

Bipolar Disorder

Mental Health Care Guide for Providers

OPAL-K

Oregon Psychiatric Access Line about Kids



DOERNBECHER
CHILDREN'S
Hospital



Oregon Council of Child & Adolescent Psychiatry



OPAL-K Bipolar Disorder Care Guide

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1: 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.

symptoms such as grandiose delusions or hallucinations.

Depressive Symptoms (refer to Depression module): Chronic sad mood. Losing interest in activities once enjoyed. Feeling worthless. Multiple somatic complaints without physical origin. No energy. 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

Call OPAL-K

no

yes

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

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

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

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

3: Mood Disorder Rating Scales & Questionnaire

Young Mania Rating Scale

<http://psychology-tools.com/young-mania-rating-scale/>

The CMRS Parent Version Rating Scale

<http://www.midss.org/content/child-mania-rating-scale-parent-version-cmrs-p>

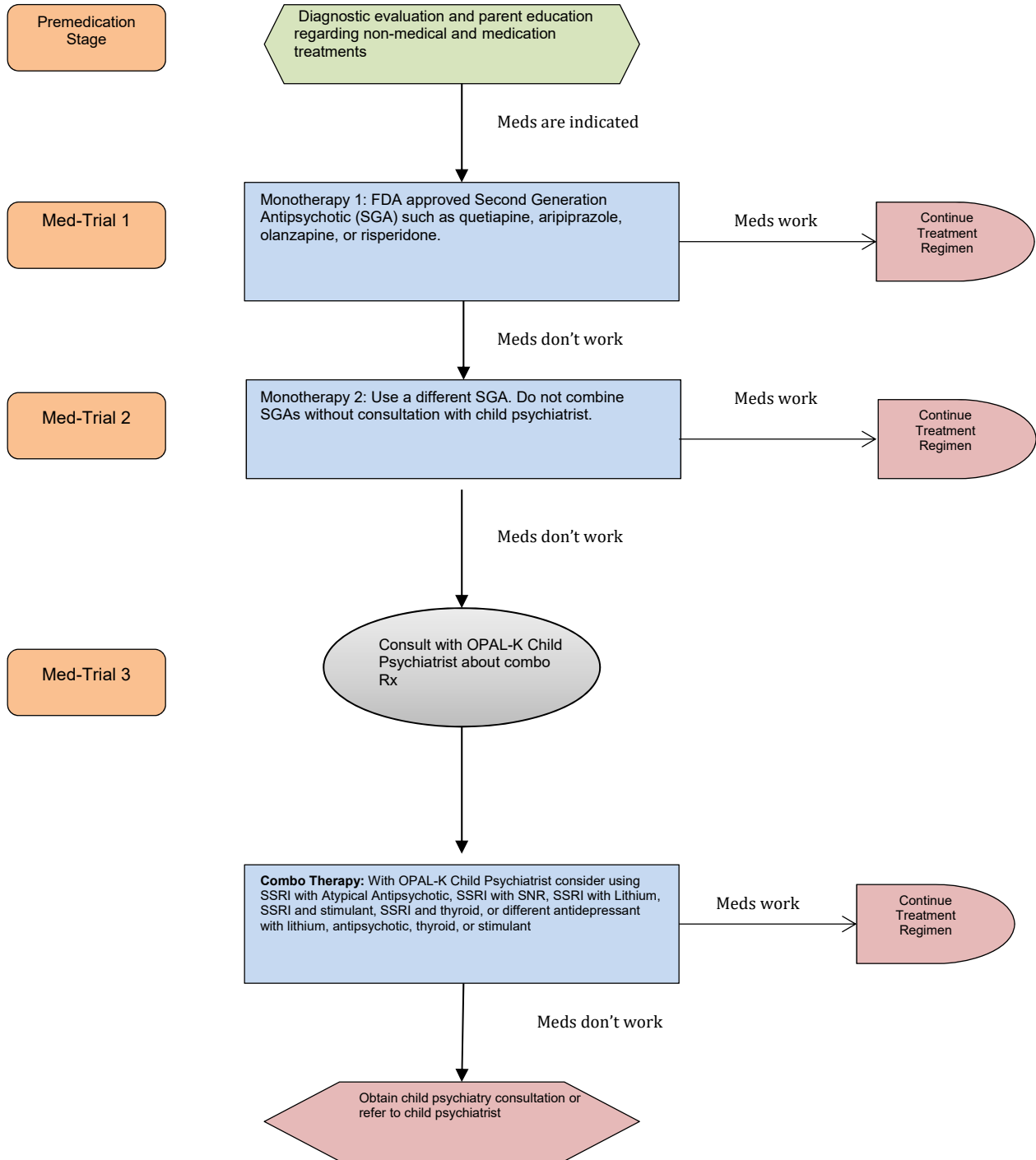
The Mood Disorder Questionnaire

<http://www.sadag.org/images/pdf/mdq.pdf>

4: 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.

5: OPAL-K Bipolar Mania/Hypomania Medication Treatment Algorithm (v.052212)



6-8: OPAL-K Bipolar Disorder Medication Table: Second Generation Antipsychotics (SGA) and Mood Stabilizers (7.29.14)

(Medication information based on www.epocrates.com)

Drug/Category Second Generation Antipsychotics (SGA)	Dosing	FDA Approval	Monitoring	Warnings/Precautions	Cost
