

Clinical overview

Claire Bennett

25 years / F / Veteran: Yes

Current medications	None reported	Medication allergies	None reported
Past medications	None reported	Diabetes	Yes
Treatment preference	Medication; Individual Therapy		
Primary concern	No Primary Concern		

High-risk indications

Suicidal ideation / Self harm

High-risk indications were identified for: Suicidal Ideation and Self Harm. Prompt clinical follow-up is recommended. Assess current symptoms, severity, immediacy, safety, and the appropriate level of care. If imminent risk is present, contact emergency services and follow applicable crisis and safety protocols. Document the assessment and actions taken.

Conditions to consider

Ordered by screening signal

01

Bipolar - Depressive State

ASRM: **Present (6/20)**; PHQ-9: **Severe (21/27)**.
Diagnostic clarification and additional clinical context on page 4.

Primary condition

Instrument results

Patient score marked in each band

Severe

PHQ-9 / Patient Health Questionnaire

None-minimal

Mild

Moderate

Moderately severe

Severe

0-4

5-9

10-14

15-19

20-27

Patient 21/27

Positive screen

WHODAS 2.0 / Disability assessment

Negative screen

Positive screen

0-10

11-48

Patient 26/48

Present

ASRM / Altman Self-Rating Mania Scale

None

Present

0-5

6-20

Patient 6/20

Present

ASQ / Ask Suicide-Screening Questions

None

Present

0-1

1-4

Patient 4/4

None

Phobia Screening / Internal assessment

None

Possible indication

0

1

Patient 0/1

Bands show ordered categories, not equal numeric intervals. Condition interpretation may combine multiple instruments and intake information. Ranges are reproduced from the supplied report.

Candidate medications

Bipolar Mood Disorder | Primary condition | For clinician context

Candidate Medications are generated using the primary condition and, when available, secondary conditions as modifiers. Patient age is incorporated where relevant. Candidates are sourced from VA, APA, and NICE guideline-based treatment recommendations.

Finally, candidates are safety screened via Medi-Span® using available comorbidities, current medications, allergies, and contraindications.

 Not recommended in supplied report

Unmarked: no flag in source

Drug	Class	Typical dosage	Reasoning
Candidates without flags			
Lamotrigine	Mood stab.	Starting: 25 every other day-50 mg/day Usual: 25-400 mg/day	The VA/DoD bipolar guideline supports lamotrigine mainly for prevention of depressive recurrence rather than for rapid acute relief, so it is most useful when a longer-term depression-prevention strategy is the goal.
Not recommended			
 Cariprazine ⁵ Not recommended	Atyp. antipsych.	Starting: 1.5 mg/day Usual: 1.5-3 mg/day	The VA/DoD bipolar guideline supports cariprazine as an option for acute bipolar depression when a dopamine-partial-agonist atypical antipsychotic is preferred and the patient can tolerate akathisia risk.
 Lithium ⁷ Not recommended	Mood stab.	Starting: 600-900 mg/day Usual: 600-1800 mg/day	The VA/DoD bipolar guideline supports lithium as a useful longer-term option in bipolar disorder because it helps with maintenance, recurrence prevention, and overall mood-stabilizing strategy, even though its antidepressant effect is usually less rapid than quetiapine or lurasidone.
 Lurasidone ^{8, 14} Not recommended	Atyp. antipsych.	Starting: 20 mg/day Usual: 20-120 mg/day	The VA/DoD bipolar guideline supports lurasidone as a recommended option for acute bipolar depression, particularly when clinicians want a depression-focused atypical antipsychotic with a generally lighter metabolic profile than some alternatives.
 Quetiapine ^{9, 15} Not recommended	Atyp. antipsych.	Starting: 50 mg/day Usual: 50-800 mg/day	The VA/DoD bipolar guideline supports quetiapine as a recommended monotherapy option for acute bipolar depression, making it one of the core evidence-based choices when depressive symptoms are active now.
 Esketamine ^{6, 12} Not recommended	NMDA antag.	session-based	Esketamine is a used but not established option because specialty or refractory use may be considered, yet the VA/DoD guideline does not find enough evidence to recommend it routinely for bipolar depression.
 Ketamine ^{1, 2, 3, 13} Not recommended	NMDA antag.	session-based	Ketamine is a used but not established option because specialty or refractory use is sometimes considered, but the VA/DoD guideline does not find enough evidence to recommend it routinely for bipolar depression.
 Aripiprazole ^{4, 11} Not recommended	Atyp. antipsych.	Starting: 2-5 mg/day Usual: 5-15 mg/day	Aripiprazole is not recommended for bipolar depression because negative trial evidence has not shown clinically meaningful antidepressant benefit in this phase of illness.
 Ziprasidone ^{10, 16} Not recommended	Atyp. antipsych.	Starting: 40 mg/day Usual: 80-160 mg/day	Ziprasidone is not recommended for bipolar depression because the available evidence has not shown reliable benefit for acute depressive episodes relative to better-supported options.

