

Table 2**Evidence-based treatment options for bipolar disorder**

Treatment aim	Source	Treatment
Treatment of mania or mixed state (manic and depressive symptoms at the same time)	BAP guidelines 2009 ⁹	● Antipsychotics or valproate for severe mania (avoid valproate in women of childbearing age)⁵ ● Lithium or carbamazepine for milder mania ● Adjunctive benzodiazepines for insomnia ● No psychotherapy currently provides an alternative strategy for management ● Consider atypical antipsychotics, because of fewer motor side effects ● Taper and discontinue antidepressants
Treatment of bipolar depression	ECNP consensus meeting 2007 ⁴	● Antidepressants: early studies show efficacy comparable with unipolar depression, newer studies do not, but this may be a confounding effect of additional treatment with antimanic agents. Switch to mania may be more frequent with tricyclic antidepressants and venlafaxine, less common with SSRIs and bupropion. Induction of rapid cycling not well documented ● Antidepressants usually in combination with antimanic prophylaxis with lithium, valproate or atypical antipsychotic ● Antidepressants should probably be withdrawn gradually after full remission (>3 months) ● Anticonvulsants: some indirect evidence for semisodium valproate; small effect of lamotrigine ● Antipsychotics: small effects of olanzapine and quetiapine
	BAP guidelines 2009 ⁹	● Quetiapine if early response is desirable ● Lamotrigine (but this requires gradual up-titration to avoid skin rash) ● In mild depression consider lithium, or valproate alone ● Consider interpersonal therapy, cognitive behaviour therapy (CBT) or family-focused therapy (FFT) when available since these may shorten the acute episode
Prevention of relapse	BAP guidelines 2009 ⁹	● Consider lithium as initial monotherapy, as it appears to be superior to other presumptive mood stabilisers in preventing manic and depressive relapses¹⁰ ● If lithium does not work, consider monotherapy prophylaxis, or if necessary combination with: - Mainly antimanic: aripiprazole, olanzapine - Mainly antidepressive: lamotrigine - Probably both: carbamazepine, valproate, quetiapine ● Psychoeducation at any stage of the treatment should be considered standard clinical practice. Withdrawal of long-term medication always carries the risk of symptoms recurring
	NICE guideline 2006 ³	● Valproate should not be prescribed routinely for women of childbearing age