<p>Risperidone (Risperdal)</p> <p>Forms Available: tablets, oral disintegration tabs, liquid and depot injection</p> <p>Atypical Antipsychotic</p>	<p><u>Initial Dosing</u> Children 0.25 mg/day</p> <p>Adolescents 0.5m g/day</p> <p><u>Maximum Dosing</u> Children 3mg/day</p> <p>Adolescents 6 mg/day</p>	<p>Approved for treatment of youth with: 1) schizophrenia 13 yrs and older 2) bipolar 10 yrs and older 3) autism 5-16 yrs</p>	<p>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.</p>		<p><u>Generic</u> 0.25 mg \$\$\$\$ 0.5 mg \$\$\$\$ 1 mg \$\$\$\$ 2 mg \$\$\$\$ 3 mg \$\$\$\$ 4 mg \$\$\$\$</p> <p><u>Risperdal Tabs</u> 0.25 mg \$\$\$\$ 0.5 mg \$\$\$\$ 1 mg \$\$\$\$ 2 mg \$\$\$\$ 3 mg \$\$\$\$ 4 mg \$\$\$\$</p> <p><u>Risperdal Solution</u> 1 mg/ml \$\$\$\$</p> <p><u>Oral Disintegrating Tabs</u> 0.5 mg \$\$\$\$ 1 mg \$\$\$\$ 4 mg \$\$\$\$</p>
<p>Aripiprazole (Abilify)</p> <p>Forms Available: tablets and liquid</p> <p>Atypical Antipsychotic</p>	<p><u>Initial Dosing</u> Children 2 mg/day</p> <p>Adolescents 5 mg/day</p> <p><u>Maximum Dosing</u> Children 15 mg/day</p> <p>Adolescents 30 mg/day</p>	<p>Approved for treatment of youth with: 1) schizophrenia 13 yrs and older, 2) bipolar 10 yrs and older, 3) autism 6 yrs and older</p>	<p>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. 8) Tardive Dyskinesia Eval – Abnormal Involuntary Movement Scale (AIMS) every 6-12 months. 9) Check prolactin level if gynecomastia or galactorrhea develops.</p>		<p><u>Abilify</u> 2 mg \$\$\$\$ 5 mg \$\$\$\$ 10 mg \$\$\$\$ 15 mg \$\$\$\$ 20 mg \$\$\$\$ 30 mg \$\$\$\$</p> <p><u>Dissolvable Tablet</u> 10 mg \$\$\$\$</p>

