Disclaimer to show at beginning of presentation

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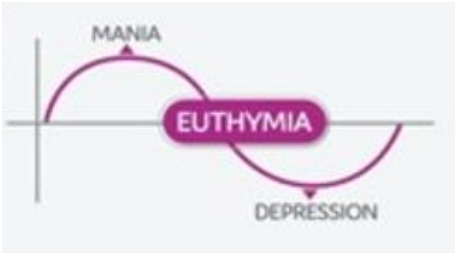
Rapid Mood Screener Tool Video

Story board for Dr. John Doe

Scene	Script	Description	Onscreen Images/Footage
Scene 0		Dr. John Doe is shown, with his name on the lower third of the screen.	**John Doe, M.D.**
Scene 1			
Scene 1a	Hello. I'm Dr. John Doe, a Professor of Psychiatry and Pharmacology and a physician with over 20 years of experience treating mood disorders. Today I'd like to talk about screening for bipolar I disorder, which is a chronic mental health condition thought to affect more than 2.5 million adults in the United States alone.	Dr. John Doe introduces himself and the topic. NOTE: The image shown here is a placeholder meant to represent Dr. John Doe and will be replaced with footage of Dr. John Doe speaking.	 Reference(s) shown on bottom of screen Merikangas KR, et al. Arch Gen Psychiatry. 2007;64(5):543-552. US Census Bureau, Population Division. *National Population by Characteristics: 2019-2019.* Suitland, MD: 2019.
Scene 1b	Bipolar I disorder is characterized by alternating cycles of high and low mood commonly known as mania and depression. People with bipolar I disorder can also experience periods of little to no symptoms, called euthymia.	Dr. John Doe describes the symptomatology of bipolar disorder as a graphic depicting alternating mood states appears on the screen.	
  Reference(s) shown on bottom of screen American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5.* Arlington, VA: American Psychiatric Publishing; 2013. Vieta E, et al. *Nat Rev Dis Primers*. 2018;4:18008.

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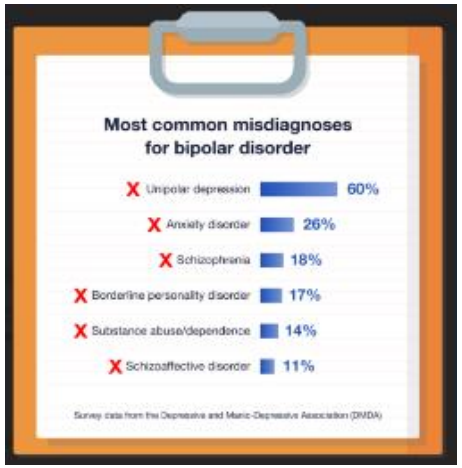
Scene	Script	Description	Onscreen Images/Footage
Scene 1c	For most people with bipolar I disorder, depressive episodes seem to last longer than manic episodes and are the primary reason for seeking medical care. This helps explain why it can be common for individuals with bipolar I disorder to be misdiagnosed with major depressive disorder, or MDD. In some individuals, bipolar I may also be mistaken as an anxiety disorder, personality disorder, or substance use disorder.	Dr. John Doe discusses why some people with bipolar I disorder may be misdiagnosed. As he reads the sentence starting "This helps explain…", the clipboard with the most common misdiagnoses for bipolar disorder appears on the screen.	 Reference(s) shown on bottom of screen Tondo L, et al. *Curr Neuropharmacol*. 2017;15(3):353-348. McIntyre RS, Calabrese JR. *Curr Med Res Opin*. 2019;35(11):1993-2005. Hirschfeld RM, et al. *J Clin Psychiatry*. 2003;64(2):161-174.
Scene 1d	Delays in accurate diagnosis can range from 5 to 10 years and have serious consequences for patients with bipolar disorder. For example, patients misdiagnosed with MDD may be treated with antidepressant monotherapy, which can induce or exacerbate symptoms of mania in some individuals.	When Dr. John Doe says the words "5 to 10 years," the numbers will appear on the screen to his right. NOTE: The image shown here is a placeholder meant to represent Dr. John Doe and will be replaced with footage of Dr. John Doe speaking.	 Reference(s) shown on bottom of screen Hirschfeld RM, et al. *J Clin Psychiatry.* 2003;64(2):161-174. McIntyre RS, Calabrese JR. *Curr Med Res Opin*. 2019;35(11):1993-2005. Viktorin A, et al. *Am J Psychiatry*. 2014;171(10):1067-73.

