Performance Improvement CME:
Diagnosing and Treating Bipolar Disorder

Clinical Questions

1. How do I improve the diagnosis of bipolar disorder?
2. How do I improve outcomes in patients with bipolar disorder using nonpharmacologic strategies?
3. How do I improve pharmacologic treatment of bipolar disorder?
4. How do I improve treatment adherence in patients with bipolar disorder?
5. How do I increase the efficacy and safety of maintenance treatment for bipolar disorder?
6. Other

How do I improve the diagnosis of bipolar disorder?

Performance Indicators

1. Always ask about a history of manic symptoms before treating depression
2. Use the mnemonic DeTeR the HIGH to recognize manic symptoms
3. Use the mnemonic SIG E CAPS to recognize depressive symptoms
4. Use the Mood Disorder Questionnaire (MDQ) to assess bipolar symptoms
5. Use DSM-IV-TR criteria to diagnose bipolar disorder
6. Rule out causes of mania other than bipolar disorder, including ECT or light therapy, medical and psychiatric conditions, medication side effects, and substances
7. Rule out causes of depression other than bipolar disorder, including medical and psychiatric conditions and substances
8. Distinguish between bipolar disorder and personality disorder; if you suspect a patient may have a personality disorder, refer him or her to a psychologist for evaluation
9. Treat psychiatric comorbidities such as anxiety disorders, ADHD, and substance abuse or dependence

Educational Resources

Clinical Tool

DeTeR the HIGH mnemonic
SIG E CAPS mnemonic
http://www.cmeinstitute.com/psychlopedia/Documents/bipolardisorder/6lrp/sec1/bipdo6-1_AV2.htm

Mood Disorder Questionnaire (MDQ)
http://www.dbsalliance.org/pdfs/MDQ.pdf

Peer-Reviewed Articles

http://www.currentpsychiatry.com/pdf/0710/0710CP_Article2.pdf

http://www.aafp.org/afp/981101ap/carlat.html

Book


Guidelines
American Psychiatric Association (APA). Practice Guideline for the Treatment of Patients With Bipolar Disorder, 2nd ed
http://psychiatryonline.org/content.aspx?bookid=28&sectionid=1669577#50051

Web Site
Bipolar Disorder: Lessons for Rural Physicians: Adjunctive Interventions for Maintaining Remission
http://www.cmeinstitute.com/Psychlopedia/Pages/BipolarDisorder/6lrp/default.aspx

---

How do I improve outcomes in patients with bipolar disorder using nonpharmacologic strategies?

Performance Indicators

1. Involve the patient and significant others in determining the treatment plan
2. Ask patients to keep a daily mood log
3. Provide adjunctive psychoeducation about the disorder, its treatment, and relapse prevention
4. Inform patients where they can receive adjunctive psychotherapy focused on the disorder and psychosocial functioning
5. Monitor patients’ psychosocial functioning to see that they regain normal function
Educational Resources

Clinical Tool
Mood Log

Peer-Reviewed Articles
http://www2.psychiatrist.com/PCC/article/Pages/2011/v13n04/10r01097.aspx

http://www.psychiatrist.com/JCP/article/Pages/2005/v66n07/v66n0702.aspx

Guidelines
American Psychiatric Association (APA). Guideline Watch: Practice Guideline for the Treatment of Patients With Bipolar Disorder, 2nd ed
http://psychiatryonline.org/content.aspx?bookid=49&aid=148430

American Psychiatric Association (APA). Practice Guideline for the Treatment of Patients With Bipolar Disorder, 2nd ed
http://psychiatryonline.org/content.aspx?bookid=49&aid=50051

Web Sites
http://www.cmeinstitute.com/Psychlopedia/Pages/BipolarDisorder/6lrp/default.aspx

How do I improve pharmacologic treatment of patients with bipolar disorder?

