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LETTERS

BIPOLAR II DISORDER

Bad medicine or bad mouthing?

Ian M Anderson *academic psychiatrist*

University of Manchester, Manchester, UK

Spence's column about bipolar II disorder is disappointing and disconcerting.[1] He launches an uninformed attack on psychiatry with selective quoting of evidence, which raises some concerns for the patients he sees with mental health problems.

This is a shame because implicit in his article are issues that we as a profession struggle with, and which are not confined to psychiatry. The first is how to deal with a continuum of disease severity ranging from normality to severe illness, given that we are wedded to the use of categorical diagnoses. Spence's last paragraph about iatrogenic harm and "overrampant diagnosis" could be applied to a range of other disorders, including the milder end of hypertension, type 2 diabetes mellitus, and hypercholesterolaemia.

Spence's singling out of psychiatry comes across as an outdated prejudice, based in mind-body dualism, that mental disorders are not "real" illness. However, informed debate is needed about how best to manage sub-threshold to mild forms of disorders when many treatments may not have a favourable risk-benefit balance. If we accept (as Spence seems to) that bipolar I disorder is worthy of diagnosis and treatment, then some patients will have milder forms of elevated mood, as has been consistently shown in epidemiological studies. Rather than dismissing this as manufactured illness to sell drugs, we need to understand better the impact of these milder forms to know how best to manage them.

The second issue is the potential for over-reliance on purely self-report measures such as questionnaires. People may have many reasons for giving exaggerated, or even fallacious, accounts of their symptoms. Bipolar II disorder's current celebrity fashion status feeds into this. However, every doctor has to deal with unexplained medical and psychological symptoms. The increasing "tick box" approach to medicine, at the expense of clinical judgment, weakens the ability to make a full assessment; which usually needs to incorporate third party information.

Competing interests: IMA leads a tertiary service for mood disorders. He has had research support and received honorariums for speaking from pharmaceutical companies marketing drugs for bipolar disorder.

1 Spence D. Bad medicine: bipolar II disorder. *BMJ* 2011;342:d2767. (4 May.)

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ian.anderson@manchester.ac.uk