

# Ask the Doctor Pharmacotherapy

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# Disclosures

- Marcy Forgey Borlik MD

- No financial relationship with any of the products discussed (anticipated)

- Robert Suddath MD

- No financial relationship with any of the products discussed (anticipated)
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# Objectives

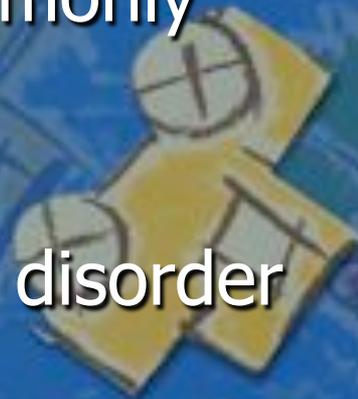
- Participants will
  1. Be familiar with medications commonly used to treat bipolar disorder





# Objectives

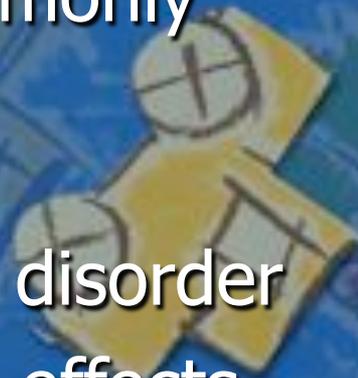
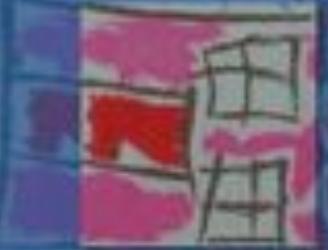
- Participants will

1. Be familiar with medications commonly used to treat bipolar disorder
  2. Identify side effects of common medications used to treat bipolar disorder
- 



# Objectives

## ■ Participants will

1. Be familiar with medications commonly used to treat bipolar disorder
  2. Identify side effects of common medications used to treat bipolar disorder
  3. Be able to distinguish medication effects
    - Preventative / mood stabilizing
    - As needed / acute treatment
    - Treatment of co-morbid conditions
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# Pre-test

- For CME

# Pre-test – question 1

A 15 year old male takes an antidepressant because he has been feeling sad, lonely and hopeless for 3 months. After a week, he is taken to the ER because he has not slept for 3 days and won't stop asking strangers for money to finance his idea for an all inclusive social network. His medication may have:

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A 15 year old male takes an antidepressant because he has been feeling sad, lonely and hopeless for 3 months. After a week, he is taken to the ER because he has not slept for 3 days and won't stop asking strangers for money to finance his idea for an all inclusive social network. His medication may have:

1. Caused akathisia
2. Triggered suicidal thoughts
3. Initiated antidepressant induced mania
4. Worked quickly

## Pre-test – question 2

A 13 year old girl who was hospitalized 5 times for mania has been stable for months taking lithium. She has been fidgety, talks out of turn and can't concentrate her entire life and is now failing in school. Her doctor should:

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3. Consider options to treat ADHD
4. Avoid changing anything, she might get worse

# Pre-test – question 3

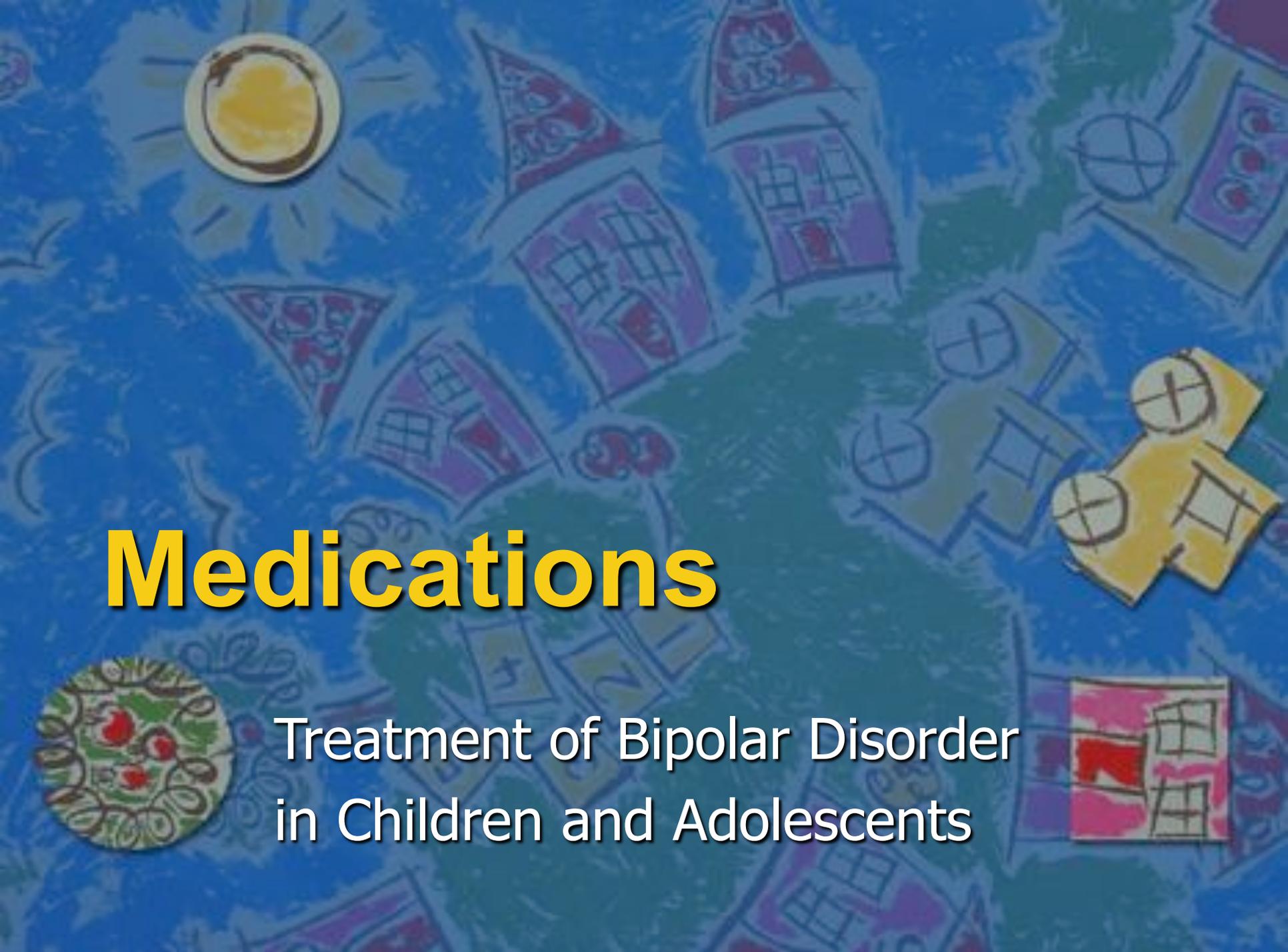
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1. Prescribe a nightly sleeping pill
2. Recommend a mood stabilizer like lithium
3. Not try medications unless a neuro-P diet has failed





