

### Bipolar 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                      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 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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Page 1 of 2.

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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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Page 2 of 2.

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