

FOLLOW-UP AND MONITORING FOR BIPOLAR DISORDER

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Learning Objectives

- Estimate time to benefit on manic or depressive symptoms following initiation of a medication to treat bipolar disorder
- Recognize appropriate medication combinations used in the treatment of bipolar disorder
- Describe how medications should be discontinued in a manner that reduces risk for relapse and withdrawal in a patient receiving treatment for bipolar disorder



Time to Benefit

Therapeutic Medication Trial

Bipolar Mania
~2 weeks

Bipolar
Depression
6 - 8 weeks



Combination Therapy

- Consider for patients who experience relapse despite maintenance therapy or who experience an inadequate response to monotherapy
- Target the relapse episode (depression, mania/hypomania, mixed episode)
- Be aware of potential for drug-drug interactions with enzyme inhibitors (VPA) and inducers (CBZ)
- Lithium or valproic acid + atypical antipsychotic
- Lithium + anticonvulsant (valproic acid, carbamazepine, lamotrigine)
- Mood stabilizer (lithium or anticonvulsant or atypical antipsychotic) + antidepressant



Duration of Treatment

- Relapse of symptoms is a risk even after years of sustained remission
- Therefore long-term treatment is the general recommendation for most patients, especially those with bipolar I disorder (risk of severe manic episodes)
- If patient desires medication discontinuation:
 - Engage in thorough discussion of risks
 - Taper medication slowly (4 weeks or preferably longer)
 - Educate patient on monitoring for mood episode relapse (early warning signs of bipolar depression or mania) and importance of seeking medical attention early



Questions??

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