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 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
Tegretol	Lamictal

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.

Sponsored by **Readable.com**
Measure your website readability!
https://readable.com

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

By **taylorballew11**

cheatography.com/taylorballew11/

Published 6th August, 2018.
Last updated 6th August, 2018.

Sponsored by **Readable.com**
Measure your website readability!
https://readable.com