Performance Indicators
1. Follow medication algorithm recommendations for selecting and adjusting mania treatment
2. Follow medication algorithm recommendations for selecting and adjusting depression treatment
3. Refer to TIMA- and guideline-based drug charts to select medication appropriate for individual patients
4. Follow up after the first and third week of treatment, then monthly for at least 3 months, and then every 2 or 3 months (depending on medications used)
5. Refer patients to a specialist or hospital if they are paranoid, delusional, or suicidal
6. Refer patients to a specialist or hospital if your office lacks the equipment or resources to provide necessary tests/treatments

Educational Resources
Clinical Tool
Drug Chart

Peer-Reviewed Articles
http://www.psychiatrist.com/PCC/article/Pages/2011/v13n04/10r01097.aspx

http://www.psychiatrist.com/JCP/article/Pages/2005/v66n07/v66n0702.aspx

Guidelines

Web Sites
http://www.cmeinstitute.com/Psychlopedia/Pages/BipolarDisorder/6lrp/default.aspx

How do I improve treatment adherence in patients with bipolar disorder?

Performance Indicators

1. Educate patients and their families about bipolar disorder to help them accept the diagnosis and understand the need for ongoing treatment

2. Ask patients at each visit how often they have missed doses since their last visit

3. Ask patients what problems prompt them to miss doses

4. Resolve medication tolerability issues that hinder adherence

5. Simplify medication routines as much as possible, especially in the maintenance phase of treatment

6. Initiate a psychosocial intervention to replace 1 of the medications in a patient’s regimen

7. Check pharmacy refill records and contact patients who are missing doses

8. Track lithium adherence using blood level monitoring

9. Treat residual or interepisode symptoms, such as sleep disturbance, that hinder adherence

10. Treat comorbid disorders, such as substance abuse, that hinder adherence

11. Reduce medication costs for patients as much as possible

Educational Resources
Peer-Reviewed Articles


Web Site

Bipolar Disorder: Lessons for Rural Physicians: Adjunctive Interventions for Maintaining Remission
http://www.cmeinstitute.com/Psychlopedia/Pages/BipolarDisorder/6lrp/default.aspx

How do I increase the efficacy and safety of maintenance treatment for bipolar disorder?

Performance Indicators

1. Continue guideline-concordant maintenance treatment at the dosage that controlled the acute bipolar disorder episode

2. If patients taking lithium experience too many side effects, lower the dose

3. Monitor patients taking lithium for a subtherapeutic or toxic blood level

4. Reduce the number of medications patients are taking as much as possible without decreasing efficacy to avoid drug-drug interactions, suboptimal dosing, adherence problems, and cost burden

5. Systematically monitor patients for breakthrough symptoms and signs of relapse so that guideline-concordant changes can be made in a timely fashion

6. Check renal and thyroid function and weight in patients taking lithium

7. Assess patients taking divalproex for weight gain, thrombocytopenia, dysmenorrhea, liver failure, metabolic syndrome, and osteopenia

8. Monitor patients taking lamotrigine for Stevens-Johnson syndrome

9. Assess patients taking atypical antipsychotics for weight gain, metabolic syndrome, abnormal movements, hyperprolactinemia, and cardiac abnormalities
Educational Resources

Peer-Reviewed Articles


Web Site
Bipolar Disorder: Lessons for Rural Physicians: Adjunctive Interventions for Maintaining Remission [http://www.cmeinstitute.com/Psychlopedia/Pages/BipolarDisorder/6lrp/default.aspx](http://www.cmeinstitute.com/Psychlopedia/Pages/BipolarDisorder/6lrp/default.aspx)

Faculty
Alan Podawiltz, DO, MS, FAPA
Department of Psychiatry, University of North Texas Health Science Center, Fort Worth

CME Background Information

Supported by an educational grant from Pfizer.

