



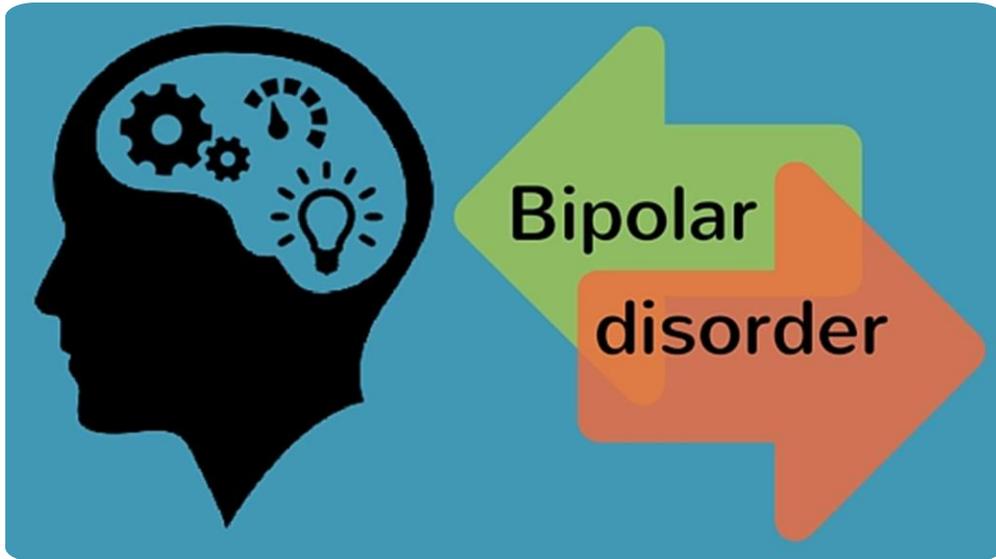
# Bipolar Disorder

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# What is it?

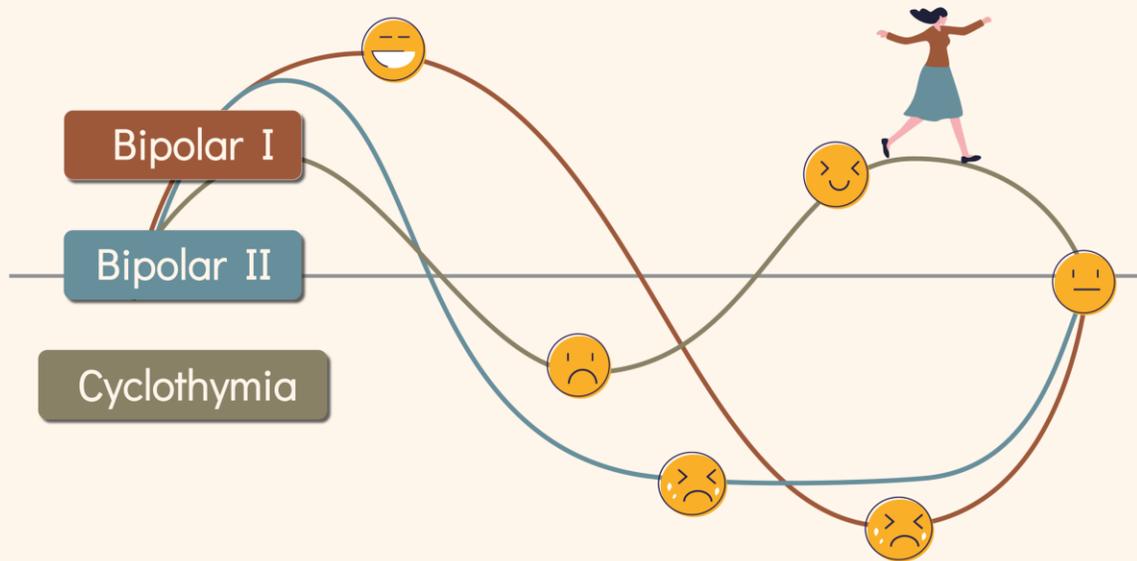
Bipolar disorder is a **chronic mood disorder characterized by recurrent episodes of:**

- Mania or hypomania
- Depression
- Periods of euthymia between episodes

# Epidemiology

- **Lifetime prevalence:**  $\approx 1\%$  for Bipolar I and II
- **Bipolar spectrum:** Up to  $\sim 5\%$
- **Typical onset:** late adolescence to early adulthood
- **Prevalence:** Similar in men and women for Bipolar I, more common in woman for Bipolar II
- High morbidity and functional impairment
- **Suicide risk 20-30x the general population**

## The Different Types of Bipolar Disorder



# Classification

## Bipolar I Disorder

- $\geq 1$  manic episode

## Bipolar II Disorder

- $\geq 1$  hypomanic episode
- $\geq 1$  major depressive episode

## Cyclothymic Disorder

- $\geq 2$  years of fluctuating hypomanic and depressive symptoms

# Diagnostic Criteria: Mania

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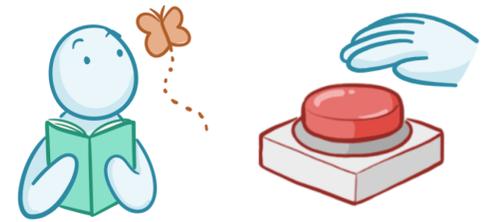
## Manic episode:

- **≥1 week** of elevated, expansive, or irritable mood and increased energy or goal-directed activity (or severe enough to necessitate immediate hospital care)

Plus **≥3 symptoms** ----->

- **MUST CAUSE functional impairment, hospitalization, or psychosis.**

**D**ISTRACTIBILITY



**I**MPULSIVITY

**G**RANDIOSITY



**F**LIGHT of IDEAS



**A**CTIVITY INCREASE



**S**LEEP DEFICIT



**T**ALKATIVENESS



# Diagnostic Criteria: Hypomania

Duration  $\geq 4$  days of elevated or irritable mood with increased activity

Same symptom cluster as mania,  
BUT

- **No marked functional impairment**
- **No psychosis**
- **No hospitalization**



# Bipolar Depression

**REQUIRES  $\geq 5$  symptoms including  
depressed mood or anhedonia**

- **$\geq 2$  weeks of:**
  - Depressed mood
  - Anhedonia
  - Fatigue
  - Sleep disturbance
  - Poor concentration
  - Appetite changes
  - Feelings of guilt or worthlessness
  - Psychomotor retardation/agitation
  - Suicidal Ideation



# Treatment: Acute Mania



## First-line pharmacologic treatment:

- Mood stabilizers
  - Lithium
  - Valproate
- Second-generation antipsychotics
  - Quetiapine
  - Aripiprazole
  - Risperidone
  - Olanzapine
- Severe or treatment-resistant cases:
  - Electroconvulsive Therapy

# Treatment: Bipolar Depression

## Key principle:

- **Avoid antidepressant monotherapy**

## Evidence-based options:

- Quetiapine
- Lurasidone
- Lithium (reduced suicide risk)

## Combination option:

- Olanzapine + Fluoxetine

# Maintenance Treatment



## **Goals:**

- Prevent relapse
- Maintain functioning/Euthymia
- Reduce suicide risk

## **Maintenance medications:**

- Lithium
- Valproate
- Lamotrigine
- Atypical antipsychotics

## **Adjunctive therapy:**

- Psychoeducation
- Cognitive behavioral therapy
- Interpersonal and social rhythm therapy

# References

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