# Medications

Treatment of Bipolar Disorder  
in Children and Adolescents



# Before Medications...

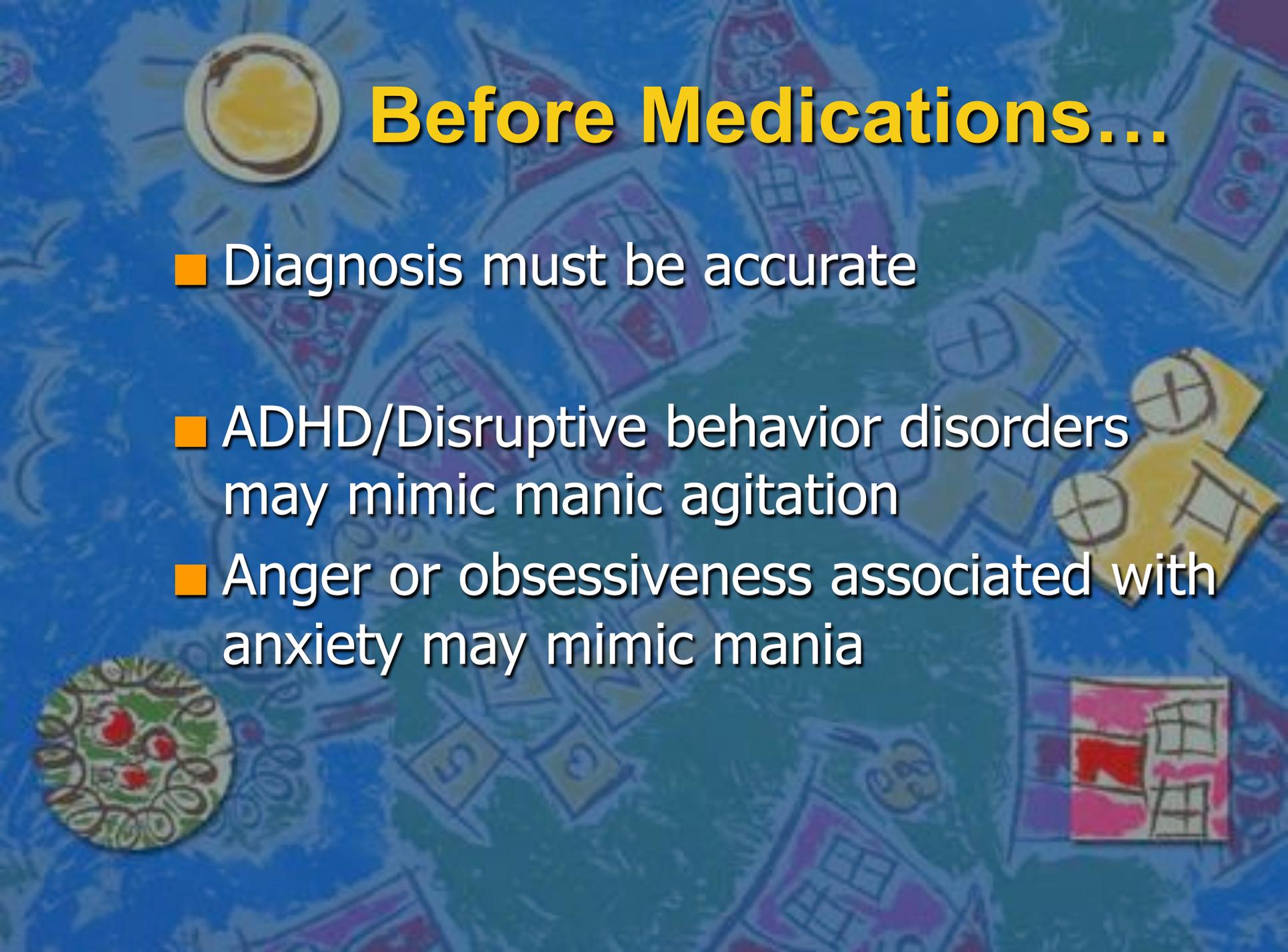
Diagnosis must be accurate



# Before Medications...

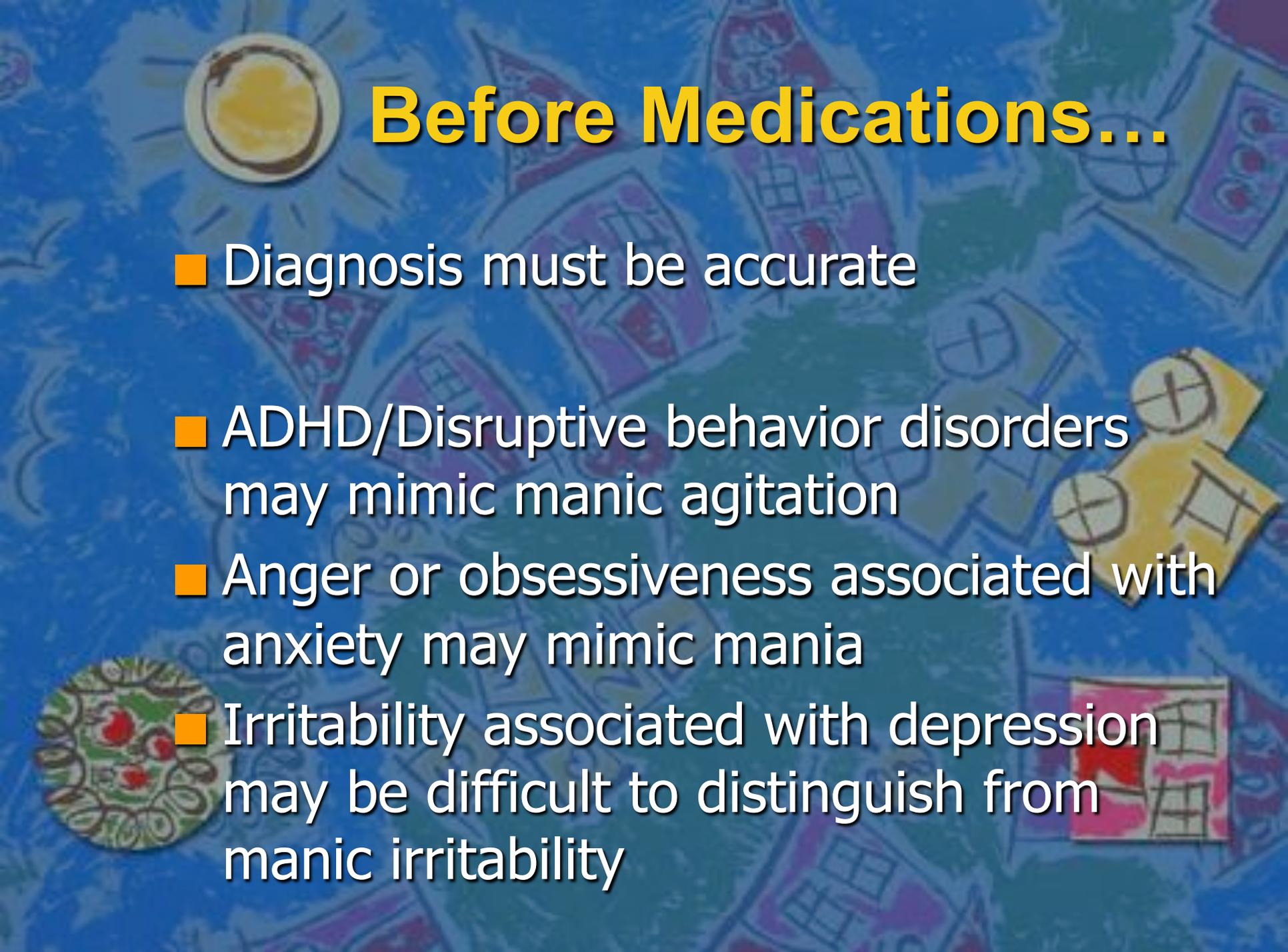
- Diagnosis must be accurate
  - ADHD/Disruptive behavior disorders may mimic manic agitation
- 
- 





# Before Medications...

- Diagnosis must be accurate
- ADHD/Disruptive behavior disorders may mimic manic agitation
- Anger or obsessiveness associated with anxiety may mimic mania



