# E: OPAL-K Psychosis Care Guide

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E1: OPAL-K BIPOLAR ASSESSMENT & TREATMENT FLOW CHART

Considering the diagnosis of Bipolar Disorder

**Delineate target symptoms for intervention:**

**Pediatric Mania Symptoms:** Being in an overly silly or joyful mood that’s unusual for your child. It is different from times when he or she might usually get silly and have fun. Having an extremely short temper. This is an irritable mood that is unusual. Sleeping little but not feeling tired. Talking a lot and having racing thoughts. Having trouble concentrating, attention jumping from one thing to the next in an unusual way. Talking and thinking about sex more often. Binge shopping. Behaving in risky ways more often, seeking pleasure a lot, and doing more activities than usual. Psychotic symptoms such as grandiose delusions or hallucinations.

**Depressive Symptoms:** Chronic sad mood. Losing interest in activities once enjoyed. Feeling worthless. Multiple somatic complaints without physical origin. Hypersomnia or insomnia. Poor appetite with weight loss or eating too much. Recurring thoughts of death and suicide.

**Rule out other reasons for manic-like symptoms**

**Environmental Risk Factors:**
- Poor Sleep Hygiene
- Skipping meals
- Abuse or neglect
- Domestic Violence
- Being bullied at school
- Late night video games/TV
- Family mental illness/drugs

**Psychiatric Disorders:**
- ADHD
- Major Depressive Disorder
- Substance use disorders
- Schizophrenia
- Other Psychotic Disorder
- Anxiety Disorder
- PTSD
- Assess Suicide Risk

**Medical Masqueraders:**
- Anemia
- Seizure Disorder
- Medication side-effects
- Vitamin D Deficiency
- Thyroid Abnormality
- Encephalitis
- Head Trauma
- Delirium
- Energy Drinks
- Steroids

Bipolar dx ruled in. Determine Severity Level.

**Mild impairment no medications:**
- Bipolar psychoeducation for family and child
- “Social Rhythm” – Sleep Hygiene Plan, Exercise Regimen, Stress Reduction
- No drugs and alcohol
- School support and planning
- Provide parent resource education
- Employ family checklist

**Significant impairment or non-medical interventions alone ineffective:**

Medications Indicated

No—Use a mood stabilizer. A trial of lithium would be first choice unless there are contraindications. Other mood stabilizers are not FDA approved for treating pediatric bipolar disorder.

If first SGA trial ineffective (zero symptom relief) for 4-8 weeks, or adverse reactions too severe switch to second atypical antipsychotic

If second trail of SGA ineffective or adverse reactions to severe after 4-8 weeks switch to SGA + Lithium combination

Trial of single antipsychotic (SGA)
- Risperidone, aripiprazole, quetiapine, or olanzapine. 2-4 weeks
- Use follow-up rating scales

Call OPAL-K no yes
E-2: OPAL-K Bipolar Assessment Guidelines

- The child or adolescent interview should include open-ended questions and discussion of unrelated topics in order to assess thought processes

- Always inquire about psychotic symptoms

- Always inquire about suicidality which is a risk during both depressed and manic stages due to impaired judgment

- For older children and adolescents part of the interview should occur without parental presence in order to assess risk-taking behavior, such as substance abuse, sexuality, and legal transgressions

- Family members' behavioral observations provide corollary information regarding the patient's range of difficulties and comorbidity

- Physical examination, review of systems, and laboratory testing are included to rule out suspected medical etiologies including neurological, systemic, and substance-induced disorders

- The clinical interview of the youth is the cornerstone of assessment for BD. Although many young patients lack insight regarding their manic symptoms, they can often describe their internal states

- A longitudinal perspective with a timeline of symptom evolution is needed to demonstrate cyclicity and understand the youth's illness

- No clear role for rating scales at this time - Young mania rating scale can help families monitor for mania symptoms, but is not diagnostic alone.

- School performance and interpersonal relationships should be assessed to determine the youth's functional impairment and educational needs

- Assess for Disruptive Mood Dysregulation Disorder (DMDD)

- Assess suicide risk
GUIDE FOR SCORING ITEMS

The purpose of each item is to rate the severity of that abnormality in the patient. When several keys are given for a particular grade of severity, the presence of only one is required to qualify for that rating.

