paranoid ideation:					
	SI: <input type="checkbox"/> None evident					
	HI: <input type="checkbox"/> None evident					
Psychoses <input type="checkbox"/> None	Hallucinations: <input type="checkbox"/> None evident <input type="checkbox"/> Present. If so, describe:					
	Delusions: <input type="checkbox"/> None evident <input type="checkbox"/> Present. If so, describe:					
Affect <input type="checkbox"/> Full and appropriate	Range	Appropriateness	Laughs	Cries	Lability	Irritability



Major Illnesses/Surgeries/Admissions

Childhood: _____

Adulthood: _____

Date of Last Physical Exam: __ / __ / ____ PCP: _____ Phone: _____

Birth History	No	Yes
(235) Full-term uncomplicated vaginal delivery		
Neonatal Jaundice		
Febrile Seizure		
Other Neonatal Insult		

Menstrual History	<input type="checkbox"/> N/A (Check if male)
(236) Menarche, age: ____	
Cycles: ____ days Currently: <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	
Became irregular: __ / __ / ____ Range: ____ - ____ days	
Last menstrual period: __ / __ / ____	
(237) Parity: ____ Conception ____ Miscarriages ____ Abortions ____ Live Births	
(238) Current contraceptive method: <input type="checkbox"/> None <input type="checkbox"/> OBC <input type="checkbox"/> Barrier <input type="checkbox"/> Abstinence <input type="checkbox"/> Other	
<input type="checkbox"/> Hysterectomy Age ____	
<input type="checkbox"/> Oopharectomy Age ____	

Review of Systems

	No	Yes
(239) Allergies		
(240) HT with LOC		
(241) Other LOC		
(242) Seizure		
(243) Migraine		
(244) Multiple Sclerosis		
CVA (Stroke)		
Head		
Neck		
Lymph nodes		
Mouth		
Tongue		
Uvula		
(245) Peptic Ulcer Disease		
(246) Hepatitis		
Irritable Bowel Syndrome		
(247) Asthma		
Respiratory		
Cardiac		
(248) Eczema		
(249) Raynauds		
(250) Stevens Johnson		
Psoriasis		
(251) Diabetes		
(252) Thyroid		
Lupus		
Traumatic injury		
Rheumatoid Arthritis		
Osteoarthritis		
Frequent UTI		
STD		
Renal		

Physical Examination

Vital signs		
(253) Blood pressure: ____ / ____	(254) Pulse: ____	
(255) Height: ____ in	(256) Weight: ____ lb.	
(257) Handedness: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Ambidextrous		
(258) Clinically Significant Abnormalities? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unclear		
If yes, specify clinically significant findings:		
	Normal	Comment
	No	Yes
Abdomen	Bowel Sounds	
Thorax	Heart	
	Breasts	
	Lungs	
Skin	Frequent Rashes	
Neuro-Endocrine	Cranial Nerves	
Extremities/ Joints	Gait	
Genital/ Urinary		



If values not known, code: nl = normal Unk = unknown X= never done

Serum Drug Levels:

Date of Last	Results	Dose:	Steady state						
__/__/__	Lithium (259) _____ mMol/L	(260) _____ mg/d	Yes No Unknown						
__/__/__	Valproate (261) _____ µg/ml	(262) _____ mg/d	Yes No Unknown						
__/__/__	Carbamazepine (263) _____ µg/ml	(264) _____ mg/d	Yes No Unknown						
__/__/__	(265) Other _____ (266) _____ µg/ml	(267) _____ mg/d	Yes No Unknown						
__/__/__	Other _____ µg/ml	_____ mg/d	Yes No Unknown						
Chemistry __/__/__	Electrolytes:				Creatinine	BUN	Glucose	Albumin	LFT
	Na	K	Cl	CO ₂					
Hematology __/__/__	WBC		HCT	Plt		MCV		ESR	
Endocrine __/__/__	TSH		T4	FT4		T3		Prolactin	Cortisol
Immunology __/__/__	ANA			HIV			RF		
EKG __/__/__	-----								
EEG __/__/__	-----								
Imaging __/__/__	CT MRI -----								
Neuropsych __/__/__	-----								
Other __/__/__	-----								

Notes/comments:



For each of the items below, circle the score next to the characteristics' scores range from 0 (no evidence of bipolar disorder) to 20 (most convincing characteristic of bipolar disorder).

