CIGNA-HEALTHSPRING ADOPTED

PRACTICE GUIDELINE FOR THE TREATMENT OF PATIENTS

WITH BIPOLAR DISORDER

Ad Hoc Behavioral Health Guideline Committee

Cigna-HealthSpring Clinical Guidelines and Steering Committee

Contents

Overview

This document is an overview of the Cigna-HealthSpring adopted clinical practice guideline for the treatment of patients with Bipolar disorder. It is an adoption of the American Psychiatric Association Clinical Practice Guideline for the Treatment of Patients with Bipolar Disorder.

Cigna-HealthSpring has adopted this guideline as an evidenced base practice, not intended to supersede the clinical expertise and judgment of the practitioner, but to provide options for evidentiary support, diagnostic and treatment standardization and best practice decision making in managing Major Depression. Cigna-HealthSpring recognizes that clinical exceptions to these best practices may arise and recommends that these be documented in the member's medical chart, including all pertinent rationales for treatment choices.

The adoption of this guideline does not indicate that Cigna-HealthSpring endorses any or all of the findings, determinations or offerings with regards to specific medications referenced in this or the American Psychiatric Association guideline. All Food and Drug Administration (FDA) warnings and guides and relevant formularies should be considered in determining treatment protocols. The treating clinician has the obligation to remain current on medication and equipment alerts or warnings that may be announced by the FDA and other regulatory sources.

Obtaining the APA Clinical Practice Guideline

The American Psychiatric Association (APA) *Practice Guideline for the Treatment of Patients with Bipolar Disorder, Second Edition* (2002) and *Guideline Watch for the Practice Guideline for the Treatment of Patients With Bipolar Disorder(March 2009)* is made freely available by the APA with all applicable copyright rules enforced. The complete text can be found at www.psych.org/psych_pract/treatg/pg/prac_guide.cfm.

Cigna-HealthSpring Adopted Guideline for the Treatment of Bipolar Disorder

There are many interventions and activities available to the practitioner and member for the treatment of Bipolar Disorder. The following is a summary of the adopted APA Practice Guideline and does not represent all of the options, paths and information available in the complete text referenced above.

Summary

Psychiatric Management and Treatment of Bipolar Disorder

Psychiatric Management includes:

1. Proper diagnosis
2. Safety and level of functioning assessment
3. Determination of the most appropriate treatment setting
4. Establishing and maintaining a therapeutic alliance
5. Monitoring functioning and psychiatric status.
6. Providing education regarding disorder
7. Promoting treatment adherence
8. Promoting healthy sleep/activity patterns
9. Anticipating stressors /early identification of new episodes/minimize functional impairment

Diagnosis	Reference	Considerations
- Screen for Mood Disorder, as part of a full psychiatric evaluation	- DSM-IV TR - Mood Disorder Questionnaire - APA Practice Guideline for psychiatric evaluation for Adults	- Clinical History, including time frames of mood changes; energy levels, sleep cycles; co-morbidities, substance abuse,
Safety evaluation	**Reference**	**Considerations**
- Screen for presence of suicidal/homicidal ideas, intent or plan; means/lethality of plan; - command hallucinations; - substance abuse	- APA Practice Guideline for the Treatment of Major Depression	- Determine level of care necessary for safety of patient or others, including hospitalization. - Consider financial, social, sexual recklessness that

- previous attempts/family history of suicide/recent exposure to suicide		may accompany manic phase Bipolar disorder
Treatment Alliance	Reference	Considerations
- Long term management and alliance with consistent treatment professionals allow the acquisition of knowledge about the patient's course (cycles) and triggers.		- Bipolar disorder is a persistent mental illness for which there is no cure. Long term management must be stressed
Monitor	Reference	Considerations
- Regular visits to assess changes in mood, psychiatric status, illness cycles - Sequence for early identification and intervention in depressive or manic episodes.		
Education	Reference	Considerations
- Patient education should be on-going with a focus on facts about the illness	- Patient education materials are available for a variety of sources, which can be found in the APA Practice Guideline for Treatment of Patients with Bipolar	- The ability to understand, accept, and/or adapt information about the illness will vary among patients.
- Family education should be on-going with focus on facts about the illness and how they can support on-going treatment	- Patient education materials are available for a variety of sources, which can be found in the APA Practice Guideline for Treatment of Patients with Bipolar	- The ability to understand, accept, and/or adapt information about the illness will vary among families.

Treatment Phase- Acute

Bipolar Manic or Mixed	**Intervention**	**Considerations**
- Severe disturbance	- Mood Stabilizer + antipsychotic medication - Taper anti-depressants	- May consider short-term Benzodiazine as an add-on;
- Less severe disturbance	- Antipsychotics with Bipolar indication - Taper anti-depressants	
	- Psychosocial Supports	- Co-morbidities/supportive therapy/family supports

- Refractory Illness	- Trials of other mood stabilizers or antipsychotics; Consider Clozapine; consider electroconvulsive therapy	
Bipolar Depressed	**Intervention**	**Considerations**
- Bipolar Depressed	- Mood Stabilizer or mood stabilizer and antidepressant	- Consider suicidality, co-morbidities, psychosis
- Refractory Illness	- Consider change in mood stabilizer; consider change in antidepressant; consider electroconvulsive therapy	- Consideration of Bipolar I or II status should be made to assess risks of mania induction.
Bipolar –Rapid Cycling	**Intervention**	**Considerations**
Four or more distinct episodes in one year. Separated by remission of at least 2 months.	Identify/treat medical conditions that contribute to cycling Establish or check level of mood stabilizers	Hypothyroidism; alcohol or substance abuse; medications

Treatment Phase- Continuation or Maintenance

Following acute phase treatment, there is a high risk of relapse for up to six months	Mood Stabilizers should remain in place; monitor the continued need for antipsychotic and antidepressant depending on the presentation	Consideration of all medication side effects should be made.

Special Clinical Features

Psychosis	More common with Bipolar-mania	Antipsychotics should be considered
Catatonia	Motor excitement, mutism, stereotypic movements , stupor	Benzodiazepines, ECT
Suicide/Homicide/violence	Increased risk for suicide;	Increased mortality from cardiovascular and pulmonary sources as well.
Substance use disorders	Increased rate of substance abuse disorders	Identification and treatment concomitantly with
Co-Morbid Psychiatric Conditions	Personality disorders, anxiety disorders, Attention deficit Hyperactivity Disorder	Early identification and treatment of these disorders is important.

Provider Comments

Cigna-HealthSpring values our clinical partners and requests your feedback, questions and or concerns regarding these guidelines. These may all be directed to:

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References

The American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Bipolar Disorder, Second Edition (2002)

Guideline Watch for the Practice Guideline for the Treatment of Patients With Bipolar Disorder (March 2009)

American Psychiatric Association *Diagnostic and Statistical Manual of Mental disorder, 4th Ed Test Revision*