The keys provided are guides. One can ignore the keys if that is necessary to indicate severity, although this should be the exception rather than the rule.

Scoring between the points given (whole or half points) is possible and encouraged after experience with the scale is acquired. This is particularly useful when severity of a particular item in a patient does not follow the progression indicated by the keys.

Specify one of the reasons listed below by putting the appropriate number in adjacent box.

<table>
<thead>
<tr>
<th>1. ELEVATED MOOD</th>
<th>0 - Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 - Mildly or possibly increased on questioning</td>
</tr>
<tr>
<td></td>
<td>2 - Definite subjective elevation; optimistic, self-confident; cheerful; appropriate to content</td>
</tr>
<tr>
<td></td>
<td>3 - Elevated, inappropriate to content; humorous</td>
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<tr>
<td></td>
<td>4 - Euphoric; inappropriate laughter; singing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. INCREASED MOTOR ACTIVITY ENERGY</th>
<th>0 - Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 - Subjectively increased</td>
</tr>
<tr>
<td></td>
<td>2 - Animated; gestures increased</td>
</tr>
<tr>
<td></td>
<td>3 - Excessive energy; hyperactive at times; restless (can be calmed)</td>
</tr>
<tr>
<td></td>
<td>4 - Motor excitement; continuous hyperactivity (cannot be calmed)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. SEXUAL INTEREST</th>
<th>0 - Normal; not increased</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 - Mildly or possibly increased</td>
</tr>
<tr>
<td></td>
<td>2 - Definite subjective increase on questioning</td>
</tr>
<tr>
<td></td>
<td>3 - Spontaneous sexual content; elaborates on sexual matters; hypersexual by self-report</td>
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<tr>
<td></td>
<td>4 - Overt sexual acts (toward patients, staff, or interviewer)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. SLEEP</th>
<th>0 - Reports no decrease in sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 - Sleeping less than normal amount by up to one hour</td>
</tr>
<tr>
<td></td>
<td>2 - Sleeping less than normal by more than one hour</td>
</tr>
<tr>
<td></td>
<td>3 - Reports decreased need for sleep</td>
</tr>
<tr>
<td></td>
<td>4 - Denies need for sleep</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. IRRITABILITY</th>
<th>0 - Absent</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2 - Subjectively increased</td>
</tr>
<tr>
<td></td>
<td>4 - Irritable at times during interview; recent episodes of anger or annoyance on ward</td>
</tr>
<tr>
<td></td>
<td>6 - Frequently irritable during interview; short, curt throughout</td>
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<tr>
<td></td>
<td>8 - Hostile, uncooperative; interview impossible</td>
</tr>
</tbody>
</table>
6. SPEECH (Rate and Amount)
- 0 - No increase
- 2 - Feels talkative
- 4 - Increased rate or amount at times, verbose at times
- 6 - Push; consistently increased rate and amount; difficult to interrupt
- 8 - Pressured; uninterruptible, continuous speech

7. LANGUAGE - THOUGHT DISORDER
- 0 - Absent
- 1 - Circumstantial; mild distractibility; quick thoughts
- 2 - Distractible; loses goal of thought; change topics frequently; racing thoughts
- 3 - Flight of ideas; tangentiality; difficult to follow; rhyming, echolalia
- 4 - Incoherent; communication impossible

8. CONTENT
- 0 – Normal
- 2 - Questionable plans, new interests
- 4 - Special project(s); hyperreligious
- 6 - Grandiose or paranoid ideas; ideas of reference
- 8 - Delusions; hallucinations

9. DISRUPTIVE - AGGRESSIVE BEHAVIOR
- 0 - Absent, cooperative
- 2 - Sarcastic; loud at times, guarded
- 4 - Demanding; threats on ward
- 6 - Threatens interviewer; shouting; interview difficult
- 8 - Assaultive; destructive; interview impossible

10. APPEARANCE
- 0 - Appropriate dress and grooming
- 1 - Minimally unkempt
- 2 - Poorly groomed; moderately dishevelled; overdressed
- 3 - Dishevelled; partly clothed; garish make-up
- 4 - Completely unkempt; decorated; bizarre garb

11. INSIGHT
- 0 - Present; admits illness; agrees with need for treatment
- 1 - Possibly ill
- 2 - Admits behavior change, but denies illness
- 3 - Admits possible change in behavior, but denies illness
- 4 - Denies any behavior change
E-5: OPAL-K The Mood Disorder Questionnaire (MDQ) - Overview

The Mood Disorder Questionnaire (MDQ) was developed by a team of psychiatrists, researchers and consumer advocates to address the need for timely and accurate evaluation of bipolar disorder.

