The NIMH Life Chart Manual™ for Recurrent Affective Illness:

The LCM™ - S/P

(Self-Version/Prospective)

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CONSTRUCTION OF YOUR OWN LIFE CHART

THE NIMH-LIFE CHART METHOD™

(The LCM™)

Introduction

We hope that your participation in learning how to chart your own course of illness will be productive and useful and will make it easier for you and your physician to evaluate how well a medication works for you and which medications are the most effective for you in the acute and long-term management of your illness.

Starting your **daily ratings now** as part of your current treatment while also constructing a **retrospective Life Chart** of your past course of illness as your time allows, will create a ***Portable Psychiatric History*** that is available to you and your physician at all times as a comprehensive overview of the longitudinal course of your illness and its response to treatment. Additionally, this can be of substantial value should you transfer to a different treatment setting or wish to obtain a consultation regarding further treatment options.

The retrospective Patient Manual describes how to **chart** the **past** (i.e. *retrospective)* **course** of your **illness** and how to record prior episodes, medications, and significant life events by month and year on the Self-Rated Retrospective Life Chart Form (LCM-S/R).

This life chart manual introduces you to the current, **daily** (*i.e. prospective)* **charting** of your mood and functioning and provides guidelines how to use the **NIMH-LCM™** ***Self-Rated Prospective*** **form** (LCM™- S/P) on a daily basis.

Both Manuals for ease of use are written as sections that are complete in themselves but both the *prospective* and *retrospective* Life Chart Method™ use the same life-charting techniques. The only two major differences are that *retrospective* life chart ratings are recorded *by month* and *year* at three levels of severity while *prospective* life chart ratings are done on a *daily* basis and at four levels of severity dividing the moderate level of severity into low moderate and high moderate. This was done because it was felt that daily ratings allowed for the plotting of finer degrees of improvement or worsening since there should be little difficulty in remembering if ratings are done on a daily basis.

Think of the **life chart** as a way of sketching an **outline of your past and current course of illness** in the form of a **simple, continuous graph** that can visually record manic and depressive episodes and hospitalizations you have experienced, medications you have taken, and important things that have happened in your life. We hope you will find that with life charting you can soon become a more knowledgeable participant and an active and collaborative partner in the management of this medical illness.

Daily Charting of Mood and Functioning

Prospective Life Charting/Self Rated

(The NIMH LCM™- S/P)

Tracking your current course of illness and sharing the information with your physician/therapist can be of great value and an important component of your routine clinical visits and any treatment decision you and your physician will make.

As you can see on the enclosed form, the **NIMH-LCM™ S**elf Rated **P**rospective Form (the **LCM™- S/P**) **uses daily ratings** of mood and functioning and entry of the total number of tablets of medications taken each day for the treatment of your affective illness. **Each box** on the form represents **one day** and **each form provides for ratings for one month**.

The **daily rating**, which is done at the end of each day, will only **take a minute or two** and can easily be completed together with taking your evening medications. This is useful not only in tracking your daily course of illness but can also help you remember to take all your prescribed medications for the day. The daily ratings will form a continuous record that will assist you and your doctor to better evaluate and treat your illness and to make further treatment decisions that can be based on a detailed and accurate overview of your illness.

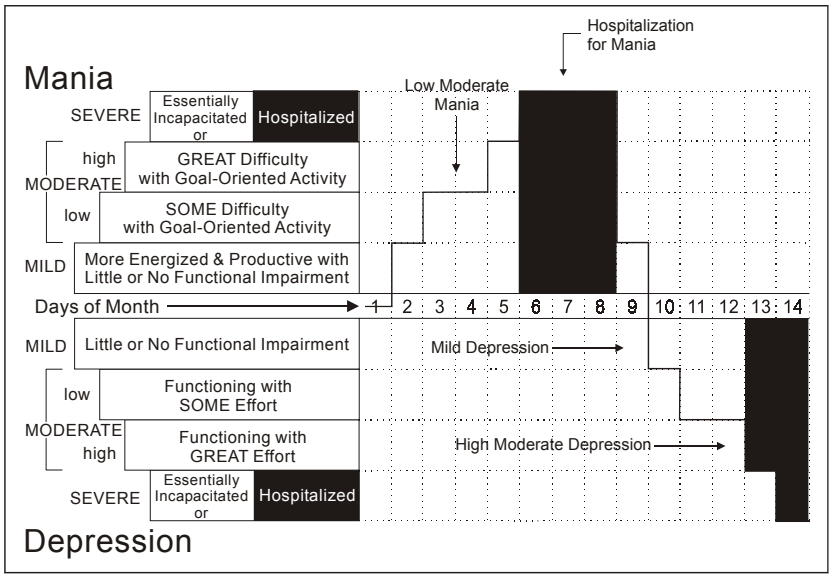
PRINCIPLES OF PROSPECTIVE LIFE CHARTING

Let's start with the basic principles and techniques of life charting as illustrated on the **LCM™- S/P**, the **s**elf-rated *prospective* (i.e. *current/daily*) rating form:

GRAPHING OF EPISODES:

The **time line** in the middle of the chart, (which also marks the *Days of the Month*), is called the **Baseline**, which indicates a **level** or balanced **mood** state, i.e. **you are <u>not</u> depressed or hypomanic or manic.**

