Psychiatry-Primary Care Collaborative

Bipolar Mood Disorders

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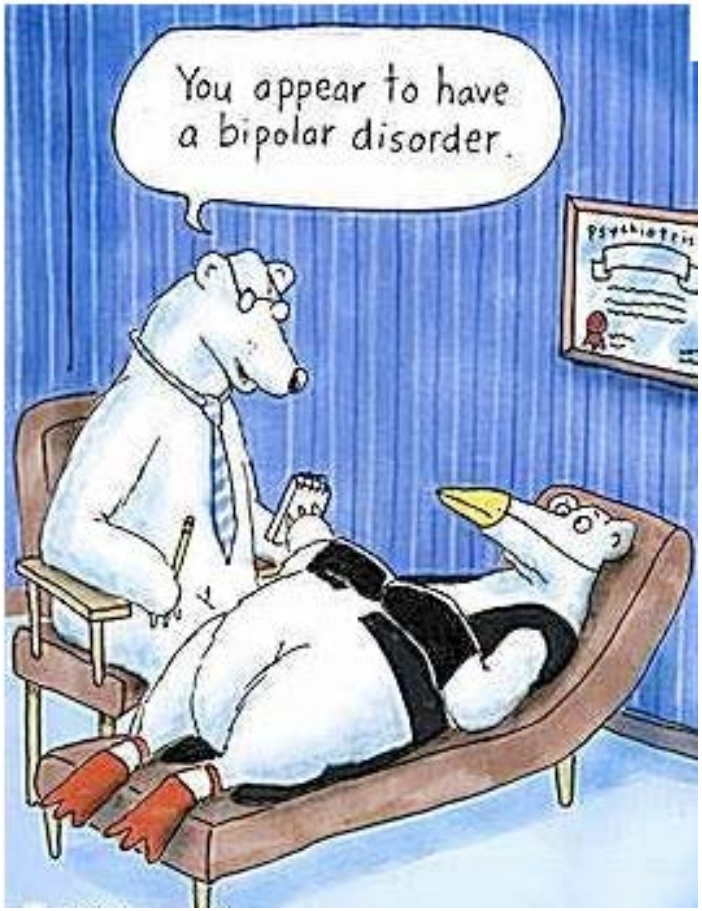
Overview

- Detection/Diagnosis
- Management - Pharmacology Review
- Treatment Scenarios

Bipolar disorder



2 Critical Points

- Screen for Bipolar Disorder in Depressed People
  - Mood Disorder Questionnaire (MDQ)
  - http://www.dbsalliance.org/pdfs/MDQ.pdf
- When in doubt refer!

Treatment Scenario

- 35yo male w/ h/o Bipolar 1 presents to clinic 1 month after hospitalization for manic episode. He was given a number to call for psychiatry follow-up and is now on the 3 month waiting list. He is feeling very depressed. He is on Depakote ER 1000mg QHS. Level upon discharge was 60.
  - **What do you do for him?**

Bipolar Affective Disorder

- **Episodic mood fluctuations beyond the normal range of life's ups and downs**
- **DSMIV BIPOLAR TYPE 1: Occurrence of at least one manic or mixed episode. Often have had major depressive episodes as well.**
- **DSMIV BIPOLAR TYPE 2: Recurrent major depressive episodes with hypo-manic episodes. No manic or mixed episodes.**

Mania!!!

Manic Episode

DIG FAST!

- **Abnormally and persistently elevated, expansive or irritable mood for at least 1wk.**
- **At least 3 symptoms (4 if mood is only irritable):**
  - **Distractibility**
  - **Irresponsibility: involvement in pleasurable activities with high potential for painful consequences**
  - **Grandiosity or inflated self-esteem**
  - **Flight of ideas or feels thoughts are racing**
  - **Activity: increase in goal directed activity or psychomotor agitation**
  - **Sleep: decreased need for sleep**
  - **Talkative: more talkative or pressured to keep talking**

What's the Correct Diagnosis?

30yo male with MDD presents for office evaluation of depression. Past meds include Prozac and Wellbutrin which "made me worse". Currently on Effexor 150mg daily started 1 month prior. In the past week has become increasingly irritable with decreased sleep and become paranoid of his neighbors.

What's the Correct Diagnosis?