# Before Medications...

- Diagnosis must be accurate
- ADHD/Disruptive behavior disorders may mimic manic agitation
- Anger or obsessiveness associated with anxiety may mimic mania
- Irritability associated with depression may be difficult to distinguish from manic irritability



# Before Medications...

Diagnosis must be accurate

Phase of illness must be identified

# Bipolar Disorder phase/acute symptoms

Mania

Depression

Time  
(weeks)



# Bipolar Disorder phase/acute symptoms

Mania



Time  
(weeks)

Depression

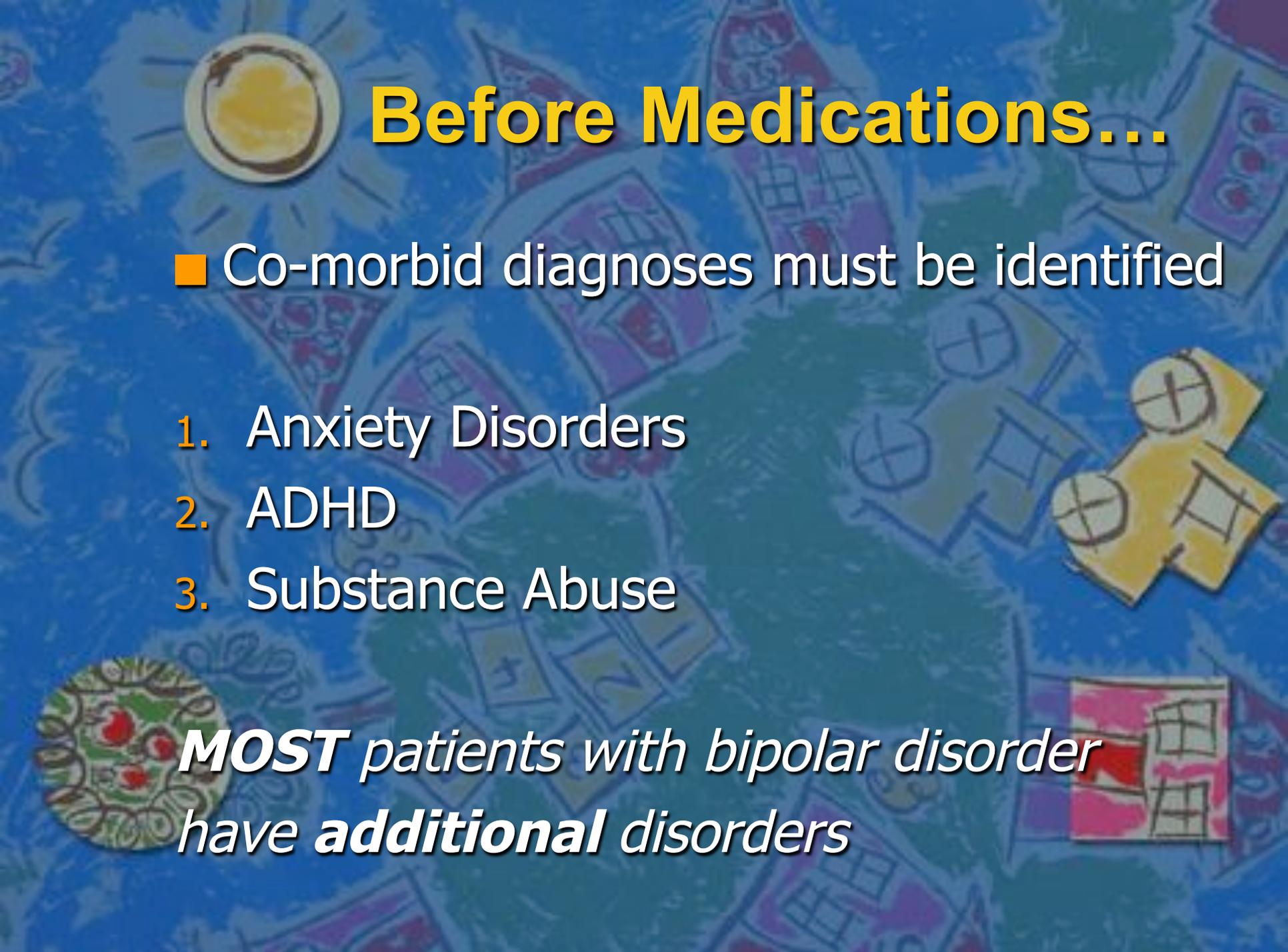


# Before Medications...

Diagnosis must be accurate

Phase of illness must be identified

Co-morbid diagnoses must be identified



# Before Medications...

- Co-morbid diagnoses must be identified
  1. Anxiety Disorders
  2. ADHD
  3. Substance Abuse

***MOST*** patients with bipolar disorder  
have ***additional*** disorders



# Treatment Algorithm



Symptoms severe enough for medications (CGAS<65)?

- Depression: severe sxS and/or CDRS>43 and/or SI
- Mania: severe sxS and/or YMRS>19
- ADHD: severe sxS and/or ADHD rating >19 (girls) or >23 (boys)
- Anxiety: impairing anxiety and/or SCARED≥30

Adjust medication as necessary

YES

On existing medication for condition?

