



Keeping Your Balance

Module 2

Treatment Options for Bipolar Disorder

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MEDICATION TREATMENT FOR BIPOLAR DISORDER

Introduction



The recommended standard treatment for bipolar disorder is medication, which focuses on controlling or eliminating the symptoms and then maintaining the symptom-free state by preventing relapse. The effective use of medication requires that you work closely with your medical practitioner. Some patients may respond well and experience few side effects with one type of medication, while others may do better with another. Thus, when taking medication, it is important that you monitor its effects and consult with your doctor.

Principles of Medication Management

1. For medication to be of benefit, you should carefully follow the prescribed treatment and take note of your symptoms and side effects.
2. If side effects develop, these should be reported to your doctor as soon as possible to avoid prolonged discomfort. It is strongly advised that you do not stop medication abruptly before first consulting with your doctor. This could bring on a return of a manic or depressive episode.
3. Alcohol, illicit drugs, and other prescribed medicines may cause your medication for bipolar disorder to be ineffective and may increase side effects. You should report all other medications and substances you are taking to your doctor to ensure that none adversely interact with the medication prescribed for bipolar disorder. Research has shown that substance use impacts negatively on the course and outcome of bipolar disorder and may be a contributing factor to relapse and episode recurrences.
4. Effective medical management of bipolar disorder requires you to monitor your symptoms and side effects, and work with your doctor to adjust dosages or types of medications.



Phases of Treatment

There are usually three phases to medical treatment for bipolar disorder — acute treatment, continuation treatment and maintenance treatment. The most important aim, if you are experiencing an episode of mania, hypomania, or major depression, is to control or eliminate the symptoms so that they can return to a normal level of day-to-day functioning. The duration of this **acute phase** of treatment may last from 6 weeks to 6 months. Sometimes, longer periods are necessary in order to find the most effective medications with minimal side effects.

Continuation treatment, which is the next phase, may last from 4 to 9 months. In this phase, the main aim is to maintain the symptom-free state by preventing relapse, which is the return of the most recent mood episode.

The third phase, the **maintenance phase**, is critical and essential for all patients with bipolar disorder. The goal for maintenance treatment is to prevent recurrence, that is, to prevent new episodes of mania, hypomania, or depression from occurring. For bipolar patients, as with other medical conditions such as diabetes or hypertension, maintenance treatment may last 5 years, 10 years, or a lifetime. But remember, the more time you can go without symptoms the more chance you will have to get on with the things that are important to you in life.

For all phases of treatment and all medications, patients must take the prescribed medications on a daily basis. Unlike medications like paracetamol or antibiotics that are taken only when a person actually experiences a headache or has an infection, medications for bipolar disorder must be taken regularly – on both good days and bad days – at the same dosage.

Types of Medication for Bipolar Disorder

Mood Stabilisers

A mood stabiliser is a medication that is used to decrease the chance of having further episodes of mania or depression. They are the first line agents for bipolar disorder. Depending on the associated symptoms with this disorder, antipsychotics or anti-depressants may also be used.

A mood stabiliser is given to a person as a maintenance medication because it regulates mood swings but doesn't take away the cause. Feeling well does not mean you can stop taking mood stabilisers, it means the medication is keeping you stable.

The most common mood stabilisers are:

- lithium carbonate
- sodium valproate
- lamotrigine

Sometimes these medications are used on their own or in combination with other medications.

Antidepressants

Antidepressants can also be used with mood stabilisers in the acute, continuation, and/or maintenance phases of medical treatment. There is no one particular antidepressant that is more effective than the others in bipolar disorder. In fact, there is a significant risk for antidepressants to induce or cause a "switch" to manic or hypomanic episodes, especially if a patient on antidepressants is not taking a mood stabiliser.

Because all types of antidepressants seem to be equally effective and it takes several weeks to work effectively, often it is the side-effects that determine which antidepressants are selected for an individual.

In general, if you do not respond well to one type (or class) of antidepressants, you may tolerate and respond to a different class, or even to one in the same class.

