## Behavioral Health Clinical Practice Guidelines for: Bipolar Disorder in Adults

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

### DIAGNOSIS & ASSESSMENT

<table>
<thead>
<tr>
<th>MEETS DSM-5 DIAGNOSTIC CRITERIA FOR:</th>
<th>EVALUATION</th>
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</thead>
<tbody>
<tr>
<td>• Bipolar I - At least one episode of severe mania over a lifetime and at least one episode of depression over a lifetime.</td>
<td>Psychiatric evaluation to assess:</td>
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<td>• Bipolar II - At least one episode of hypomania over a lifetime and at least one episode of depression over a lifetime.</td>
<td>• Patient's safety</td>
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<td>• Level of functioning</td>
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<td>• Appropriate level of care (inpatient, outpatient, partial or IOP)</td>
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<td>• Establish goals for treatment</td>
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### MEDICATION MANAGEMENT

1. Acute mixed or manic phase
   - Initiate lithium plus an atypical antipsychotic or valproate plus an atypical antipsychotic (olanzapine and risperidone have most supporting clinical evidence)
   - For less ill patients, mono-therapy with lithium, valproate, or olanzapine may be sufficient
   - Antidepressants should be tapered and discontinued
   - ECT may be considered for severe or treatment resistant mania

2. Depressive episodes
   - Initial therapy with lithium or lamotrigine
   - ECT should be considered for severe cases
   - If no response to first line medication, can add an antidepressant (antidepressant monotherapy not recommended)
   - If there are psychotic features, adjunct treatment with an atypical antipsychotic may be appropriate

3. Rapid cycling
   - If on antidepressants, 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; should only be continued for persistent psychosis
   - Maintenance sessions of ECT may also be considered for patients whose acute episode responded to ECT

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

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

### REFERENCES