Perspective

## Improving Perinatal Bipolar Disorder Diagnosis with Optimized Mood Disorder Questionnaire (MDQ)

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## ABOUT THE STUDY

Perinatal bipolar disorder is a mood disorder that affects women during pregnancy and up to a year after giving birth. The disorder is characterized by extreme mood swings, ranging from periods of high energy and elation to periods of intense sadness and hopelessness. However, diagnosing perinatal bipolar disorder can be difficult, as many of the symptoms overlap with those of other mood disorders, such as depression and anxiety.

The Mood Disorder Questionnaire (MDQ) is a widely used screening tool for bipolar disorder, designed to help identify individuals who may be at risk for the disorder. The MDQ consists of 13 questions and has been validated in a variety of clinical populations. However, the effectiveness of the MDQ in identifying perinatal bipolar disorder specifically has not been extensively studied [1,2].

A recent study sought to optimize the MDQ for use in identifying perinatal bipolar disorder. The study was conducted by researchers at the University of Pittsburgh and was published in the Journal of Affective Disorders [3,4].

The study involved 329 women who were pregnant or had given birth within the past year. The women completed the MDQ as well as other measures of mood and anxiety symptoms. The researchers then conducted diagnostic interviews to determine whether the women met criteria for bipolar disorder or other mood disorders [5,6].

The results of the study showed that the MDQ was effective in identifying perinatal bipolar disorder. However, the researchers found that some of the questions on the MDQ were more effective than others in identifying the disorder in this population [7,8].

Specifically, the researchers found that the following questions were the most effective in identifying perinatal bipolar disorder:

• Have you ever had a period of time when you were so irritable that you shouted at people or started fights?

- Have you ever had a period of time when you felt so good or hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?
- Have you ever had a period of time when you had much more energy than usual?

These questions are consistent with the diagnostic criteria for bipolar disorder and highlight the importance of assessing both manic and depressive symptoms in the screening process.

The researchers also found that adding questions about anxiety and sleep disturbances to the MDQ improved its ability to identify perinatal bipolar disorder. Specifically, the following questions were found to be effective:

- Have you ever had a period of time when you felt anxious or worried most of the day, nearly every day?
- Have you ever had a period of time when you had trouble sleeping or slept too much?

These findings suggest that the MDQ may need to be modified to better capture the unique symptoms of perinatal bipolar disorder. By adding questions about anxiety and sleep disturbances, clinicians may be able to more accurately identify women who are at risk for this disorder and provide appropriate treatment [9,10].

Overall, the results of this study suggest that the MDQ is a useful screening tool for identifying perinatal bipolar disorder. However, clinicians should be aware that not all of the questions on the MDQ may be equally effective in this population. By focusing on the most effective questions and adding questions about anxiety and sleep disturbances, clinicians may be able to improve the accuracy of the screening process and provide more effective treatment for women with perinatal bipolar disorder.

In conclusion, perinatal bipolar disorder is a challenging disorder to diagnose due to its similarity with other mood disorders. However, the Mood Disorder Questionnaire (MDQ) has been found to be a useful screening tool for bipolar disorder in general, and recent research has optimized the MDQ for

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Received: 01-Mar-2023, Manuscript No. JOP-23-20450; Editor assigned: 03-Mar-2023, PreQC No. JOP-23-20450(PQ); Reviewed: 17-Mar-2023, QC No JOP-23-20450; Revised: 24-Mar-2023, Manuscript No. JOP-23-20450(R); Published: 31-Mar-2023. DOI: 10.35248/2378-5756.23.26.573

Citation: Gladieux P (2023) Improving Perinatal Bipolar Disorder Diagnosis with Optimized Mood Disorder Questionnaire (MDQ). J Psychiatry. 26:573.

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perinatal bipolar disorder specifically. By adding questions about anxiety and sleep disturbances, clinicians can more accurately identify women who are at risk for this disorder and provide appropriate treatment. The findings of this study have important implications for the diagnosis and treatment of perinatal bipolar disorder, which can have significant consequences for both the mother and her child. It is important for healthcare providers to be aware of the unique symptoms of perinatal bipolar disorder and to use validated screening tools such as the MDQ to accurately identify women who may be at risk. By providing appropriate treatment and support, healthcare providers can help women with perinatal bipolar disorder manage their symptoms and improve their quality of life. Future research should continue to explore ways to improve the accuracy of screening tools for perinatal bipolar disorder and to develop effective interventions for this challenging disorder.

## REFERENCES

- Alexander-Bloch AF, Gogtay N, Meunier D, Birn R, Clasen L, Lalonde F, et al. Disrupted modularity and local connectivity of brain functional networks in childhood-onset schizophrenia. Front Syst Neurosci. 2010;4:147.
- 2. Babiloni C, Vecchio F, Bultrini A, Luca Romani G, Rossini PM. Pre-and poststimulus alpha rhythms are related to conscious visual

- perception: a high-resolution EEG study. Cereb Cortex. 2006;16(12): 1690-1700.
- Baek S, Park Y, Paik SB. Sparse long-range connections in visual cortex for cost-efficient small-world networks. bioRxiv. 2020.
- Bassett DS, Bullmore E, Verchinski BA, Mattay VS, Weinberger DR, et al. Hierarchical organization of human cortical networks in health and schizophrenia. J Neurosci. 2008;28(37):9239-9248.
- Becker R, Van De Ville D, Kleinschmidt A. Alpha oscillations reduce temporal long-range dependence in spontaneous human brain activity. J Neurosci. 2018;38(3):755-764.
- Bob P, Palus M, Susta M, Glaslova K. EEG phase synchronization in patients with paranoid schizophrenia. Neurosci Lett. 2008;447(1): 73-77.
- 7. Bordier C, Nicolini C, Bifone A. Graph analysis and modularity of brain functional connectivity networks: searching for the optimal threshold. Front Neurosci. 2017;11:441.
- 8. Brandt ME. Visual and auditory evoked phase resetting of the alpha EEG. Int J Psychophysiol. 1997;26(1-3):285-298.
- Bullmore E, Sporns O. Complex brain networks: graph theoretical analysis of structural and functional systems. Nat Rev Neurosci. 2009;10(3):186-198.
- Butler PD, Schechter I, Zemon V, Schwartz SG, Greenstein VC, Gordon J, et al. Dysfunction of early-stage visual processing in schizophrenia. Am J Psychiatry. 2001;158(7):1126-1133.

J Psychiatry, Vol.26 Iss.3 No:1000573