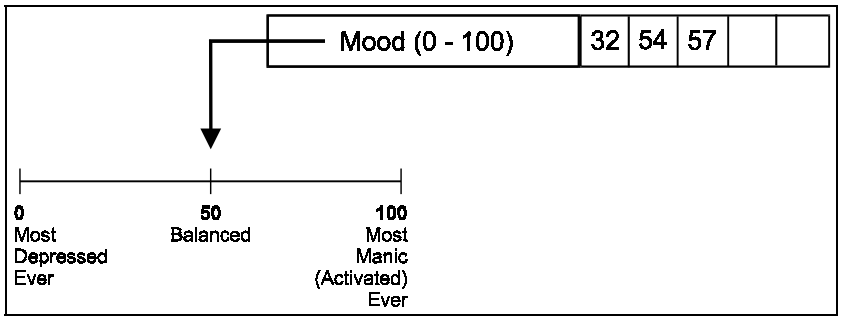
Episodes of **depression** are drawn **below** the **baseline** and episodes of **hypomania or mania** are drawn **above** the **baseline** at **four severity levels (mild**, **low moderate**, **high moderate**, or **severe). Severity** is based on your **level of functional impairment** due to depressive or manic mood symptoms in your **usual social, educational, and occupational roles**. Any **hospitalization** for mania or depression is rated at the most severe level and **blackened** in:



MOOD SCALE

The prospective rating form provides a **mood scale** (on the left lower corner of the form) to assist you in rating your daily mood with fine gradations. The scale is from **0-100** (**0** = **most depressed** you could imagine being; **50** = balanced or **level mood**; **100** = **most energetic/ activated/ /manic** you could ever be).

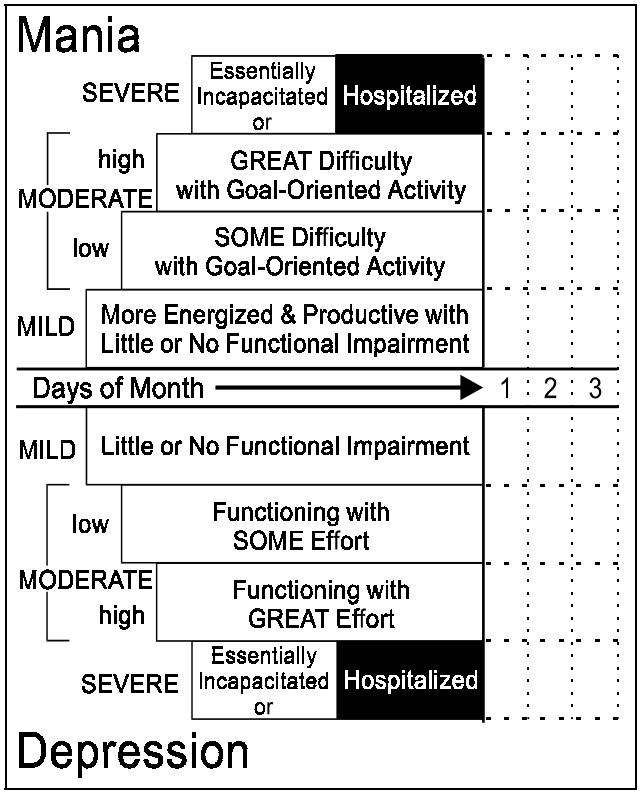
After you have rated your mood on this scale, you record the number you chose for the day in the row **marked "Mood".** (For example, if today you felt moderately depressed you might rate your mood as 32 or 35, or if you felt mildly hypomanic, you might rate your mood as 54 or 57).



You then assess how much your mood has affected your ability to function for the day in your usual roles at home, work, school or with friends. The level of functional impairment based on mood symptoms determines episode severity as described in detail in the following section:

ASSESSING EPISODE SEVERITY

Functional impairment resulting from manic or depressive mood symptoms has been employed as an effective and more consistent way of **measuring episode severity.** Episode severity has been categorized at **four levels prospectively** and for ease of use we have precoded the levels of episode severity at the left margin of the form:



The Following Guidelines have been Established for Rating the Four Levels of Episode Severity for the Daily Prospective Life Chart Ratings:

HYPOMANIA AND MANIA:

At the **mild level of hypomania** you may experience very mild symptoms such as **decreased need for sleep**, increased energy, some irritability or euphoria (elated, very happy mood), or an increase in the rate of thought, speech or sociability. At the mild level these symptoms have **no negative impact** and might even **initially enhance your ability to function.**

At the **low moderate level of mania** you have some of the above symptoms to a somewhat greater degree with some added symptoms, you may begin to be less productive and more unfocused, and you get **some feedback** from family, friends, or coworkers that your behavior is different from your usual self.

At the **high moderate level of mania** you may experience very significant symptoms such as very decreased need for sleep (or you may not sleep at all), a much increased level of energy, you may feel all powerful or out of control, your thoughts and speech may be extremely rapid and you get **much feedback** that **your behavior is different or difficult.** Friends, family, or coworkers express great concern about your ability to look after yourself or others, and others may appear angry or frustrated with your behavior.

At the highest or **severe level** of the **manic mood state** there is an even greater increase in the above symptoms with **much insistence** by family and friends that **you need medical attention**, that your behavior is out of control, or they might take you to the **hospital** concerned that they and you cannot keep you safe any longer.

DYSPHORIC HYPO/MANIA

Dysphoric hypomania and mania can occur as part of bipolar illness and is experienced, at times, by about 40% of patients with this illness. Increases in **energy**, activity, your rate of thinking and interactions, with anger and irritability **in the context of decreased need for sleep** are present during periods of a **depressive, "unhappy", dysphoric** hypomania or mania. On the high side of the mood scale (i.e. above 50 to 100), even if the **activation** feels **driven**, **unpleasant**, and is accompanied by **anxiety**, **irritability**, and **anger**, **you are not slowed down or fatigued**. *(Anxiety, irritability, anger and decreased sleep can also occur with **agitated depression** with **pacing** and **ruminations**, however, there is usually a **sense of fatigue** **and slowness in responding.)***

On days that you may experience such a dysphoric, unhappy, irritable hypomania or mania, please **check** the **Dysphoric Mania Box** above the mania section of the life chart form.

DEPRESSION:

Mild depression represents a subjective sense of distress, a low mood, some social isolation, but you continue to function with **little or no functional impairment**.

