

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](https://cheatography.com/66419/cs/16579/)

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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



By [taylorballew11](#)

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