NO

Start Medication. Wait 2 weeks after achieving stable dose on all meds (4 wks FLUOX) before randomizing. Goal is to reduce symptoms to the point a patient can participate in therapy.

Depression (No hx AIM)

- 1<sup>st</sup> line: CIT, BUP, SERT or ESC
- 2<sup>nd</sup> line: VFX, DUL, LTG

Depression (Hx AIM)

- 1<sup>st</sup> line: LTG
- 2<sup>nd</sup> line: LIT or QUE

BP NOS Manic or Mixed  
sxs

- 1<sup>st</sup> line: ARIP\*, QUE\*\*, RIS, LIT†
- 2<sup>nd</sup> line: LIT, DVX, LTG
- 3<sup>rd</sup> line: OLZ, ZIP, CBZ, OXC, ASN, LUR, PAL

BP NOS Depressive sxS

- 1<sup>st</sup> line: LTG, LIT † or QUE
- 2<sup>nd</sup> line: ASN

ADHD

- 1<sup>st</sup> line: MPH or MAS
- 2<sup>nd</sup> line: Guanfacine
- 3<sup>rd</sup> line: ATX

ADHD + MDE, not on ATD

- 1<sup>st</sup> line: BUP

ADHD and on ATD

- 1<sup>st</sup> line: MPH or MAS
- 2<sup>nd</sup> line: ATX

Anxiety (No hx AIM)

- 1<sup>st</sup> line: CIT, SERT, ESC, FLUV
- 2<sup>nd</sup> line: CLZP, GBP

Anxiety (hx AIM)

- 1<sup>st</sup> line: CLZP, GBP

# Treatment Algorithm

■ Sorry!

# Treatment Algorithm

- Sorry!
- Will simplify?

# Treatment Algorithm

## Manic/Mixed – step 1

- Bipolar Disorder Manic or Mixed
- Bipolar Disorder Manic or Mixed with psychosis

# Treatment Algorithm

## Manic/Mixed – step 1

Bipolar Disorder Manic or Mixed



# Treatment Algorithm

## Manic/Mixed – step 1

- Bipolar Disorder Manic or Mixed Monotherapy
  - *Traditional mood stabilizer, lithium, divalproex or an atypical antipsychotic*
- Bipolar Disorder Manic or Mixed with psychosis
  - *Mood stabilizer plus atypical antipsychotic*

# Treatment Algorithm

## Manic/Mixed – step 2

Step 1 failure or partial benefit?

- Bipolar Disorder Manic or Mixed  
Adjunctive Therapy / combination
- Bipolar Disorder Manic or Mixed  
with psychosis

# Treatment Algorithm

## Manic/Mixed – step 2

- Bipolar Disorder Manic or Mixed  
Adjunctive Therapy / combination
  - *Traditional mood stabilizer, lithium, divalproex AND atypical antipsychotic*
- Bipolar Disorder Manic or Mixed  
with psychosis
  - *Alternate Mood stabilizer OR alternate atypical antipsychotic in the previous combination*

# Treatment Algorithm

## Manic/Mixed – step 3

If augmentation fails



# Treatment Algorithm

## Manic/Mixed – step 3

If augmentation fails

- ***Stop everything and change to alternate medication approach***
- ***Or***
- ***Add a 3<sup>rd</sup> medication***

# Treatment Algorithm

## Manic/Mixed – step 4

If medication combinations exhausted  
and ineffective

# Treatment Algorithm

## Manic/Mixed – step 4

If medication combinations exhausted and ineffective

- ***Clozapine***

- ***Or***

- ***Electro Convulsive Therapy***



# Treatment Algorithm Bipolar Depression

# Treatment Algorithm Bipolar Depression

- Lamotrigine
- Lithium
- Quetiapine

# Treatment Algorithm Bipolar Depression

antidepressant induced mania?



# Treatment Algorithm Bipolar Depression

- Lamotrigine
- Lithium
- Quetiapine
- SSRI (if no history of Antidepressant Induced Mania)

# Treatment Algorithm Bipolar & Anxiety



# Treatment Algorithm Bipolar & Anxiety

If no risk of antidepressant induced mania

If risk of antidepressant induced mania is significant

# Treatment Algorithm Bipolar & Anxiety



# Treatment Algorithm Bipolar & Anxiety

If no risk of antidepressant induced mania

- SSRI

If risk of antidepressant induced mania is significant

- Clonazepam or gabapentin

# Treatment Algorithm Bipolar & ADHD

# Treatment Algorithm Bipolar & ADHD

1. Stimulants
2. Guanfacine
3. Bupropion or Atomoxetine





# Questions?

- Ask the Doctor....





# Questions

- We have a few...



# Questions

- Have you heard of a new medicine
  - Abilify/Latuda/Saphris/other
  - Recommended in Bipolar?

# Questions

- Have you heard of a new therapy
  - Hyperbaric oxygen, TMS
  - Recommended in Bipolar?

# Questions

- Are there dietary interventions or nutritional supplements that are recommended in Pediatric Bipolar Disorder?

# Questions

- If a patient has Bipolar Disorder and they are really depressed, how can you treat them without causing mania?

