

BIPOLAR DISORDER

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The 2020 Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for mood disorders

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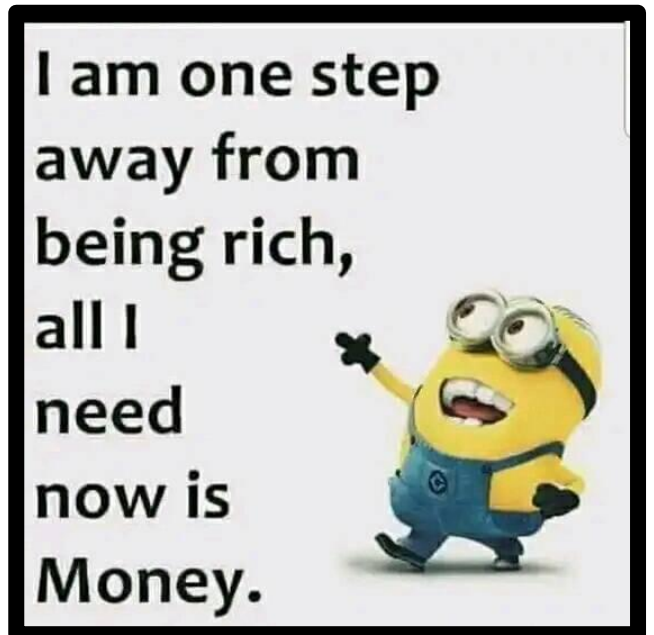
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Psychiatrists

MANIA

- Expansive, irritable, elevated mood and an increase in goal directed activity or energy
- 3 of 7 criteria
 1. Grandiosity
 2. Decreased need for sleep
 3. Talkative
 4. Flight of ideas
 5. Distractible
 6. Agitation
 7. Risk behaviour



