

Behavioral Health Clinical Practice Guidelines for: Bipolar Disorder in Adults

OBJECTIVE

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

DIAGNOSIS & ASSESSMENT

MEETS DSM-5 DIAGNOSTIC CRITERIA FOR:

- Bipolar I - At least one episode of severe mania over a lifetime and at least one episode of depression over a lifetime.
- Bipolar II - At least one episode of hypomania over a lifetime and at least one episode of depression over a lifetime.

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.

Please note: If prescribing antipsychotic medication, yearly diabetes screen via blood test/A1C levels are recommended.

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

Disclaimer: Recommendation of treatment does not guarantee coverage of services.

REFERENCES

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013). American Psychiatric Association.
 Practice Guideline for the Treatment of Patients with Bipolar Disorder (2002) American Journal of Psychiatry.
 Hirschfeld (Reviewed 2014) Guideline Watch: Practice Guideline for the Treatment of Patients with Bipolar Disorder.

Approved by MAC: 4/13/11, 8/14/13, 8/12/15, 8/1/18 Revised: 2/14/11, 7/19/13, 6/23/15 Reviewed 03/2018 APP02014 (8/15)