Cost code: \$ - \$10 or less \$\$ - \$11 to \$49 \$\$\$ - \$50 to \$99 \$\$\$\$ - \$100 to \$499 \$\$\$\$\$ - \$500 or more

6-8: OPAL-K Bipolar Disorder Medication Table: Second Generation Antipsychotics (SGA) and Mood Stabilizers (7.29.14)

(Medication information based on www.epocrates.com)

Drug/Category Second Generation Antipsychotics (SGA)	Dosing	FDA Approval	Monitoring	Warnings/Precautions	Cost
Quetiapine (Seroquel) Forms Available: tablets and liquid	<u>Initial Dosing</u> Children 12.5mg/day Adolescents 25mg/day <u>Maximum Dosing</u> Children 300mg/day Adolescents 600mg/day	Approved for treatment of youth with: 1) schizophrenia 13 yrs and older, 2) bipolar 10 yrs and older		Monitor for QT prolongation Ocular Evaluations every 6-12 months for cataracts	<u>Seroquel</u> 25 mg \$\$ 50 mg \$\$ 100 mg \$\$ 200 mg \$\$\$\$ 300 mg \$\$\$\$\$ 400 mg \$\$\$\$\$ <u>Seroquel XR</u> 50 mg \$\$\$\$ 150 mg \$\$\$\$ 200 mg \$\$\$\$ 300 mg \$\$\$\$ 400 mg \$\$\$\$
Olanzapine (Zyprexa) Forms Available: tablets, oral disintegrating	<u>Initial dosing</u> Children 2.5 mg/day Adolescents 2.5-5mg/day <u>Maximum dosing</u> Children 12.5mg/day Adolescents 30 mg/day	Approved for treatment of youth with: 1) schizophrenia 13 yrs and older, 2) bipolar 13 yrs and older			<u>Zyprexa</u> 2.5 mg \$\$\$\$ 5 mg \$\$\$\$ 7.5 \$\$\$\$ 10 mg \$\$\$\$ 15 mg \$\$\$\$ 20 mg \$\$\$\$ <u>Zyprexa Zydis</u> 5 mg \$\$\$\$ 10 mg \$\$\$\$

Cost code: \$ - \$10 or less \$\$ - \$11 to \$49 \$\$\$ - \$50 to \$99 \$\$\$\$ - \$100 to \$499 \$\$\$\$\$ - \$500 or more

6-8: OPAL-K Bipolar Disorder Medication Table: Second Generation Antipsychotics (SGA) and Mood Stabilizers (7.29.14)

(Medication information based on www.epocrates.com)