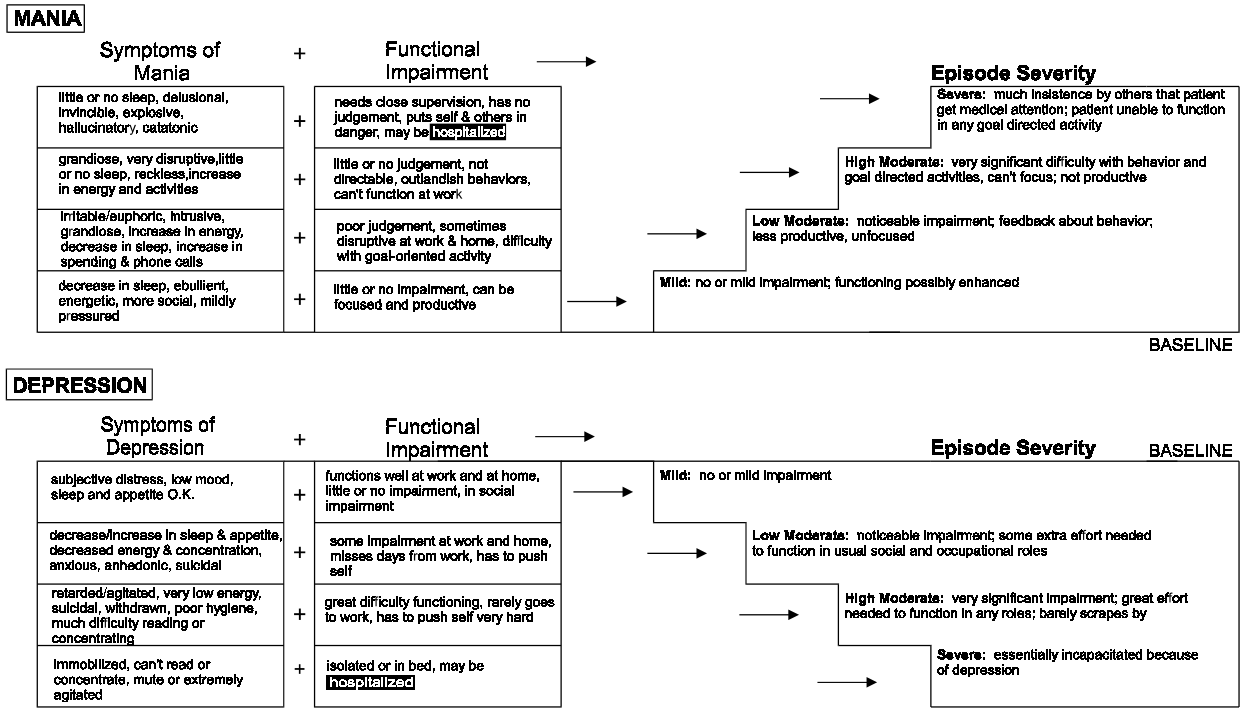
Low moderate depression indicates that **functioning** in your usual roles is more difficult due to depressive mood symptoms and **requires extra time or effort** (you have to push yourself to get things done).

High moderate depression indicates that **functioning** is very difficult and **requires great extra time or great extra effort** with very marked difficulty in your usual routines (one could barely scrape by).

Severe depression means that you are **unable to function** in any one of your usual social and occupational roles, i.e., you are unable to get out of bed, go to school or work, carry out any of your routine functions, require much extra care at home, or need to be hospitalized.

SUMMARY SCHEMA

PROSPECTIVE LIFE CHARTING OF SEVERITY LEVELS: SYMPTOMS AND DEFINITIONS



Please note: *Functional impairment due to other medical illnesses such as the flu, a broken leg, arthritis, heart disease etc., are not factored into rating episode severity.*

The next two pages provide you with a list of some key words that can be helpful in assessing the four prospective levels of depressive and hypo/manic episode severity based on functional impairment.

Sample Key Words for Levels of DEPRESSION and Associated Functional Impairment

Types of Mood and Vegetative Symptoms	Severity Level	Functional Impairment
subjective distress mild sad mood not sharp, sluggish "a bit off" mild disinterest sleep and appetite o.k.	**MILD**	• minimal or no impairment; continue to function well at work, school, and home
depressed mood hopeless lack of interest tearful anxious irritable decreased concentration decreased energy decreased self-esteem feelings of guilt, self-reproach unable to enjoy things no interest in pleasurable things suicidal ideation sleep disturbance appetite disturbance physically slowed down decreased sexual interest/activity agitated angry socially withdrawn isolates at home	**LOW MODERATE** ↓ **HIGH MODERATE** ↓	• some extra effort needed to function • occasionally missing days from work or school • noticeable impairment at work, school, or home • much extra effort needed to function • very significant impairment at work, school, or home • missing many days from work or school, • barely scraping by
immobilized lack of self care poor eating poor fluid intake unable to dress long speech delays, or mute very agitated, pacing very suicidal cannot think or remember false beliefs (delusions) sensory distortions (hallucinations)	**SEVERE**	• not working • not in school • not functioning at home • cannot carry out any routine activities incapacitated at home or • hospitalized

Sample Key Words for Levels of MANIA and Associated Functional Impairment

Types of Mood and Vegetative Symptoms	Severity Level	Functional Impairment
increased energy increased activity more social enthusiastic, exuberant irritable talkative feel more productive	**MILD**	• minimal or no impairment; continue to function well at work, school, and home • functioning may even improve in some areas
euphoric irritable intrusive hypertalkative disruptive insistent overinvolved decreased need for sleep increased energy pressured flight of ideas very distractible increased spending speeding uncomfortably driven increased sexual interest/activity promiscuous grandiose may be reckless	**LOW MODERATE** ↓ **HIGH MODERATE** ↓	• difficulty with goal-oriented activity • feel productive but may not be (e.g., starting many projects without finishing) • get in trouble with work, school, family • others comment about behavior • can't focus • others angry/frustrated with you • poor judgment • great difficulty with goal oriented activities
need little or no sleep feel out of control explosive feel all powerful invincible angry potentially violent excessive energy extremely driven reckless see or hear things not there	**SEVERE**	• close supervision needed • asked to leave work or school • unable to function with any goal-oriented activity • bizarre behavior or decisions • family and friends insist that you get help • in trouble with the law • hospitalized