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Scene	Script	Description	Onscreen Images/Footage
Scene 1e	Delays in diagnosis can also be associated with increased social difficulties, higher rates of self-harm and hospitalization, and a worse response to treatment once initiated.	When Dr. John Doe introduces outcomes associated with delays in diagnosis, stock footage will appear showing 1) a woman shouting during a fight, 2) a hospital corridor, and 3) a woman with her hands near her head in frustration during therapy. • https://www.shutterstock.com/video/clip-1080410825-annoyed-wife-husband-having-fight-kitchen-marriage • https://www.shutterstock.com/video/clip-1059922769-medical-bed-on-wheels-hospital-corridor • https://www.shutterstock.com/video/clip-1068297470-cfrying-adult-caucasian-woman-holding-head-hands	  

Reference(s) shown on bottom of screen

McCraw S, et al. *J Affect Disord*. 2014;168:422-9.
Goldberg JF, Ernst CL. *J Clin Psychiatry*. 2002;63(11):985-991.
Altamura AC, et al. *Eur Arch Psychiatry Clin Neurosci*. 2010;260(5):385-91.
Fico G, et al. *J Affect Disord*. 2021;294:513-520.
Reinares M, et al. *J Affect Disord*. 2020;274:1113-1121.

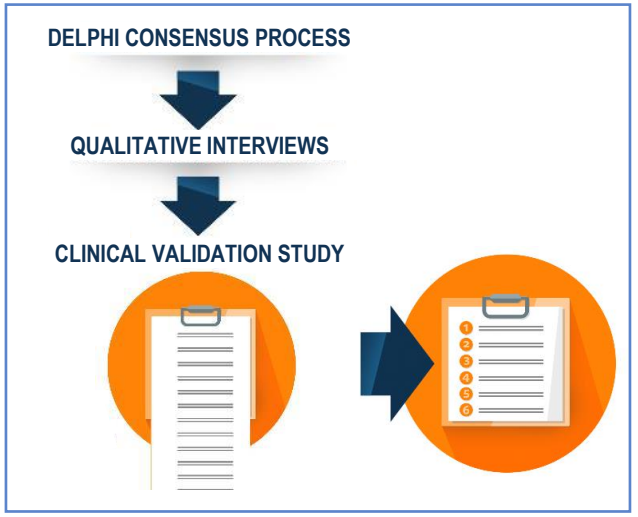
Rapid Mood Screener Tool Video

Story board for Dr. John Doe

Scene	Script	Description	Onscreen Images/Footage
Scene 2			
Scene 2a	One way to help reduce the time to diagnosis is to screen patients with depressive symptoms using a validated screening tool for bipolar I disorder. Typically, these screening tools are short assessments or questionnaires that are meant to identify patients that would benefit from a much more comprehensive diagnostic evaluation. While several screening tools for bipolar I disorder already exist, these tools are not always implemented by a provider prior to making a diagnosis of MDD.	Dr. John Doe introduces the role of screening tools in making a diagnosis. NOTE: The image shown here is a placeholder meant to represent Dr. John Doe and will be replaced with footage of Dr. John Doe speaking.	 19;35(11):1993-2005.
Scene 2b	For example, a recent survey found that only 32% of healthcare providers reported using screening tools for bipolar I disorder, in comparison to 82% of healthcare providers who reported using screening tools for MDD.	As Dr. John Doe describes the survey results, an orange circle shaded to represent 32% appears. When he says “in comparison to 82%” a second circle shaded to represent 82% appears.	  Reference(s) shown on bottom of screen McIntyre RS, et al. *Curr Med Res Opin*. 2021;37(1):135-144.

Rapid Mood Screener Tool Video

Story board for Dr. John Doe

Scene	Script	Description	Onscreen Images/Footage
Scene 2c	The Rapid Mood Screener, or RMS, is a brief, self-administered screening tool for bipolar I disorder. The tool highlights the features of bipolar I disorder that differentiate it from MDD and was designed with input from clinicians, academic experts, and people living with the condition.	Dr. John Doe introduces the RMS. A diagram shows clinicians, academic experts, and real people contributing to RMS development.	 Disclaimer shown on bottom of screen: THE RAPID MOOD SCREENER WAS DEVELOPED BY ABBVIE IN COLLABORATION WITH A TEAM OF MULTI-DISCIPLINARY EXPERTS. Reference(s) shown on bottom of screen McIntyre RS, et al. *Curr Med Res Opin*. 2021;37(1):135-144.
Scene 2d	Development of the RMS was a multi-step process. The group began with an over-inclusive list of concepts that clinicians felt would best identify patients with bipolar I disorder. This list was tested and refined using a Delphi consensus process and qualitative interviews with patients. A clinical validation study was then conducted to evaluate which subset of items performed best in combination.	A flow chart highlights the multi-step process used to develop the RMS. Each step appears as Dr. John Doe describes it, ultimately ending with the final 6-item tool.	 Reference(s) shown on bottom of screen McIntyre RS, et al. *Curr Med Res Opin*. 2021;37(1):135-144.