Common antidepressants include:

- Selective serotonin reuptake inhibitors (SSRIs) - including fluoxetine, paroxetine, sertraline
- Serotonin and noradrenaline reuptake inhibitors (SNRIs) - including venlafaxine, duloxetine

Less commonly used or older types of antidepressants include:

- Tricyclics - including imipramine, amitriptyline, desipramine, dothiepin
- Monoamine oxidase inhibitors (MAOIs) - including phenelzine

Side effects of antidepressants will vary depending on the class of antidepressant. Some older patients may be more sensitive to these side effects. Side effects are usually seen quite early on or when the dosage is increased. Lower doses commonly have fewer side effects, and generally, the newer medications have fewer side effects in the short and longer term.

It is important that you distinguish depressive symptoms from side effects of the antidepressant. You should discuss this with your doctor before you begin taking the medication. Some medications can cause side effects that are very similar to the depressive symptoms, e.g., difficulty sleeping, and sexual difficulties.

Antipsychotic Medication

Antipsychotics are often used in the acute phase of the disorder and as a longer term treatment as well. These can be used in combination with mood stabilisers to assist in controlling psychotic symptoms such as hallucinations, or delusions, to induce sleep, or decrease irritability or impulsive behaviours. They are also now used in continuation and maintenance therapy as mood stabilisers to help prevent a relapse of psychotic or manic symptoms.

There are two main types of antipsychotic agents — more commonly used **second generation** or **atypical** antipsychotic agents (such as olanzapine and quetiapine), and less commonly used **first generation** or **typical** antipsychotics (such as chlorpromazine and haloperidol).

Some side effects of second generation antipsychotic medications include weight gain, drowsiness, dizziness, stomach upset, dry mouth and constipation. These side effects can be minimised by using the lowest necessary doses of the medication. It can also be helpful for your doctor to monitor your weight, blood pressure, blood sugar and cholesterol regularly while you are taking these medications.

Benzodiazepines

Another class of medicines which can be used in treating bipolar disorder is the benzodiazepines (e.g. clonazepam, diazepam). These medications are sometimes used in combination with other medications (mood stabilisers and antipsychotics) to aid in inducing sleep, reducing psychomotor agitation, and slowing racing thoughts and pressured speech. Benzodiazepines are usually used in the short term only — as their use in the longer term can result in tolerance and dependence. Some side effects of benzodiazepines are drowsiness, dizziness, a ‘hangover’ feeling and unsteadiness.

Some Other Things to Consider ...

These medications work differently for different people. A medication that works well for one person may be difficult to tolerate or ineffective for another person. The way medications work is affected by many things (e.g. sex, age, genetics, metabolism) so the choice of medication needs to be customized for each person. It is particularly important to take into account the following factors ...

- To help your doctor choose the most suitable medications for you, they should be made aware of any **other medical conditions** you have. Medical conditions can have an impact on which medications you can take or the doses you will be prescribed.
- It is also important to let your doctor know if you are taking **other medications** (including over the counter and natural therapies). There can be interactions between these treatments and the medications prescribed for your bipolar illness.
- If you are a woman who is planning a **pregnancy**, it is really important to discuss your medication options with your doctor.

For up to date information about mood stabilisers, or any of the medications you are prescribed – ask your doctor or pharmacist for a printout of the **Consumer Medicine Information (CMI)** for the medicine you are taking – this will provide you with information about side effects, and recommendations for how to take the medicine.

Medication Record

Remember that it is very important that you communicate openly with your prescribing doctor or psychiatrist. In general, if you don't respond well to one type of medication, you may tolerate and respond to a different type. Use this worksheet to record the types of medication you are currently taking, the dosage, and any side-effects you might be experiencing. You might also want to take note of how you feel after taking the medication, whether or not it has been effective. Once you've recorded all this information, discuss your medication treatment with your doctor, especially if you are concerned about the way you feel. This information could also be valuable as a record of the medications you have taken in the past.

Use the space at the bottom of the page to write down some questions about your medication or illness you might want to ask your doctor.

	Name and Type of Medication	Dosage	Notes
Current			
Past			

Questions I might have for my doctor/mental health practitioner:

Psychosocial Treatment for Bipolar Disorder

Why Psychosocial Treatment?

Although effective medications have been found for bipolar disorder, many patients still experience episode recurrences and relapse. Some experience between-episode symptoms that may not be serious enough to be considered a full-blown episode, but could still cause some discomfort and interference with day-to-day activities. A high rate of relapse and episode recurrences could be because of medication non-compliance, alcohol and drug use, high stress levels, many between-episode symptoms, and poor daily functioning. These issues have alerted mental health professionals to try psychotherapy and psychosocial interventions, **in addition to medication**, to improve illness outcome and quality of life for bipolar patients.

