

Longer-term treatment for adults with bipolar disorder in secondary care

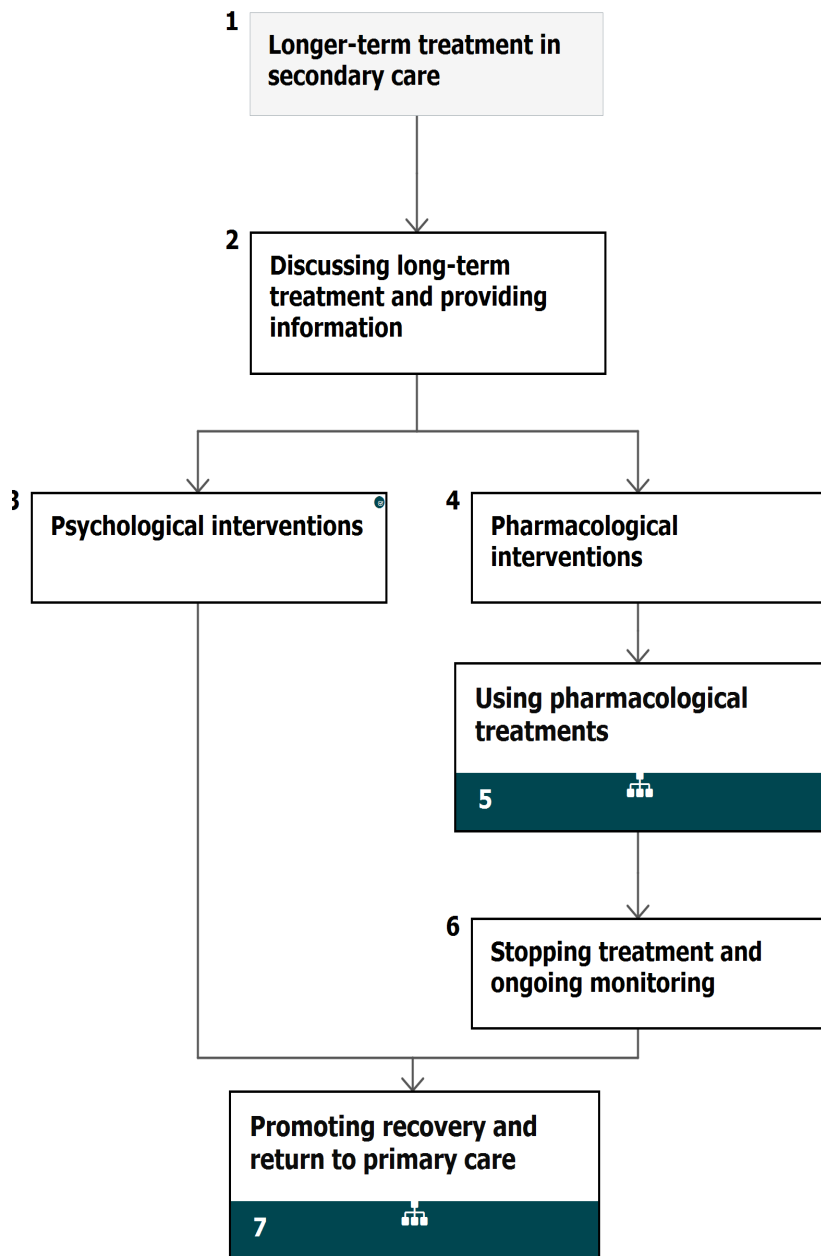
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/bipolar-disorder>

NICE Pathway last updated: 10 May 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Longer-term treatment in secondary care

No additional information

2 Discussing long-term treatment and providing information

After each episode of mania or bipolar depression, discuss with the person, and their carers if appropriate, managing their bipolar disorder in the longer term. Discussion should aim to help people understand that bipolar disorder is commonly a long-term relapsing and remitting condition that needs self-management and engagement with primary and secondary care professionals and involvement of carers. The discussion should cover:

- the nature and variable course of bipolar disorder
- the role of psychological and pharmacological interventions to prevent relapse and reduce symptoms
- the risk of relapse after reducing or stopping medication for an acute episode
- the potential benefits and risks of long-term medication and psychological interventions, and the need to monitor mood and medication
- the potential benefits and risks of stopping medication, including for women who may wish to become pregnant
- the person's history of bipolar disorder, including:
 - the severity and frequency of episodes of mania or bipolar depression, with a focus on associated risks and adverse consequences
 - previous response to treatment
 - symptoms between episodes
 - potential triggers for relapse, early warning signs, and self-management strategies
- possible duration of treatment, and when and how often this should be reviewed.

Provide clear written information about bipolar disorder, including NICE's [information for the public](#), and ensure there is enough time to discuss options and concerns.

