Psychiatric NP Cheat Sheet: Bipolar Disorder

🧠 Diagnostic Criteria (DSM-5)

🔥 Bipolar I Disorder

- **At least one manic episode** (may have had hypomanic or major depressive episodes)
- **Manic episode:** ≥1 week of abnormally elevated/irritable mood AND increased energy/activity
- At least 3 additional symptoms (4 if only irritable mood):
  - Inflated self-esteem/grandiosity
  - Decreased need for sleep
  - More talkative/pressured speech
  - Racing thoughts/flight of ideas
  - Distractibility
  - Increased goal-directed activity/psychomotor agitation
  - Excessive involvement in pleasurable activities with high potential for painful consequences
- **Symptoms cause marked impairment** in functioning or necessitate hospitalization or have psychotic features
- Not attributable to substance or medical condition

🌊 Bipolar II Disorder

- **At least one hypomanic episode AND at least one major depressive episode**
- **Hypomanic episode:** ≥4 days of abnormally elevated/irritable mood AND increased energy/activity
- Same symptom criteria as mania but less severe (no marked impairment, no hospitalization, no psychosis)

- Not attributable to substance or medical condition

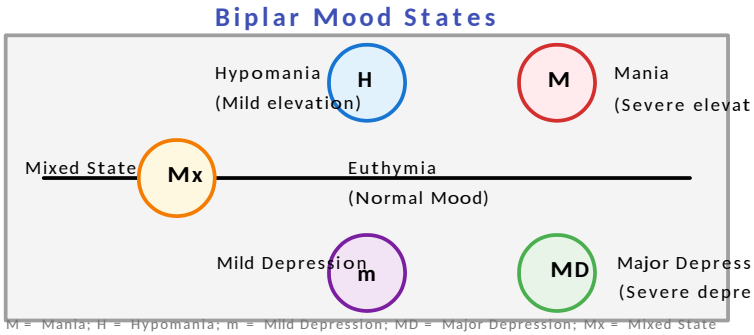
🔄 Cyclothymic Disorder

- **≥2 years of numerous periods** with hypomanic symptoms and depressive symptoms that don't meet full criteria
- Symptoms present for at least half the time
- No more than 2 months without symptoms
- Not attributable to substance or medical condition

🔍 Specifiers

- **With anxious distress:** Presence of anxiety symptoms during mood episodes
- **With mixed features:** Presence of opposite pole symptoms during episode
- **With rapid cycling:** ≥4 mood episodes in 12 months
- **With melancholic features:** Loss of pleasure, lack of reactivity (during depression)
- **With atypical features:** Mood reactivity, increased appetite/weight, hypersomnia (during depression)
- **With psychotic features:** Presence of delusions or hallucinations
- **With catatonia:** Presence of catatonic features
- **With peripartum onset:** Onset during pregnancy or within 4 weeks postpartum
- **With seasonal pattern:** Regular temporal relationship between onset and particular time of year

🔄 Bipolar Disorder Mood States



📊 Assessment Tools

Screening/Severity Measures

- **Mood Disorder Questionnaire (MDQ):** Screening for bipolar spectrum disorders
- **Bipolar Spectrum Diagnostic Scale (BSDS):** Screening for bipolar spectrum
- **Young Mania Rating Scale (YMRS):** Measures severity of manic symptoms
- **Altman Self-Rating Mania Scale (ASRM):** Self-report for manic symptoms

Monitoring Tools

- **Life Chart Method:** Tracks mood episodes over time
- **Mood charting apps:** eMoods, Daylio, MoodTracker
- **PHQ-9:** For depressive symptoms
- **GAD-7:** For anxiety symptoms (common comorbidity)

🔬 Differential Diagnosis

Medical Conditions

- Thyroid disorders (hyper/hypothyroidism)
- Multiple sclerosis
- Systemic lupus erythematosus
- Temporal lobe epilepsy
- Traumatic brain injury
- Stroke
- Cushing's syndrome
- Vitamin B12 deficiency

Psychiatric Conditions

- Major depressive disorder
- Schizoaffective disorder
- Borderline personality disorder
- ADHD
- PTSD
- Substance-induced mood disorder
- Cyclothymic disorder
- Adjustment disorder

💊 Substance-Induced Considerations

- **Stimulants:** Cocaine, amphetamines, methamphetamine
- **Hallucinogens:** LSD, PCP
- **Steroids:** Corticosteroids, anabolic steroids
- **Medications:** Antidepressants, dopamine agonists, isoniazid, L-dopa
- **Alcohol:** Intoxication or withdrawal