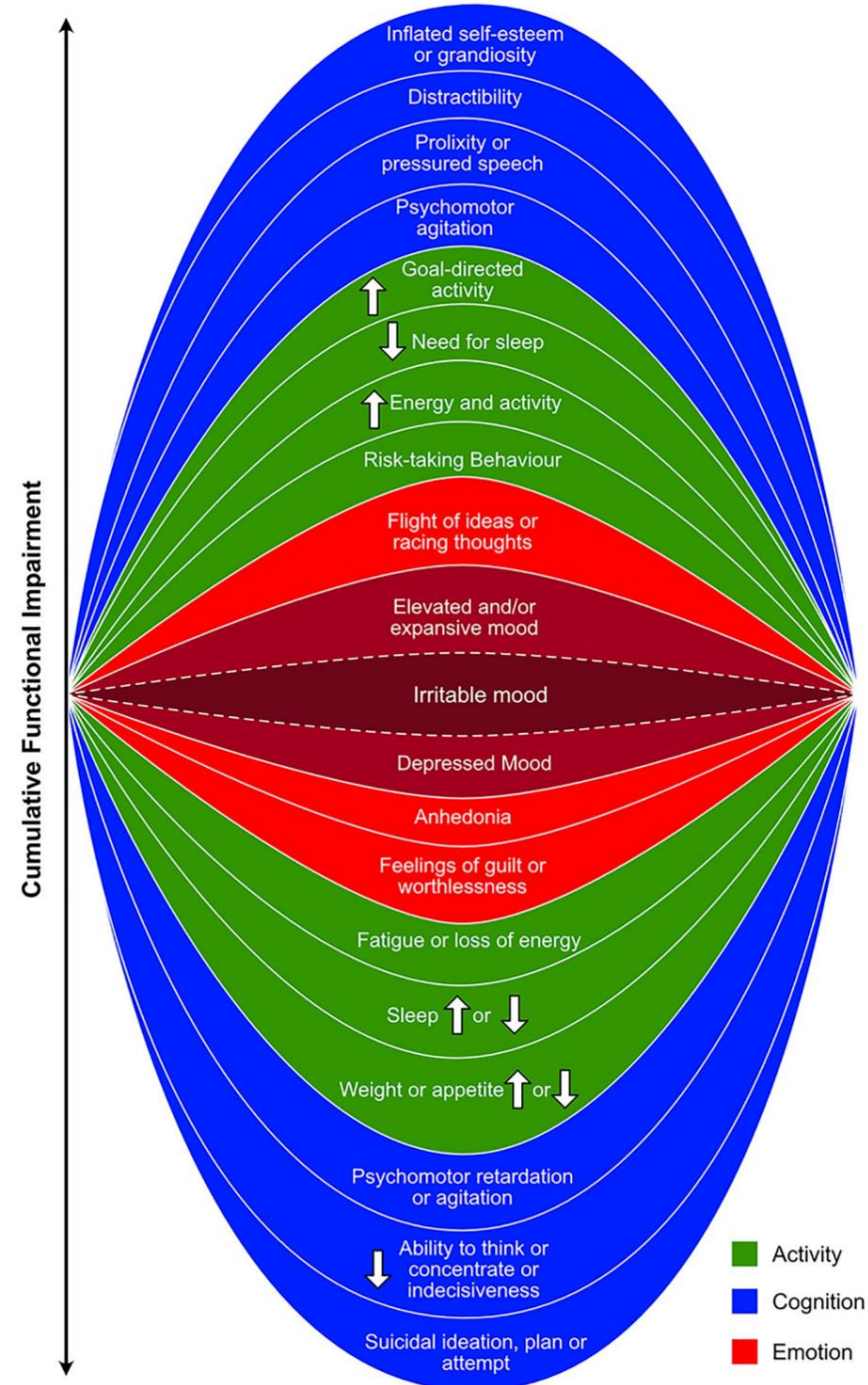
DEPRESSION

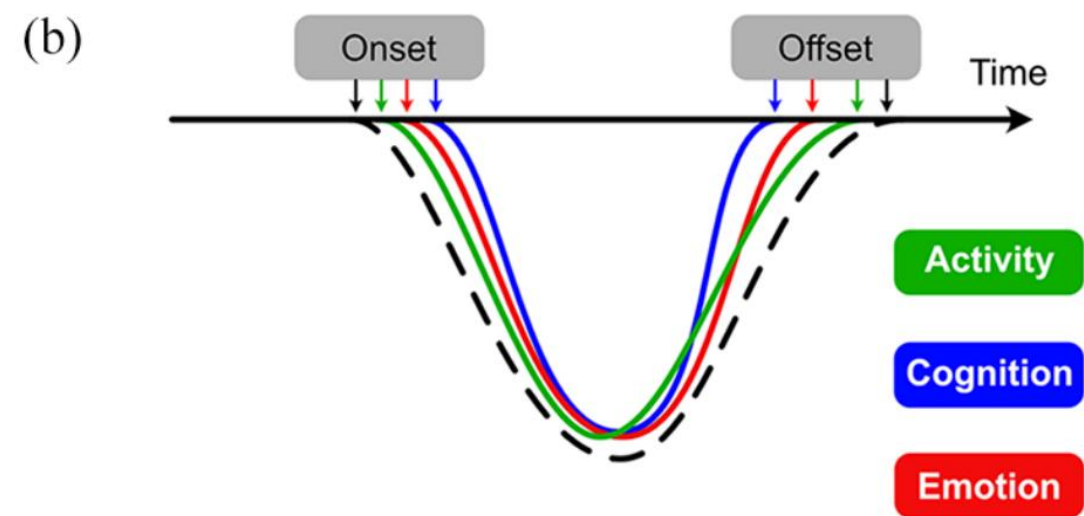
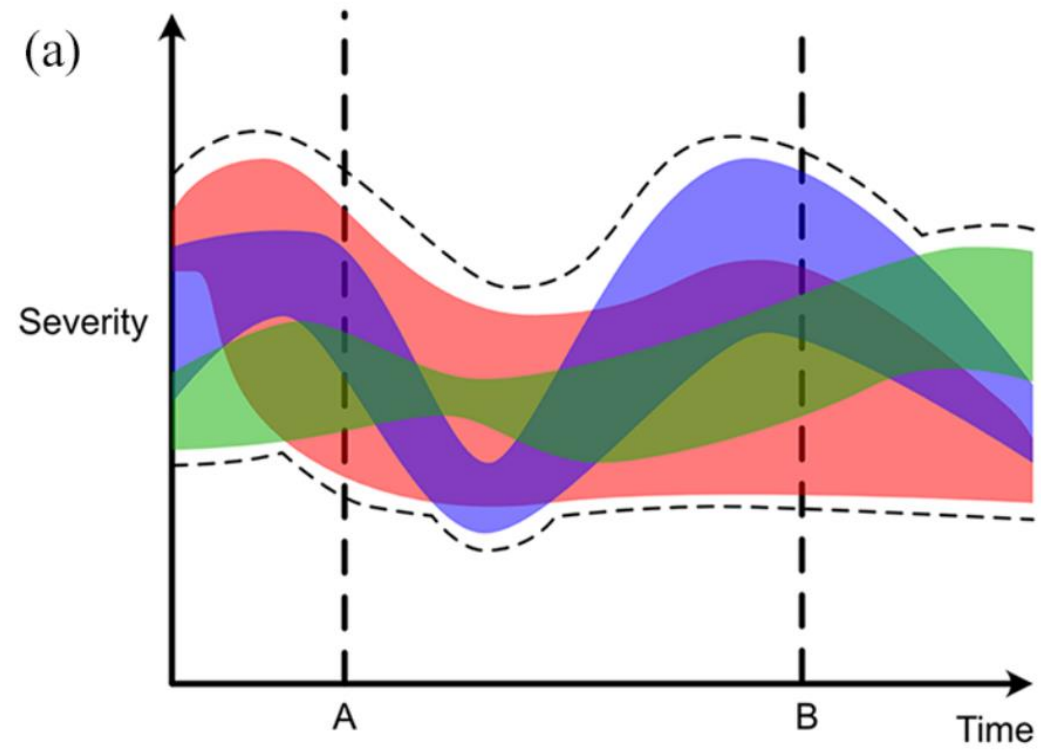
- 9 Criteria
 - One or both
 - Depressed mood and/or affect
 - Anhedonia
 - 4 of 7
 - Sleep disturbance
 - Appetite disturbance
 - Fatigue/energy
 - Psychomotor shifts
 - Worthlessness or guilt
 - Cognitive problems
 - Suicidality