Screening notes

Superscripts link to the notes below.

- 1 Ketamine / Manual screening. Ketamine HCl requires manual screening. Age Contraindication content is excluded per editorial policy.

2 Ketamine / Manual screening. Ketamine HCl requires manual screening. Disease Contraindication content is excluded per editorial policy.

3 Ketamine / Manual screening. Ketamine HCl requires manual screening. Gender Contraindication content is excluded per editorial policy.

4 Aripiprazole. Administration of Aripiprazole should be used cautiously in Diabetes Mellitus. Since Diabetes Mellitus is related to Type 2 Diabetes Mellitus, the same precaution may apply.

5 Cariprazine. Administration of Cariprazine HCl should be used cautiously in Diabetes Mellitus. Since Diabetes Mellitus is related to Type 2 Diabetes Mellitus, the same precaution may apply.

6 Esketamine. Administration of Esketamine HCl (56 MG Dose) should be used with extreme caution in Child-Bearing Aged Female.
- 7 Lithium. Administration of Lithium Carbonate should be used with extreme caution in Child-Bearing Aged Female.

8 Lurasidone. Administration of Lurasidone HCl should be used with extreme caution in Diabetes Mellitus. Since Diabetes Mellitus is related to Type 2 Diabetes Mellitus, the same precaution may apply.

9 Quetiapine. Administration of QUetiapine Fumarate should be used cautiously in Diabetes Mellitus. Since Diabetes Mellitus is related to Type 2 Diabetes Mellitus, the same precaution may apply.

10 Ziprasidone. Administration of Ziprasidone HCl should be used with extreme caution in Diabetes Mellitus. Since Diabetes Mellitus is related to Type 2 Diabetes Mellitus, the same precaution may apply.

11 Aripiprazole. CNS depressants (eg, Aripiprazole) may increase CNS depressant effects of alcohol.
- 12 Esketamine. CNS depressants (eg, Esketamine HCl (56 MG Dose)) may increase CNS depressant effects of alcohol.

13 Ketamine. CNS depressants (eg, Ketamine HCl) may increase CNS depressant effects of alcohol.

14 Lurasidone. CNS depressants (eg, Lurasidone HCl) may increase CNS depressant effects of alcohol.

15 Quetiapine. CNS depressants (eg, QUetiapine Fumarate) may increase CNS depressant effects of alcohol.

16 Ziprasidone. CNS depressants (eg, Ziprasidone HCl) may increase CNS depressant effects of alcohol.

Evidence fields provide quick provenance for candidate medications and help cross check source types. Safety screening provided by Medi-Span®.

CPT documentation

CPT code	Score	Assessment and justification
96127	21/27 Severe	PHQ-9 Rank 1 Standardized instrument: Patient Health Questionnaire (PHQ-9), used to assess the severity of depressive symptoms associated with Major Depressive Disorder. Reason: Screening for or monitoring Major Depressive Disorder in outpatient or primary care settings. Results: Score 21. Interpretation: Severity of depressive symptoms in Major Depressive Disorder is classified as Severe using published scoring guidelines. Purpose of screening: To support identification and monitoring of Major Depressive Disorder within the diagnostic and treatment process.
96127	6/20 Present	ASRM Rank 1 Standardized instrument: Altman Self-Rating Mania Scale (ASRM), used to assess elevated mood, increased activity, and related symptoms associated with Bipolar Manic/HypoManic/Mixed presentations. Reason: Screening for or monitoring manic and hypomanic symptoms in individuals with suspected or diagnosed bipolar spectrum disorders. Results: Score 6. Interpretation: Severity of manic or hypomanic symptoms in Bipolar Manic/HypoManic/Mixed presentations is classified as Present using published scoring guidelines. Purpose of screening: To support identification and monitoring of Bipolar Manic/HypoManic/Mixed presentations within the diagnostic and treatment process.
96127	26/48 Positive screen	WHODAS 2.0 Rank 1 World Health Organization Disability Assessment Schedule 2.0, 12-item version (WHODAS 2.0 12-item), used to assess disability and functional impairment across major life domains. Reason: Screening for or monitoring functional impairment and disability related to mental health, substance use, medical, or other health conditions in outpatient or primary care settings. Results: Score 26. Interpretation: The functional impairment screening result is Positive Screen (Negative Screen for scores 0-10; Positive Screen for scores 11-48). Purpose of screening: To support identification and monitoring of functional impairment within the diagnostic and treatment process.
96127	4/4 Present	ASQ Rank 2 Standardized instrument: Ask Suicide-Screening Questions (ASQ), used to assess suicidal thoughts and behaviors related to Suicidal Ideation. Reason: Screening for or monitoring suicidal behavior in outpatient or primary care settings. Results: Score 4. Interpretation: Overall suicidal risk is summarized as Present using published scoring guidelines. Purpose of screening: To support systematic assessment and monitoring of suicidal risk within the diagnostic and treatment process.
96127	0/1 None	Phobia Screening Rank 2 Phobia Screening, used to screen for possible phobia-related symptoms. Reason: Screening for or monitoring Phobia when marked fear of specific objects or situations is reported. Results: Score 0. Interpretation: The Phobia screening result is None (None or Possible Indication). Purpose of screening: To support identification and monitoring of Phobia within the diagnostic and treatment process.

