

Preferred Practice Guidelines Evaluation and Treatment of Bipolar Disorder in Adults

These Guidelines are based in part on the following:

American Psychiatric Association's (APA)

"Practice Guideline for Treatment of Patients With Bipolar Disorder in Adults," as amended by the following Guideline Watch from the APA, November 2005.

<http://psychiatryonline.org/content.aspx?bookid=28§ionid=1669577>

Texas Implementation of Medication Algorithms' Bipolar Disorder Algorithm (2007).

http://www.medscape.org/viewarticle/524957_6

(Medscape site requires free registration)

The practice guidelines included in this document are not intended to be required treatment protocols. Physicians and other health professionals must rely on their own expertise in evaluating and treating individuals. Practice guidelines are not a substitute for the best professional judgment of physicians and other health professionals. Behavioral health guidelines may include commentary developed by the Company's behavioral health committees. Further, while authoritative sources are consulted in the development of these guidelines, the practice guideline may differ in some respects from the sources cited. With respect to the issue of coverage, each individual should review his/her Policy or Certificate and Schedule of Benefits for details concerning benefits, procedures and exclusions prior to receiving treatment. The practice guidelines do not supersede the Policy or Certificate and Schedule of Benefits.

Adoption Date: September 30, 2005

Revision Dates: November 17, 2006; December 19, 2007; December 10, 2008; May 9, 2009; August 12, 2011

Review Dates: August 12, 2011; September 4, 2012; September 3, 2013; October 9, 2014; December 18, 2014

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Summary:

The company considers professional society guidance when implementing guidelines. The American Psychiatric Association Bipolar Disorder guideline was last amended in 2005. Any future revisions will receive timely consideration with the intent of capturing the most current approach to the evaluation and treatment of Bipolar Disorder.

Since the publication of the American Psychiatric Association's guidelines there has been an intensive amount of research activity into Bipolar Disorder. New agents have gained indication for use in mania and in the maintenance phases. Several anticonvulsants are in clinical trials. Almost all atypicals have become first-line drugs in certain circumstances. A new atypical was introduced into the market after these guidelines were published. Both of the websites have links to an "updates section" to help keep the prescribing clinician abreast of the latest developments.

The use of antidepressants in Bipolar Depression remains controversial. Studies suggest conflicting evidence regarding the efficacy and safety of antidepressant use in Bipolar Disorders. However, antidepressant monotherapy is seldom justified due to the risks for mood cycling. Careful consideration to the risks and benefits should be discussed with patients on a case by case basis.

All three guidelines also address the importance of psychosocial support in the treatment of the disease. Appropriate medication intervention is only part of a complete treatment plan in treating this disorder. Current research shows early diagnosis and intervention will have better prognostic outcomes in this disease, now thought to be more prevalent than in 2002.

In many instances Bipolar Disorder, in particular Bipolar Disorder with psychosis is very difficult to manage; therefore a referral to a specialist should be considered.

We encourage all providers to keep themselves current in terms of the latest developments for this disease as it becomes better understood and the array of interventions increase.

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