I. Episode Characteristics (268)	
20	Documented acute mania or mixed episode with prominent euphoria, grandiosity, or expansiveness and no significant general medical or known secondary etiology.
15	Clear-cut acute mixed episode or dysphoric or irritable mania with no significant general medical or known secondary etiology.
10	Clear-cut hypomania with no significant general medical or known secondary etiology. Clear-cut cyclothymia with no significant general medical or known secondary etiology. Clear-cut mania secondary to antidepressant use.
5	Clear-cut hypomania secondary to antidepressant use. Episodes with characteristic sx's of hypomania, but sx's, duration, or intensity are subthreshold for hypomania or cyclothymia. A single MDE with psychotic or atypical features (Atypical is 2 of the following sx's: hypersomnia, hyperphagia, leaden paralysis of limbs) Any postpartum depression.
2	Any recurrent typical unipolar major depressive disorder. History of any kind of psychotic disorder (i.e., presence of delusions, hallucinations, ideas of reference, magical thinking).
0	No history of significant mood elevation, recurrent depression, or psychosis.
II. Age of Onset (1 st affective episode/syndrome) (269)	
20	15 to 19 years
15	before age 15 or between 20 and 30
10	30 to 45 years
5	after age 45
0	No history of affective illness (no episodes, cyclothymia, dysthymia, or BP NOS).
III. Course of Illness / Associated Features (270)	
20	Recurrent, distinct manic episodes separated by periods of full recovery.
15	Recurrent, distinct manic episodes with incomplete inter-episode recovery. Recurrent, distinct hypomanic episodes with full inter-episode recovery.
10	Comorbid substance abuse. Psychotic features only during acute mood episodes. Incarceration or repeated legal offenses related to manic behavior (e.g., shoplifting, reckless driving, bankruptcy).
5	Recurrent unipolar MDD with 3 or more major depressive episodes. Recurrent, distinct hypomanic episodes without full inter-episode recovery. Recurrent medication non-compliance. Comorbid borderline personality disorder, anxiety disorders, or eating disorders, or history of ADHD. Engagement in risky behaviors that pose a problem for patient, family, or friends. Behavioral evidence of perimenstrual exacerbation of mood symptoms.
2	Baseline hyperthymic personality (when not manic or depressed). Marriage 3 or more times (including remarriage to the same individual). In two or more years, has started a new job and changed jobs after less than a year. Has more than two advanced degrees.
0	None of the above.
IV. Response to Treatment (271)	
20	Full recovery within 4 weeks of therapeutic treatment with mood stabilizing medication.
15	Full recovery within 12 weeks of therapeutic treatment with mood stabilizing medication or relapse within 12 weeks of discontinuing tx. Affective switch to mania (pure or mixed) within 12 weeks of starting a new antidepressant or increasing dose.
10	Worsening dysphoria or mixed symptoms during antidepressant treatment subthreshold for mania. Partial response to one or two mood stabilizers within 12 weeks of therapeutic treatment. Antidepressant-induced new or worsening rapid-cycling course.
5	Treatment resistance: lack of response to complete trials of 3 or more antidepressants. Affective switch to mania or hypomania with antidepressant withdrawal.
2	Immediate near complete response to antidepressant withdrawal.
0	None of the above, or no treatment.
V. Family History (272)	
20	At least one first degree relative with documented bipolar illness.
15	At least one second degree relative with documented bipolar illness. At least one first degree relative with documented, recurrent unipolar MDD and behavioral evidence suggesting bipolar illness.
10	First degree relative with documented, recurrent unipolar MDD or schizoaffective disorder. Any relative with documented bipolar illness or recurrent unipolar MDD and behavioral evidence suggesting bipolar illness.
5	First degree relative with documented substance abuse. Any relative with possible bipolar illness.
2	First degree relative with possible recurrent unipolar MDD. First degree relative with diagnosed related illness: anxiety disorders, eating disorders, ADD/ADHD.
0	None of the above, or no family psychiatric illness.
← Total score (0 – 100) (273)	



