



Clinical Care Guidelines for: Bipolar Disorder in Adults

OBJECTIVE

To guide the diagnosis and treatment of Bipolar Disorder in Adults.

DIAGNOSIS & ASSESSMENT

MEETS DSM-IV-TR DIAGNOSTIC CRITERIA FOR:

- Bipolar I
- Bipolar II

EVALUATION

Psychiatric evaluation to assess:

- Patient's safety
- Level of functioning
- Appropriate level of care (inpatient, outpatient, partial or IOP)
- Establish goals for treatment

TREATMENT

MEDICATION MANAGEMENT

1. Acute mixed or manic phase
 - Initiate lithium plus an atypical antipsychotic or valproate plus an atypical antipsychotic
 - For the less ill, mono-therapy with lithium or valproate may be sufficient
 - ECT may be considered for severe or treatment resistant mania
2. Depressive episodes
 - Lithium; anti-depressants should be used cautiously
 - ECT should be considered for severe cases
 - If no response to first line medication, can add lamotrigine, bupropion or SSRI/SNRI
 - If there are psychotic features, adjunct treatment with an atypical antipsychotic may be appropriate
3. Rapid Cycling
 - If on anti-depressants, taper if possible
 - Start lithium, valproate or lamotrigine
 - For many patients, a combination of medications is required
 - If there are psychotic features, adjunct treatment with an atypical antipsychotic may be appropriate
4. Maintenance
 - Lithium, valproate, lamotrigine, carbamazepine, or oxcarbazepine
 - Medication used to achieve remission should be continued
 - Reassess the need to continue use of atypical antipsychotics

THERAPY

1. Acute mixed or manic phase:
 - Therapy and medication
2. Depressive episodes:
 - Cognitive behavioral therapy and medication
3. Maintenance
 - Therapy to address illness management, relapse prevention and interpersonal problems
 - Support groups for psychoeducation and information on treatment
4. Family-focused therapy (weekly psychoeducational and communication skills) along with medication improves post episode symptomatic adjustment and drug adherence. Also, there is a decrease in relapse occurrence.

If patient is discharged from inpatient hospitalization, patient needs to be seen in an outpatient setting, intensive outpatient setting or partial hospitalization by a behavioral health provider within 7 calendar days.

For those on atypical antipsychotics, need to monitor weight, waist circumference, blood pressure, glucose and lipids.

REFERENCES

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-TR (2000). American Psychiatric Association.
Practice Guideline for the Treatment of Patients with Bipolar Disorder (2002) American Journal of Psychiatry.
Hirschfeld (2005) Guideline Watch: Practice Guideline for the Treatment of Patients with Bipolar Disorder.