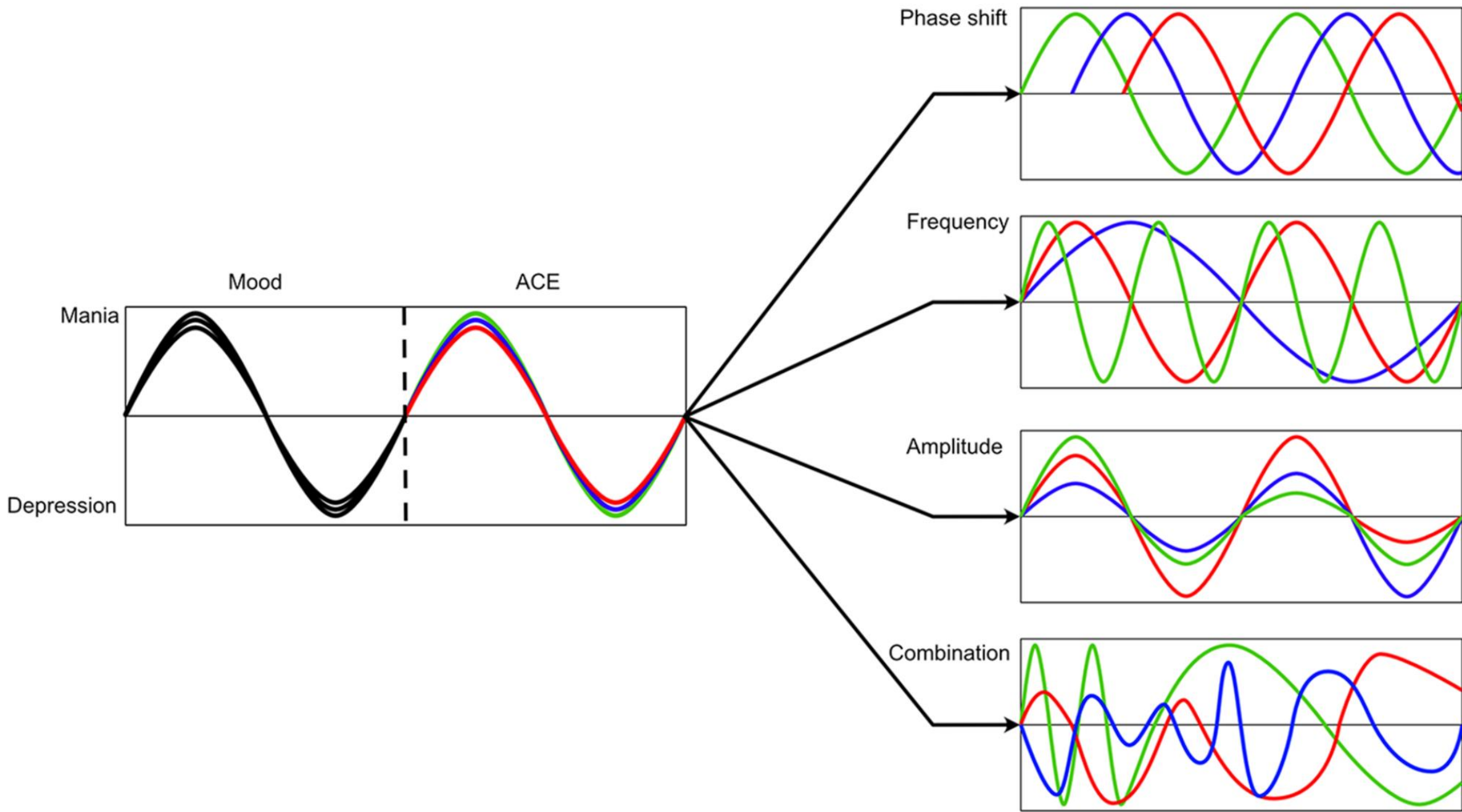


ACE MODEL

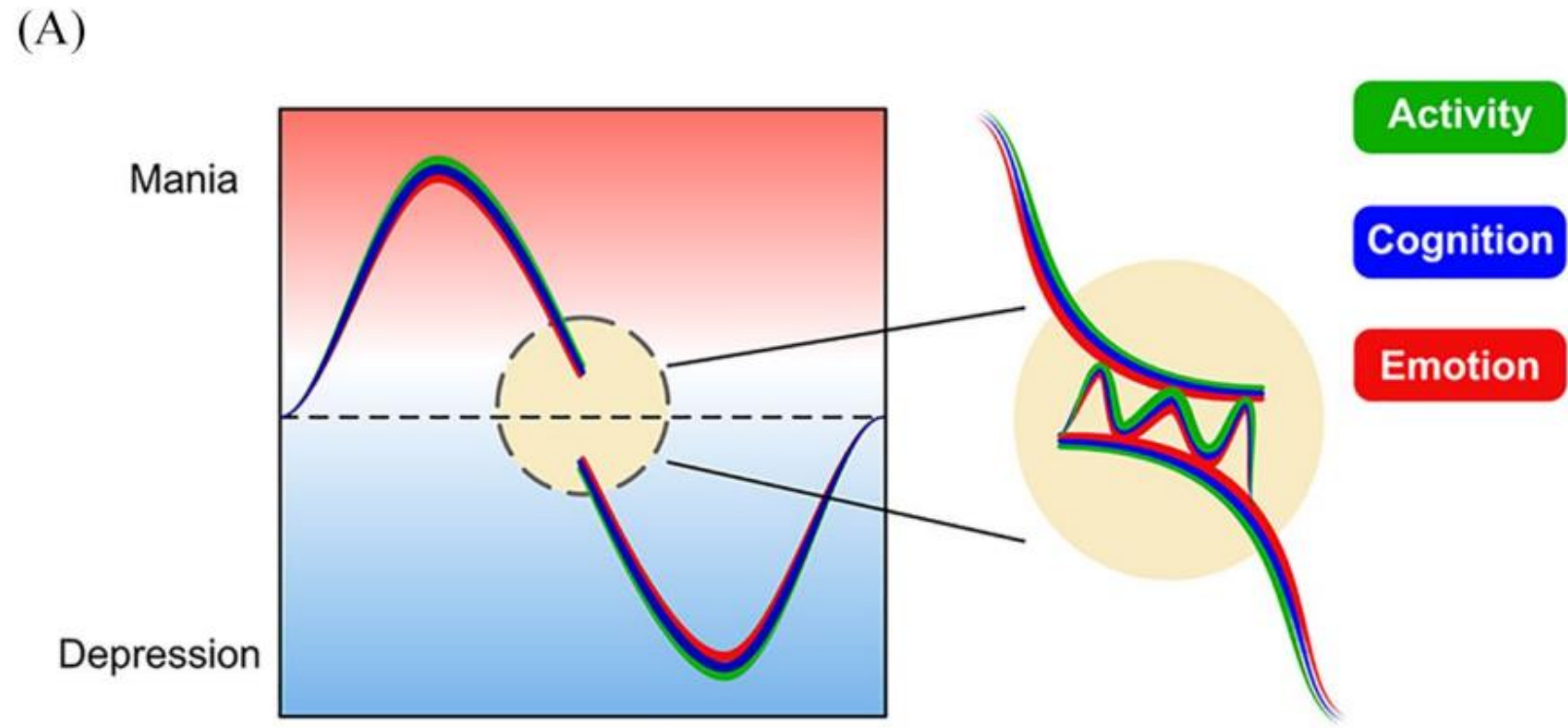
- Activity
- Cognition
- Emotion



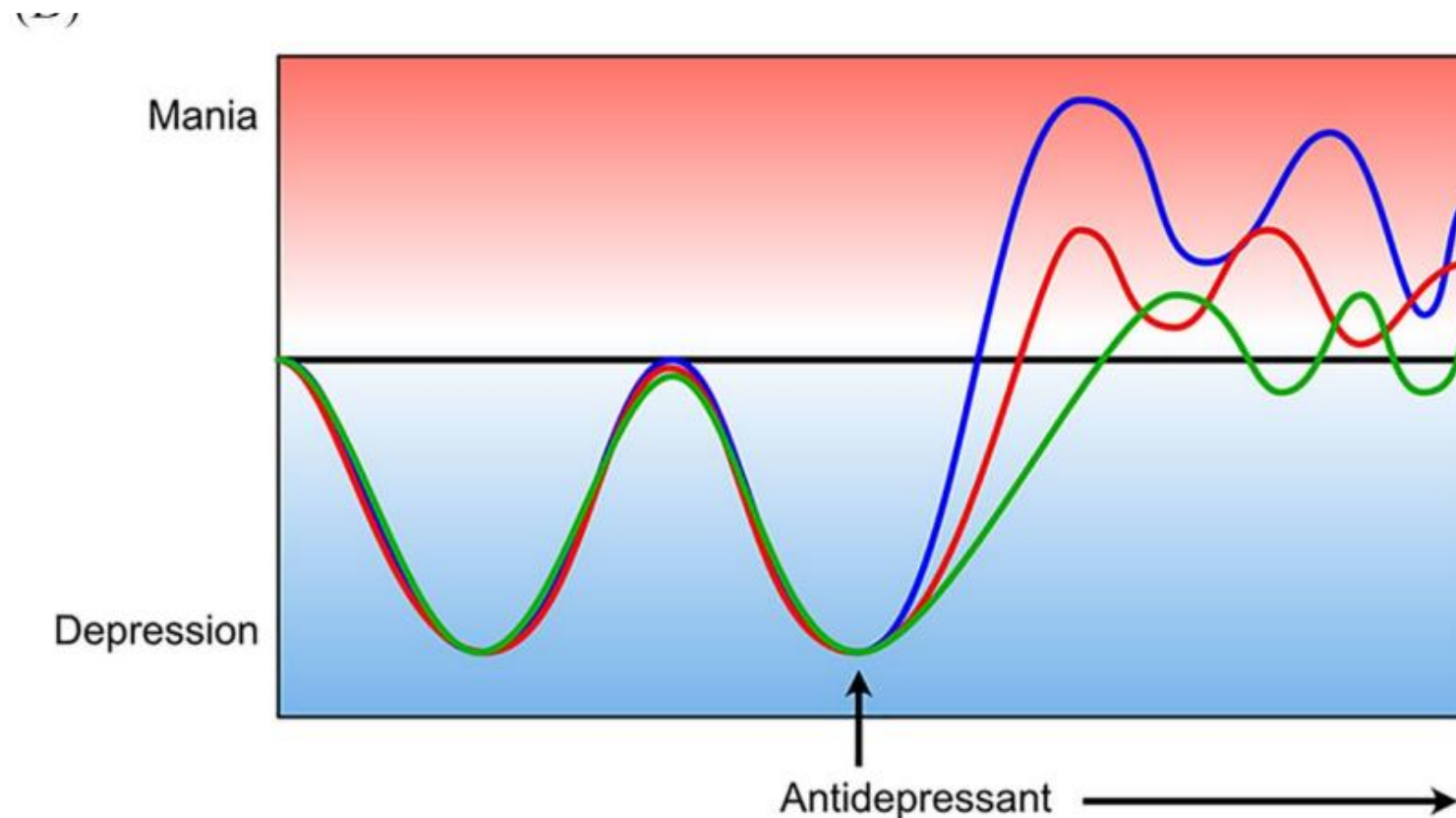




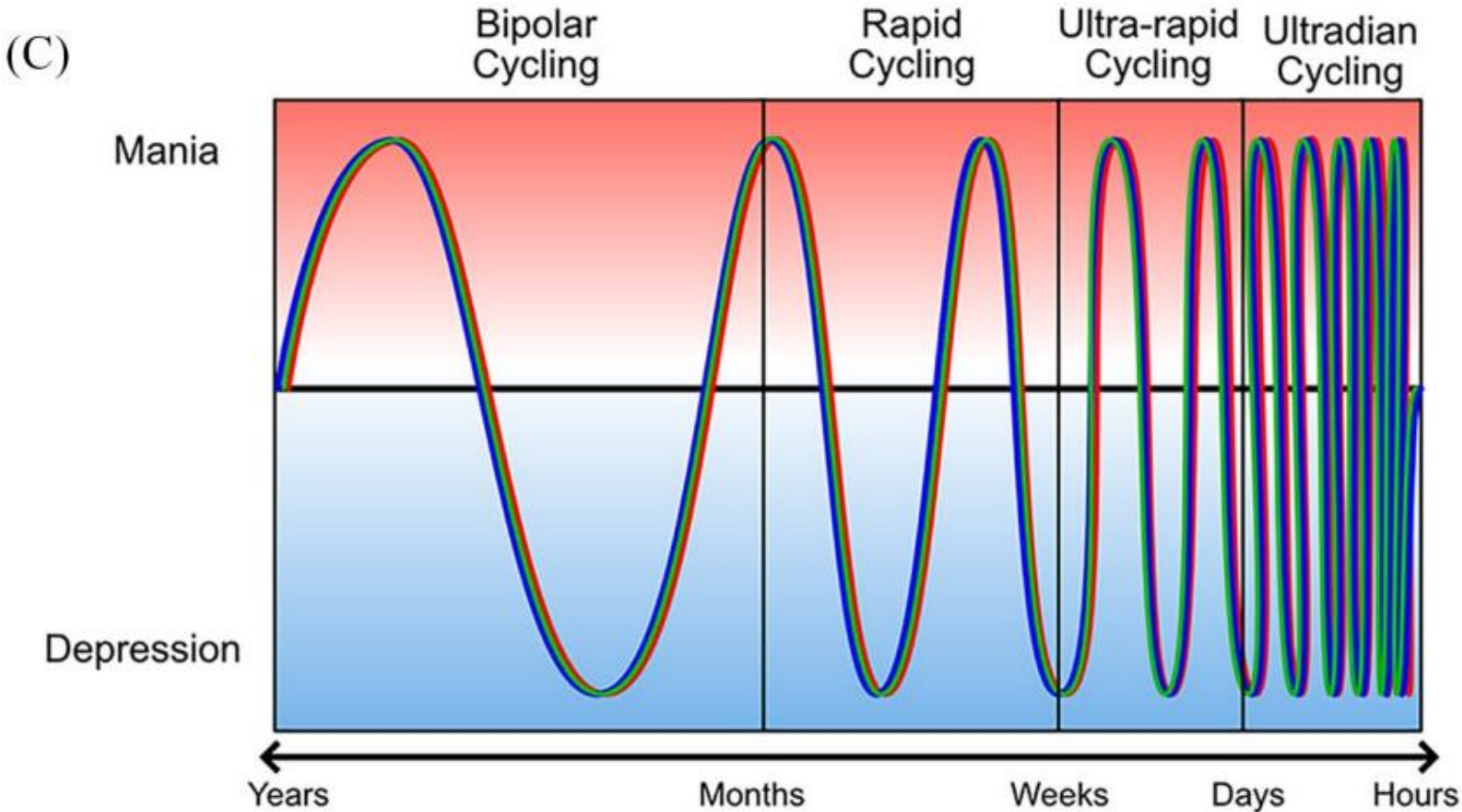
Transitional mixed states in which the period of transition between mania and depression inevitably involves a brief time during which symptoms from both depression and mania may be present (yellow circle)