Axis I Mood Disorder Dx:

(Use DSM-IV Codes)

- (274) Current (or most recent) episode: 296.4_ 296.5_ 296.6_ 296.7 296.8_ 296.2_ 296.3_ 295.7_ Other _____
- (275) Lifetime: BP I BP II BP NOS Unipolar MDD
 Schizoaffective BP Schizoaffective UP Other _____
- (276) Lifetime: Cyclothymia Dysthymia Neither

(277) Other Axis I: _____

(278) Axis II: _____

(279) Axis III: _____

(280) Axis IV (stressors): _____

(281) Axis V (GAF): Current Month = _____ Past Year: Best = _____ Worst = _____

CGI (current month): (282) CGI-BP-Depression = _____ (283) CGI-BP-Elevation = _____ (284) CGI-BP-Overall = _____

GAF Scale (frequently used definitions)	
71-80:	• No more than slight impairment in functioning, varying degree of every day worry and problems that sometimes get out of hand. Minimal symptoms may or may not be present.
61-70:	• Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in several areas of functioning, but generally functioning pretty well, has some meaningful interpersonal relationships, and most untrained people would not consider him "sick."
51-60:	• Moderate symptoms OR generally functioning with some difficulty (e.g., few friends and flat affect, depressed mood and pathological self-doubt, euphoric mood and pressured speech, moderately severe antisocial behavior).
41-50:	• Any serious symptomatology or impairment in functioning that most clinicians would think obviously requires treatment or attention (e.g., suicidal preoccupation or gesture, severe OC rituals, frequent anxiety attacks, serious antisocial behavior, compulsive drinking, mild but definite manic syndrome).
31-40:	• Major impairment in several areas, such as work, family relationships, judgement, thinking or mood (e.g., depressed woman avoids friend, neglects family, unable to do housework), OR some impairment in reality testing or communication (e.g., speech is sometimes obscure, irrelevant), OR single suicide attempt.
21-30:	• Unable to function in almost all areas (e.g., stays in bed all day) OR behavior is considerably influenced by either delusion or hallucinations OR serious impairment in communication (e.g., sometimes incoherent or unresponsive) or judgement (e.g., acts grossly inappropriately)

Recommendations / Plan:

Other Interventions	Offered	Accepted	Comment
Review practical tables for _____			
Baseline laboratory assessment			
Teach Daily Mood Charting			
Collaborative Care video			
Collaborative Care workbook			
Treatment Contract			
Referral to:			
Randomized study entry:			

Follow-up with: _____

Physician's signature: _____ Date: __/__/____



Appendix C

Informed Consent Documents

Sepedi

English

FOROMO YA TUMELO

Nna ke dumela go tšea karolo mo go dinyakišišo tša bolwetši bja Bipolar.

Ke kwišiša gore bohlokwa bja dinyakišišo tše ke go hlahloba tshepedišô ya bolwetši le dika tše dingwe go batho ba amilweng ke bolwetši bja Bipolar.

Ke dumela gore letlakala-potšišo le tlatšwe go dipotšišo tše dibotšišwago mabapi le bolwetši bjaka bja Bipolar Mood Disorder.

Ke dumela go fana ka tsedimošo yohle ya go nyakega go kgoniša Dr. Grobler go šala morago tshepedišô ya bolwetši bjaka.

Ke dumelela ba lapa laka go tšea karolo go fana ka lesedi ka bolwetši le go thuša ka maele a leloko lešo.

Ke a kwešiša gore batho ba bang ba tshwenywago ke boletši bjo ba tla kgona go hwetša tsedimošo go maele a tlišwago ke dinyakišišo tše. Le dingaka di tla kgona go phekola seemo sa bolwetši le go booka ka tshwanelo.

