

Bipolar Disorder I Criteria

1 or more manic/ mixed episode

Elevated, expansive, or irritable mood, and increased goal-directed activity or energy lasting ≥ 1 week (any duration if hospitalized), present most of the day, nearly every day

Bipolar II Criteria

Never had a full manic episode

At least 1 hypomanic episode and at least 1 major depressive episode

Distinct period of abnormally and persistently elevated, expansive, or irritable mood, and increased goal-directed activity or energy lasting ≥ 4 but < 7 days, and clearly different from usual nondepressed mood, present most of the day, nearly every day

Not severe enough to cause marked impairment, not due to substance or medical condition, and no psychosis

Bipolar I and II- 3 or more of the following

Grandiosity Less sleep

Pressured speech Racing thoughts

Distractibility Increase activity

Excessive pleasure taking/ risky activities

4 required if irritable mood only

Mania sx- GIDDINESS

Grandiose

Increased activity

Decreased judgment and sleep

Delusional

Irritable

Non- attentive

Elevated mood and euphoria

Speedy speech

Speedy thoughts

Demographics

0.7% population at risk 2.3 million adults

Age of onset in 20s = in males and normally females

Treatment Guidelines

Treat to remission regardless of the number of medications

Mood stabilizer or mood stabilizer + SGA

Discontinue antidepressants

Relapse risk is highest in first few months after treatment initiation

Lithium gold standard- but less effective in rapid cycling and mixed episodes

Meds

Lithium Depakote

Lamictal Tegretol

SGAs (acute mania or psychosis)

Lithium

Normal level 0.5-1.2 in acute phase Normal level 0.6-1.0 in maintenance phase

Dose 1,200-2,400mg in acute phase; 900-1,200mg in maintenance phase SEs: weight gain, fine hand tremors, nausea, increased urination, thirst

Interactions: ACEs, ARBs, diuretics, NSAIDs, Topamax Increase water intake

Antisuicidal properties Toxicity: confusion, slurred speech, coarse hand tremors, severe GI effects

Avoid in pregnancy (especially 1st trimester) Monitor KIDNEYS



By taylorballew11

cheatography.com/taylorballew11/

Published 6th August, 2018.

Last updated 6th August, 2018.

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Depakote

Normal level 50-125 Dosage 15- 50 mg/kg/ day

SEs: nausea, diarrhea, abd cramps, sedation, tremor, alopecia, liver issues

Rare: Stevens Johnson

Avoid in pregnancy

Interactions: Topamax (increased ammonium), tegretol (decreases levels of both drugs)

Increases levels of lamictal and SGAs

Monitor LIVER

Tegretol

Normal level 6- 12 Dose 10- 20 mg/kg/ day

SEs: nausea, dizziness, sedation, headaches, dry mouth, constipation, skin rash, liver issues

Rare: agranulocytosis/ aplastic anemia, Stevens-Johnson (In asians especially due to HLA-B 1502 allele)

Avoid in pregnancy Monitor LIVER

Lamictal

No level Dosage 25- 600mg/ day

SEs: dizziness, ataxia, somnolence, diplopia, nausea, headache liver issues

Rares: Stevens-Johnson

Maintenance only

Helps in depressive phases

Titrate super slow- 25mg q day x 2 weeks, then 50mg q day x 2 weeks etc

When added to depakote, lamictal level doubles

When added to tegretol, it is metabolized quicker

Often added to Lithium, SGAs or antidepressants



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