YOUR OWN SYMPTOM CHECKLIST

It may also help to identify and to **develop your own short list of your typical symptoms associated with depressed and manic episodes.** For example, for some people the best marker of hypomania may be increased energy, for others decreased need for sleep, for others increased sociability, phone calling or spending. Likewise, for depression, some people feel slow or apathetic while others feel agitated, some sleep more while others can't sleep much, some have the feeling that their mind is blank while others are plagued with depressive thoughts. Having your own list of your typical symptoms can serve as your own ***Early Warning System*** to help you and your doctor be more aware of any signs of re-emergence of your illness. In this way you can intervene early on before symptoms get more out of control by asking your physician or, in some instances, having a preset agreement with your doctor about what medication adjustments would help prevent a full breakthrough episode. (Additionally, this list will make it easier to remember manic and depressive episodes and graph them more consistently over time when you construct your own retrospective life chart.)

If you feel comfortable sharing your key symptom list with selected people in your usual environment, such as family, friends, or a trusted co-worker, it can significantly contribute to your ability to stay well. Early warning symptoms of an impending breakthrough episode are sometimes ignored (possibly in the hope that things will get better on their own) or simply not recognized (particularly an impending manic breakthrough). ***Being alerted by someone with whom you have shared your checklist, so that they recognize the emergence of some of your typical depressive or manic symptoms, may help you get into treatment early on or overcome your reluctance in either the early depressive or manic phases to seek medical help***.

ULTRA-ULTRA RAPID (ultradian) CYCLING:

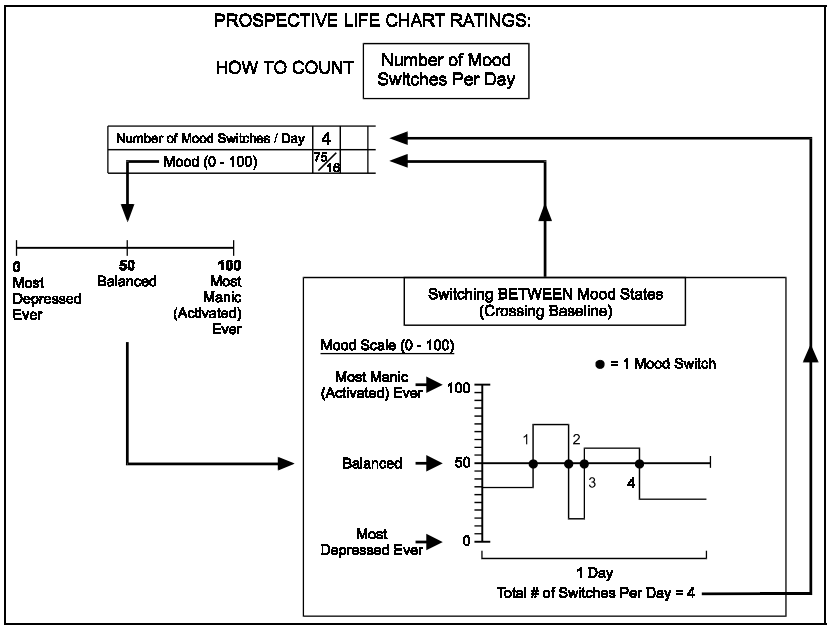
CYCLING WITHIN A DAY

A. and **B.**

At times you may experience what is called very fast, "ultradian" cycling within a day by switching mood states (A) or by experiencing significant switches within the same mood state (B) as described below:

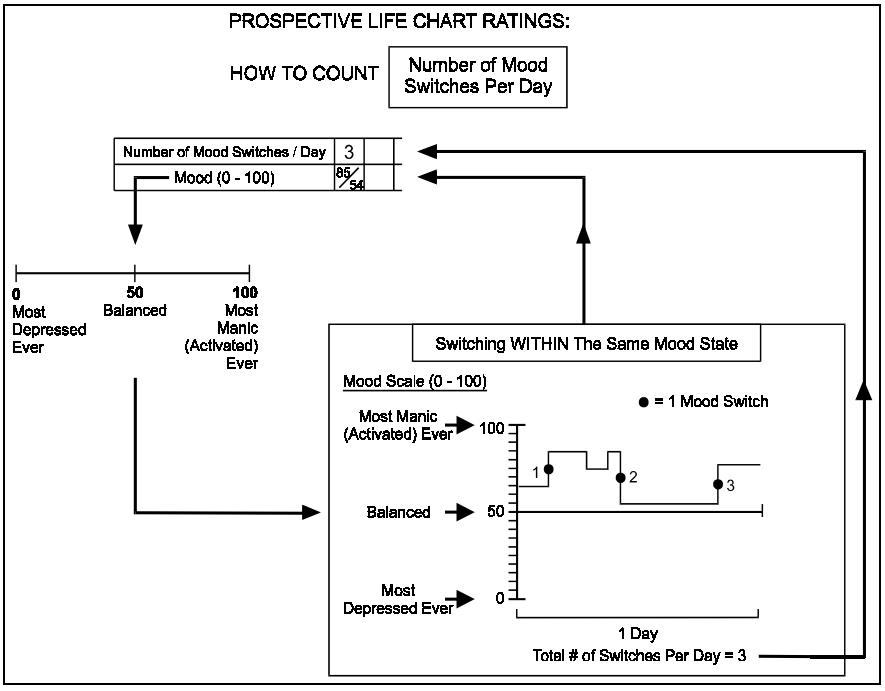
A. Cycling (switching) ***within a day between hypo/mania and depression*****:**

Sudden, distinct, and **large mood changes within** a **single day** are rated as a split mood rating indicating the **most energized/manic mood** for the day (for example 75), and the **lowest mood for the day** (for example 16). This split mood rating is entered in the **"mood" box** (located below the depression ratings) as 75/16. Each time the mood crosses from one mood state to another (i.e., from depression to hypo/mania or from hypo/mania to depression) within one day, this is counted as one mood switch. The **number of times** that the mood switches from one mood to the other is entered in the "mood switches/day" box.