Drug/Category Mood Stabilizers	Dosing	FDA Approval	Comments/Monitoring	Warning/Precautions	Cost
<p>Lithium Generic</p> <p>Eskalith</p> <p>Eskalith CR</p> <p>Lithobid</p>	<p>Children: Start 15-20 mg/kg/day in 2-3 divided doses</p> <p>Adolescents: Start 300 mg po bid to tid</p> <p>Titrate dose to levels between 0.6 and 1.2 mEq/L</p>	<p>Approved for the treatment of bipolar disorder in youth 12 years and older</p>	<p>Get Baseline, Chemistry Panel, CBC with platelets, Serum creatinine, initially Pregnancy Test, ECG, thyroid panel. Monitor thyroid function 6-12 months during maintenance phase.</p> <p>Initial lithium level after 7 days of initiated. Weekly levels till therapeutic dose. Then 3-6 months after.</p>	<p>Toxicity about therapeutic levels, particularly in renal, cardiovascular disease, and dehydration. Do not use with NSAIDS. Watch for polyuria, tremor, diarrhea, nausea, and hypothyroidism. Teratogenic, FDA rated category D for pregnancy.</p>	<p><u>Generic tablets</u> 300 mg \$\$</p> <p><u>Generic Capsules</u> 150 mg \$\$ 300 mg \$\$ 600 mg \$\$</p> <p><u>Extended Release</u> 300 mg \$\$ 450 mg \$\$</p>
<p>Divalproex</p> <p>Depakote tabs</p> <p>Depakene Liquid caps</p> <p>Depakote Sprinkles</p> <p>Depacon IV</p>	<p><u>Children Start:</u> 250mg/day target dose range 500mg-2000mg divided doses bid to tid</p> <p><u>Maximum dosing</u> Based on level titrate to level 50-100mcg/ml</p>	<p>FDA approved for epilepsy for youth age 10 years and older.</p>	<p>Initial chemistry panel CBC with platelet count LFTS Pregnancy Test</p>	<p><u>Black Box Warning for:</u> Liver Failure Pancreatitis Teratogenicity, FDA rated category D for pregnancy.</p>	<p><u>Depakote</u> 125mg \$\$ 250mg \$\$\$ 500mg \$\$\$</p> <p><u>Depakote Sprinkles</u> 125mg \$\$\$</p> <p><u>Depakene</u> 250mg \$\$\$\$</p>
<p>Lamotrigine</p> <p>Lamictal</p>	<p>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</p>	<p>Safety and effectiveness not established. Not FDA approved for use in minors for bipolar disease.</p>	<p>Serious rashes including Steven's Johnson syndrome and aseptic meningitis</p>	<p>Dermatological reactions Potential Stevens Johnson rash, Acute multi organ failure, withdrawal seizures, blood dyscrasia hypersensitivity, suicidal ideation</p>	<p><u>Lamictal</u> 25mg \$\$\$\$ 100mg \$\$\$\$ 150mg \$\$\$\$ 200mg \$\$\$\$</p> <p>Lamotrigine 25mg \$\$\$ 100mg \$\$\$\$ 150mg \$\$\$ 200mg \$\$\$</p>

Cost code: \$ - \$10 or less \$\$ - \$11 to \$49 \$\$\$ - \$50 to \$99 \$\$\$\$ - \$100 to \$499 \$\$\$\$\$ - \$500 or more

9: 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 siblings 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 who 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 as needed (late arrival or early dismissal, decreased number of classes and assignment requirements).
- Be aware of multiple trancies 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 cause 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.

10-11: OPAL-K Bipolar Resources for Patients, Families & Teachers

Books

“The Bipolar Disorder Survival Guide: What You and Your Family Need to Know, by Miklowitz DJ (2002)

(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/>

Bipolar Disorder Resource Center, American Academy of Child & Adolescent Psychiatry:
http://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Bipolar_Disorder_Resource_Center/Home.aspx

PsychGuides.com: <http://www.psychguides.com/guides/living-with-bipolar-disorder/>

National Institute of Mental Health (NIH): <http://www.nimh.nih.gov/health/publications/bipolar-disorder-in-children-and-teens-easy-to-read/index.shtml>

Parent Version of the Young Mania Rating Scale (P-YMRS)

<http://www.thebalancedmind.org/learn/library/parent-version-of-the-young-mania-rating-scale-p-ymrs>

12: OPAL-K Bipolar Resources for Clinicians

AACAP Bipolar Disorder Resource Center

https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Bipolar_Disorder_Resource_Center/Home.aspx

NAMI National Alliance on Mental Illness

<https://www.nami.org/learn-more/mental-health-conditions/bipolar-disorder>

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?

<http://www.currentpsychiatry.com/articles/evidence-based-reviews/article/an-irritable-inattentive-and-disruptive-child-is-it-adhd-or-bipolar-disorder/d16f8a9a80bf98ec962f55543850fca6.html>

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

Cognitive function across manic or hypomanic, depressed, and euthymic states in bipolar disorder <http://www.ncbi.nlm.nih.gov/pubmed/14754775>

Validity of the Parent Young Mania Rating Scale in a Community Mental Health Setting

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3004712/>

LAMICTAL prescribing information

<https://www.gsksource.com/gskprm/htdocs/documents/LAMICTAL-PI-MG.PDF>

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