Mixed mood due to antidepressants: leads to the uncoupling of the domains and thus produce a mixed state. Affecting cognition more so than emotion and activity – may lead to a difference emerging in the rate of change of symptoms such that the various domains are uncoupled for a period of time.



Rapid cycling



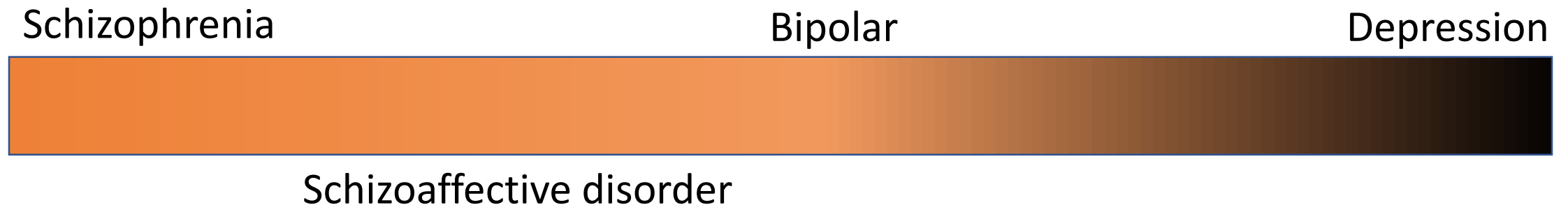
WHY IS BIPOLAR DISORDER DIAGNOSED MORE FREQUENTLY?

1. The classification system changed
2. Bipolar disorder is on a spectrum
3. The definitions of treatment resistant depression and bipolar disorder have changed

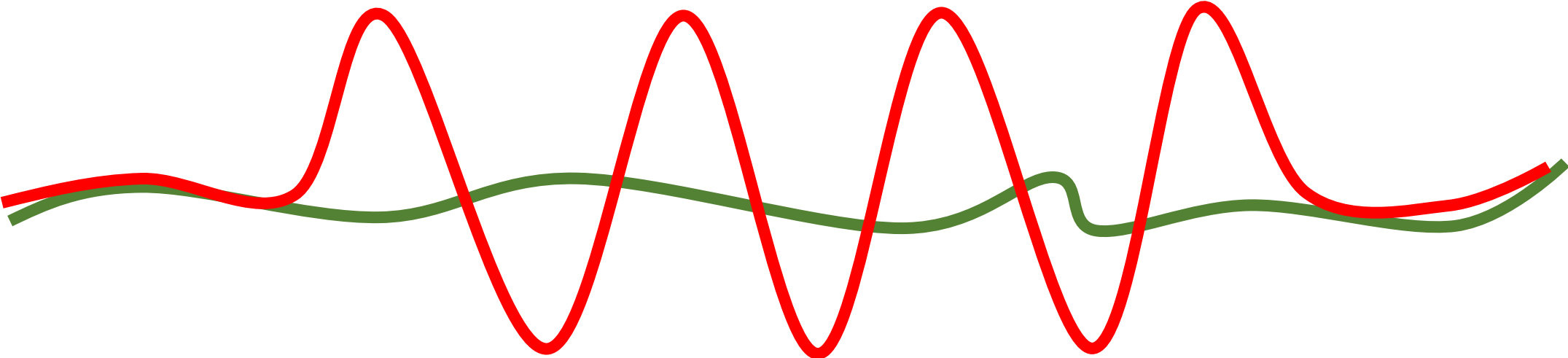


CLASSIFICATION OR NOSOLOGY

- DSM 5:
 - Mood Disorders were split into Depressive Disorders and Bipolar and Related Disorders, thus Bipolar Disorder is no longer a mood disorder
 - Placed Schizophrenia, Bipolar and Related Disorders and Depressive Disorders on a spectrum



Bipolar 2



“SPECTRUM”

- Unipolar depression
- Unipolar mania and
- Everything in-between

How do we distinguish between BPD and MDD?