🔬 Recommended Workup

Initial Evaluation

- 🩸 **Laboratory:** CBC, CMP, TSH, free T4, vitamin B12, folate, HbA1c, lipid panel, urine toxicology
- 💓 **Consider:** ECG (especially before starting certain medications)

- 🧠 **Consider:** Neuroimaging if neurological symptoms present
- 📋 **Screening tools:** MDQ, BSDS, YMRS, PHQ-9
- 📝 **History:** Detailed mood episode history, family history, treatment response, substance use
- ⚠️ **Risk assessment:** Suicidality, homicidality, impulsivity, risky behaviors
- 🔍 **Rule out:** Medical conditions, substance-induced mood disorder

💊 Treatment Approaches

🎯 Acute Mania/Hypomania

First-Line Pharmacotherapy (Vieta & Sanchez-Moreno, 2008)

- **Lithium:** 600-1800 mg/day (target level 0.8-1.2 mEq/L for acute mania)
- **Valproate:** 750-2500 mg/day (target level 80-125 µg/mL)
- **Second-generation antipsychotics:**
  - Olanzapine: 5-20 mg/day
  - Risperidone: 2-6 mg/day
  - Quetiapine: 400-800 mg/day
  - Aripiprazole: 15-30 mg/day
  - Ziprasidone: 80-160 mg/day
  - Asenapine: 10-20 mg/day
  - Cariprazine: 3-6 mg/day

Adjunctive Treatments

- **Benzodiazepines:** For agitation, insomnia (short-term use)
- **Combination therapy:** Lithium + antipsychotic or valproate + antipsychotic
- **Carbamazepine:** 400-1600 mg/day (alternative mood stabilizer)
- **Electroconvulsive therapy (ECT):** For severe or treatment-resistant mania

🎯 Bipolar Depression

First-Line Pharmacotherapy (Shen, 2018)

- **Quetiapine:** 300-600 mg/day
- **Lurasidone:** 20-120 mg/day (with food)
- **Lamotrigine:** 50-200 mg/day (slow titration required)
- **Lithium:** 600-1200 mg/day (target level 0.6-0.8 mEq/L for depression)
- **Cariprazine:** 1.5-3 mg/day
- **Olanzapine-fluoxetine combination:** 6/25-12/50 mg/day

Second-Line/Adjunctive Treatments (Shen, 2018)

- **Antidepressants:** Use with caution and always with mood stabilizer
- **Modafinil/armodafinil:** For bipolar depression with fatigue
- **Pramipexole:** For treatment-resistant bipolar depression
- **Electroconvulsive therapy (ECT):** For severe or treatment-resistant depression
- **Ketamine/esketamine:** For treatment-resistant depression (investigational in bipolar)

🎯 Maintenance Treatment

First-Line Pharmacotherapy

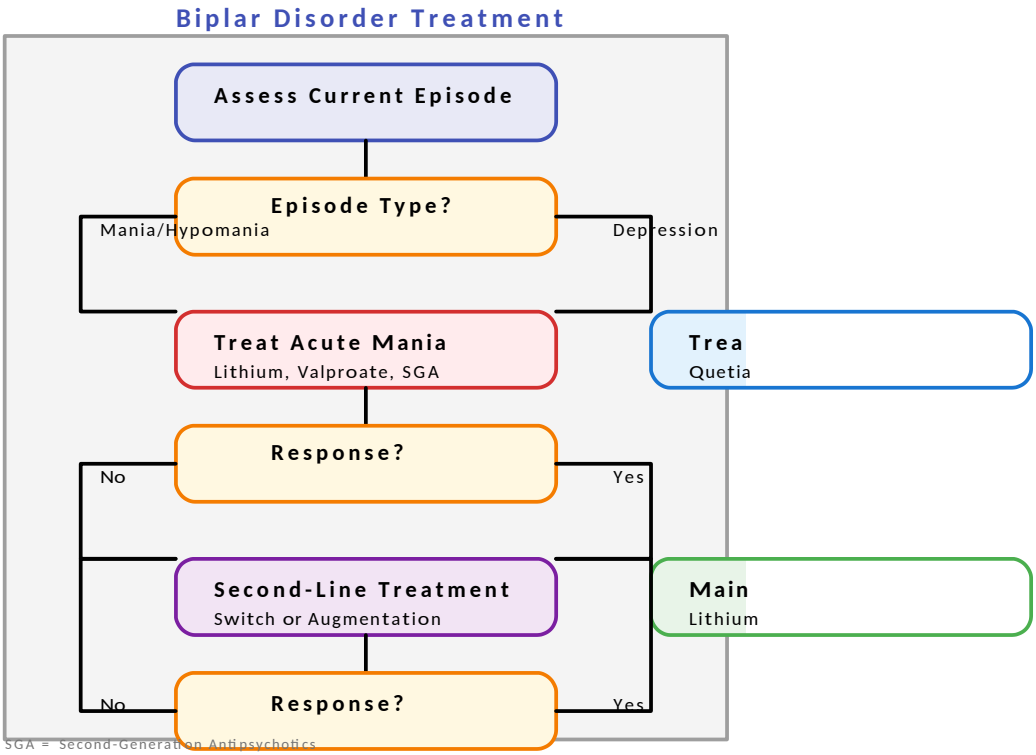
- **Lithium:** 600-1200 mg/day (target level 0.6-0.8 mEq/L)
- **Lamotrigine:** 100-400 mg/day (better for preventing depression)
- **Valproate:** 750-2000 mg/day (target level 50-100 µg/mL)
- **Second-generation antipsychotics:**
  - Aripiprazole: 10-30 mg/day
  - Quetiapine: 300-800 mg/day
  - Olanzapine: 5-20 mg/day
  - Risperidone: 2-6 mg/day

