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Developed By: Medical Criteria Committee	



Approved: William Johnson, MD Date: 3/17/09

Description: Bipolar disorder is a brain disorder characterized by extreme shifts in mood, energy and functioning. Symptoms usually emerge in late adolescence or early adulthood; however, they may be present in childhood or, more rarely, in later adulthood. There are two types of Bipolar Disorder. Bipolar I Disorder is diagnosed when the patient has had at least one manic or mixed episode. A depressive episode is not required for the diagnosis, but it frequently occurs. Bipolar II Disorder is diagnosed when the patient has had one or more depressive episodes and at least one hypomanic episode. Antidepressant medications, when prescribed for depressive symptoms in a bipolar individual, may increase the risk of mania and/or rapid cycling.

Diagnostic Criteria: (DSM-IV-TR)

Bipolar I Disorder (see DSM-IV-TR for specifiers)

- A. Presence of a manic or hypomanic episode (see below).
- B. The manic or hypomanic episode is not better accounted for by schizoaffective disorder, and is not superimposed on schizophrenia, schizophreniform disorder, delusional disorder, or psychotic disorder, not otherwise specified.
- C. The mood symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Bipolar II Disorder (see DSM-IV-TR for specifiers)

- A. Presence or history of one or more major depressive episodes.
- B. Presence or history of at least one hypomanic episode.
- C. There has never been a manic episode (see below) or a mixed episode.
- D. The mood symptoms in Criteria A and B are not better accounted for by schizoaffective disorder and are not superimposed on schizophrenia, schizophreniform disorder, delusional disorder, or psychotic disorder not otherwise specified.
- E. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

A Manic episode is defined as:

- A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).
- During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree.
 - inflated self-esteem or grandiosity
 - decreased need for sleep
 - more talkative than usual or pressure to keep talking
 - flight of ideas or subjective experience of racing thoughts
 - increase in goal-directed activity or psychomotor agitation

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- excessive involvement in pleasurable activities that have a high potential for painful consequences
- The mood disturbance is sufficiently severe to cause marked impairment in occupational and social functioning or hospitalization is indicated or psychotic features are present.
- The symptoms are not due to the direct physiological effects of a substance or general medical condition.

Treatment Notes:

- Due the increased risk of suicide with this illness, assess carefully for suicidal ideation and/or intent.
- In addition, the following should be included in an assessment:
 - Substance abuse
 - Support system (e.g., family, friends, financial resources)
 - Risk and history of violence
 - Ability to care for self
 - Other medical conditions requiring attention
- Since most bipolar patients initially present with depressive symptoms, it is extremely important to screen anyone presenting with depression for a history of mania or hypomania.
- It is essential that medication compliance be a part of the treatment plan.
- Medication management sessions will likely be necessary throughout the course of treatment with higher frequency during the acute phases of the illness, and decreased need while patient is maintaining baseline functioning.
- Cognitive-behavioral therapies, especially family-focused and psychoeducational interventions, have been shown to be particularly effective.
- Improvement in the patient's condition is expected with proper medication and acquisition of coping skills.

Criteria for Continued Treatment:

Continued authorization is indicated by **ALL** of the following:

1. Treatment is provided at the lowest level of intensity (including frequency and duration of outpatient sessions) necessary to maintain the patient's stability and achieve progress toward appropriate treatment goals.

Plus **1 or more** of the following:

2. Continued measurable progress toward restoration of baseline functioning. Patients must demonstrate progress in treatment as evidenced by an increase in GAF score and improvement in behavioral outcome measures.
3. Continued progress toward development of skills to prevent relapse.
4. Treatment plan revision to address lack of progress. If no improvement is noted, the treatment plan should be modified to include the consideration of
 - Need for medication evaluation

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- Possibility of underlying Axis II condition
- Need for psychosocial interventions (i.e, support groups)
- Possibility of co-occurring conditions that need attention (e.g. medical conditions, substance abuse)

If above criteria are met, the treatment plan should include a plan for terminating treatment.

Notes:

1. *If there is a clear risk of deterioration with no further treatment, additional sessions may be authorized. If continued treatment is intended primarily to prevent deterioration, and significant improvement in symptoms is not expected, treatment should be provided at the least intensive level required to prevent deterioration. Periodic treatment plan updates may be required to track patient's progress.*
2. *While extended outpatient visits (75-90 minutes) may be appropriate on occasion for crisis management, the routine use of extended outpatient visits lacks empirical support and is not covered. Special circumstances may be discussed with an ODS Behavioral Health Care Coordinator in advance.*

Termination Criteria:

Termination of continued authorization is indicated by **1 or more** of the following:

1. Patient has returned to previous functioning and has developed appropriate relapse prevention skills.
2. Patient is not improving, despite amendments to the treatment plan (consider referral to another therapist or another form of treatment)
3. Patient has achieved a stable level of functioning and further treatment is not expected to produce significant improvement.

References:

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