1. Medication Induced Mania
2. Chronic Paranoid Schizophrenia
3. Generalized Anxiety Disorder
4. Sleep Disorder
5. Delusional Disorder

Mixed Episode

- **Criteria met for both for a Manic Episode and a Major Depressive Episode for at least 1 week**
- **Caveats:**
  - **Manic episodes clearly caused by anti-depressant treatment should not count toward a diagnosis of Bipolar 1 Disorder. "Flip" phenomena**

Hypo-manic Episode

- **Persistently elevated, expansive or irritable mood lasting at least 4 days w/ 3 or more sx:**
  - **Inflated self-esteem or grandiosity**
  - **Decreased need for sleep**
  - **More talkative or pressured to keep talking**
  - **Flight of ideas or feels thoughts are racing**
  - **Distractibility**
  - **Increase in goal directed activity or psychomotor agitation**
  - **Involvement in pleasurable activities w/ high potential for painful consequences**
  - *****Not severe enough to cause marked impairment, hospitalization and no psychotic features**

Pathophysiology of Bipolar

- **Not been determined however strong genetic component**
- **Family member 7x's more likely to develop**
- **2 Candidate genes show promise, control aspects of voltage gated Na and Ca channels[1]**

Diagnostic Question

42yo male with recurrent major depressive episodes presents for evaluation of problems working. For the past 5 days he has been staying up all night working on his great idea for a novel. He has mildly pressured speech and is easily distractible. He appears well-groomed and has no problems with substance abuse. He takes no medications currently. He states he is not in trouble at work yet but is afraid they will notice his erratic behavior.

Diagnostic Question

1. Cyclothymic Disorder
2. MDD
3. Bipolar Type 1
4. Bipolar Type 2
5. Generalized Anxiety

Treatment

- **Anti-Convulsant Therapies**
  - **Valproate Sodium (mania, mixed)**
  - **Lithium Carbonate (mania, maintanence)**
  - **Lamotrigine (maintanence)**
  - **Carbamazepine (mania, mixed)**
  - **Topiramate – 4th line**
  - **Gabapentin? NO!**
  - **Neuroleptics: Abilify, Zyprexa, Seroquel, Risperdal, Geodon.**

Valproic Acid (Depakote)

- Monitoring: LFT's, platelets, UPT (neural tube defects).
- Caution in Liver Disease.
- Start 10mg/kg, increase in 250-500mg increments.
- Depakote ER – once nightly dosing, improved tolerability, 80% bioavailabilty of IR.
- VPA Level Monitoring: check level in 5-7days, goal 50-100.
- **Increases Lamictal concentration by 50%!!!

Lithium Carbonate

- Monitoring: Cr, TSH (hypothyroidism), UPT, weight and EKG if >50. Ebstein's anomaly.
- Start 300mg BID – often sufficient.
- Lithium level, goal 0.5-1.2
- NSAIDS, ACEI, diuretics can increase Li concentration
- Common side effects include weight gain, acne, tremor, hypothyroidism, diarrhea, renal impairment.
- ***Toxic levels near therapeutic – sx's include polyuria, tremor, ataxia, vomiting, sedation. Not recommended in pts w/ kidney or heart disease.

Lamotrigine (Lamictal)

- Often used as first line for Bipolar Type 2 and adjunctive in Type 1 (failure to show reduction in manic episodes).
- Monitoring: None required! No weight gain!
- Usual Start (Orange Pack): 25mg QD x2wks, 50mg QD x2wks, 100mg QD. Try to avoid w/ Depakote, very slow titration (Blue Starter Pack).
- **Benign rash 10%, SJS rare (confluent, widespread, purpuric, mucosal involvement)

Atypicals

- Adjunctive use mainly
- Effective in controlling manic episodes
- Lack of need to monitor levels
- Metabolic and EPS s.e.

Treatment Scenario

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  - **Assess for hospitalization**
  - **Confirm med regimen, compliance**
  - **Check levels/labs/utox**
  - **Med adjustment and close f/u**

Treatment Scenario

- 24yo female with depression presents to your office. Recently started on Paroxetine 10mg and c/o worsening depression/irritability.
  - Assess for hospitalization
  - Considerations
    - DDX MDD vs bipolar 2 vs flip phenomena.
    - Family history of bipolar disorder?
    - Assess for mixed episode/mania: sleep, grandiosity, impulsivity, rapid thoughts/speech, high risk bx etc.
    - Assess drug use, med compliance.

Treatment Scenario

- 65yo female with long-standing bipolar disorder, history of manic episodes when younger but primarily depressed in past 2 decades. Wants to try to stop her Lithium.
  - When is it okay to stop anti-convulsants?
  - Bipolar burn-out.

Bipolar Citations

1. Ferreira MA, ODonovan MC, Meng YA, Jones IR, Ruderfer DM, Jones L, et al. Collaborative genome-wide association analysis supports a role for ANK3 and CACNA1C in bipolar disorder. *Nat Genet*. Aug 17 2008.
2. Calabrese JR. Overview of patient care issues and treatment in bipolar spectrum and bipolar II disorder. *J Clin Psychiatry*. Jun 2008;69(6):e18.
3. JM Pomerantz. Screening for Bipolar Disorder in the Primary Care Setting. *Medscape Education*. Nov 2004.