

Bipolar 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 Decreased sleep

Pressured speech Racing thoughts

Distractibility Increased activity

Excessive pleasurable activities/ risk taking

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

Tegretol Lamictal

SGAs (acute mania or psychosis)

Lithium

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

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

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

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

Avoid in pregnancy Monitor KIDNEYS
(especially 1st
trimester)



By [taylorballew11](#)

cheatography.com/taylorballew11/

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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), tegreto (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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