All psychosocial treatments for bipolar disorder share the aims of helping people understand more about their bipolar illness, helping people identify their early warning signs and their triggers for episodes and working with people to develop action plans with the aim of preventing episodes.

Cognitive Behavioural Therapy

A treatment approach that has been well researched for a wide range of adult psychiatric disorders is cognitive behavioural therapy (CBT). CBT has been adapted to bipolar disorder after being used for many other psychiatric disorders including unipolar depression, anxiety disorders, and eating disorders. This information package is primarily based on a CBT approach.



CBT is a structured and time-limited intervention. It is a comprehensive psychological therapy in which there is an emphasis on collaboration between therapist and patient, and on active participation by the patient in achieving therapeutic goals. CBT is also focused on problem solving. The central aim of CBT is to teach patients how their thoughts and beliefs play an important role in the way they respond to situations and people. The CBT approach also teaches patients the tools that could help them to make their response more helpful.

CBT can play a role in teaching bipolar patients about their disorder and helping them deal with adjustment difficulties. CBT can also help patients cope with everyday stressors through active problem solving, and teach patients to monitor and regulate their own thoughts, moods, and activities, and thus be prepared to manage between-episode symptoms.

Other Forms of Psychosocial Treatment

Other forms of psychosocial treatment for bipolar disorder have been developed and investigated over the last twenty years. These include Psychoeducation (where people attend for group sessions focussed on increasing their understanding of their illness) and Family Focussed Treatment (where people attend for individual or group treatment with one or more family members).

Research

CBT for bipolar disorder has been evaluated in a controlled trial here at the Centre for Clinical Interventions. The results of our study showed that CBT for bipolar disorder was effective in helping patients feel less depressed and more confident about managing their illness. This type of psychosocial treatment has also been evaluated in a number of studies worldwide with positive outcomes. At CCI we have also investigated the outcomes of group sessions for carers of people with a bipolar illness. We found that group sessions for carers can reduce the sense of burden they feel, increase their understanding of bipolar illness and help them feel more confident in managing their loved one's bipolar illness.

Module Summary

- The recognised standard treatment for bipolar disorder is medication, which focuses on controlling or eliminating the symptoms and then maintaining the symptom-free state by preventing relapse
- For medication to be of benefit, patients should carefully follow the prescribed treatment and take note of their symptoms and side effects
- For all phases of treatment and all medications, it is important that patients take the prescribed medications on a daily basis
- The use of substances other than prescribed medication is not recommended as this could result in slower time to recovery, poor response to treatment, or more frequent episode recurrences
- The first line medication for bipolar disorder is a mood stabiliser, which is used to decrease the chance of having further episodes of mania or depression
- Antidepressants can also be used with mood stabilisers in the acute, continuation, and/or maintenance phases of medical treatment
- Antipsychotics may also be used both in the acute phase of the disorder and sometimes as a longer term treatment
- Although medication is the first line of defence for bipolar disorder, psychosocial interventions can help patients learn to better manage their illness
- An adjunctive psychosocial intervention that has had favourable results is cognitive behavioural therapy, which focuses on helping patients cope with everyday stressors, monitor and regulate their thoughts and mood, and manage any between-episode symptoms



Coming up next ...

In Module 3, we will introduce ways of self-monitoring mood and start to identify early warning signs of mood episodes...

About The Modules

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Background

The concepts and strategies in these modules have been developed from evidence based psychological practice, primarily Cognitive Behaviour Therapy. CBT for bipolar disorder is based on the approach that adjunctive psychological treatment is helpful to improve understanding of the illness, medication adherence, awareness of early warning signs of mood episodes, quality of life and to reduce symptoms.

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The Graylands Hospital Medication Information Service has made a longstanding contribution to the Bipolar program at CCI. Clinical Pharmacists from this service have contributed their time and expertise to providing excellent medication education to people attending the Bipolar Group at CCI. This longstanding collaboration has guided the information presented in this module.

References

These are some of the professional references that informed the development of modules in this information package.

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