



Ask the Doctor Pharmacotherapy

Marcy Forgey Borlik MD
Robert Suddath MD



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)





Objectives

- Participants will

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

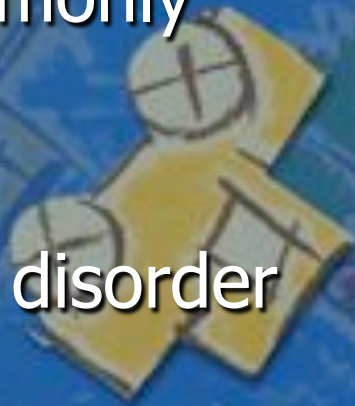




Objectives

■ Participants will

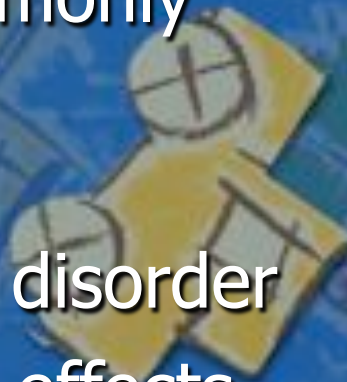
1. Be familiar with medications commonly used to treat bipolar disorder
2. Identify side effects of common medications used to treat bipolar disorder





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



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:

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:

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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2. Reduce her lithium to improve her concentration
3. Consider options to treat ADHD
4. Avoid changing anything, she might get worse

Pre-test – question 3

An 11 year old boy previously hospitalized 3 times for days of not sleeping that progressed to running away and having “visions” became agitated after staying up late 2 days ago. He now is talking non stop about a prophecy that he must complete. His doctor should:

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An 11 year old boy previously hospitalized 3 times for days of not sleeping that progressed to running away and having “visions” became agitated after staying up late 2 days ago. He now is talking non stop about a prophecy that he must complete. His doctor should:

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)

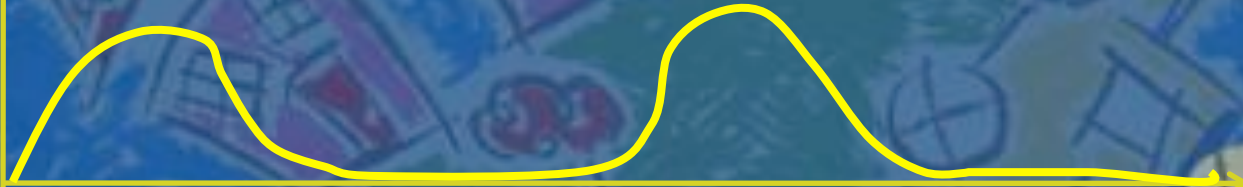


Bipolar Disorder phase/acute symptoms

Mania

Depression

Time
(weeks)





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)

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

Depression (Hx AIM)

- 1st line: LTG
- 2nd line: LIT or QUE

BP NOS Manic or Mixed
sxS

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

BP NOS Depressive sxS

- 1st line: LTG, LIT † or QUE
- 2nd line: ASN

ADHD

- 1st line: MPH or MAS
- 2nd line: Guanfacine
- 3rd line: ATX

ADHD + MDE, not on ATD

- 1st line: BUP

ADHD and on ATD

- 1st line: MPH or MAS
- 2nd line: ATX

Anxiety (No hx
AIM)

- 1st line: CIT, SERT, ESC, FLUV
- 2nd line: CLZP, GBP

Anxiety (hx AIM)

- 1st line: CLZP, GBP

Treatment Algorithm

■ Sorry!



Treatment Algorithm

- Sorry!
- Will simplify?