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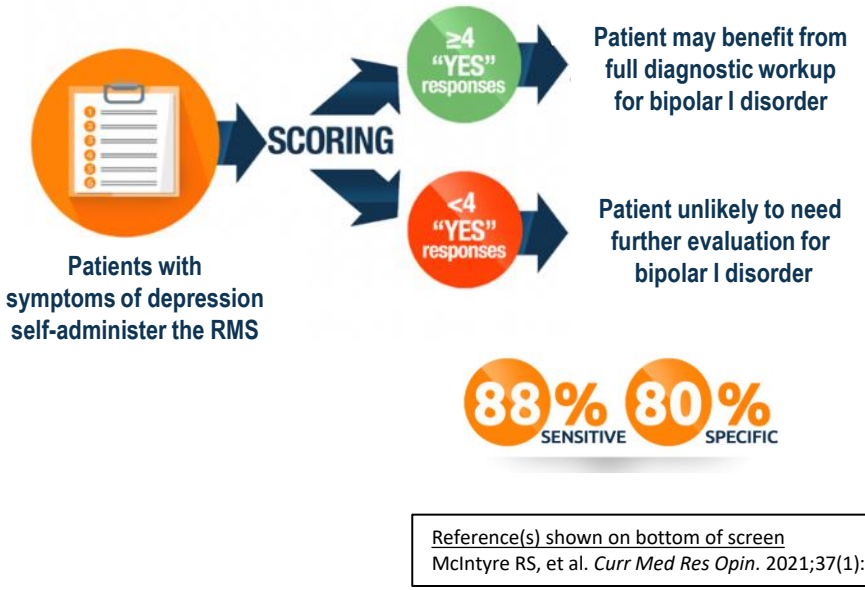
Story board for Dr. John Doe

Scene	Script	Description	Onscreen Images/Footage
Scene 2e	The final RMS consists of 6 items in total. In addition to questions about depressive symptoms, the RMS looks for a past history of mania, onset of symptoms in teenaged years, and evidence of antidepressant-induced irritability or hyperactivity. Answering "yes" to 4 or more questions is considered a positive screening and indicates that the patient may benefit from a more comprehensive evaluation. Overall, the RMS tool shows 88% sensitivity and 80% specificity for identifying patients who may have bipolar I disorder. Complete results of the clinical validation study have been published in the journal *Current Medical Research and Opinion.*	As Dr. John Doe describes the scoring algorithm, words appear below the clipboard image to say "Patients with symptoms of depression self-administer the RMS." The paths to "≥4 YES" and "<4 YES" will be animated to appear as Dr. John Doe describes what a score ≥4 means. "88% sensitive, 80% specific" appear below the algorithm as Dr. John Doe says the corresponding words.	 Reference(s) shown on bottom of screen McIntyre RS, et al. *Curr Med Res Opin*. 2021;37(1):135-144.

