QUICK REFERENCE
FOR HEALTHCARE PROVIDERS

Management of Bipolar Disorder in Adults

Ministry of Health Malaysia

Malaysian Psychiatric Association

Academy of Medicine Malaysia

KEY MESSAGES

1. Management of people with bipolar disorder (BD) should be collaborated between service providers at different levels of healthcare as well as care givers.

2. In depressed patients with risk factors for bipolarity, clinicians should consider the possible diagnosis of BD.

3. Lithium monotherapy should be used as first-line treatment in BD and monitored regularly at least every 6 months.

4. For acute bipolar mania, mood stabilisers or antipsychotics, either as monotherapy or combination should be used.

5. Antidepressants may be used as short-term adjunctive treatment in acute bipolar depression.

6. Lithium should be considered as the treatment of choice to prevent suicide in BD.

7. Psychosocial interventions should be incorporated into patients' care in addition to pharmacological treatment in BD.

8. All people with BD should be assessed for substance misuse.

This Quick Reference provides key messages & a summary of the main recommendations in the Clinical Practice Guidelines (CPG) Management of Bipolar Disorder in Adults.

Details of the evidence supporting these recommendations can be found in the above CPG, available on the following websites:
Ministry of Health Malaysia: www.moh.gov.my
Academy of Medicine Malaysia: www.acadmed.org.my
Malaysian Psychiatry Association: www.psychiatric–malaysia.org

CLINICAL PRACTICE GUIDELINES SECRETARIAT
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DIAGNOSTIC CRITERIA FOR BD

Mania	**Depression**
• Elation • Increased energy • Over-activity • Pressure of speech • Reduced sleep • Inflated self-esteem • Grandiose ideas • Loss of social inhibitions ± psychotic symptoms (delusions or hallucinations) Symptoms persist at **least 1 week**. In **hypomania**, symptoms are milder, without psychotic symptoms & of shorter duration.	• Low mood • Loss of interest & enjoyment • Reduced energy & activity • Poor concentration • Sleep disturbance • Change in appetite • Feeling worthless or guilty • Psychomotor retardation or agitation • Thoughts of death, suicidal ideas or acts Symptoms persist at least for **2 weeks**.

ADMISSION CRITERIA

The criteria for admission of people with BD are based on the Malaysian Mental Health Act 2001 (Act 615) and Regulations which are:-

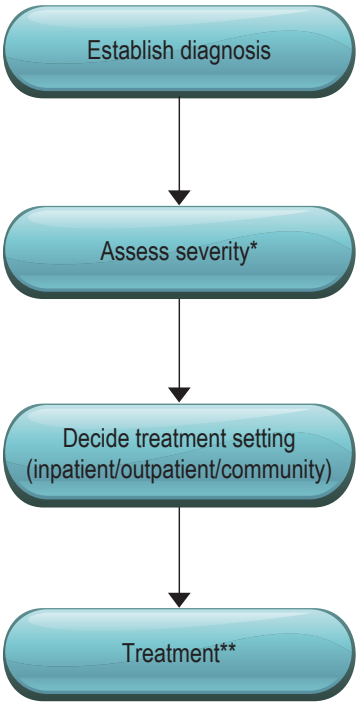
- Risk of harm to self or others
- Treatment is not suitable to be started as outpatient

REFERRAL CRITERIA

a. Newly diagnosed or undiagnosed people with BD
   - Assessment of danger to self or others
   - Confirmation of diagnosis & formation of management plan

b. People with confirmed diagnosis of BD
   - Acute exacerbation of symptoms
   - Decline in functioning
   - Increased risk of harm to self or others
   - Treatment non-adherence
   - Inadequate response to treatment
   - Ambivalence about or wanting to discontinue medication
   - Concomitant or suspected substance misuse
   - Complex presentations of mood episodes
   - Psychoeducational & psychotherapeutic needs

