When the patient feels a new change in mood, either positive or negative, they will fill in the next row. The monitoring of the mood changes will continue for fourteen days. At the end of the fourteen days, the patient will present the chart to their primary care provider for analysis. This will aide the practitioner to clearly identify whether the patient is suffering from a unipolar or bipolar disorder of the mood, or if the patient is cyclothymic.

Possible Diagnoses:

Unipolar Depression - These patients don't experience "high" episodes. Instead, they experience ongoing low moods and suffer from loss of motivation, extreme sadness, and low energy.

Bipolar Depression - These patients alternate between episodes of extreme happiness and excitement and episodes of extreme sadness and low energy (Bipolar Disorder type 1) or between episodes of mild happiness and and positive outlook in life with episodes of extreme sadness and low energy (Bipolar Disorder type 2). In Bipolar patients, changes in mood occur with a minimum interval of at least four days.

Cyclothymia - These patients alternate between episodes of mild happiness and and positive outlook in life with episodes of sadness and low energy. In this condition, changes in mood occur much more frequently and a person affected by cyclothymia may change mood multiple times within less than two-to-three days, sometimes even the same day.

Why it is important?

How does the CRMMC help?

Most often, the drugs of choice for treating depression and anxiety are a class of medications called Selective Serotonin Re-uptake Inhibitors (SSRIs) and Serotonin Antagonist and Re-uptake Inhibitors (SARIs). While these may help patient to avoid or milden the 'low" symptoms, they may exacerbate the "high" or, in medical terms, "manic" episodes causing in certain rare cases even detrimental side effects.

The average primary care provider appointment for mental health patients varies between 20 and 30 minutes. In such a short time, it is hard to identify the correct depressive spectrum disorder that afflicts the client. This chart, instead, aims at helping the practitioner to determine the correct diagnosis, and to prevent the possible prescription of those medications that may exacerbate the condition of the patient.

The CRMMC was created by Cranston Ridge Medical Clinic in collaboration with the Cranston Ridge Clinical Research Institute.

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The Cranston Ridge Mood Monitoring Chart

A new safer approach to diagnosing patients with depressive spectrum disorders

Introducing the

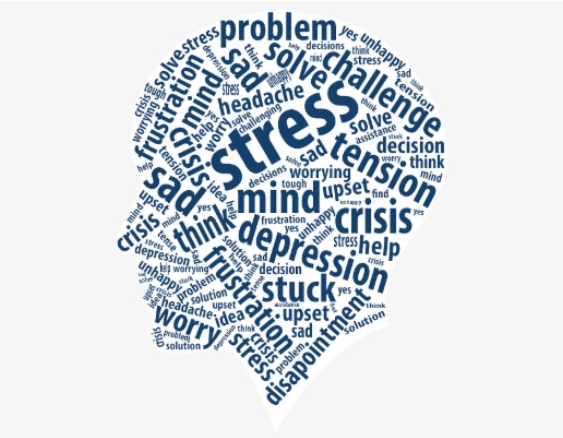
Cranston Ridge Mood Monitoring Chart (CRMMC)

What is it?

The CRMMC is a diagnosis aide tool for medical and nursing practitioners that will allow for a more precise diagnosis for depression and mood spectrum disorders.

It is often difficult for family physicians, nurse practitioners, and registered nurses to make a correct diagnosis by relying only on patients' perception or memory of past events during a one appointment only. When basing one's diagnosis only on the history reported by the patient alone, often bipolar depression and cyclothymia are diagnosed as unipolar depressive disorders. In other cases, cyclothymia is misdiagnosed as bipolar disorder and vice-versa. It would be more beneficial to patients if the correct disorder was identified in a shorter timeframe.

The CRMMC has a twofold aim. The first is to identify the pattern of the mood swings. The second, is to empower patients to deal with their mood changes by making them actively seek a possible cause for the swing in mood by attributing the change to a particular event they have experienced.



How does it work?

The CRMMC present itself as a chart with six columns. Each column is assigned to a different entry that will have to be filled in by the patient. These are "Date", "Time", "Mood", "Last Meal Time", "Attributed Causes", "Overall Mood +/-".

The patient will begin to fill in the first row according to each single entry, starting with the date and time of the first entry. In the "Mood" section, the patient will describe with few adjectives their mood at the moment of the entry. This could be for example "happy", "relieved", "sad", "furious", "excited", etc. The time of the last meal should also be noted on the chart. This may help the patient and the practitioner who analyze the completed chart to see if there is any connection between the mood changes and the eating habits of the patient. In the section dedicated to the attributed causes, instead, the patient is encouraged to look introspectively to determine whether the new mood was due to a particular fact or series of events. Finally, the patient will conclude on whether their mood is overall positive or negative at the time of the entry.

CRANSTON RIDGE MOOD MONITORING CHART (CRMMC)

Patient's Name _____ **Patient's Date of Birth ___/___/_____**

DATE	TIME	MOOD	LAST MEAL TIME	ATTRIBUTED CAUSES	OVERAL MOOD (+/-)

CRANSTON RIDGE MOOD MONITORING CHART (CRMMC)

Patient's Name _____ **Patient's Date of Birth ___/___/_____**

DATE	TIME	MOOD	LAST MEAL TIME	ATTRIBUTED CAUSES	OVERAL MOOD (+/-)