Clinical Utility

The MDQ is a brief self-report instrument that takes about 5 minutes to complete. This instrument is designed for screening purposes only and is not to be used as a diagnostic tool. A positive screen should be followed by a comprehensive evaluation.

Scoring

In order to screen positive for possible bipolar disorder, all three parts of the following criteria must be met: “YES” to 7 or more of the 13 items in Question 1 AND “Yes” to Question number 2 AND

“Moderate Problem” or “Serious Problem” to Question 3

Psychometric Properties

The MDQ is best at screening for bipolar I (depression and mania) disorder and is not as sensitive to bipolar II (depression and hypomania) or bipolar not otherwise specified (NOS) disorder.

Out-patient clinic serving primarily a mood disorder population

37 Bipolar Disorder patients 36 Unipolar Depression patients

Sensitivity 0.73 Specificity 0.90
Overall Sensitivity 0.58 (BDI 0.58-BDII/NOS 0.30) Overall Specificity 0.67

General Population 2 Sensitivity 0.28 Specificity 0.97

Primary care patients receiving Sensitivity 0.58 treatment for depression Specificity 0.93
INSTRUCTIONS

The following questions concern your child’s mood and behavior in the past month. Please place a check mark or an ‘x’ in a box for each item. Please consider it a problem if it is causing trouble and is beyond what is normal for your child's age. Otherwise, check 'rare or never' if the behavior is not causing trouble.

**Does your child . . .**

<table>
<thead>
<tr>
<th></th>
<th>NEVER/RARELY</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
<th>VERY OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have periods of feeling super happy for hours or days at a time, extremely wound up and excited, such as feeling &quot;on top of the world&quot;</td>
<td>[ ]</td>
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<tr>
<td>2. Feel irritable, cranky, or mad for hours or days at a time</td>
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<tr>
<td>3. Think that he or she can be anything or do anything (e.g., leader, best basket ball player, rap singer, millionaire, princess) beyond what is usual for that age</td>
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<tr>
<td>4. Believe that he or she has unrealistic abilities or powers that are unusual, and may try to act upon them, which causes trouble</td>
<td>[ ]</td>
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<tr>
<td>5. Need less sleep than usual; yet does not feel tired the next day</td>
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<tr>
<td>6. Have periods of too much energy</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>7. Have periods when she or he talks too much or too loud or talks a mile-a-minute</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>8. Have periods of racing thoughts that his or her mind cannot slow down, and it seems that your child's mouth cannot keep up with his or her mind</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>9. Talk so fast that he or she jumps from topic to topic</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>10. Rush around doing things nonstop</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>11. Have trouble staying on track and is easily drawn to what is happening around him or her</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>12. Do many more things than usual, or is unusually productive or highly creative</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>13. Behave in a sexually inappropriate way (e.g., talks dirty, exposing, playing with private parts, masturbating, making sex phone calls, humping on dogs, playing sex games, touches others sexually)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>14. Go and talk to strangers inappropriately, is more socially outgoing than usual</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
**Does your child . . .**

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
<th>VERY OFTEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Do things that are unusual for him or her that are foolish or risky (e.g., jumping off heights, ordering CDs with your credit cards, giving things away)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16. Have rage attacks, intense and prolonged temper tantrums</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>17. Crack jokes or pun more than usual, laugh loud, or act silly in a way that is out of the ordinary</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>18. Experience rapid mood swings</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>19. Have any suspicious or strange thoughts</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>20. Hear voices that nobody else can hear</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>21. See things that nobody else can see</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**TOTAL SCORE ____

Please send comments to: Mpavuluri@psych.uic.edu
E8: OPAL-K Bipolar Treatment Guidelines

- Second Generation Antipsychotics (SGA) are the cornerstone for treatment of Bipolar Disorder (BD).