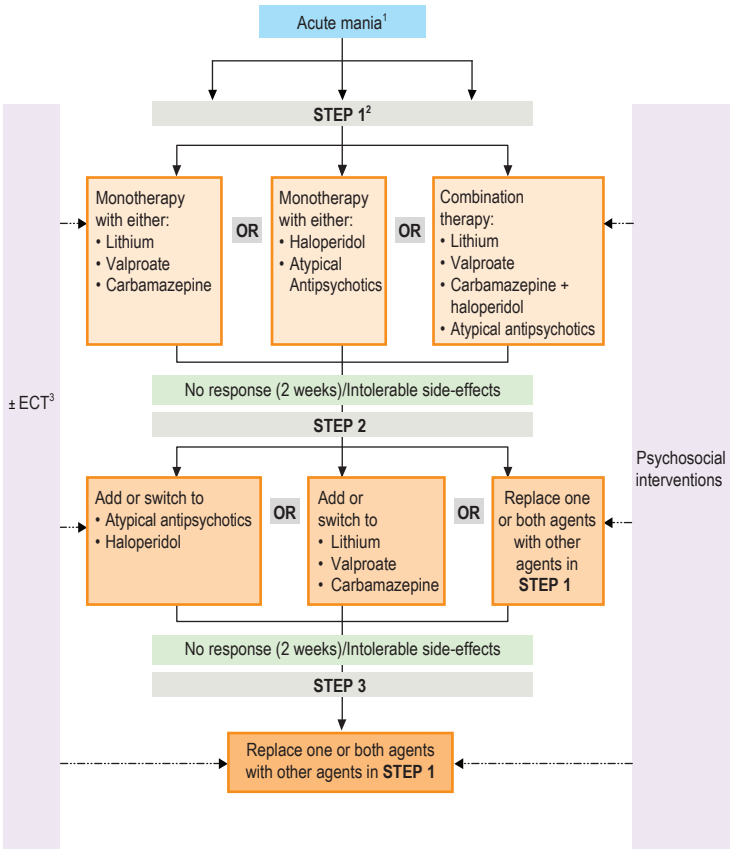
ALGORITHM 1. GENERAL PRINCIPLES IN MANAGEMENT OF BD



*Severity assessments include clinical symptoms [available tools that can be used are Young Mania Rating Scale (YMRS), Hamilton Rating Scale for Depression (HAM-D) & Montgomery Asberg Depression Rating Scale (MADRS)], danger to self or others, family & community supports and availability of service provision.

Refer to Algorithm 2 for **Treatment of Acute Mania, Algorithm 3** for **Treatment of Acute Depression** and **Table** on **Recommendation on Pharmacological Treatment of Maintenance Phase in BD**

ALGORITHM 2. TREATMENT OF ACUTE MANIA



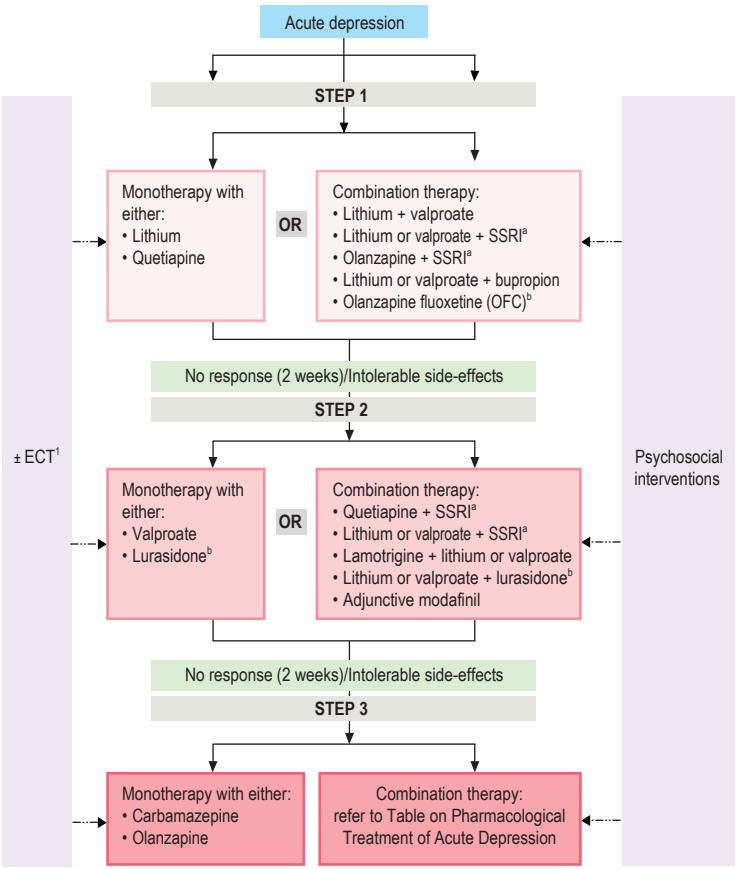
[1] Antidepressants should be discontinued

[2] If the patient is already on treatment, consider optimising the current regime

[3] Consideration for ECT
- Severe symptoms of mania
- High suicidal risk
- Catatonia
- Intolerance or no response to medications

Note: Benzodiazepine may be used to manage behavioural disturbances

ALGORITHM 3. TREATMENT OF ACUTE DEPRESSION



[1] Consideration for ECT
- Severe symptoms of depression
- High suicidal risk
- Catatonia
- Intolerance or no response to medications

