

# key points

SELECTED BY

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## **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.

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## **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.

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## **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.

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## **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.

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## **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.

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## **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.