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DIAGNOSIS AND MISDIAGNOSIS OF BIPOLAR DISORDER: DECISION MAKING OF AUSTRIAN PSYCHIATRISTS

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Introduction: Studies show that bipolar disorder is often misdiagnosed. One reason for misdiagnosis may be that psychiatrists do not rely strictly on ICD or DSM criteria but consider some symptoms, e.g., „decreased need for sleep“, as more critical than others. Another reason could be that the diagnosis of bipolar disorder is associated with the total number of reported symptoms.

Objectives: Firstly, we investigate if an individual is more likely to be diagnosed with bipolar disorder if he/she reports a „decreased need for sleep“. Secondly, we explore if a high number of reported relevant symptoms increases the likelihood of a bipolar diagnosis.

Method: Five case vignettes that varied in respect to the relevant information were sent to 400 randomly selected Austrian psychiatrists. The vignettes contained all information that is required to diagnose a bipolar disorder according to ICD-10 or DSM-IV. The psychiatrists were asked to return a questionnaire that collected data on their diagnostic decision making.

Results: Preliminary data will be reported and discussed.