



## Preferred Practice Guidelines for the Evaluation and Treatment of Bipolar Disorder

UniCare endorses the American Psychiatric Association's Practice Guideline for Treatment of Patients with Bipolar Disorder (revised, April, 2002).

[http://www.psychiatryonline.com/pracGuide/pracGuideChapToc\\_8.aspx](http://www.psychiatryonline.com/pracGuide/pracGuideChapToc_8.aspx)

The APA guideline Treatment of Patients with Bipolar Disorder was amended by the following Guideline Watch from the American Psychiatric Association (APA), November 2005.

<http://www.psychiatryonline.com/content.aspx?aid=148430>

UniCare endorses the American Academy of Child and Adolescent Psychiatry Practice Parameter for the Assessment and Treatment of Children and Adolescents with Bipolar Disorder (January, 2007).

[http://www.aacap.org/cs/root/member\\_information/practice\\_information/practice\\_parameters/practice\\_parameters](http://www.aacap.org/cs/root/member_information/practice_information/practice_parameters/practice_parameters)

UniCare also endorses the Texas Implementation of Medication Algorithms' Bipolar Disorder Algorithm (2005).

<http://www.dshs.state.tx.us/mhprograms/tima.shtm>

*The practice guidelines included/referenced in this document are not intended to be required treatment protocols. Physicians and other health professionals must rely on their own expertise in evaluating and treating patients. Practice guidelines are not a substitute for the best professional judgment of physicians and other health professionals. Further, while authoritative sources are consulted in the development of these guidelines, the practice guideline may differ in some respects from the sources cited.*

*With respect to the issue of coverage, each patient should review his/her Policy or Certificate and Schedule of Benefits for details concerning benefits, procedures and exclusions prior to receiving treatment. The practice guidelines do not supersede the Policy or Certificate and Schedule of Benefits.*

If the health benefit plan is provided on a self funded basis by the employer, claims are administered by UniCare Life & Health Insurance Company or UniCare Health Plans of the Midwest, Inc.. If the member's health benefit plan is insured, insurance or HMO coverage is provided by one of the following companies: UniCare Life & Health Insurance Company, UniCare Health Insurance Company of the Midwest (IN & IL only), UniCare Health Plans of the Midwest, Inc. (HMO in IN & IL only), UniCare Health Insurance Company of Texas (TX only) or UniCare Health Plans of Texas, Inc. (HMO in Texas only). © Registered mark of WellPoint, Inc. © 2009 WellPoint, Inc.

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**Review Dates:**

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## **Preferred Practice Guidelines for the Evaluation and Treatment of Bipolar Disorder**

### **Summary:**

UniCare considers professional society guidance when implementing guidelines. The endorsed American Psychiatric Association Bipolar Disorder guideline was last amended in 2005. The next revision of this guideline is in development in order to update current knowledge and practice with publication expected in December 2009. Any future revisions will receive timely consideration with the intent of capturing the most current approach to the evaluation and treatment of Bipolar Disorder.

Since the publication of the American Psychiatric Association's guidelines there has been an intensive amount of research activity into Bipolar Disorder. New agents have gained indication for use in mania and in the maintenance phases. Several anticonvulsants are in clinical trials. Almost all atypicals have become first-line drugs in certain circumstances. A new atypical was introduced into the market after these guidelines were published. Both of the websites have links to an "updates section" to help keep the prescribing clinician abreast of the latest developments.

The use of antidepressants in Bipolar Depression remains controversial. Studies suggest conflicting evidence regarding the efficacy and safety of antidepressant use in Bipolar Disorders. However, antidepressant monotherapy is seldom justified due to the risks for mood cycling. Careful consideration to the risks and benefits should be discussed with patients on a case by case basis.

All three guidelines also address the importance of psychosocial support in the treatment of the disease. Appropriate medication intervention is only part of a complete treatment plan in treating this disorder. Current research shows early diagnosis and intervention will have better prognostic outcomes in this disease, now thought to be more prevalent than in 2002.