- BPD:
 - Early onset of symptoms including anxiety
 - Strong family history of psychiatric disorders
 - Post partum depression
 - Non-responsive or partial response to antidepressants
 - Frequent mood episodes
 - Responds to Lamotrigine treatment or other mood stabilisation

TRD VS BPD

- The boundary between TRD and BPD has become blurred

TREATMENT PATHWAY

Prodromal Bipolar Disorder?

- early onset panic attacks, separation anxiety disorder or generalized anxiety disorder,
- conduct symptoms and disorder,
- ADHD, and impulsivity

Staging:

Identified
Patient

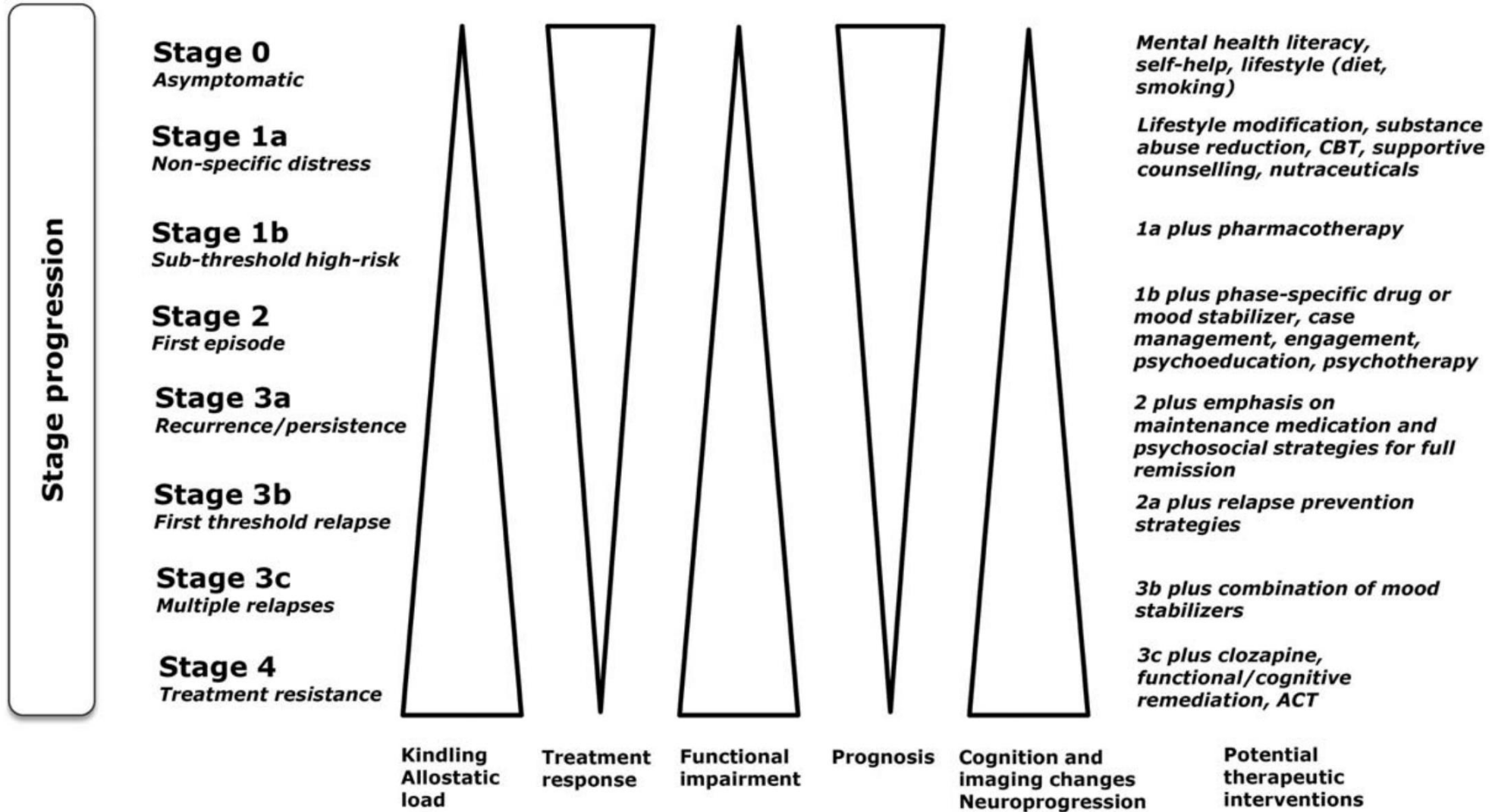


Diagnosis: DSM 5 and ICD-10

Exclude or confirm medical conditions

- BPD is a metabolic disorder

Exclude or confirm psychiatric co-occurring disorders



Prodromal Bipolar Disorder?

- early onset panic attacks, separation anxiety disorder or generalized anxiety disorder,
- conduct symptoms and disorder,
- ADHD, and impulsivity

Staging:

- 0: Prodromal BPD
- 1: First episode
- 2: > 1 Episode
- 3: Frequent relapses
- 4: Treatment resistance

Identified
Patient



Diagnosis: DSM 5 and ICD-10

Exclude or confirm medical conditions

- BPD is a metabolic disorder

Exclude or confirm psychiatric co-occurring disorders

Outcomes (Biomarkers):

- PHQ-9
- GAD-7
- ORS
- YMRS
- WHODAS 2
- Mood diary
- Time to recovery
- Metabolic parameters

