

### Bipolar Disorder I Criteria

1 or more manic/ mixed episode

Elevated, expansive, or irritable mood, and increased goal-directed activity or energy lasting  $\geq 1$  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  $\geq 4$  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 normally      = in males and 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



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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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