Ke kwišiša gore ke tla swanela go bolela ditaba le diphiri tšaka ka botlalo ka kamogelo ya gore ba tla dira tsohle ka maatla go re di se phatlalatšwe.

Ke a kwišiša gore leina laka, botšo bjaka le tše dingwe tše ka lemošang batho gore ke tšere karolo go dinyakišišo di ka se tsebagatšwe dipukung le diphatlatšwa tsa nyakisiso ye.

Le kwišiša gore kena le kgetho ya gore ke se tsenele dinyakišišo tše ebile nka se bonwe molato goba go hloka hlokomelo go tša maphelo

Ke dumeletswe go botšiša dipotšišo le go hlaloša maikutlo a ka mabapi le dinyakišišo tše.

.....
Tshaeno ya Motšearokolo

.....
Tšatšikwedi

.....
Tshaeno ya Monyakišiši

.....
Tšatšikgwedi

.....
Hlatse

.....
Tšatšikgwedi

Informed consent form

I hereby agree to participate in this study of bipolar illness.

I understand that the purpose of the study is to examine the course of illness and other clinical characteristics of people suffering from bipolar mood disorder.

I agree that a questionnaire be filled out in which I will be asked a variety of questions related to my illness namely bipolar mood disorder.

I agree to give all information necessary to enable Dr Grobler to effectively plot the course of my illness.

I agree to involve my family members with a view to gaining more information about my illness and also to draw up a family tree.

I understand that other people suffering from bipolar mood disorder might benefit from the information from this study in that it will help doctors to better diagnose the condition and prescribe appropriate treatment.

I understand that I will be expected to share personal information and accept that everything possible will be done to keep my information confidential.

I understand that my name or otherwise identifying information will not be divulged in any dissertations or publications that might arise from this research.

I understand that I am free to choose not to participate in the study without it incurring me any displeasure or disadvantage in any way.

I have been invited and given opportunity to ask any questions and raise any concerns that I might have related to participating in this study.

Signed:

Date:

Dr C Grobler:

Date:

Witness:

Date:

Appendix D

Letter from Faculty of Health Sciences Research Ethics Committee, University of Pretoria



The Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- * FWA 00002567, Approved dd 22 May 2002 and Expires 13 Jan 2012.
- * IRB 0000 2235 IORG0001762 Approved dd Jan 2006 and Expires 13 Aug 2011.

100
1908 - 2008



UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Health Sciences Research Ethics Committee
Fakulteit Gesondheidswetenskappe Navorsingsetiëkkomitee

DATE: 01 / 09 / 2009

PROTOCOL NO.	136/2009
PROTOCOL TITLE	A cross-sectional descriptive study of clinical features and course of illness in a South African population with bipolar disorder.
INVESTIGATOR	Principal Investigator: Dr Christoffel Grobler
SUPERVISOR	Prof. JL Roos
DEPARTMENT	Dept: Department of Psychiatry Phone: 015 287 5186 Fax: 015 296 3836 E-Mail: dr.stof@mweb.co.za Cell: 083 713 5693
STUDY DEGREE	PhD
MEETING DATE	26 August 2009

This Protocol and Informed Consent Document were considered by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria and approved by a quorum of committee members on 26/08/2009

Members of the Research Ethics Committee:

Prof VOL Karusseit	MBChB; MFGP(SA); MMed(Chir); FCS(SA) - Surgeon
Prof JA Ker	MBChB; MMed(Int); MD – Vice-Dean (ex officio)
Dr NK Likibi	MBBCh – Representing Gauteng Department of Health
Prof TS Marcus	(female) BSc(LSE), PhD (University of Lodz, Poland) – Social scientist
Dr MP Mathebula	(Female)Deputy CEO: Steve Biko Academic Hospital
Prof A Nienaber	(female) BA(Hons)(Wits); LLB; LLM(UP); PhD; Dipl.Datametrics(UNISA) – Legal advisor
Mrs MC Nzeku	(female) BSc(NUL); MSc(Biochem)(UCL, UK) – Community representative
Snr Sr J Phatoli	(female) BCur(Eet.A); BTec(Oncology Nursing Science) – Nursing representative
Dr L Schoeman	(female) B.Pharm, BA(Hons)(Psych), PhD – Chairperson: Subcommittee for students' research
Y Sikweyiya	MPH; SARETI Fellowship in Research Ethics; SARETI ERCTP; BSc(Health Promotion) Postgraduate Dip (Health Promotion) – Community representative
Dr R Sommers	(female) MBChB; MMed(Int); MPharmMed – Deputy Chairperson
Prof TJP Swart	BChD, MSc (Odont), MChD (Oral Path), PGCHE – School of Dentistry representative
Prof C W van Staden	MBChB; MMed (Psych); MD; FCPsych; FTCL; UPLM - Chairperson

DR R SOMMERS; MBChB; MMed(Int); MPharmMed.

Deputy Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

31 Bophelo Road ♦ H W Snyman Building (South) Level 2-34 ♦ P.O.BOX 667, Pretoria, South Africa, 0001 ♦ Tel:(012)3541330 ♦
♦ Fax: (012)3541367 / 0866515924 ♦ E-Mail: manda@med.up.ac.za ♦ Web: www.healthethics-up.co.za ♦

Appendix E

Letters of Approval from Chief Executive Officers at the Mankweng-, Mokopane- and George Masebe Hospitals



Permission to do the research study at this hospital / clinic and to access the information as requested, is hereby approved.

Title and name of Chief Executive Officer: ... Dr. Kluatsane, R.S.

Name of hospital / clinic: ... Parkview / Mankweng Hospital Complex

Signature: ... *[Handwritten Signature]*

Date: ... 25/11/09



Permission to do the research study at this hospital / clinic and to access the information as requested, is hereby approved.

Title and name of Chief Executive Officer: DR S. F. NDHAMBI.

Name of hospital / clinic: MOKOPANE REGIONAL HOSP.

Signature: *S. F. Ndhambi*

Date: 03.12.2009.



GEORGE MASEBE HOSPITAL

Ref no: 2/8/4

Enq: Mautjana N.M.

Date: 02/12/2009

Dr. Grobler

Polokwane/Mankweng Complex

REQUEST TO DO RESEARCH AT GEORGE MASEBE HOSPITAL

- 1. Receipt of your email with attachments dated 15/11/2009 is acknowledged.*
- 2. Permission to do your research study at this hospital and to access information as requested is approved.*
- 3. Please rest assured that we will assist in any way possible.*

N.M. MAUTJANA

CHIEF EXECUTIVE OFFICER

Appendix F

Letter from Limpopo Department of Health and Social Development



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT

Enquiries: Ramalivhana NJ/Malomane EL

Ref: 4/2/2

4 November, 2009
Dr Christoffel Grobler
Department of Psychiatry
POLOKWANE
0700
South Africa

Dear Dr Christoffel Grobler

“A cross-sectional descriptive study of clinical features and course of illness in a south African population with bipolar disorder”

Permission is hereby granted to Dr Christoffel Grobler to conduct a study as mentioned above in Limpopo Province, South Africa

- The Department of Health and Social Development will expect a copy of the completed research for its own resource centre after completion of the study.
- The researcher is expected to avoid disrupting services in the course of his study
- The research results must be used only for the purpose of the study
- The Researcher/s should be prepared to assist in interpretation and implementation of the recommendations where possible
- The Institution management where the study is being conducted should be made aware of this,
- A copy of the permission letter can be forwarded to Management of the Institutions concerned



HEAD OF DEPARTMENT
HEALTH AND SOCIAL DEVELOPMENT
LIMPOPO PROVINCE

Private Bag X9302 Polokwane
18 College Str., Polokwane 0700 • Tel: 015 293 6000 • Fax: 015 293 6211 • Website: <http://www.limpopo.gov.za>

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