# Questions

- Is Abilify / Zyprexa / Risperdal / Clozaril / Seroquel (other antipsychotics) just for mania or is it a mood stabilizer?

# Questions

- I have a patient/child who tried (a bunch of medications) that did not work and when they tried (everything else) they had terrible side effects. What should they do now?

# Questions

- What is the best medication for pediatric bipolar?



# Post-test

- For CME

# Post-test – question 1

A 15 year old male takes an antidepressant because he has been feeling sad, lonely and hopeless for 3 months. After a week, he is taken to the ER because he has not slept for 3 days and won't stop asking strangers for money to finance his idea for an all inclusive social network. His medication may have:

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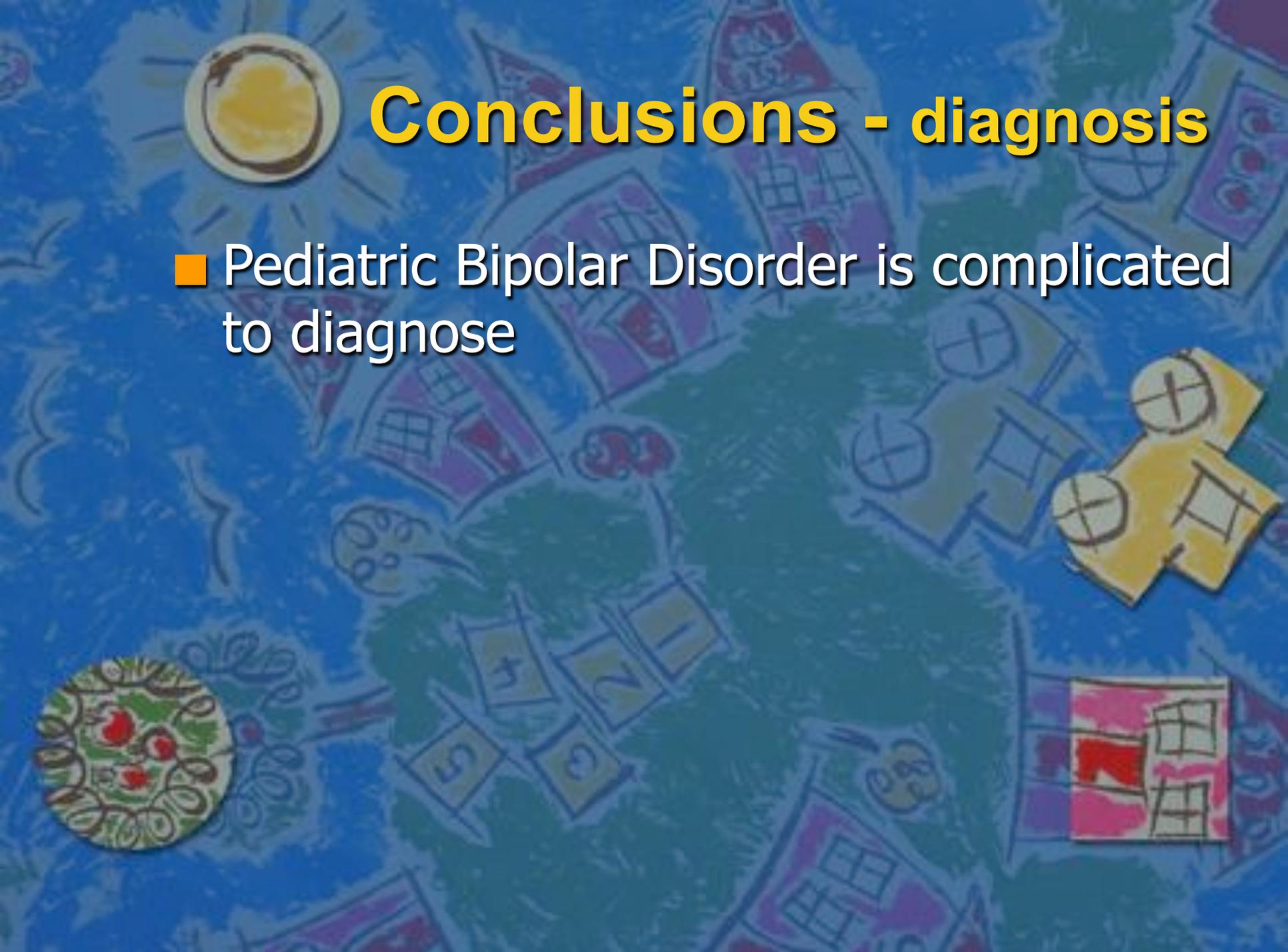
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# Conclusions - diagnosis

- Pediatric Bipolar Disorder is complicated to diagnose

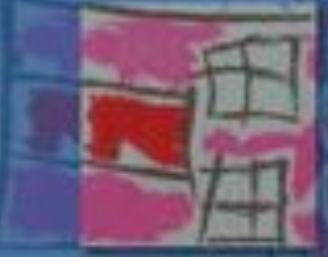


# Conclusions - diagnosis

- Pediatric Bipolar Disorder is complicated to diagnose
  - Symptoms are episodic



