Successful management of bipolar disorder requires a close relationship between you and your patients. The following treatment schemes can provide support in the management of depressive and mixed-manic episodes – as well as long-term treatment. They have been developed in collaboration with the British Association for Psychopharmacology and the Manic Depression Fellowship.

The *British Association for Psychopharmacology* (BAP) was founded in 1974 "to advance education and research in the science of psychopharmacology for the public benefit". Membership is drawn from a broad range of professionals working in academic, NHS and industrial settings. BAP has a prominent role in providing independent, high quality training for clinicians with an interest in psychopharmacology and a natural extension of this activity is the BAP Guidelines on the treatment of bipolar disorder.[1] **www.bap.org.uk**

The *Manic Depression Fellowship* (MDF), established in 1983, is a user-led organisation and registered charity, providing information for people, friends and families whose lives are affected by bipolar disorder. Nationwide support and services aim to enable people with bipolar disorder to take control of their lives. MDF works to provide new services, which reflect the needs of their members, and seeks to combat the stigma and prejudice experienced by those suffering from bipolar disorder. **www.mdf.org.uk**

EVIDENCE-BASED GUIDELINES FOR TREATING BIPOLAR DISORDER

ADAPTED FROM BAP GUIDELINES 2003

INITIAL TREATMENT SCHEME – MANIA / MIXED EPISODE

These treatment algorithms apply directly to patients who are not already on maintenance therapy. However for patients already on therapy, then continue to optimise the long term medication, review the existing treatment plan and apply the same principles as suggested in the algorithms.

Diagnosis: Bipolar disorder **Manic/ mixed episode**

Assessment: Safety, patient and family preferences and consider need for admission

Communication: Explain treatment plan including need for medicines

Severity:
- **Severe**
  - *IV Rx if required* — Antipsychotic or Benzodiazepine **+** *Oral Rx* — Antipsychotic or Valproate
- **Mild**
  - *Oral Rx* Antipsychotic or Valproate or Lithium (or Carbamazepine)

On antidepressant: Taper and discontinue

Sleep deprived: Consider Benzodiazepine short term

Already on long-term treatment: Optimise and continue

Review response
- Poor response → Combination Rx Switch Rx or ECT
- Good response → Consider maintenance Rx

INITIAL TREATMENT SCHEME – DEPRESSIVE EPISODE

These treatment algorithms apply directly to patients who are not already on maintenance therapy. However for patients already on therapy, then continue to optimise the long term medication, review the existing treatment plan and apply the same principles as suggested in the algorithms.

Diagnosis: Bipolar disorder **Depressive episode**

Assessment: Suicide risk, patient and family preferences and treatment setting

Communication: Severity of risks, treatment options, eliminate stressors

Severity of depression:
- **Severe** — SSRI or other antidepressant (not TCA) / Consider ECT / If psychotic consider also antipsychotic
- **Moderate** — SSRI or other antidepressant (not TCA) / Consider Lamotrigine
- **Mild and/or previous mood instability** — Lamotrigine (or Lithium and other anticonvulsants) / Consider IPT or CBT

On maintenance Rx:
- **YES** → Optimise therapy and continue
- **NO** → Initiate anti-manic agent if BP I

LONG TERM TREATMENT SCHEME – MAINTENANCE THERAPY

Diagnosis: Acute episode resolved **Euthymia Bipolar disorder**

Communication: Ensure education, information, adherence

Treatment: Consider maintenance therapy

- **If mania predominates** — Protect against manic pole
  - Consider Lithium, Valproate or Olanzapine
  - 2nd line Rx
  - Carbamazepine
  - Rx failure/ rapid cycling
- **If depression predominates** — Protect against depression pole
  - Consider Lamotrigine
  - 2nd line Rx
  - Lithium
  - Rx failure/ rapid cycling

Combination therapy

Relapse prevention strategies
CBT
Outpatient supervision by specialist clinician