- Ziprasidone: 80-160 mg/day
- Lurasidone: 20-120 mg/day

🗣️ Psychotherapy

- **Psychoeducation:** Essential for all patients and families
- **Cognitive-Behavioral Therapy (CBT):** Addresses negative thought patterns
- **Interpersonal and Social Rhythm Therapy (IPSRT):** Stabilizes daily routines
- **Family-Focused Therapy (FFT):** Improves family communication and problem-solving
- **Group psychoeducation:** Provides support and education

🔄 Treatment Algorithm



🔍 Special Considerations

🤰 Pregnancy/Postpartum

- Highest risk of recurrence during postpartum period
- Careful risk-benefit analysis required
- Lithium: First trimester exposure associated with cardiac malformations (0.05-0.1%)
- Valproate: Contraindicated in pregnancy (neural tube defects, developmental delays)
- Carbamazepine: Associated with neural tube defects
- Lamotrigine: Relatively safer option
- Antipsychotics: Limited data, but generally considered safer than mood stabilizers
- Consider non-pharmacological approaches when possible

👴 Elderly

- Start low, go slow with medications
- Lower lithium levels (0.4-0.8 mEq/L)
- Increased risk of drug interactions
- Monitor renal function closely with lithium
- Increased sensitivity to side effects
- Consider medical comorbidities
- Cognitive assessment important

🧒 Children/Adolescents

- Diagnosis can be challenging (overlap with ADHD, conduct disorder)
- Family involvement essential
- Lithium, aripiprazole, risperidone FDA-approved for pediatric bipolar
- Monitor growth, weight, metabolic parameters
- Higher risk of antipsychotic-induced side effects

- Psychoeducation for family and school

📋 Monitoring

Lithium Monitoring

- 🩸 **Baseline:** CBC, CMP, TSH, free T4, urinalysis, ECG (>40 years), pregnancy test
- 🩸 **Lithium levels:** Every 3-5 days until stable, then every 3-6 months
- 🩸 **Renal/thyroid function:** Every 6-12 months
- 🩸 **Calcium levels:** Annually (risk of hyperparathyroidism)
- ⚠️ **Toxicity signs:** Tremor, ataxia, confusion, slurred speech, seizures

Valproate Monitoring

- 🩸 **Baseline:** CBC with platelets, LFTs, pregnancy test
- 🩸 **Valproate levels:** Until stable, then every 3-6 months
- 🩸 **LFTs:** Every 3-6 months
- 🩸 **CBC:** Every 3-6 months
- ⚠️ **Toxicity signs:** Sedation, tremor, ataxia, thrombocytopenia, hepatotoxicity

Lamotrigine Monitoring

- 🩸 **Baseline:** CBC, CMP
- ⚠️ **Rash monitoring:** Especially during titration
- ⚠️ **Stevens-Johnson syndrome risk:** Discontinue immediately if rash appears

Antipsychotic Monitoring

- 🩸 **Baseline:** Weight, BMI, waist circumference, blood pressure, fasting glucose, lipid panel
- 🩸 **Metabolic monitoring:** Weight monthly for 3 months, then quarterly; glucose and lipids at 3 months, then annually
- ⚠️ **EPS monitoring:** Assess for akathisia, parkinsonism, tardive dyskinesia

- ⚠️ **QTc monitoring:** ECG for those at risk of QTc prolongation

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