[a] Except paroxetine

[b] Not currently approved by Drug Control Authority, (DCA) Malaysia

RECOMMENDATIONS ON PHARMACOLOGICAL TREATMENT OF MAINTENANCE PHASE IN BD

First line	
Monotherapy	Lithium, lamotrigine (limited efficacy in preventing mania), valproate, olanzapine, quetiapine, risperidone long acting injection (LAI), aripiprazole
Combination therapy	Adjunctive therapy with (lithium or valproate) + quetiapine/risperidone LAI/ aripiprazole/ ziprasidone
Second line	
Monotherapy	Carbamazepine, paliperidone
Combination therapy	• Lithium + valproate • Lithium + carbamazepine • Lithium or valproate + olanzapine • Lithium + risperidone • Lithium + lamotrigine • Olanzapine + fluoxetine
Third line	
Monotherapy	Asenapine
Combination therapy	Adjunctive therapy with lithium or valproate + asenapine

SUGGESTED DRUGS DOSAGES AND ADVERSE EFFECTS IN BD

NAME	DOSE RANGE	ADVERSE EFFECTS
MOOD STABILISERS		
Lithium	**Acute mania:** 600 - 1800 mg/day in divided doses **Maintenance dose:** 300 - 1200 mg/day in divided doses (Desired serum level: 0.6 - 1.2 mEq/L not exceeding 1.5 mEq/L) To be used with caution and correlate clinically	Gastraintestinal(GI) upset, polyuria & polydipsia, weight gain, hypothyroidism, hyperparathyroidism
Valproate	**Acute Mania:** 600 - 2500 mg/day in divided doses **Maintenance dose:** 400 - 2000 mg/day in divided doses (Desired serum level 50 - 100 µg/mL @ 347 - 693 µmol/L)	GI upset, sedation, weight gain, tremor, thrombocytopenia, raised liver enzymes
Lamotrigine	Maintenance dose: 100 - 400 mg/day in divided doses	Skin rash, insomnia, GI upset, blurred vision, diplopia, Steven Johnson's Syndrome
ANTIPSYCHOTICS		
Quetiapine	**Acute depression:** 50 - 300 mg/day in divided doses **Acute mania:** 300 - 800 mg/day in divided doses **Maintenance** 400 - 800 mg/day in divided doses	Orthostatic hypotension (for quetiapine), somnolence, weight gain, dizziness, dyslipidaemia, hyperglycaemia
Olanzapine	5 - 20 mg/day	
Paliperidone	6 - 12 mg/day	Extrapyramidal symptoms, tachycardia, somnolence, headache, weight gain, hyperprolactinaemia
Risperidone	2 - 6 mg/day in divided doses (oral) 25 - 75 mg/2 weekly (injections)	
Aripiprazole	5 - 30 mg/day	Agitation, akathisia, headache, insomnia, anxiety
Haloperidol	5 - 30 mg/day	EPS hypotension, akathisia, cardiac abnormalities
Asenapine	10 - 20 mg/day sublingually in divided doses	Bitter taste, oral hypoesthesia, akathisia, EPS, somnolence

PARAMETERS FOR REGULAR MONITORING IN BD

Parameter	For all patients at first visit	Antipsychotics	Lithium	Valproate	Carbamazepine
Weight, height and waist circumference	**Yes**	At initiation & every 3 months for first year; more often if patient gains weight rapidly	At initiation & when needed if the patient gains weight rapidly	At initiation & at 6 months if patient gains weight rapidly	
Blood pressure	**Yes**	At every visit			
Fasting blood sugar	**Yes**	At initiation & at 3 months (1 month for olanzapine); more often if levels are elevated			
ECG	If indicated by history or clinical picture	At initiation if there are risk factors for or existing cardiovascular disease	At initiation if there are risk factors for or existing cardiovascular disease		
Full blood count	**Yes**		Only if clinically indicated	At initiation & 6 months	
Thyroid function	**Yes**		At initiation & every 6 months, more often if levels are deteriorated		
Renal function	**Yes**		At initiation & every 6 months; more often if there is deterioration or patients on other medications such as Anticholinesterase inhibitors, diuretics or Non steroidal anti-inflammatory drugs		Urea & electrolytes every 6 months
Liver function	**Yes**	At initiation & when necessary		At initiation & 6 months	
Lipid profile	**Yes**	At initiation & at least yearly; more often if levels are elevated			
Drug serum level			1 week after initiation & 1 week after every dose change until level stable, then every 3 to 6 months	Every 6 months Only if there is ineffectiveness, poor adherence or toxicity	
Serum calcium level			At initiation & yearly		