- Adjunctive antipsychotic medication can be used during acute mania to rapidly stabilize the youth, assure safety, and provide sleep. Chronic use may be needed.

- If using antipsychotic medications, establish baseline labs and then monitor for “hypermetabolic syndrome” due to hyperphagia and weight gain. Establish dietary plan and exercise regimen at the start of pharmacotherapy.

- Baseline labs should include CBC, complete metabolic panel, TSH, fasting lipid, and fasting glucose.

- Antidepressants should be avoided; but if the youth becomes depressed and is not responsive to other pharmacotherapy, cautious use of antidepressants may be necessary. Carefully monitor for manic “activation” or “switch.”

- Stimulants may be used to treat comorbid ADHD once the patient has been stabilized on a mood stabilizer.

- Adjunctive psychosocial treatments (e.g., psychoeducation, family therapy, individual therapy) are always indicated in the treatment of early onset BD. At a minimum, treatment should include psychoeducation about BD, its risks, treatment, prognosis, and complications associated with medication non-compliance.

- Constant vigilance about suicide potential during any phase of BD is indicated.

- Ongoing collaboration with the school should focus on education about BD, development of an appropriate Individualized Education Plan, and assistance with behavioral management planning.

- Longterm management will need community mental health support.
E9: OPAL-K BIPOLAR MANIA/HYPOMANIA MEDICATION TREATMENT
ALGORITHM (v.052212)

Premedication Stage

Diagnostic evaluation and parent education regarding non-medical and medication treatments

Meds are indicated

Monotherapy 1: FDA approved Second Generation Antipsychotic (SGA) such as quetiapine, aripiprazole, olanzapine, or risperidone.

Meds work

Continue Treatment Regimen

Meds don’t work

Monotherapy 2: Use a different SGA. Do not combine SGAs without consultation with child psychiatrist.

Meds work

Continue Treatment Regimen

Meds don’t work

Consult with OPAL-K Child Psychiatrist about combo Rx

Meds work

Continue Treatment Regimen

Meds don’t work

Obtain child psychiatry consultation or refer to child psychiatrist

Combo Therapy: With OPAL-K Child Psychiatrist consider using SSRI with Atypical Antipsychotic, SSRI with SNR, SSRI with Lithium, SSRI and stimulant, SSRI and thyroid, or different antidepressant with lithium, antipsychotic, thyroid, or stimulant
## E10-E11: OPAL-K Bipolar Medication Table (07.29.14)