B: ***Cycling (switching) within a day <u>within the same mood state:</u>***

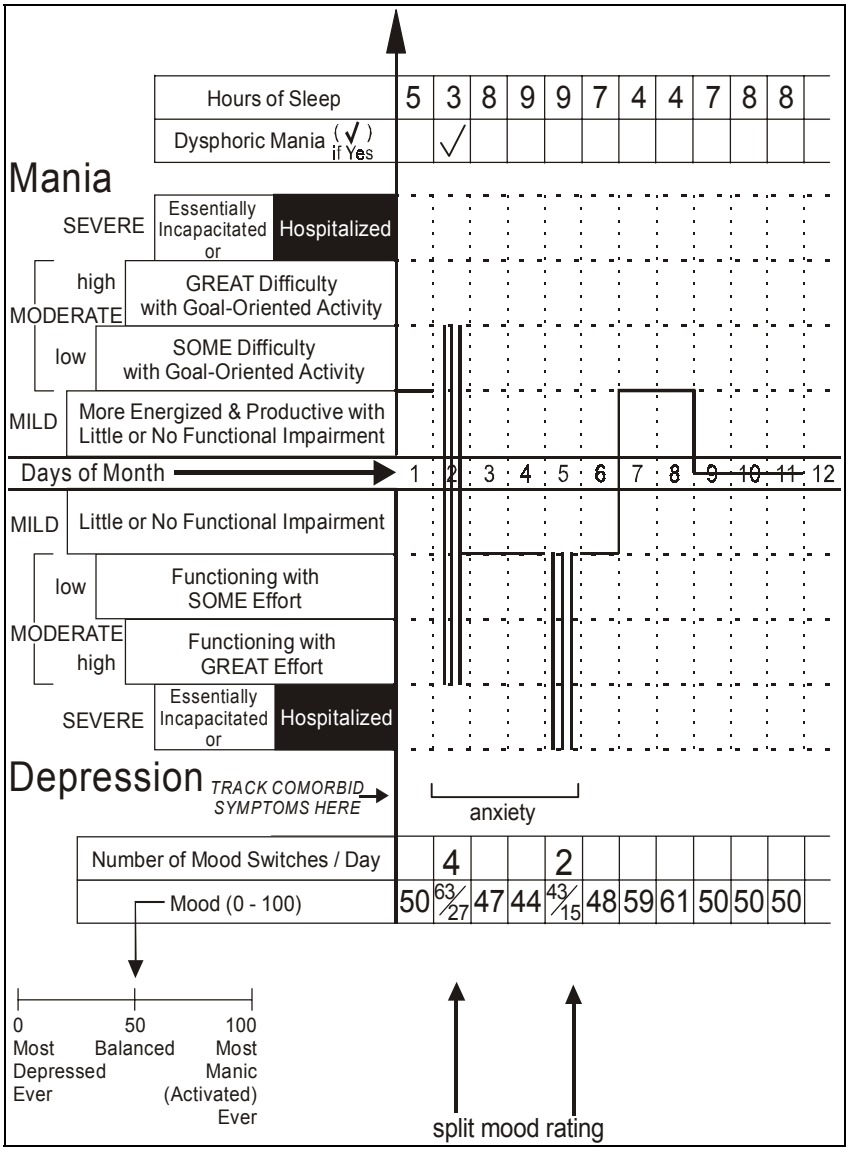
Sudden, sharp and dramatic mood switches within a single day <u>within one mood state</u> (such as from very mild hypomania to mania and back) are also counted as a mood switch. The greatest **amplitude** (or range) of a **sudden switch,** for example, 85/54 for a switch within the manic range, (or, for instance, 41/12 for a switch within the depressive range), is recorded as a **split mood rating** and is entered in the **"Mood" box. The number of switches** is then entered in the **<u>"Mood Switches/Day" box</u>**.



(Please note that **typical diurnal variation**, i.e., worse in the morning and a very gradual improvement during the day [or better in the morning with a gradual worsening as the day goes on] should **not** be counted **as a mood switch**).

RECORDING FUNCTIONAL IMPAIRMENT DUE TO ULTRADIAN MOOD SWITCHES:

