Quick Look – Bipolar Disorder

- Mental Health Clinical Advisory Group (MHCAG) choses to refer to "medications for the monotherapy of bipolar disorder" throughout the bipolar disorder practice guidelines rather than use the term "mood stablizers." This is to move towards a more accurate description of these medications.
- Co-occuring substance use disorders are common among those diagnosed with bipolar disorder. Alcohol use disorder is the most common. (1)
- Those diagnosed with bipolar disorder have an elevated risk of suicide. They may have the highest suicide risk among those with a psychiatric diagnosis. (2)
- More people seek treatment when experiencing depression. When assessing for depression, ask about symptoms of mania. Also, monitor during treatment. (3)
- Anti-depressants can provoke a manic or hypomanic episode. Tricyclic anti-depressants have the highest risk. These are followed by:
  - » Serotonin-norepinephrine reuptake inhibitors (SNRIs)
  - » Selective serotonin reuptake inhibitors (SSRIs), and
  - » Buproprion. (4)(5)
- Medication is recommended in all phases of bipolar disorder treatment.
- Psychosocial treatment along with treatment with medications leads to better outcomes.
- Psychoeducation for the patient and their supports is a necessary part of treatment.
- The following is necessary for proper management of bipolar disorder:
  - » Keeping a regular sleep-wake cycle, and
  - » Managing stress effectively.
- Provide follow up care within the seven days following a behavioral health crisis.* Optimally, as soon as possible to facilitate safe transition from an inpatient unit or emergency department (6)
  - » Those with a diagnosis of bipolar disorder have the second-highest rate of suicide within the 90 days of discharge from an inpatient psychiatric hospitalization. (7)

* See Discharge Planning for Patients Presenting with Behavioral Health Crisis or Hospitalized for Mental Health Treatment Fact Sheet

- Communication between providers should occur when clients move between different levels of care
- When checking Lithium and Valproate levels, check trough levels. Levels checked too soon after a dose may be falsely interepreted as toxic.
- Some medications are flat-fee. When possible, consider consolidating doses to lessen pill burden. Also, it can save money for the patient and the plan.

Endnotes

1. Hunt GE, Malhi GS, Cleary M, Lai HMX, Sitharthan T. Comorbidity of bipolar and substance use disorders in national surveys of general populations, 1990–2015: Systematic review and meta-analysis. Journal of Affective Disorders. 2016;206:321-30.
2. Schaffer, A., et al. (2015). "International Society for Bipolar Disorders Task Force on Suicide: meta-analyses and meta-regression of correlates of suicide attempts and suicide deaths in bipolar disorder." Bipolar disorders 17(1): 1-16.
3. Hirschfeld, R. M., et. al (2002). "Practice Guideline for the Treatment of Patients With Bipolar Disorder Second Edition." American Psychiatric Association.
4. Peet, M. (1994). "Induction of mania with selective serotonin re-uptake inhibitors and tricyclic antidepressants." Br J Psychiatry 164(4): 549-550.
5. Strakowski, S. M. (2018). "CANMAT and ISBD 2018 guidelines for the management of patients with bipolar disorder." Bipolar Disord 20(4): 393-394
6. Chung, D., et al. (2019). "Meta-analysis of suicide rates in the first week and the first month after psychiatric hospitalisation." BMJ Open 9(3): e023883.
7. Olfson, M., et al. (2016). "Short-term Suicide Risk After Psychiatric Hospital Discharge." JAMA Psychiatry 73(11): 1119-1126.

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