3 Psychological interventions

Offer a family intervention to people with bipolar disorder who are living, or in close contact, with their family in line with the recommendations on [how to deliver psychological interventions in psychosis and schizophrenia](#).

Offer a structured psychological intervention (individual, group or family) which has been designed for bipolar disorder and has a published evidence-based manual describing how it should be delivered, to prevent relapse or for people who have some persisting symptoms between episodes of mania or bipolar depression.

Individual and group psychological interventions for bipolar disorder to prevent relapse should:

- provide information about bipolar disorder
- consider the impact of thoughts and behaviour on moods and relapse
- include self-monitoring of mood, thoughts and behaviour
- address relapse risk, distress and how to improve functioning
- develop plans for relapse management and staying well
- consider problem-solving to address communication patterns and managing functional difficulties.

In addition:

- individual programmes should be tailored to the person's needs based on an individualised assessment and psychological formulation
- group programmes should include discussion of the information provided with a focus on its relevance for the participants.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Bipolar disorder in adults

4. Psychological interventions: developmental

4 Pharmacological interventions

When planning long-term pharmacological treatment to prevent relapse, take into account drugs that have been effective during episodes of mania or bipolar depression. Discuss with the person whether they prefer to continue this treatment or switch to lithium, and explain that lithium is the most effective long-term treatment for bipolar disorder.

Offer lithium as a first-line, long-term pharmacological treatment for bipolar disorder and:

- if lithium is ineffective, consider adding valproate¹ (See [MHRA safety advice \[See page 6\]](#))

- if lithium is poorly tolerated, or is not suitable (for example, because the person does not agree to routine blood monitoring), consider valproate or olanzapine instead or, if it has been effective during an episode of mania or bipolar depression, quetiapine.

Discuss with the person the possible benefits and risks of each drug for them, following the recommendations in [using pharmacological treatments](#).

5 Using pharmacological treatments

[See Bipolar disorder / Using pharmacological treatments for bipolar disorder](#)

6 Stopping treatment and ongoing monitoring

If stopping long-term pharmacological treatment:

- discuss with the person how to recognise early signs of relapse and what to do if symptoms recur
- stop treatment gradually (see [using pharmacological treatments](#)) and monitor the person for signs of relapse.

Continue monitoring symptoms, mood and mental state for 2 years after medication has stopped entirely. This may be undertaken in primary care (see [promoting recovery and return to primary care](#)).

7 Promoting recovery and return to primary care

[See bipolar disorder / diagnosing, assessing and managing bipolar disorder in adults in secondary care / promoting recovery and return to primary care](#)

¹ Valproate refers to 3 formulations of valproate available in the UK: sodium valproate, valproic acid and semi-sodium valproate. At the time of publication (September 2014) semi-sodium valproate had a UK marketing authorisation for this indication in people who have had mania that has responded to treatment with semi-sodium valproate. Sodium valproate did not have a UK marketing authorisation for this indication, although its use is common in UK clinical practice. Both semi-sodium and sodium valproate are metabolised to valproic acid (also known as valproate), which is the pharmacologically active component. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's [Good practice in prescribing and managing medicines and devices](#) for further information.

MHRA safety advice on valproate

Medicines containing valproate taken in pregnancy can cause malformations in 11% of babies and developmental disorders in 30-40% of children after birth. Valproate treatment must not be used in girls and women including in young girls below the age of puberty, unless alternative treatments are not suitable and unless the conditions of the [pregnancy prevention programme](#) are met. Valproate must not be used in pregnant women. See also the MHRA [toolkit to ensure female patients are better informed about the risks of taking valproate during pregnancy](#).

Glossary

Carer

a person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled

Depression

the severity of bipolar depression is defined in line with NICE's recommendations on depression as follows: **mild depression** – few, if any, symptoms in excess of the 5 required to make the diagnosis, with symptoms resulting in minor functional impairment; **moderate depression** – symptoms or functional impairment that are between mild and severe; **severe depression** – most symptoms, with symptoms markedly interfering with functioning. Can occur with or without psychotic symptoms

Evidence-based manual

based on at least 1 randomised controlled trial published in a peer-reviewed journal showing effectiveness in reducing depression symptoms in bipolar depression or preventing relapse when used as long-term treatment in people with bipolar disorder

p.r.n.

as required

Valproate

refers to 3 formulations of valproate available in the UK: sodium valproate, valproic acid and semi-sodium valproate. At the time of publication (September 2014), sodium valproate and

valproic acid had UK marketing authorisation for the treatment of epilepsy. Semi-sodium valproate had a UK marketing authorisation for the treatment of acute mania and for continuation treatment in people who have had mania that has responded to treatment with semi-sodium valproate. Both semi-sodium and sodium valproate are metabolised to valproic acid (also known as valproate), which is the pharmacologically active component

Sources

Bipolar disorder: assessment and management (2014 updated 2017) NICE guideline CG185

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.