

## Managing Acute Depression in BP-I

Step wise approach – proceed to next step if inadequate response

1. <b>Antidepressant (AD) + Mood Stabiliser (MS)</b>
2. <b>Antidepressant (AD) + Atypical Antipsychotic (AAP)</b>
3. <b>AD + AAP + MS (1 or more)</b>
4. <b>ECT</b>

Mood stabiliser choice in BP-I 1-lithium, 2-valproate, 3-lamotrigine

## Managing Acute Depression in BP-II

Based on clinical experience and studies suggesting mood stabilising properties for the SSRIs, BDI recommendations differ from other generally accepted guidelines.

Parker G, Tully L, Olley A & Hadzi-Pavlovic D. Journal of Affective Disorders, 92: 205-214 (2006).

Step wise approach – proceed to next step if inadequate response

1. <b>SSRI</b>
2. <b>SSRI + low-dose AAP (short term only)</b>
3. <b>Dual action antidepressant e.g. desvenlafaxine</b>
4. <b>Dual action antidepressant e.g. desvenlafaxine +low-dose AAP (short term only)</b>
5. <b>Mood stabiliser + antidepressant</b>

Mood stabiliser choice in BP-II 1-lamotrigine, 2-valproate, 3-lithium

## Managing Acute Mania

Step wise approach – proceed to next step if inadequate response

<b>? Hospitalise or other protective strategies – safety, danger, risk to reputation (NSW Mental Health Act nuance)</b>
1. <b>Atypical antipsychotic alone (high doses)</b>
2. <b>Mood stabiliser (eg lithium) only – slow response</b>
3. <b>Atypical Antipsychotic + Mood Stabiliser (concurrently or sequentially).</b>

## Managing Hypomania

- Patients rarely present seeking treatment for hypomania
- Often appropriate not to eradicate mild 'highs'
- Need for medication related to impact and severity of subsequent depressions
- Possible place for low-dose atypical antipsychotic (evidence available for quetiapine), as short-term strategy
- Mood stabiliser most appropriate medication for long-term mood stabilisation.

## Maintenance: Pharmacotherapy

### Maintenance Treatments for BP-I

Mood stabilisers: Lithium

Anti-epileptics (valproate, lamotrigine)

(NB Li and valproate and lithium alone better than valproate alone: *BALANCE study Lancet Dec 23, 2009*).

Atypical antipsychotics (AAPs) (e.g. olanzapine, quetiapine, risperidone)

Studies suggest: AAPs may be superior to traditional drugs in preventing relapse into mania.

May be beneficial, used in addition to traditional drugs, but may have major long-term side-effects.

(N.B. PBS listing for this indication: olanzapine  
quetiapine - if prescribed with lithium or valproate)

### Maintenance Treatments for BP-II

Step 1: Try SSRI or dual action drug (eg desvenlafaxine) only – benefit 30%.

Step 2: Change to mood stabilisers: lithium, anti-epileptics (valproate, lamotrigine).

There is minimal evidence for use of atypical antipsychotics in this situation, although they are commonly used

### A 'Mood Stabilising' Step Model

	Bipolar I	Bipolar II
Step 1	Lithium or Epilim	SSRI, desvenlafaxine
Step 2	Antipsychotic (Duration?)	Lamotrigine
Step 3	Combinations of above	Valproate or lithium
Step 4		Antipsychotic (e.g. quetiapine) +/- MS
Step 5		Combinations of the above