Bipolar Disorder and Depression

Two Distinct Conditions with Similar Symptoms

Today, the diagnosis process takes an average of 8 to 10 years before bipolar disorder is identified[1]. Diagnosing bipolar disorder requires a high level of clinical expertise and often takes a long time, as the symptoms of depression, known as unipolar depression, and those of bipolar disorder are similar and difficult to differentiate.
The current clinical diagnostic process is based on a trial-and-error approach.

Characteristics of bipolar disorder

- Alternating episodes of depression and excitement/mania.
- In 50 to 80% of cases, bipolar disorder begins with depressive episode[9].
- Manic phase wrongly considered by patients as a period of well-being which delays consultation with a doctor.
- Sometimes associated with substance use disorders, which can mask other symptoms.
- Mood swings during adolescence are often dismissed as normal emotional variability.
- Bipolar disorder is a chronic illness that generally requires lifelong treatment.

Characteristics of depression

At least 5 of these characteristic symptoms for at least two weeks:

- Depressed mood for most of the day.
- Lack of interest or marked pleasure in normal activities.
- Significant weight loss or change in appetite (significant increase or decrease).
- Persistent insomnia or hypersomnia.
- Psychomotor agitation or slowing of motor skills.
- Feeling tired or loss of energy.
- Low self-esteem or excessive feelings of guilt.
- Decreased attention span and concentration.
- Recurrent thoughts of death, suicidal ideation or suicide attempts.



The depressive symptoms of bipolar disorder and depression often overlap.
This is one of the main reasons why the diagnosis of bipolar disorder is so difficult and is too often delayed.

Bipolar disorder is among the 5 most disabling mental disorders[10] and is associated with a high suicide rate[11]

Moreover, bipolar disorder has a very high heritability, approximately 70%[1].
The risk of developing bipolar disorder is higher in individuals with at least one close relative affected by the condition.

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EDIT-B
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A Healthcare Professional Guide

The First Test to Differentially Diagnose Bipolar Disorder from Depression

A Major Innovation for Clinical Practice in Mental Health and Early Care of People with Mood Disorders



EDIT-B: 1st biological diagnostic test to help differentiate between depression and bipolar disorder

EDIT-B aims to significantly reduce the diagnostic delay for bipolar disorder, from an average of 8 years[1] to just a few weeks, while addressing key challenges faced by physicians in psychiatry:

- **Facilitate clinicians' diagnoses** with a high level of evidence and confidence.
- **Help patients accept their diagnosis** through biological data.
- **Facilitate treatment selection.**
- **Adapt treatment to complex clinical cases** (resistance to treatment, relapses, etc.).
- **Improve the prognosis of the disease and the patient's quality of life**.
- **Reduce the duration of suffering** for patients and their loved ones.

EDIT-B is a diagnostic test that integrates seamlessly into the clinical workflow, complementing existing clinical data and scales. It serves as a key decision-making support tool for mental healthcare professionals. EDIT-B empowers clinicians to facilitate the prompt selection of therapeutic treatments and helps patients lead better lives by reducing diagnostic delays.

Differentiating Between Depression & Bipolar Disorder at an Early Stage
A Major Challenge for Psychiatric Diagnosis

Bipolar disorder is often confused with depression:

60% of misdiagnosed patients with bipolar disorder are initially diagnosed with depression[2]

84 millions people
in Europe affected by
mental desorder

17% of the population

Bipolar Disorder affects
1.3%
of the European population

The median age of onset for bipolar disorder is **25 years**, though the illness can begin as early as childhood or as late as one's 40s or 50s.



The later the diagnosis of bipolar disorder, the higher the risks for the patient

- Inadequate or ineffective treatment
- Reduced quality of life
- Comorbidities
- Addictions
- Hospital admissions
- Worsening of the condition
- Social isolation
- Exclusion
- Suicide attempts (30 to 50% of patients)[1]
- Suicide (15 to 20%)[1]

EDIT-B Test in Practice

A Quick and Easy Process

Medical consultation for a Major Depressive Episode
Consultation with a prescribing mental healthcare professional for moderate to severe depressive symptoms

Prescription of the EDIT-B test
The physician prescribes the EDIT-B test

Blood draw

RNA sequencing with EDIT-B primers

Analysis of the data with EDIT-B algorithm

Results sent to the doctor
within a few weeks

Discussion of tests results during a consultation

Who can prescribe the EDIT-B test?

EDIT-B is prescribed by a healthcare professional authorized to diagnose mental health conditions and prescribe medical laboratory tests.

Which patients is the EDIT-B test designed for?

- Patients ≥18 years.
- Treated for a Moderate or Severe Depressive Episode (Antidepressants, Antipsychotics, Anxiolytics, Hypnotics/Sedatives and Antiepileptics – Anatomical Therapeutic Chemical (ATC) classification).

EDIT-B is not intended for patients under 18 or with contraindications to blood testing.



In the field of psychiatry, traditionally shaped by clinical expertise, we now stand on the threshold of precision psychiatry. Given the global prevalence of bipolar disorder, which is often underdiagnosed or misdiagnosed, sometimes due to the absence of manic episodes in certain patients, a revolutionary era is emerging. Through the identification of a biomarker signature revealed by a test requiring only a simple blood draw, diagnosis has the potential to enter a realm of objectivity.

Professor Eduard Vieta
Psychiatrist, Head of the Department of Psychiatry, Hospital Clinic of Barcelona

Features of the EDIT-B test

- **Clinically validated** in three independent cohorts totalling ~800 patients[6,7,8].
- **High performance** Sensitivity and specificity above 80%[7,8].
- **Simple** Test performed on a blood sample.
- **Fast** Results available to the prescribing physician within a few weeks.
- **Certified** Qualitative in vitro medical device (IVD), CE-IVD marked, ISO 13485 certified laboratory.

A State-of-the-Art, High-Performance Analysis Method

EDIT-B® is a molecular biology test performed on a blood sample, based on RNA sequencing and artificial intelligence (AI). The test analyzes RNA sequences, focusing on specific nucleotide modifications known as A to I RNA editing events, which reveal different signatures for patients with bipolar disorder and those with depression. The sequencing results are combined with the patient's clinical data (age, sex, addictions and treatment) and processed through a proprietary AI-powered algorithm.

ALCEDIAG
A Leader in Precision Diagnostics for Mental Health

The EDIT-B test is the result of several years of research and development led by ALCEDIAG, culminating in its clinical validation. ALCEDIAG is a precision diagnostics company specializing in mental health. The company develops innovative diagnostic solutions for psychiatric disorders based on proprietary blood biomarkers.



For more information, please visit:
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