Response reliability

Mostly paced responding

Average response time: 5.5 s

Answered too quickly: 6.8%

Band definition: 5% to <10% answered too quickly. Most responses were provided at a typical pace, with a small number of fast responses. "Answered too quickly" is computed as the percentage of responses to diagnostic instrument items completed in under 0.8 seconds. These timing indicators help flag inattentive or rushed responding that can reduce measurement reliability.

Clinical context

Additional findings and clinician considerations

Primary condition

Bipolar - Depressive State

Why listed: Present severity on Altman Self-Rating Mania Scale (Bipolar - Manic/Hypomanic/Mixed State), score 6; Severe severity on Patient Health Questionnaire (PHQ-9) (Major Depressive Disorder), score 21

Considerations: Responses indicate endorsement of both manic/hypomanic and depressive symptoms, which is an uncommon presentation that warrants careful diagnostic clarification and comprehensive evaluation for bipolar depressive state.

Typical Adjuncts: Clinician-facing nonpharmacological options include cognitive behavioral therapy, family or conjoint therapy, interpersonal and social rhythm therapy, non brief psychoeducation, short term light therapy, and repetitive transcranial magnetic stimulation.

Consider referring the patient to an appropriate specialist for follow-up and further assessment.

Other conditions

These items reflect conditions for which the patient showed some indication, but for which Kivira does not provide example drug recommendations. They are provided as additional context for clinical consideration.

Functional Impairment / Disability

Functional impairment or disability should prompt a broader care-planning discussion, not just medication changes. Clarify which domains are affected, document severity, review safety and support needs, and consider psychotherapy, occupational or social supports, and disability-related accommodations or benefits when appropriate. Medication selection may be out of scope until addressed.

Suicidal Ideation

Assess intent, plan, means, timeframe, and protective factors. If imminent risk is present, contact emergency services and do not leave the person alone. Create a safety plan, restrict access to means, involve supports with consent, and document actions. Pharmacotherapy changes are not first line in the acute crisis. Arrange urgent follow up with mental health services. Medication selection may be out of scope until addressed.

Self Harm

Screen for intent, frequency, urges, plans, and access to means. If imminent risk is identified, activate emergency response and ensure continuous supervision until handoff. Implement means restriction, provide crisis resources, and schedule urgent mental health follow up. Medication changes are not first line in the acute safety context. Medication selection may be out of scope until addressed.

Supporting information

Instrument references PHQ-9: Kroenke et al. The PHQ-9: validity of a brief depression severity measure. J Gen Intern Med. 2001;16(9):606-613. WHODAS 2.0: World Health Organization Disability Assessment Schedule (WHODAS) 2.0 - Internal assessment. ASRM: Altman et al. The Altman Self-Rating Mania Scale. Biol Psychiatry. 1997;42(10):948-955. ASQ: Ask Suicide-Screening Questions (ASQ) - Internal assessment. Phobia Screening - Internal assessment.	Interpretation notes 1 Assessed conditions may differ from the conditions that individual instruments are designed to screen for. Differences can arise from second order diagnostic considerations that synthesize signals across instruments, or from additional information provided in the patient's intake. 2 Note that instruments do not necessarily share the same severity categories. 3 Not all instruments define fixed severity categories, and visual scales may therefore be available only for a subset of instruments.	Report scope Kivira Clinical Support Edition is intended to help primary care physicians organize patient-reported mental health symptoms and access relevant clinical practice guidelines and validated screening tools. It does not provide diagnostic conclusions or treatment recommendations. Clinical decisions remain solely with the healthcare provider. This report reflects information available at the time of generation. Clinical decisions may reasonably differ based on additional factors including history, examination, comorbidities, contraindications, concomitant medications, prior response, patient preferences, and local policies. For a complete list of patient information/responses which have been considered when producing this report, please contact your clinic.
Report details Report ID: c4ad4ee3-2780-4927-9856-2a0440e46aa1 Generated: 2026-10-06T13:03:41.368300Z	Report mode Guideline report mode focuses on primary-disorder guidance; secondary-condition matching is not scored. Conditions that are currently out of scope for Kivira treatment support may still appear in the "Other Conditions" section above.	Limitations Advisory content supports clinician judgment and may omit salient facts not captured in intake, screeners, or EHR snippets. Kivira DSM style checklists are internal variants and should be interpreted with validated scales and clinical history. No diagnostic probabilities, coding, dosing, titration, or product selection are provided.