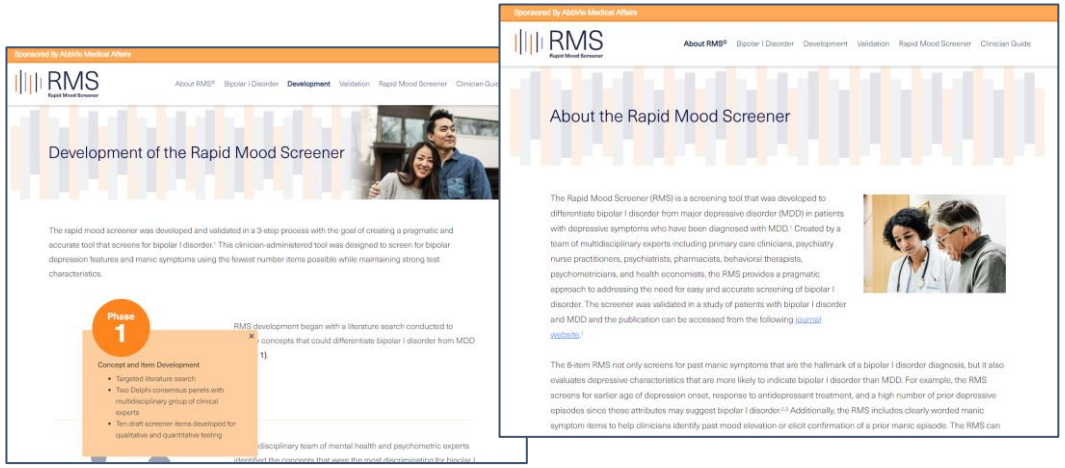
Rapid Mood Screener Tool Video

Story board for Dr. John Doe

Scene	Script	Description	Onscreen Images/Footage
Scene 3			
Scene 3a	If we want to address the large unmet need associated with bipolar I disorder, we need to give patients the chance to get an accurate and timely diagnosis. The Rapid Mood Screener takes less than two minutes to complete and can be self-administered by patients prior to or during an office visit. Scoring is similarly straightforward, making it easy to integrate the screener into a busy clinical setting.	As Dr. John Doe describes how quick and easy the RMS is to use, a series of individuals completing questionnaires are shown. • https://www.shutterstock.com/video/clip-1077019508-young-caucasian-woman-sitting-waiting-room-hallway • https://www.shutterstock.com/video/clip-1074952196-young-asian-male-business-formal-suit-waiting • https://www.shutterstock.com/video/clip-1042934638-businessman-relaxing-lounge-room-using-tablet	   Reference(s) shown on bottom of screen McIntyre RS, et al. *Curr Med Res Opin*. 2021;37(1):135-144.
Scene 3b	As someone who was involved in the development of the RMS, it is my hope that this tool will help identify patients who may have bipolar I disorder who might otherwise be misdiagnosed. While the screener itself is not a diagnostic tool, it can identify patients who may have bipolar I and alert providers that a more thorough workup is needed.	A collage of people is shown, and circles appear around select individuals as Dr. John Doe discusses how the screener can identify “patients who may have bipolar I disorder.”	 Disclaimer shown on bottom of screen: ONLY A HEALTHCARE PROFESSIONAL EXERCISING INDEPENDENT CLINICAL JUDGMENT CAN MAKE DECISIONS REGARDING APPROPRIATE DIAGNOSIS BASED ON THE UNIQUE CHARACTERISTICS OF EACH PATIENT. Reference(s) shown on bottom of screen McIntyre RS, et al. *Curr Med Res Opin*. 2021;37(1):135-144.

Rapid Mood Screener Tool Video

Story board for Dr. John Doe

Scene	Script	Description	Onscreen Images/Footage
Scene 3c	If you would like more information on the RMS and other screening tools for bipolar I disorder, please visit www.rapidmoodscreener.com. On this site, you'll find our full publication about the RMS, as well as a clinician's guide to help you incorporate the tool into your practice with the appropriate patients.	As Dr. John Doe speaks, pages of the RMS website will be shown on the screen, with the URL below them.	 Website address shown on bottom of screen *www.rapidmoodscreener.com*

References

1. Merikangas KR, et al. *Arch Gen Psychiatry*. 2007;64(5):543-552.

2. US Census Bureau, Population Division. *National Population by Characteristics: 2019-2019.* Suitland, MD: 2019.

3. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5.* Arlington, VA: American Psychiatric Publishing; 2013.

4. Vieta E, et al. *Nat Rev Dis Primers*. 2018;4:18008.

5. Tondo L, et al. *Curr Neuropharmacol*. 2017;15(3):353-348.

6. McIntyre RS, Calabrese JR. *Curr Med Res Opin*. 2019;35(11):1993-2005.

7. Hirschfeld RM, et al. *J Clin Psychiatry*. 2003;64(2):161-174.

8. Viktorin A, et al. *Am J Psychiatry*. 2014;171(10):1067-73.

9. McCraw S, et al. *J Affect Disord*. 2014;168:422-9.

10. Goldberg JF, Ernst CL. *J Clin Psychiatry*. 2002;63(11):985-991.

11. Altamura AC, et al. *Eur Arch Psychiatry Clin Neurosci*. 2010;260(5):385-91.

12. Fico G, et al. *J Affect Disord*. 2021;294:513-520.

13. Reinares M, et al. *J Affect Disord*. 2020;274:1113-1121.

14. McIntyre RS, et al. *Curr Med Res Opin*. 2021;37(1):135-144.