Treatment Algorithm

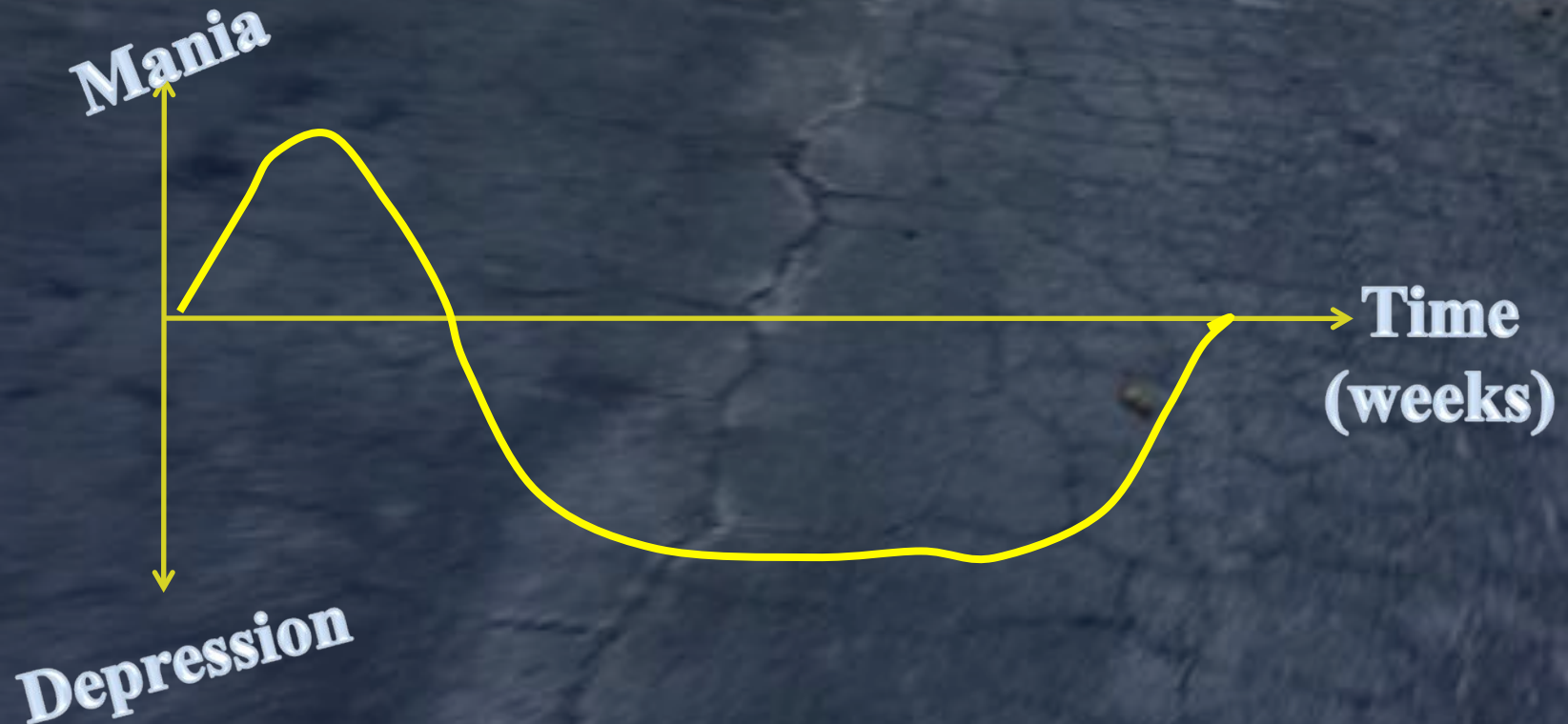
Manic/Mixed – step 1

- 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 3rd 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***

A photograph of a garden path made of diamond-shaped tiles in shades of brown, tan, and grey. The path leads from the bottom right towards the top left. To the left of the path are dark green bushes and a cluster of pink flowers. The text "Treatment Algorithm Bipolar Depression" is overlaid in yellow on the upper left portion of the image.

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

antidepressant induced mania?



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

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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)



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





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






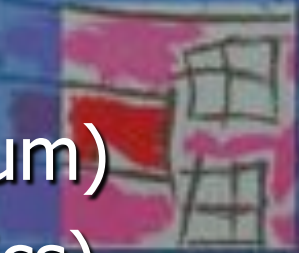

Conclusions — side effects

- 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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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



Conclusions — final

- Bipolar Disorder Treatment
 - Complicated
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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....