NICE recommends that when adults present in primary care with depression, they should be asked about previous periods of overactivity or disinhibited behaviour. If this behaviour lasted for four or more days referral for a specialist mental health assessment should be considered. If a manic episode has been present during the history the diagnosis is bipolar I disorder, while a hypomanic episode is indicative of bipolar II disorder.

Although depressive episodes are not necessary for a diagnosis of bipolar disorder, they are common and dominate the lifetime pattern of the condition: 50% of the time is spent in a euthymic (well) state, 38% in a depressed and 12% in a manic state. If there have only been depressive symptoms, it is not possible to exclude bipolar disorder.

A diagnosis of bipolar disorder is supported by diagnostic criteria and usually confirmed by a psychiatrist. For children or young people, diagnosis of bipolar disorder should be made only after a period of intensive, longitudinal monitoring. If the GP suspects mania or severe depression, or if patients are a danger to themselves or others, an urgent referral should be made for a specialist mental health assessment.

The pharmacological treatment of bipolar disorder consists of a two-drug combination approach, which includes lithium as a mood stabiliser, and acutely anti-manic and antidepressant drugs of several different drug classes. NICE emphasises the importance of non-pharmacological therapy, including structured psychological interventions which could be used independently to develop coping strategies and crisis plans in milder bipolar disorder.

The patient’s care plan should include current health status, social situation, social support, co-ordination arrangements with secondary care, details of early warning signs, and the patient’s preferred course of action in the event of a clinical relapse. Checks should focus on cardiovascular disease, diabetes, obesity and respiratory disease given the heightened risk for these illnesses in bipolar disorder.

Several medications used to treat bipolar disorder can result in weight increase. If a patient gains weight during treatment, the GP should provide dietary advice, recommend regular aerobic exercise, consider referral to a dietician or to mental health services for a weight management programme.

Useful information

- **Bipolar Scotland**
  - [www.bipolarscotland.org.uk/](http://www.bipolarscotland.org.uk/)

- **Bipolar UK**
  - [www.bipolaruk.org.uk/](http://www.bipolaruk.org.uk/)

- **Depression Alliance**
  - [www.depressionalliance.org/](http://www.depressionalliance.org/)

- **Mind**
  - [www.mind.org.uk/information-support/types-of-mental-health-problems/bipolar-disorder](http://www.mind.org.uk/information-support/types-of-mental-health-problems/bipolar-disorder)

- **NHS Choices**
  - [www.nhs.uk/conditions/Bipolar-disorder/Pages/Introduction.aspx](http://www.nhs.uk/conditions/Bipolar-disorder/Pages/Introduction.aspx)

- **Rethink Mental Illness**
  - [www.rethink.org/diagnosis-treatment-conditions/bipolar-disorder](http://www.rethink.org/diagnosis-treatment-conditions/bipolar-disorder)

- **Royal College of Psychiatrists**
  - [www.rcpsych.ac.uk/healthadvice/problemsdisorders/bipolardisorder.aspx](http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/bipolardisorder.aspx)

- **SANE**
  - [www.sane.org.uk/resources/mental_health_conditions/bipolar/](http://www.sane.org.uk/resources/mental_health_conditions/bipolar/)