Determine risk,
severity, functionality
and level of care

Mania
Psychosis
Suicidality
Co-occurring psychiatric disorders

Level 1
GP and
primary
care
MDT

Level 2
Psychiatric
MDT

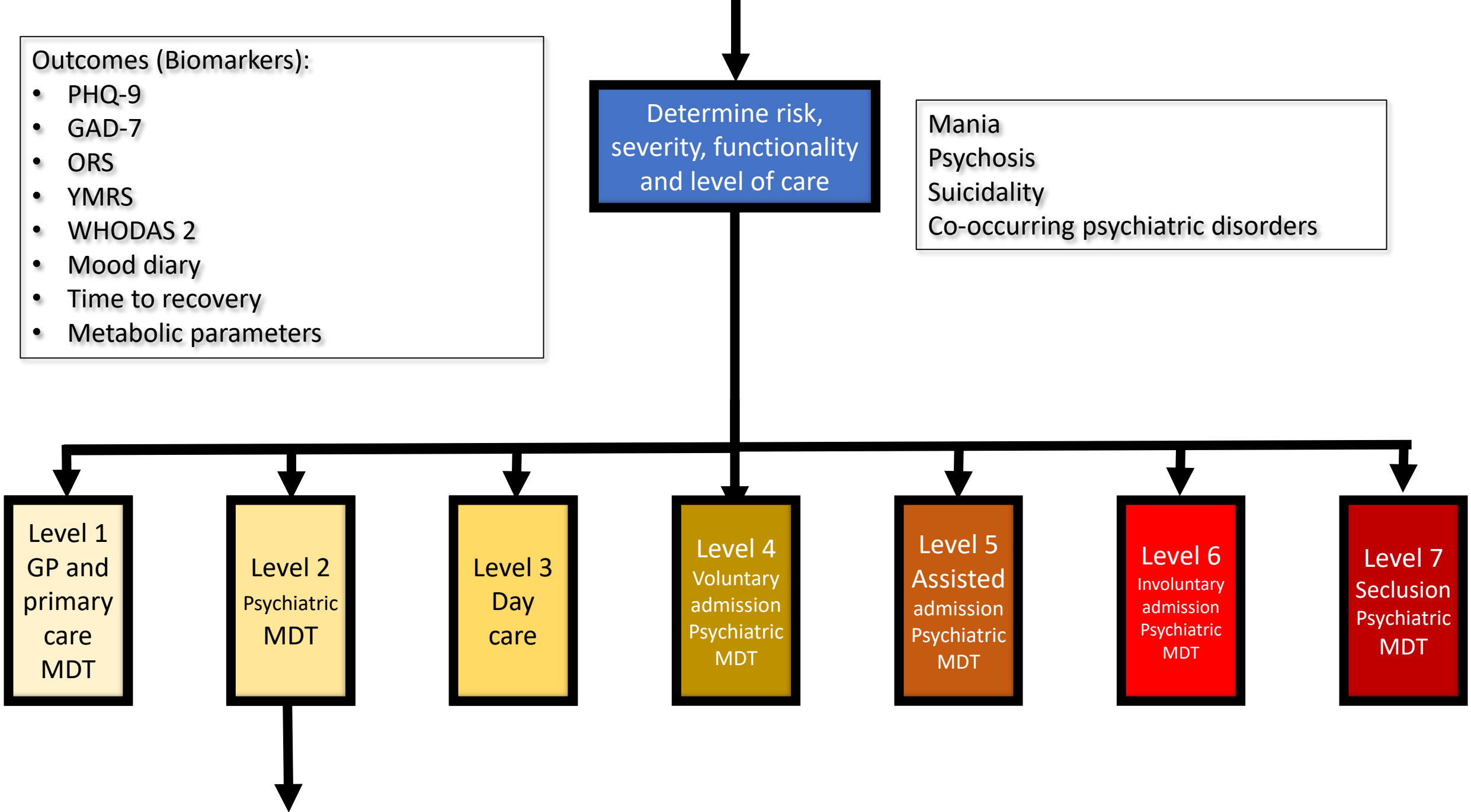
Level 3
Day
care

Level 4
Voluntary
admission
Psychiatric
MDT

Level 5
Assisted
admission
Psychiatric
MDT

Level 6
Involuntary
admission
Psychiatric
MDT

Level 7
Seclusion
Psychiatric
MDT



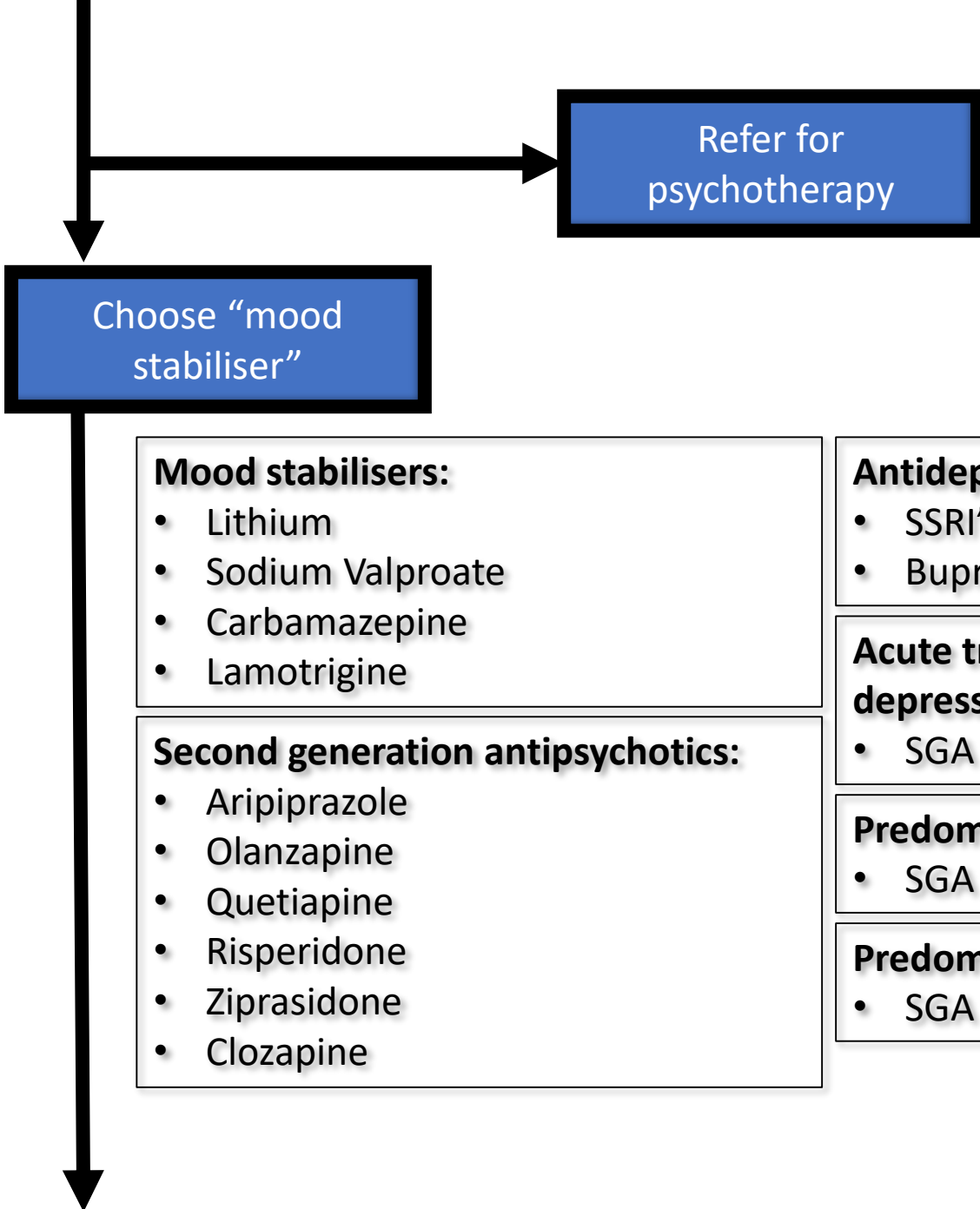
MONITORING

Young Mania Score

- Total score
 - ≤ 12 indicates remission
 - 13-19=minimal symptoms;
 - 20-25=mild mania,
 - 26-37=moderate mania,
 - 38-60=severe mania

PHQ-9 score

- Total score
 - < 5 indicates remission
 - 5-9 = mild
 - 10-14 = moderate
 - 15-19 = severe
 - 20-27 = very severe



Refer for psychotherapy

Choose "mood stabiliser"

- Mood stabilisers:**
- Lithium
 - Sodium Valproate
 - Carbamazepine
 - Lamotrigine

- Second generation antipsychotics:**
- Aripiprazole
 - Olanzapine
 - Quetiapine
 - Risperidone
 - Ziprasidone
 - Clozapine

- Antidepressants:**
- SSRI's
 - Bupropion

- Acute treatment of mania and depression:**
- SGA + Mood stabilizer

- Predominantly mania:**
- SGA + Mood stabilizer (Li, Na Val)

- Predominantly depression:**
- SGA + Mood stabilizer (Lam)

Psychotherapies:

1. Psycho-education (Colom)
2. Cognitive behaviour Therapy (CBT),
3. Family therapy
4. Interpersonal Therapy (IPT), Social rhythm therapy
5. Integrated care

6-8 WEEKS

Remission
PHQ-9: < 5
YMRS: <13

Continue mood stabiliser,
discontinue SGA,
Monitor blood levels and adjust dose

Response
PHQ-9 or YMRS:
> 50% Reduction

Continue treatment, Monitor blood levels and adjust dose

Poor improvement
PHQ-9 or YMRS:
< 50% + > 20%

Increase dose of SGA, Monitor blood levels and adjust dose

No improvement
PHQ-9 or YMRS:
<20% Reduction

Increase dose of SGA, Switch to another Mood stabiliser, Monitor blood levels and adjust dose

Continue mood stabiliser, discontinue SGA, Monitor blood levels and adjust dose

Follow up in 13 weeks

Continue treatment, Monitor blood levels and adjust dose

If in remission, stop SGA, follow up in 13 weeks, if not yet in remission increase dose of SGA and follow up in 6 weeks

Increase dose of SGA, Monitor blood levels and adjust dose

If in remission, stop SGA, follow up in 13 weeks, if not in remission, switch SGA or mood stabiliser, follow up in 6 weeks,

Increase dose of SGA, Switch to another Mood stabiliser, Monitor blood levels and adjust dose

If in remission follow up in 13 weeks, if not in remission, manage as for treatment resistant BPD