*(Medication information based on www.epocrates.com)*

<table>
<thead>
<tr>
<th>Drug/Category</th>
<th>Dosing</th>
<th>FDA Approval</th>
<th>Monitoring</th>
<th>Comments/Precautions</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risperidone</strong> (Risperdal) Forms Available: tablets, oral disintegration tabs, liquid and depot injection</td>
<td><strong>Atypical Antipsychotic</strong></td>
<td><strong>Initial Dosing</strong></td>
<td>Approved for treatment of youth with: 1) schizophrenia 13 yrs and older, 2) bipolar 10 yrs and older, 3) autism 5-16 yrs</td>
<td></td>
<td><strong>Generic</strong></td>
</tr>
<tr>
<td></td>
<td>Children 0.25 mg/day</td>
<td></td>
<td>1) CBC as indicated by guidelines approved by the FDA in the product labeling. 2) Pregnancy Test and clinically indicated 3) Weight and BMI monitoring - at initiation of treatment, monthly for 6 months then quarterly when the antipsychotic dose is stable. 4) Fasting plasma glucose level or hemoglobin A1c - before initiating a new antipsychotic, then yearly. If a patient has significant risk factors for diabetes and for those that are gaining weight 4 months after starting an antipsychotic, and then yearly.</td>
<td></td>
<td>0.25 mg -- $$ $$ 0.5 mg -- $$ $$ 1 mg -- $$ $$ 2 mg -- $$ $$ 3 mg -- $$ $$ 4 mg -- $$ $$</td>
</tr>
<tr>
<td></td>
<td>Adolescents 0.5 mg/day</td>
<td></td>
<td></td>
<td><strong>Risperdal Tabs</strong></td>
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<td></td>
<td><strong>Maximum Dosing</strong> Children 3 mg/day</td>
<td></td>
<td></td>
<td>0.25 mg -- $$ $$ 0.5 mg -- $$ $$ 1 mg -- $$ $$ 2 mg -- $$ $$ 3 mg -- $$ $$ 4 mg -- $$ $$</td>
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</tr>
<tr>
<td></td>
<td>Adolescents 6 mg/day</td>
<td></td>
<td></td>
<td><strong>Risperdal Solution</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Abilify</strong></td>
<td><strong>Initial Dosing</strong></td>
<td>Approved for treatment of youth with: 1) schizophrenia 13 yrs and older, 2) bipolar 10 yrs and older, 3) autism 6 yrs and older</td>
<td></td>
<td><strong>Generic</strong></td>
</tr>
<tr>
<td></td>
<td>Children 2 mg/day</td>
<td></td>
<td>5) Lipid Screening-Every 2 years or more often if lipid levels are in the normal range, every 6 months. 6) Sexual Function ROS - Ask about any problems with galactorrhea, menstrual problems, gynecomastia, libido disturbance, erectile dysfunction. 7) Before and after initiation of treatment extra pyramidal symptoms (EPS) evaluation each visit weekly till dose titration is complete.</td>
<td></td>
<td>2 mg -- $$ $$ 5 mg -- $$ $$ 10 mg -- $$ $$ 15 mg -- $$ $$ 20 mg -- $$ $$ 30 mg -- $$ $$</td>
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<tr>
<td></td>
<td>Adolescents 5 mg/day</td>
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<td></td>
<td><strong>Abilify</strong></td>
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<tr>
<td></td>
<td><strong>Maximum Dosing</strong> Children 15 mg/day</td>
<td></td>
<td></td>
<td>2 mg -- $$ $$ 5 mg -- $$ $$ 10 mg -- $$ $$ 15 mg -- $$ $$ 20 mg -- $$ $$ 30 mg -- $$ $$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adolescents 30 mg/day</td>
<td></td>
<td></td>
<td><strong>Dissolvable Tablet</strong></td>
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<tr>
<td></td>
<td><strong>Oral Disintegrating Tabs</strong></td>
<td></td>
<td></td>
<td>0.5 mg -- $$ $$ 1 mg -- $$ $$ 4 mg -- $$ $$</td>
<td></td>
</tr>
</tbody>
</table>
8) Tardive Dyskinesia Evalu - Abnormal Involuntary Movement Scale (AIMS) every 6-12 months.
9) Check prolactin level if gynecomastia or galactorrhea develops.

<table>
<thead>
<tr>
<th>Drug/Category</th>
<th>Dosing</th>
<th>FDA Approval</th>
<th>Comments/Monitoring</th>
<th>Warning/Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithium Generic</td>
<td>Children: Start 15-20 mg/kg/day in 2-3 divided doses</td>
<td>Approved for the treatment of bipolar disorder in youth 12 years and older</td>
<td>Get Baseline, Chemistry Panel, CBC with platelets, Serum creatinine, initially Pregnancy Test, ECG,</td>
<td>Toxicity about therapeutic levels, particularly in renal, cardiovascular disease, and dehydration. Do</td>
</tr>
<tr>
<td>Eskalith</td>
<td>300 mg -- $</td>
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<td></td>
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</tr>
<tr>
<td>Eskalith CR</td>
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<thead>
<tr>
<th>Drug/Category</th>
<th>Dosing</th>
<th>FDA Approval</th>
<th>Comments/Monitoring</th>
<th>Warning/Precautions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quetiapine (Seroquel)</td>
<td>Initial Dosing Children 12.5mg/day Adolescents 25mg/day Maximum Dosing Children 300mg/day Adolescents 600mg/day</td>
<td>Approved for treatment of youth with: 1) schizophrenia 13 yrs and older, 2) bipolar 10 yrs and older</td>
<td>Monitor for QT prolongation Ocular Evaluations every 6-12 months for cataracts</td>
<td>Seroquel 25 mg -- $ 50 mg -- $ 100 mg -- $ 200 mg -- $$$$ 300 mg -- $$$$$ 400 mg -- $$$$$</td>
</tr>
<tr>
<td>Olanzapine (Zyprexa)</td>
<td>Initial dosing Children 2.5 mg/day Adolescents 2.5-5mg/day Maximum dosing Children 12.5mg/day Adolescents 30 mg/day</td>
<td>Approved for treatment of youth with: 1) schizophrenia 13 yrs and older, 2) bipolar 13 yrs and older</td>
<td>Zyprexa 2.5 mg -- $$$$ 5 mg -- $$$$ 7.5 -- $$$$ 10 mg -- $$$$$ 15 mg -- $$$$$ 20 mg -- $$$$$</td>
<td></td>
</tr>
<tr>
<td>Olanzapine Zydis</td>
<td></td>
<td></td>
<td>Zyprexa Zydis 5 mg -- $$$$ 10 mg -- $$$$$</td>
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</tbody>
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**Mood Stabilizers**
### Lithobid

