Diagnosis and Treatment of Bipolar Disorder in the Primary Care Setting

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Objectives

1. Understand the basics of Bipolar Disorder
2. Understand the diagnosis of Bipolar Disorder
3. Understand the treatment of Bipolar Disorder
Historical Context

• Areataeus of Cappadocica (1st Century A.D.)

“laugh, play, dance night and day, and sometimes go openly to the market crowned, as if victors in some contest of skill’ only to be torpid, dull, and sorrowful at other other times”
Historical Context

• Baillarger and Falret (1854)

  • Circular insanity

  • Dual form insanity
Famous Patients
Famous Patients
Famous Patients
Prevalence

• Bipolar I
  • Lifetime Prevalence 1%

• Bipolar II
  • Lifetime Prevalence 1.1%
Onset

- Mean age = 18
- Most have a depressive episode first
- Males slightly more than females (1.1:1)
Disability

• Variable function between episodes

• Up to 30% have severe impairment

• 42% of patients working
Diagnosis

• Bipolar Disorder DOES NOT equal “mood swings”
Diagnosis

• Bipolar Disorder is an *Episodic* Illness:
  
  • Mania

  • Euthymic

  • Depression
Mania

A. Distinct period of abnormally and persistently elevated, expansive, or irritable mood AND abnormally and persistently increased goal-directed activity or energy

B. Plus 3 of 7 symptoms
Mania

• Symptoms:

  • D
  • I
  • G
  • F
  • A
  • S
  • T
Mania

• Distractibility
• Increased activity or psychomotor agitation
• Grandiosity or inflated self-esteem
• Flight of ideas or racing thoughts
• Activities that are risky
• Sleep need decreased
• Talkative or pressured speech
Mania-Timing

• Must last for at least a week

• Can be shorter if hospitalized
Mania Diagnostic Strategies

• Must have the symptoms together
• Discuss with family members
• Obtain previous records
Hypomania

- Same criteria
- Level of impairment is not severe
Diagnostic Conundrums

• Substance use
• Other mood disorders
• Psychotic disorders
• Personality disorders
• Medications
Substance Use

• Cannot diagnosis while actively engaged in stimulating substances

• Cannot historically diagnosis without questioning about substance use

• If there is a question of diagnosis, best to monitor for some time without substances
Other Mood Disorders

• Major Depressive Disorder

• Cyclothymia
Psychotic Disorders

• Schizophrenia

• Delusional Disorder

• An acutely psychotic and an acutely manic individual can look very similar
Personality Disorders

• Often “mood swings” is Borderline Personality Disorder

• “Does your mood change minute to minute? Do you get angry easily?”

• Some individuals are just more animated than others
Robin Williams
Medications

• Steroids

• Stimulants

• Antidepressants
• Establish the criteria needed for a manic episode

• Establish the criteria needed for a depressive episode

• State which episode the patient is currently in
Bipolar vs. Depression

• Major Depressive Disorder
  • There is no way to know if they have had a manic episode in the past unless you ask/inquire
  • Without asking you run the risk of inducing mania with antidepressant therapy
  • Important to ask at the time of first diagnosis before treatment is started
Bipolar vs. Depression

• Bipolar II
  • If they have or have had Major Depressive Disorder and have hypomania
Bipolar vs. Depression

- Bipolar I
  - They have a history of mania
Treatment

• Depends on current phase:
  • Mania
  • Depression
  • Euthymic (maintenance)
Treatment of Mania

• 3 tiered simultaneous approach:
  • Mood Stabilizer
  • Atypical Antipsychotic
  • Benzodiazepine
Mood Stabilizers

• Lithium
• Lamictal
• Depakote
• Carbamazepine
• Oxcarbazepine
Lithium

• Dose around 900mg daily
  • Different formulations

• Level checked after approximately five days
  • Range 0.5-0.8

Lithium

• Potentially toxic

• Narrow therapeutic window

• Avoid dehydration and nephrotoxic drugs
  • Ibuprofen, Advil, Motrin, Ace-I, Aleve, diuretics
Lithium

• Workup prior to starting:
  • BMI
  • EKG
  • TSH
  • BMP
  • Lipids
Lamictal

• Start at 25mg and increase accordingly:
  • 50 mg at 2 weeks
  • 100 mg at 1 month
  • 150 at 2 months
  • 200 at 3 months

• Restart titration if >5 missed doses

• Stevens Johnson Syndrome
Depakote

• Weight based dosing...usually around 1000mg-1250mg daily

• Excessive weight gain

• Teratogenic
Bipolar Depression

• Lamictal

• Antidepressant as long as they are on a mood stabilizer

• Be cautious in the antidepressant you choose
Bipolar Maintenance

• Can continue the mood stabilizer that relieved their mania

• Discontinue adjunctive therapy
  • Atypical antipsychotics
  • Benzodiazepines
Atypical Antipsychotics

• Have some benefit

• Different ranges of FDA indications in Bipolar Disorder

• Have been proven inferior to mood stabilizers
Conclusion

• Bipolar Disorder is long recognized as distinct among mental illness

• An accurate diagnosis can be difficult but is very important

• Treatment should be best practices and evidenced based
Questions?

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