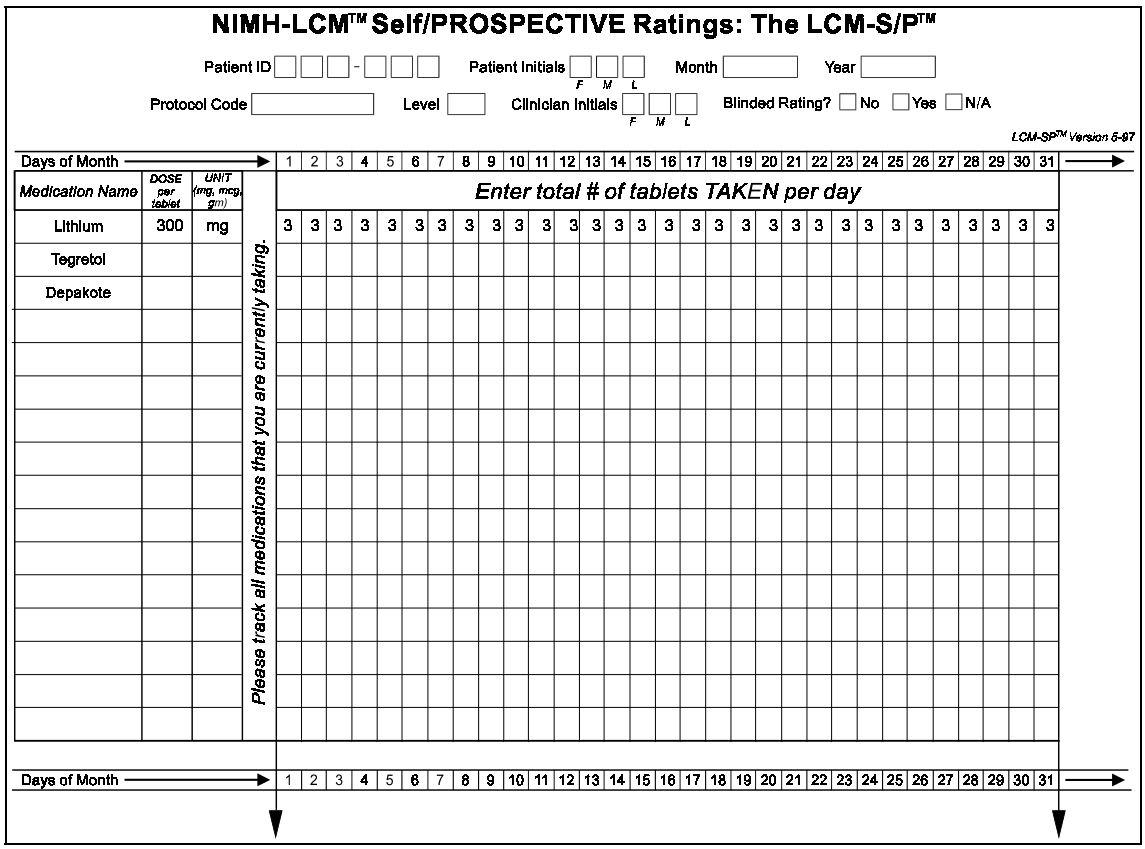
After counting and entering the number of mood switches per day you then rate how much your wor**st** hypo/manic and depressive **symptoms** of this day have affected your ability to function. Indicate the greatest functional impact of these manic and depressive switches by drawing up and down lines to the most severe impairment level reached, following the guidelines on the margin of the life chart rating form.



MEDICATIONS

Be sure to record each **medication and dose in the left margin of the Medication Section. Enter the daily total number of tablets taken** of each medication in the **appropriate box** (e.g., lithium, 300 mg, 3 tablets). This can best be done in the evening when you chart your mood and episode severity for the day, will help you track your medications, and assist you in making sure that you haven taken all your medications for the day.

MEDICATION SECTION OF THE PROSPECTIVE LIFE CHART RATINGS



SLEEP

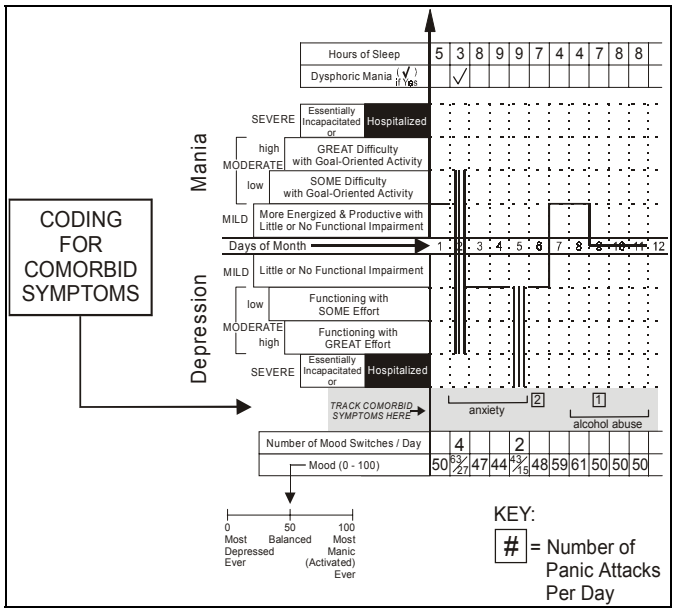
Hours of sleep (rounded to the nearest whole hour) can be recorded in the appropriate **box** above the space allocated for manic episodes. (If you slept, for example, 4.5 hours, please round to the nearest whole hour, i.e., 5). Please count only nighttime sleep and do not include naps you might have taken several hours after you got up.

MENSES

For pre-menopausal women, menses are tracked **by circling the days of the menstrual periods** at the bottom of the rating form.

COMORBID SYMPTOMS

Please record any other illness symptoms you may have experienced for days or all of this month, such as anxiety, # of panic attacks, alcohol use (i.e., # drinks/day), binge eating, etc., in the space provided on the LCM™- S/P. Please indicate start and stop dates of these symptoms with arrows pointing to the date line.



LIFE EVENTS

Please **record important life events** you may have experienced on any of the days of the month in the life event section of the life chart.

Please rate the expected impact each key life event and possible trigger of illness on a scale from **+4** (extremely positive) to **0** (neutral) to **-4** (extremely negative) and enter your rating in the **Impact box** available for each day.

When rating the impact of the event, please consider **how desirable the event** was, **how** much you felt **the event was under your control**, **how expected or anticipated the event was** (or how unexpectedly it happened), **how potentially disruptive the event could be long-term,** and **how much** it could potentially affect or **lower your self-esteem.**

On the next page we have included a life event checklist that some clinicians and researchers have found to be of high impact and related to subsequent mood changes or dysregulation. These events or similar ones may make the recording of events easier.