# Conclusions - diagnosis

- Pediatric Bipolar Disorder is complicated to diagnose
    - Symptoms are episodic
    - Symptoms may be caused by comorbid disorders (ADHD, Anxiety, substance abuse)
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- 
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# Conclusions - treatment

- Pediatric Bipolar Disorder is complicated to treat





# Conclusions - treatment

- Pediatric Bipolar Disorder is complicated to treat
    - Treatment is specific to phase of illness
      - Mania/mixed states
      - Depression
      - Euthymia / mood stabilization
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- 
- 



# Conclusions - treatment

- Pediatric Bipolar Disorder is complicated to treat
    - Treatment is specific to phase of illness
      - Mania/mixed states
      - Depression
      - Euthymia / mood stabilization
    - Treatment of comorbid disorders (ADHD, Anxiety) may worsen symptoms of Bipolar disorder
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# Conclusions – side effects

- Mood Stabilizing medication





# Conclusions – side effects

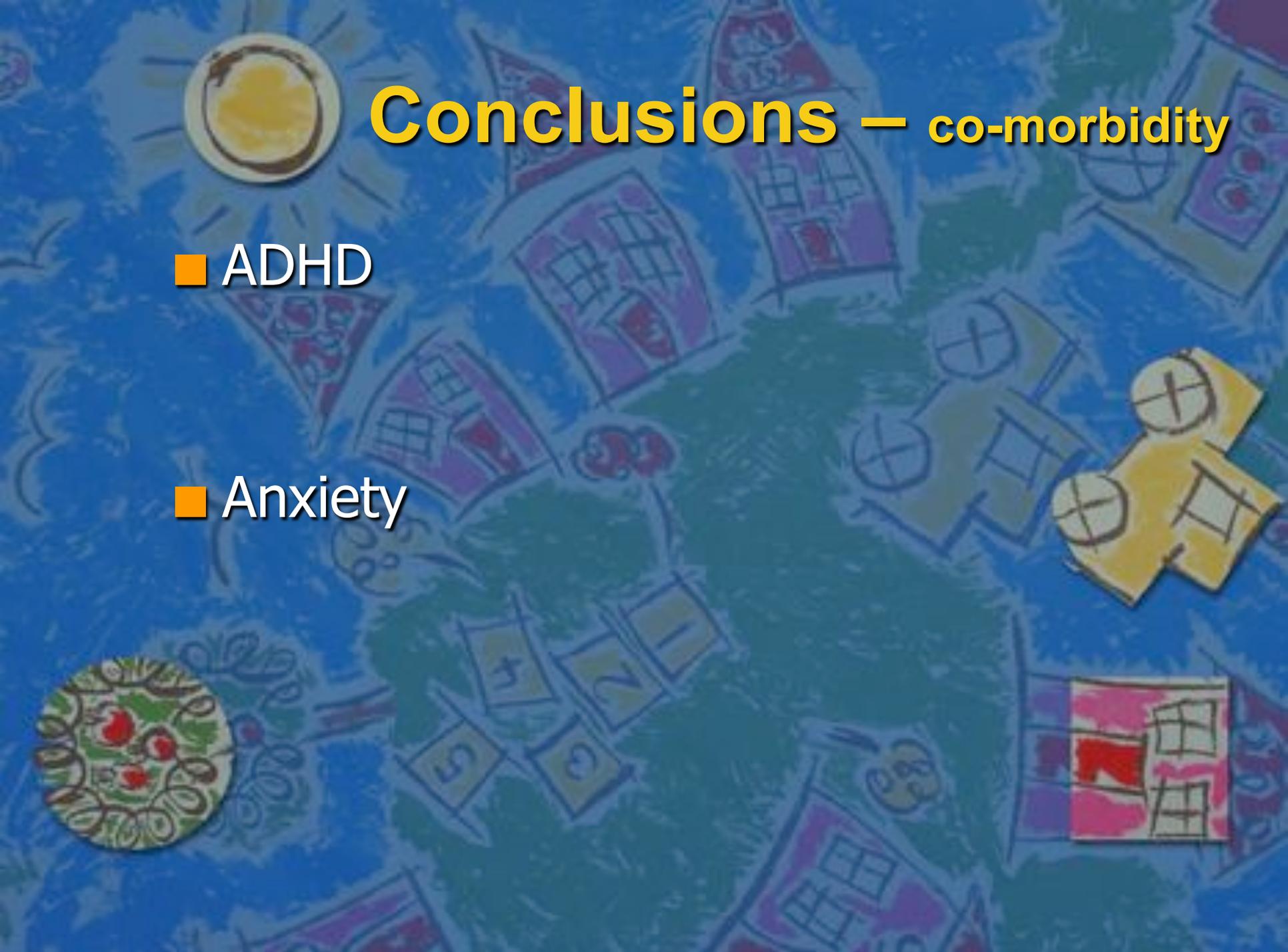
- Mood Stabilizing medication
    - Lithium, valproic acid
    - Antipsychotics (Abilify, Zyprexa)
- 
- 





# Conclusions – side effects

- Mood Stabilizing medication
    - Lithium, valproic acid
    - Antipsychotics (Abilify, Zyprexa)
  - Side Effects
    - Sedation (all)
    - Cognitive deficits (all)
    - Cardiac risks (all)
    - GI symptoms, thirst, thyroid (lithium)
    - Movement Disorders (antipsychotics)
- 
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- 

The background is a vibrant, childlike illustration of a town. It features several houses with colorful roofs and windows, green trees, a bright yellow sun in the top left, and a basket of fruit in the bottom left. The style is simple and expressive, with bold outlines and a rich color palette.