<table>
<thead>
<tr>
<th>Dosage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents: Start 300 mg po bid to tid</td>
<td>Titrate dose to levels between 0.6 and 1.2 mEq/L</td>
</tr>
<tr>
<td></td>
<td>Thyroid panel. Monitor thyroid function 6-12 months during maintenance phase.</td>
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<tr>
<td></td>
<td>Initial lithium level after 7 days of initiated. Weekly levels till therapeutic dose. Then 3-6 months after.</td>
</tr>
<tr>
<td></td>
<td>Not use with NSAIDS. Watch for polyuria, tremor, diarrhea, nausea, hypothyroidism. Teratogenic, FDA rated category D for pregnancy.</td>
</tr>
</tbody>
</table>

### Divalproex

<table>
<thead>
<tr>
<th>Formulations</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depakote tabs</td>
<td>FDA approved for epilepsy for youth age 10 years and older.</td>
</tr>
<tr>
<td>Depakene Liquid caps</td>
<td>Initial chemistry panel CBC with platelet count LFTS Pregnancy Test</td>
</tr>
<tr>
<td>Depakote Sprinkles</td>
<td>Black Box Warning for: Liver Failure Pancreatitis Teratogenicity, FDA rated category D for pregnancy.</td>
</tr>
<tr>
<td>Depacon IV</td>
<td>Safety and effectiveness not established. Not FDA approved for use in minors for bipolar disease.</td>
</tr>
<tr>
<td>Maximum dosing Based on level titrate to level 50-100mcg/ml</td>
<td>Serious rashes including Steven's Johnson syndrome and asceptic meningitis</td>
</tr>
<tr>
<td></td>
<td>Dermatological reactions Potential Stevens Johnson rash, Acute multi organ failure, withdrawal seizures, blood dysrasias, hypersensitivity, suicidal ideation</td>
</tr>
</tbody>
</table>

### Lamotrigine

<table>
<thead>
<tr>
<th>Dosage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents Start: 25mg qd increase by 25 mg/d every 1-2 weeks till reaching a max dose of 200-300 mg/day usually in divided doses bid</td>
<td>Safety and effectiveness not established. Not FDA approved for use in minors for bipolar disease.</td>
</tr>
<tr>
<td></td>
<td>Serious rashes including Steven's Johnson syndrome and asceptic meningitis</td>
</tr>
<tr>
<td></td>
<td>Dermatological reactions Potential Stevens Johnson rash, Acute multi organ failure, withdrawal seizures, blood dysrasias, hypersensitivity, suicidal ideation</td>
</tr>
</tbody>
</table>

### Cost Code:

- $ -- $10 or less
- $$ -- $11 to $49
- $$$ -- $50 to $99
- $$$$ -- $100 to $499
- $$$$$ -- $500 or more
E12: OPAL-K Psychosis Intervention Checklist for Families and their Bipolar Child

Living with a child who has bipolar disorder is confusing, frustrating and at times scary. The following checklist can help families become more effective in managing the behavior issues associated with bipolar children and adolescents.