LIFE EVENT CHECKLIST

1. **Death** of **spouse**
2. **Death** of close **family** member (including child)
3. Major **financial** difficulties
4. **Business failure** for self or important other
5. **Loss of job** for self or important other
6. **Divorce**
7. Marital **separation** due to discord
8. Serious **illness** of a child or close family member
9. **Unemployment** for at least one month
10. **Death** of close **friend**
11. **Demotion** for self or important other
12. Serious **personal illness** (hospitalized or at least one month off work)
13. **Lawsuit**
14. Increased **arguments** with **spouse**/life partner
15. Increased **arguments** with resident **family** member (not spouse); family problems
16. **Separation** from significant other (friend or relative)
17. **Retirement** of self or important other
18. **Change in residence,** major move
19. Close **friend** very **ill**
20. **Relationship problems** (not spouse)
21. **Holiday**
22. **Vacation** trip
23. **Pet** very **sick** or **dies**
24. **Anniversaries** of significant events
25. **Marriage**
26. **Car** or transportation **problems**
27. **Birth** of a child
28. **Change in work** conditions (for the worse); conflicts with boss or co-worker
29. Start **new type** of **work**
30. **Engagement**
31. **Accident** (i.e., car accident, injuries etc.) to self and significant other person(s)
32. Job **promotion** for self or significant person (spouse, life partner, friend, or relative)

SUMMARY

By completing your daily prospective ratings your are, in fact, creating a continuous graph with enormous benefits of generating an accurate and detailed picture of your illness and its response to treatment and relationship to stressors. This should be very helpful to you and your doctor in assessing the effectiveness of treatment and maintaining or changing it accordingly. It will not only facilitate ongoing treatment efforts but if the need for a transfer of your care or a consultation arises, prospective and retrospective life chart ratings will greatly assist in this process.

We have added a filled-out one month prospective LCM™- S/P rating sample on the next page as a summary for your overview as well as a medication chart by drug class with both the generic and trade name for your information. Whether you will use the life chart for your own personal tracking of your illness and its response to treatment or whether you are participating in a study, we wish you the very best.

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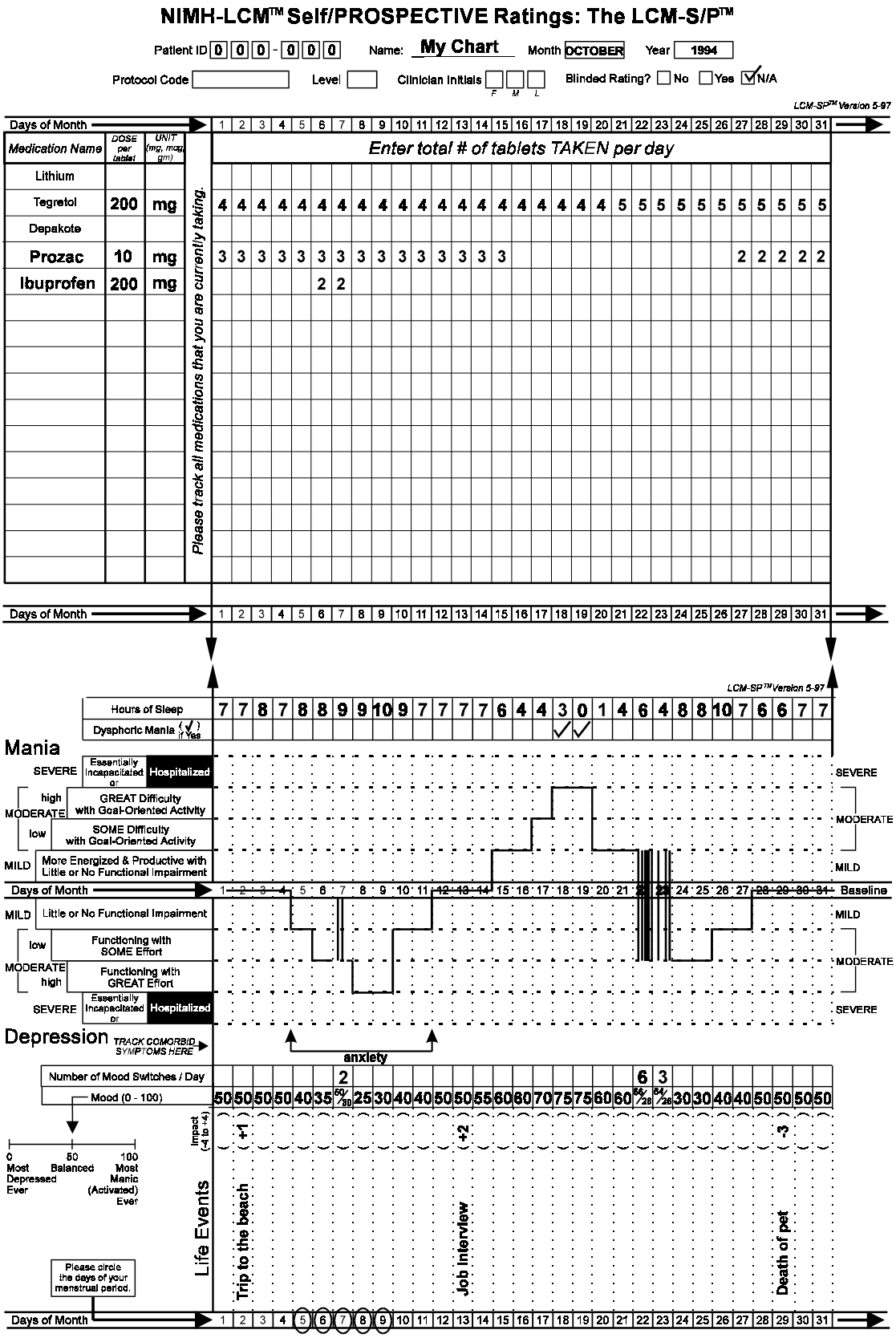
NIMH-LCM™ Self/PROSPECTIVE Ratings: The LCM-S/P™
Patient ID 0 0 0 - 0 0 0
Name: My Chart
Month OCTOBER
Year 1994
Protocol Code
Level
Clinician Initials F M L
Blinded Rating? No Yes N/A
LCM-SP™ Version 5-97
Days of Month
Medication Name
DOSE per tablet
UNIT (mg, mcg, gm)
Please track all medications that you are currently taking.
Enter total # of tablets TAKEN per day
Lithium
Tegretol 200 mg
Depakote
Prozac 10 mg
Ibuprofen 200 mg
Hours of Sleep
Dysphoric Mania (✓ if Yes)
Mania
SEVERE
Essentially Incapacitated or
Hospitalized
MODERATE
high
GREAT Difficulty with Goal-Oriented Activity
low
SOME Difficulty with Goal-Oriented Activity
MILD
More Energized & Productive with Little or No Functional Impairment
Baseline
Little or No Functional Impairment
Functioning with SOME Effort
Functioning with GREAT Effort
Depression
TRACK COMORBID SYMPTOMS HERE
anxiety
Number of Mood Switches / Day
Mood (0 - 100)
0 Most Depressed Ever
50 Balanced
100 Most Manic (Activated) Ever
Impact (-4 to +4)
Life Events
Trip to the beach
Job interview
Death of pet
Please circle the days of your menstrual period.

