

Instructions for Life Charting

Kraepelin was the first to develop and use a life charting system. He proposed a detailed and systematic approach to patient care by recording severity, duration, and characteristics of each patient's manic and depressive episodes at monthly intervals to assess both severity and duration using a life-chart graph.

Life charts make no assumptions about the course of the illness. They allow the collection of information about the course of illness in a systematic and continuous fashion. This is done by using functional impairment criteria, arising from mood dysregulation as a measure of episode severity. The process is facilitated by involvement of family, friends and calendars. Records of prior hospitalizations and treatment may also augment the information. Therefore the life chart provides a longitudinal description of the course of bipolar illness and its response to treatment in the different phase of illness progression.

Client involvement in the construction of the retrospective life chart may enhance the therapeutic relationship, foster treatment adherence, and promotes treatment compliance and destigmatization of the illness.

Retrospective Ratings

Three levels of episode severity are rated: mild, moderate, and severe.

- Mild depression—indicates a distinct shift in mood from normal, but is not associated with functional impairment in the patient's usual social or occupational roles.
- Moderate depression—signifies a distinct increase in mood symptoms, and patients have significant difficulties in their usual roles but are able to function with extra effort.
- Severe depression—the patient is essentially unable to function outside or inside the home requires supportive or protective care, or required hospitalization.

Only moderate and severe depressive episode are integrated into a formal episode count, unless mild episodes are contiguous to a moderate or severe

episode, thus adding to the duration factor of that episode.

- Mild mania (Hypomania) these episodes are recorded as discrete episodes. This is necessary because of the tendency by the patient and family to overlook these mild hypomanias and to consider them within normal behavioral range.
- Moderate mania—is clearly noticeable to those in the patient's environment and is associated with the typical markers of mania. These episodes cause significant disruptions in the behavior and productivity of the client.
- Severe mania—includes out-of-control activities, bizarre behaviors, no sleep and possible psychosis. The patient is unable to function in goal-oriented activities and requires close supervision or hospitalization.
- Dysphoric mania—at any level of severity is cross hatched and denotes an important aspect of bipolar illness that is considerable more difficult to treat.

Hospitalizations for mania or depression is always charted as a severe episode and is shaded in for easy and quick recognition of the patient's most difficult phases of illness.

This procedure may also be used as an on-going means to monitor mood and response to treatment, psychotherapy as well as medication response.

For daily prospective ratings the same general procedures are used. However, the moderate level is divided in to low moderate (functioning with some difficulty) and high moderate (functioning only with great difficulty). This differentiation allows for charting of finer degrees of improvement or worsening. Mild and severe categories remain the same as in the retrospective charting