

Mood Charting

Long-term monitoring is valuable in bipolar disorder to facilitate recognition of the variability in the mood swings associated with the condition, including identification of symptom-free intervals. Ongoing monitoring also provides an “early-warning” system and a method to recognize any patterns of stressful life events that may act as triggers.

Various approaches that provide graphic representations of mood variability have been developed that include 2, 3, or 4 levels of depressive or mania-related severity. The levels are operationalized by indicating functionality in everyday life or its impairment due to mood symptoms.

Detailed documentation of medication provides information about adherence and the relationship of the medication type and schedule to the mood swings.

The National Institute of Mental Health’s prospective Life Chart Method (NIMH-LCM™) uses daily ratings by the person with bipolar disorder. The ratings specify the polarity and severity of manic and depressive episodes and their course; also recording the concomitant use/impact of medication and life events that may precipitate episodes.

In a study to validate the NIMH-LCM™ instrument, researchers found that depression rates correlated highly with the Inventory of Depressive Symptomatology –clinician rated scale (IDS-C) ($r = -0.785$) and manic rates correlated highly with the Young Mania Rating Scale (YMRS) ($r = 0.656$)¹

Mood Charts

Mood Charting is a simplified patient self-report technique derived from the more extensive Life Chart approach. The participation of the patient in providing input to the daily documentation has been found to promote a more involved and collaborative therapeutic alliance with the clinician.

Patient participation serves to reinforce education and information about the condition and how to manage lifestyle (sleep habits, etc.) and promotes active involvement in the management of the disorder.

1. Denicoff KD, et al, Validation of the prospective NIMH-Life-Chart Method (NIMH-LCM™-p) for longitudinal assessment of bipolar illness. *Psychological Medicine* Volume 30 (6) 2000, 1391-1397.