Checklist for parents:
- Secure and lock all weapons or other items that can be used for self-injury or suicide since bipolar youth have an increased risk for suicide.
- Keep expressed emotions at a low level. Eliminate emotionally charged responses or scolding (try to stay positive).
- Help your child set up a written schedule for home, school, & activities in the community.
- Watch for signs of drinking or use of other drugs. Use of substances aggravate bipolar symptoms or increase risk of relapse.
- Monitor medications. Do not stop without consulting your prescribing clinician. The risk of relapse increases greatly when medications are stopped without physician supervision.

Checklist for siblings:
- Make sure you understand what mania/hypomania/depression is and what to expect for your sibling with bipolar disorder.
- Don’t feel responsible for your sibling’s behavior.
- Don’t hesitate to communicate worries to your parents about your sibling’s bizarre thoughts or behaviors.
- Don’t hesitate to ask your parents for attention when you need it.
- Do be patient if they are unable to meet your needs immediately.
- Have a plan of how to handle bizarre or unsafe behaviors from your bipolar sibling.
- Agree with parents on a safe place to go if needed.

Checklist for schools:
- Assist parents in getting leave of absence for student how is acutely ill.
- Help parents in getting home schooling or transfer to special education classes or day treatment if student is fragile to go to regular school.
- Check in with student about workload and adjust and adjust as needed (late arrival or early dismissal, decreased number of classes and assignment requirements).
- Be aware of multiple truancies or absences and communicate this to parents.
- Report excessive bizarre behaviors or difficulties functioning to parents.
- Assist in evaluation for IEP or 504 accommodations when indicated.

Checklist for child:
- First and foremost have regular sleep schedule. Staying up late is highly likely to aggravate or cause a relapse of bipolar symptoms.
- Take your medications regularly every day. They have less of a chance of working or keeping you well if taken irregularly.
- Stay away from caffeine, alcohol and other foods that can sleep problems.
- Make sure to tell your doctor if your medicine is bothering you.
- Develop a routine and stick with it everyday. Tell your parents if your mood swings are becoming overwhelming.
- Agree with your parents on ways to keep yourself safe.
E13: OPAL-K SUGGESTED RESOURCES FOR FAMILIES

Books

(For families living with an individual with Bipolar Disorder, geared to the adult, but the principles apply at all ages. The author is an investigator of family process contributing to mental illness)

Additionally, patients and families can benefit from information and connection with support groups some of which can be found on the following websites:

Websites
National Association for the Mentally Ill: www.nami.org

The Depression and Bipolar Support Alliance (DBSA): www.dbsalliance.org

The Balanced Mind Parent Network (a program of DBSA): http://www.thebalancedmind.org/

National Alliance on Mental Illness (NAMI): http://www.nami.org/Template.cfm?Section=Child_and_Adolescent_Action_Center&Template=/ContentManagement/ContentDisplay.cfm&ContentID=163696


Parent Version of the Young Mania Rating Scale (P-YMRS)  
E14: OPAL-K Bipolar Clinician Resources

AACAP Bipolar Disorder Resource Center
http://www.aacap.org/cs/BipolarDisorder.ResourceCenter

Medscape Bipolar Learning Center (Get CME from bipolar learning modules)
http://www.medscape.org/resource/bipolardisorder/cme

An irritable, inattentive, and disruptive child: Is it ADHD or bipolar disorder?

The child bipolar questionnaire: A dimensional approach to screening for pediatric bipolar disorder
http://www.sciencedirect.com/science/article/pii/S0165032706001741

Bipolar Disorder Parents’ Medication Guide for Bipolar Disorder in Children and Adolescents

Cognitive function across manic or hypomanic, depressed, and euthymic states in bipolar disorder

Validity of the Parent Young Mania Rating Scale in a Community Mental Health Setting
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3004712/

Child Mania Rating Scale: Development, Reliability, and Validity

LAMICTAL prescribing information


Scheffer RE, Kowatch RA, Carmody T, et al. Randomized, placebo-controlled trial of mixed amphetamine salts for symptoms of comorbid ADHD in
pediatric bipolar disorder after mood stabilization with divalproex sodium.