In many instances Bipolar Disorder, in particular Bipolar Disorder with psychosis is very difficult to manage; therefore a referral to a specialist should be considered.

UniCare encourages all providers to keep themselves current in terms of the latest developments for this disease as it becomes better understood and the array of interventions increase.

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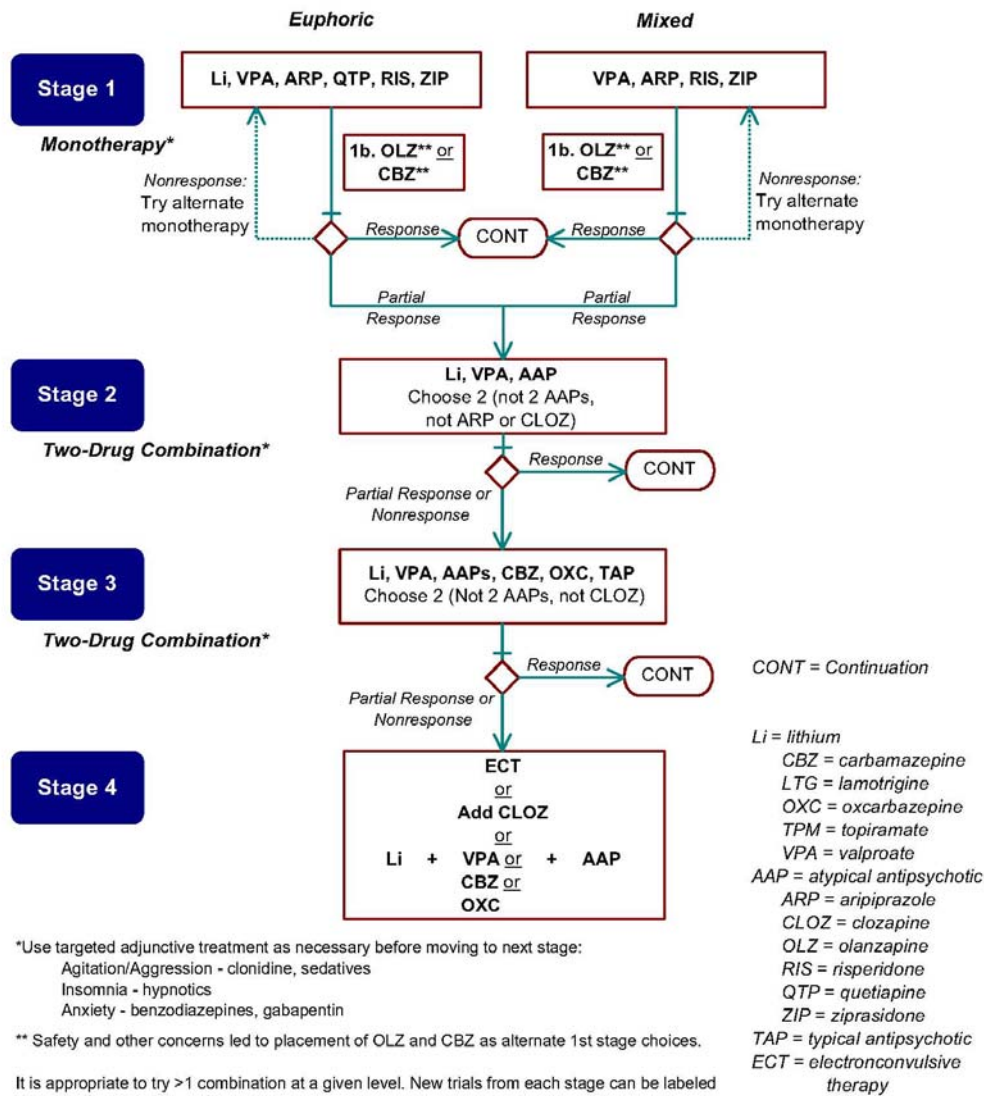
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## Preferred Practice Guidelines for the Evaluation and Treatment of Bipolar Disorder

