



The Mood Assessment Program (MAP)

Do you treat patients with mood disorders?

A world first assessment and diagnostic program for depression and bipolar disorder is now available in Randwick.

Introduction & history:

The MAP is a computerised assessment and diagnostic program incorporating nearly a quarter of a century of sophisticated clinical expertise in assessment, diagnosis and management planning for people with mood disorders (both depressive and bipolar disorders). It has the potential to provide General Practitioners with the know-how of highly skilled mood disorders specialists.

In 2002 the Black Dog Institute, led by Professor Gordon Parker, conceived the MAP as a computerised assessment program that would capture the consolidated clinical expertise and decision making of clinical research psychiatrists who had worked at the Mood Disorders Unit (now part of the Black Dog Institute) since 1983.

A trial of the first MAP prototype was successful - diagnostic algorithms were proven to be sound and referrers were impressed by the breadth of information provided in the MAP report. The second MAP prototype is now in operation.

How does the MAP work?

A patient with a mood disorder spends approximately one hour entering information into a computer program. The computer then prepares a report for the referring clinician that includes important diagnostic probability decisions. For example, does the person have unipolar depression or bipolar disorder or not and is the condition a melancholic depression or not? Lifetime and current anxiety disorders (conditions that commonly drive secondary depression) are screened and recorded. Depression severity and clinical features are identified. Previous treatments (and their helpfulness and/or need to cease because of side-effects) are recorded in the report, as are general health risk factors, at-risk family history and developmental factors. The report finishes with a set of treatment guidelines to assist further management.

The MAP report provides sophisticated information to referring clinicians that otherwise could only be provided by a highly skilled mood disorders specialist. The information is presented in a format that can be readily used to structure a management plan specific to each individual patient. There is **no** cost to either the patient or referring clinician.

The general procedure is for the referring clinician to screen their patient to confirm:

- the patient is suspected to have a mood disorder or has been previously diagnosed with a mood disorder
- the patient is over the age of 18 and
- the patient would be able to use a computer to answer a questionnaire

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A referral and Patient Information Sheet is then provided to the patient and the patient makes an appointment to undertake the MAP. The MAP centre is located within the Black Dog Institute at Randwick.

The next working day after the patient has undertaken the MAP, a report is sent to the referring clinician. In a follow-up consultation, the referring clinician is then able to use the information in the report to formulate a management plan with the patient. The richness of the information contained in the MAP report can also assist in the construction of a Mental Health Care Plan. The MAP is not a crisis intervention tool.

MAP Centre now open in Randwick:

The Black Dog Institute has received a grant from NSW Health to pilot the MAP at a number of sites across NSW. The first MAP Centre opened in Randwick on October 29th 2007 and is now accepting referrals. It is necessary to register to refer patients to the MAP Centre. Registration is free.

Positive impacts of the MAP rollout:

There is no other assessment and diagnostic program like the MAP anywhere in the world, although such programs are common in general medicine. The introduction of the MAP in New South Wales has the potential to advance sophisticated assessment and management of those with mood disorders.

Prevalence of mood disorders is high and their detection, particularly Bipolar II Disorder, is poor. The average interval between onset of bipolar disorder and diagnosis is an unsatisfactory 15-20 years in Australia.

The suicide rate in Bipolar I and Bipolar II is equivalent at approximately 15%¹ - the highest rate of suicide associated with any psychiatric disorder, even exceeding that for schizophrenia. Thus, earlier detection, diagnosis and treatment are vital.

Rollout of the MAP will make a comprehensive assessment and diagnostic tool available to clinicians treating patients with mood disorders. The unique ability of the MAP to determine which sub-type of depression is present (including bipolar) will aid the timely detection, diagnosis and treatment of depression and bipolar disorder.

Further information:

For further information about the MAP or

- to register as a MAP referrer
- to request a referral package
- to arrange for someone to call on you and discuss the MAP or
- to request information about the Black Dog Institute sub-typing model

Please contact Wendy Williamson on (02) 9382 3707.

¹ Access Economics and SANE Australia. Bipolar disorder: costs. An analysis of the burden of bipolar and related suicide in Australia. Melbourne: SANE Australia, 2003.