Common Psychotropic Medications

Listed by Generic Name (Brand Name)

MOOD STABILIZERS

Anticonvulsants

- Acetazolamide (Diamox)
- Carbamazepine (Tegretol)
- Felbamate (Felbatol)
- Gabapentin (Neurontin)
- Lamotrigine (Lamictal)
- Levetiracetam (Keppra)
- Phenytoin (Dilantin)
- Topiramate (Topamax)
- Tiagabine (Gabitril)
- Valproic Acid (Depakote, Valproate)
- Zonisamide (Zonegran)

Calcium Channel Blockers

- Amlodipine (Norvasc)
- Diltiazem (Cardizem)
- Isradipine (DynaCirc, Prescal)
- Nifedipine (Adalat, Procardia)
- Nimodipine (Nimotop)
- Verapamil (Calan, Isoptin)

Other

- Lithium Carbonate (Eskalith, Lithobid)
- Lithium Citrate (Cibalith-S)

ANTIDEPRESSANTS

SSRIs

- Citalopram (Celexa)
- Fluoxetine (Prozac)
- Fluvoxamine (Luvox)
- Paroxetine (Paxil)
- Sertraline (Zoloft)

SNRIs

- Venlafaxine (Effexor)
- Nefazodone (Serzone)
- Trazodone (Desyrel)

Dopamine Related

- Bupropion (Wellbutrin)
- Pramipexole (Mirapex)

Cyclic Compounds

Amitriptyline	(Amitid, Elavil)
Amoxapine	(Asendin)
Clomipramine	(Anafranil)
Desipramine	(Norpramin, Pertofrane)
Doxepin	(Adapin, Sinequan)
Imipramine	(Tofranil, Janimine)
Maprotiline	(Ludiomil)
Mirtazapine	(Remeron)
Nortriptyline	(Aventyl, Pamelor)
Protriptyline	(Vivactil)
Trimipramine	(Surmontil)

MAOIs

Isocarboxazid	(Marplan)
Moclobemide	(Not avail. In US)
Phenelzine	(Nardil)
Selegiline	(Eldepryl)
Tranylcypromine	(Parnate)

NEUROLEPTICS

Chlorpromazine (Thorazine)
Chlorprothixene (Taractan)

Fluphenazine	(Prolixin, Permitil)
Haloperidol	(Haldol)
Loxapine	(Loxitane, Daloxin)
Molindone	(Moban)
Perphenazine	(Trilafon)
Pimozide	(Orap)

Prochlorperazine (Compazine)

Thioridazine	(Mellaril)
Thiothixene	(Navane)
Trifluoperazine	(Stelazine)

Atypical Neuroleptics

Clozapine	(Clozaril)
Olanzapine	(Zyprexa)
Risperidone	(Risperdal)
Ziprasidone	(Geodon)

ANXIOLYTICS

Alprazolam	(Xanax)
Chlorazepate	(Tranxene)

Chlordiazepoxide (Librium)

Clonazepam	(Klonopin)
Diazepam	(Valium)
Flurazepam	(Dalmane)
Lorazepam	(Ativan)

Oxazepam (Serax)
Temazepam (Restoril)
Butalbital (Fiortal)
Mephobarbital (Mebaral)
Secobarbital (Seconal)
Buspirone (Buspar)
Zolpidem Tartrate (Ambien)

STIMULANTS

d-Amphetamine (Dexedrine)
Methylphenidate (Ritalin, Concerta)
Pemoline (Cylert)
Modafinil (Provigil)
Adderall amphetamine product

THYROID HORMONE

T-3 Liothyronine (Cytomel)
T-4 Levothyroxine (Synthroid)

SUPPLEMENTS

Ginkgo Biloba
Hypericum (St. John's Wort)
Melatonin
Piper Methysticum (Kava Kava)
S-adenosylmethionine (Sam-E)
ETHYL EPA (Laxdale)
EPA & DHA (Omega Brite)

ALCOHOL/SUBTANCE ABUSE

Acamprosate (Campral)
Disulfiram (Antabuse)
Naltrexone (ReVia)
Buprenorphine (Temgesic, Buprenex)
Methadone (Dolophine, Methadose)

WEIGHT TREATMENTS

Megestrol Acetate (Megace)
Fenfluramine (Pondium)
Phentermine (Obermine, Phentrol)
Sibutramine (Meridia)

ANTIPARKINSONIAN

Atropine Sulfate (Atropine)
Benztropine (Cogentin)
Trihexyphenidyl (Artane)
Amantadine (Symmetrel)
Carbidopa (Sinemet)
Procyclidine (Kemadrin)