Stages:

- Stage 0
- Stage 1
- Stage 2
- Stage 3
- Stage 4

Pathways:

- None
- Remission
- Response
- Poor improvement
- No improvement

Phases:

- Evaluation
- Acute phase
- Maintenance

Treatments:

- None
- Medication alone
- Combination of medication and psychotherapy

TREATMENT RESISTANT BIPOLAR DISORDER

Failure to reach remission after combination treatment with medication and psycho-social therapy with 2 mood stabilizer, of which one should be Lithium at full dose for an adequate time (6 to 8 weeks)

MANAGEMENT OF TREATMENT RESISTANT BIPOLAR DISORDER

- Very little evidence, but some studies on:
 - aripiprazole,
 - bupropion,
 - clozapine,
 - ketamine,
 - ECT
 - memantine,
 - pramipexole,
 - pregabalin, and
 - perhaps tri-iodothyronine
- Ensure adequate psychotherapy

PREVENTION OF RELAPSE

- Keep a mood diary

NAME:

BIPOLAR DAILY MOOD TRACKER

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|--------------------------|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| SEVERE | +3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODERATE | +2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MILD | +1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NORMAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MILD | -1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MODERATE | -2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEVERE | -3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOURS SLEPT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WEIGHT (Days 14 & 28) | lb | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANXIETY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IRRITABILITY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXERCISE (✓/X) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MENSES (✓/X) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICATION (✓/X) | DOSE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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PREVENTION OF RELAPSE

- Keep a mood diary
 - 3 days in “severe” – needs an urgent intervention
 - ODT SGA for 3 days
 - Monitor blood levels
 - Adjust medication
 - 7 days in “moderate” – needs an intervention
 - ODT SGA for 3 days
 - Monitor blood levels
 - Adjust medication

PREVENTION OF RELAPSE

- Keep a mood diary and what to do
- Avoid mood de-stabilisers
 - Any upper or downer – Caffeine, Flu meds, pain meds, sleep meds, Quinolones, antidepressants
- Stress management and psychotherapy



THANK YOU!