Objective
After completing this educational activity, you should be able to:

- Develop a maintenance treatment plan for patients with bipolar disorder based on guidelines

Financial Disclosure
The faculty for this CME activity, the CME Institute staff, and the University of North Texas Health Science Center staff were asked to complete a statement regarding all relevant personal and financial relationships between themselves or their spouse/partner and any commercial interest. The CME Institute and the University of North Texas Health Science Center have resolved any conflicts of interest that were identified. No member of the CME Institute staff or the University of North Texas Health Science Center staff reported any relevant personal financial relationships. Faculty financial disclosure is as follows:
Dr Podawiltz is a stock shareholder of GlaxoSmithKline.

Accreditation Statement
The University of North Texas Health Science Center is accredited by the American Osteopathic Association to award continuing medical education to physicians.

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The University of North Texas Health Science Center and the CME Institute of Physicians Postgraduate Press, Inc. The University of North Texas Health Science Center is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation
The University of North Texas Health Science Center has requested that the AOA Council on Continuing Medical Education approve this program for 20 hours of AOA Category 2B CME credits. Approval is currently pending.

The University of North Texas Health Science Center designates this educational activity for a maximum of 20 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Release, Review, and Expiration Dates
This Performance Improvement CME activity was published in November 2011 and is eligible for AMA PRA Category 1 Credit through November 30, 2012. The latest review of this material was October 2011.

Statement of Need and Purpose
A clear need exists for improved maintenance treatment for individuals with bipolar disorder. This is particularly true for those living in rural environments who may have little or no access to specialists and who have a greater burden of illness and health care costs than their urban counterparts. Patients with bipolar disorder often fail to achieve full recovery, have high rates of relapse, and have a high risk of suicide. Nonadherence is a major contributing factor to these poor treatment outcomes, yet many clinicians underestimate their patients’ nonadherence and do not implement interventions to increase adherence. Treatment guidelines advocate using pharmacotherapy with atypical antipsychotics and adjunctive psychotherapy for the maintenance phase of bipolar disorder, yet clinicians often do not consult these recommended best practices, thereby fragmenting the standard of care for this condition. Further, primary care physicians, the main treaters of mental disorders in rural settings, have little education regarding bipolar disorder and its long-term management. This activity was designed to meet
the needs of participants in CME activities provided by the CME Institute of Physicians Postgraduate Press, Inc., who have requested information on bipolar disorder.

**Review Process**
The entire faculty of the series discussed the content at a peer-reviewed planning session, the Chair reviewed the activity for accuracy and fair balance, and a member of the External Advisory CME Board who is without conflict of interest reviewed the activity to determine whether the material is evidence-based and objective.

**Acknowledgment**
This *Performance Improvement CME* activity is derived from the planning teleconference series “Bipolar Disorder: Lessons for Rural Physicians: Adjunctive Interventions for Maintaining Remission,” which was held in June 2011 and was independently developed by The University of North Texas Health Science Center and the CME Institute of Physicians Postgraduate Press, Inc., also an accredited provider, pursuant to an educational grant from Pfizer. The opinions expressed herein are those of the faculty and do not necessarily reflect the opinions of the CME provider, publisher, or commercial supporter.
Abstract

Performance Improvement CME: Diagnosing and Treating Bipolar Disorder

Alan Podawiltz, DO, MS, FAPA

Performance Improvement CME (PI CME) is an educational activity in which clinicians retrospectively assess their current clinical practice, choose areas for improvement, and implement interventions based on treatment guidelines and health care standards and then re-evaluate their clinical practice to assess the improvements made. This PI CME focuses on the treatment of bipolar disorder in primary care settings and addresses the topics of accurately diagnosing the disorder, selecting appropriate treatments, encouraging patient adherence to medication, monitoring the efficacy and safety of pharmacotherapy, and knowing when to refer patients to a consultant or hospital.

(J Clin Psychiatry 2012;73[05]:e18)

From the Department of Psychiatry, University of North Texas Health Science Center, Fort Worth.

doi:10.4088/JCP.10060pi5cc