### Attachment A – TIMA Algorithms

#### Algorithm for Treatment of BDI - Currently Hypomanic/Manic



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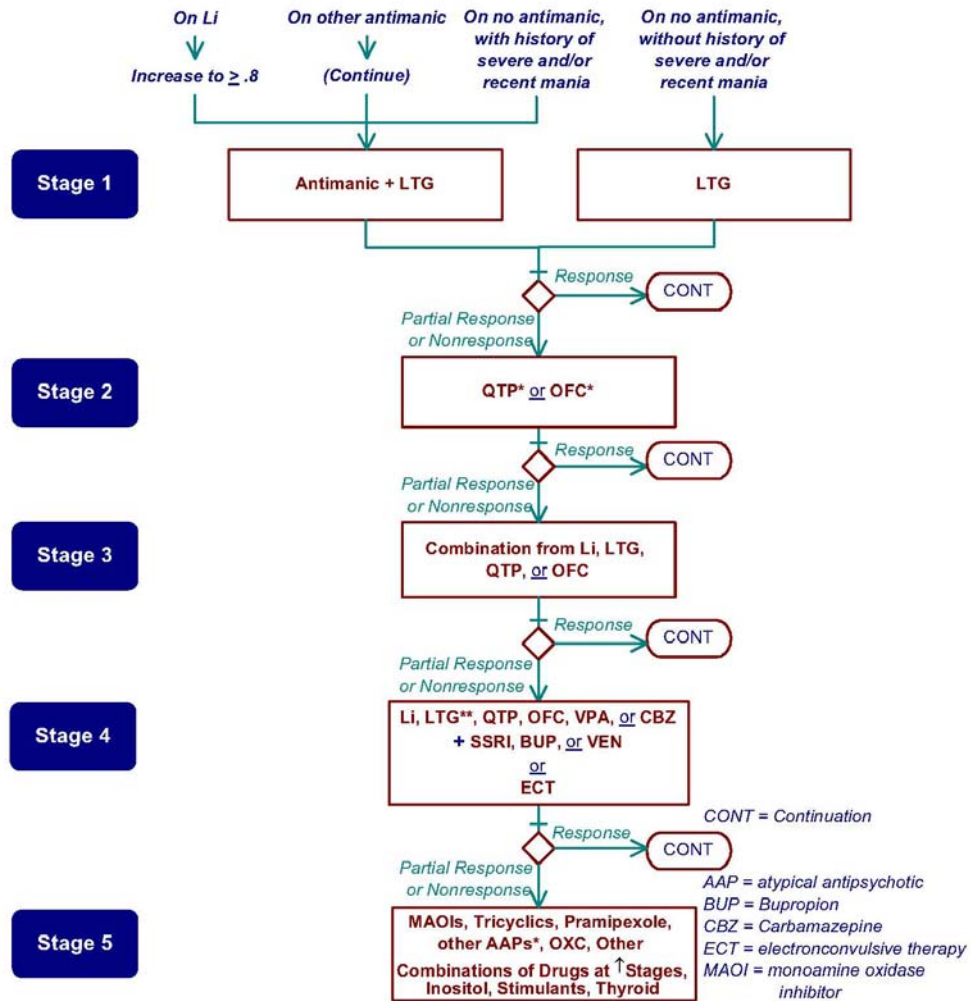
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## Preferred Practice Guidelines for the Evaluation and Treatment of Bipolar Disorder

### Attachment A - continued

#### Algorithm for the Treatment of BDI - Currently Depressed



\* Note safety issue described in text.

\*\*LTG has limited antimanic efficacy and in combination with an antidepressant may require the addition of an antimanic.

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