# Conclusions — co-morbidity

■ ADHD

■ Anxiety



# Conclusions — co-morbidity

## ■ ADHD

- Stimulants (if stable)
- Guanfacine / clonidine
- Bupropion

## ■ Anxiety

- SSRI with mood stabilizer
  - SSRI alone?
  - Therapy (CBT)
- 



# Conclusions — final

- Bipolar Disorder Treatment
    - Complicated
    - Most medications are only partially effective
    - Most medications have significant side effects
- 
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- 



# Conclusions — final

- Bipolar Disorder Treatment
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- So.....



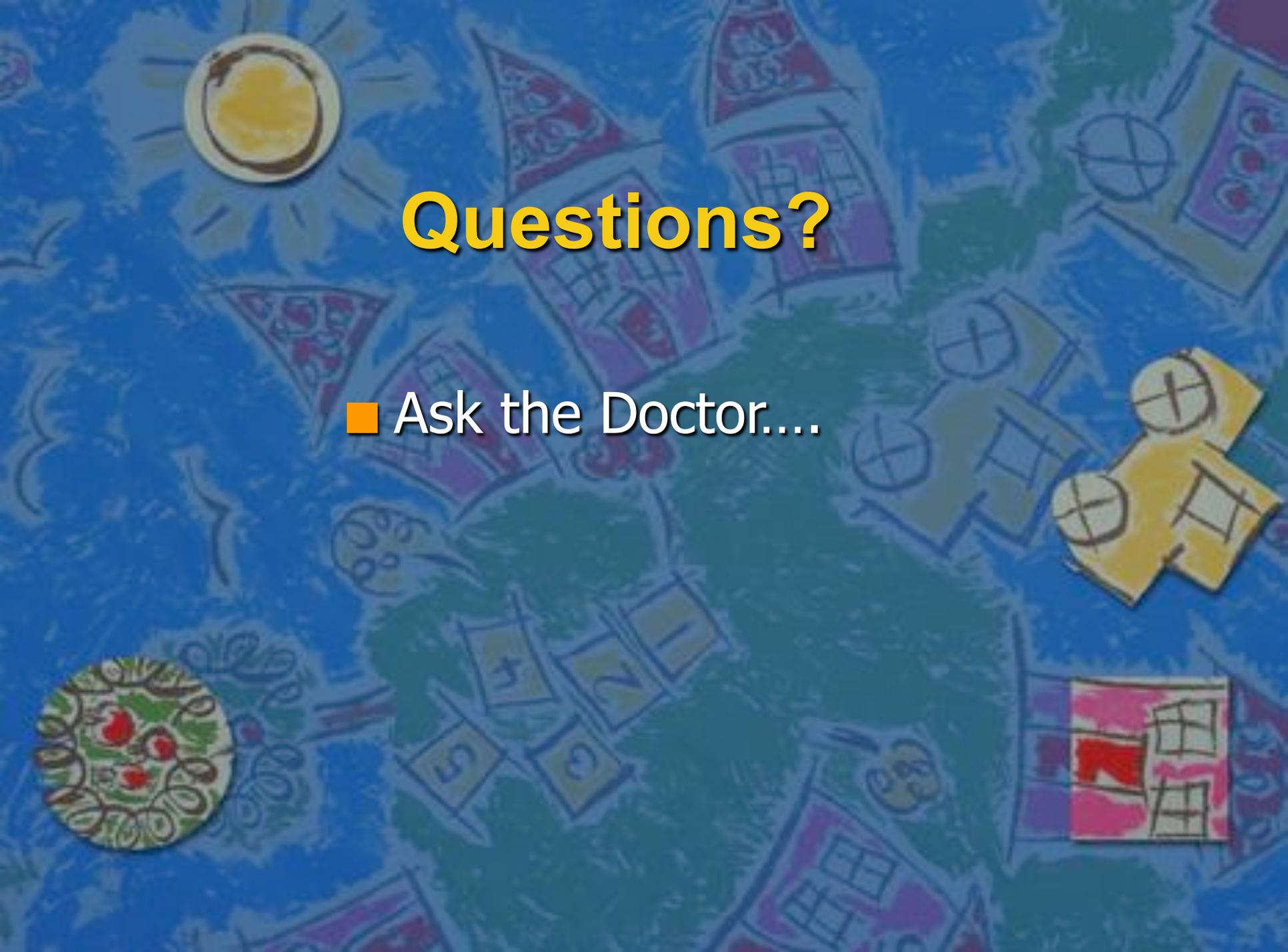
# Conclusions — final

- Bipolar Disorder Treatment
  - Complicated
  - Most medications are only partially effective
  - Most medications have significant side effects
- So.....

**Maximize the use of  
non-medication therapies**







# Questions?

- Ask the Doctor....