Patient and Family Guide to the CANMAT and ISBD Guidelines on the Management of Bipolar Disorder

This resource has been provided by the Brenda Smith Research and Education Fund
via the Sunnybrook Hospital Foundation

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Thank you to the following organizations for their contributions and insights towards the development of this patient and family guide:

International Society for Bipolar Disorders (ISBD)	Fostering international collaboration in education and research.
International Bipolar Foundation (IBF)	Empowering individuals living with bipolar disorder and their caregivers by providing advocacy, education, support, and awareness—fostering a caring community and stigma-free world where mental health is equitably acknowledged and treated.
Canadian Network for Mood and Anxiety Treatments (CANMAT)	Focused on helping individuals with mood and anxiety disorders, by providing scientific information, treatment guidelines through research and educational opportunities for clinicians to improve clinical care.
Hope + Me: Mood Disorders Association of Ontario (MDAO)	To support recovery and healing for individuals affected by mood disorders and their families by providing innovative, high quality supports and programs.
Patient and Family Advisory Committee, Department of Psychiatry, Sunnybrook Health Sciences Centre	Caring for patients and their families when it matters most.

CANMAT

ISBD International Society for Bipolar Disorders

Sunnybrook HEALTH SCIENCES CENTRE

Hope + Me Support. Recovery. Community. Mood Disorders Association of Ontario

INTERNATIONAL BIPOLAR FOUNDATION A WORLD OF HOPE, RESOURCES AND SUPPORT

About this guide

This patient and family guide aims to translate the key principles of the Canadian Network for Mood and Anxiety Treatments (CANMAT) and the International Society for Bipolar Disorders (ISBD) clinical guidelines so that they are more readily accessible to a broader group of people including patients, family members, and their treating clinicians.. Ultimately, the goal of this guide is to promote a more consistent collaboration between patients, their families and healthcare professionals so that informed decisions can be made based on the latest information about treatment. This guide is modeled in part on the earlier CANMAT / Hope and Me product, CANMAT Health Options for Integrated Care and Empowerment in Depression (CHOICE-D) Patient and Family Guide to Depression Treatment, which used extensive patient and family input to create an easy to use and understand guide for the public, and which was awarded a national award for knowledge translation. Individuals seeking patient-friendly information on unipolar depression (also known as Major Depressive Disorder) should also consult the Choice-D guide, available for free download from the CANMAT website here: https://www.canmat.org/2019/03/31/choice-d/.

CANMAT first published bipolar disorder guidelines in 1997, and depression guidelines in 1999. These guidelines are used by clinicians around the world to help make informed, evidence-based decisions to improve the lives of people living with mental disorders such as bipolar disorder. After the second major CANMAT Bipolar Disorder guideline was published in 2005, three updates to these guidelines were published during the next 8 years as a collaboration between CANMAT and the ISBD with the last update in 2013.

The completely revised 2018 CANMAT / ISBD bipolar guidelines (available at the CANMAT website here https://www.canmat.org/2019/03/27/2018-bipolar-guidelines/) were developed with Canadian healthcare professionals in mind, with key input from the ISBD to make these guidelines applicable around the world. This patient guide has utilized information adapted from these guidelines (Yatham et al., Bipolar Disord 2018 Mar; 29(2):97-170).

Guidelines are written with the intention that they will be used by a medical professional audience, which can make them challenging to understand for people without a medical background. Guidelines can help care providers to make treatment decisions, but they are never to be considered a replacement for individualized care. Each person with bipolar disorder experiences their illness in their own unique way, and brings their own life experiences and perspectives. Guidelines are never intended to be blindly followed, but to instead serve as a starting point for discussion and consideration of treatment options.

Guidelines are based on the available published research, which is constantly evolving, but still contains more questions than answers. Many aspects of the management of bipolar disorder have been very much understudied and bipolar disorder remains an area where more research is needed.

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About bipolar disorder

What is bipolar disorder?

Bipolar disorder is a mental illness that is common, serious, and treatable. People living with bipolar disorder experience intense ups and downs (mania and depression), but may also spend much of their time feeling well.

If you or your loved one has been diagnosed with bipolar disorder, you're not alone. Nearly 1 in 100 adults will have Bipolar Disorder Type I and 1 in 140 will have Bipolar Disorder Type II at some point in their lives. The symptoms typically develop in a person's late teens or early 20s, but they can appear at any age.

How will bipolar disorder affect my life?

Bipolar disorder can have a big impact on the lives of people with the disorder, their families, and their entire social network. Having bipolar disorder can make it hard to do everyday activities and function at work, school, or at home. Despite these challenges, people with bipolar disorder can lead productive and fulfilling lives. Early detection and treatment can help reduce the impact of bipolar disorder.

What are the symptoms of bipolar disorder?

There are two distinct types of symptoms in bipolar disorder. These include periods of mania (very high energy and activity, too many ideas), and periods of depression which are beyond the experience of normal sadness, and often include reduced pleasure from activities, low energy, and lack of motivation. It is important to note that not every mood shift should be considered a part of bipolar disorder, since changing moods are normal for everyone to experience. People with bipolar disorder also go through normal periods of functioning called "euthymic" periods. These periods are often referred to as "phases" of the illness.

Table 1. Symptoms of mania and depression

What are mania and depression?	
During a period of **mania**, a person may:	During a period of **depression**, a person may:
• Have elevated or euphoric mood • Have a greatly reduced need to sleep • Be agitated or very active • Be easily distracted • Talk excessively • Have inflated self-esteem • Have too many thoughts and speak rapidly • Engage in uncharacteristic risky activities (buying sprees, risky sexual activity, reckless investments) • Be unable to function properly	• Feel depressed almost all the time • Not take pleasure or interest in activities • Gain or lose weight without intending to • Sleep too much or too little • Have reduced energy • Feel very slowed down in their thoughts and movements • Feel worthless or guilty • Not be able to concentrate • Think about death or suicide • Be unable to function properly

Terms used to describe different periods in bipolar disorder

Bipolar disorder is called an episodic condition because people go through different different periods such as mania or depression. The periods include:

MANIA	A "high" state, where a person may have a lot of energy. People sometimes feel extremely happy in the manic phase, but sometimes they feel angry or irritable (see Table 1)
HYPOMANIA	An elevated state during which the manic symptoms are less intense, and many people can continue to function quite well
DEPRESSION	A "low" state, where a person may feel extremely sad, worthless, guilty and/or have very little energy (see Table 1)
EUTHYMIA	A period free of symptoms of mania/hypomania or depression. This can often be a time when people feel normal and function well in their job and everyday life

People with bipolar disorder may also experience less intense type of manic episodes called "Hypomanic episodes". In addition, some people with bipolar disorder experience mood episodes with mixed features, where symptoms of depression and mania appear at the same time. For example, during a depressive episode with mixed features, a person may have racing thoughts, a reduced need for sleep and increased activity levels all present in addition to symptoms of depression. In between the mood episodes, patients with bipolar disorder may experience mild mood symptoms and in particular depressive symptoms or go into periods of complete remission of mood symptoms called "euthymic periods".

What are the different types of bipolar disorder?

There are two types of bipolar disorder:

Bipolar Disorder Type I (more intense symptoms of mania ± depression)

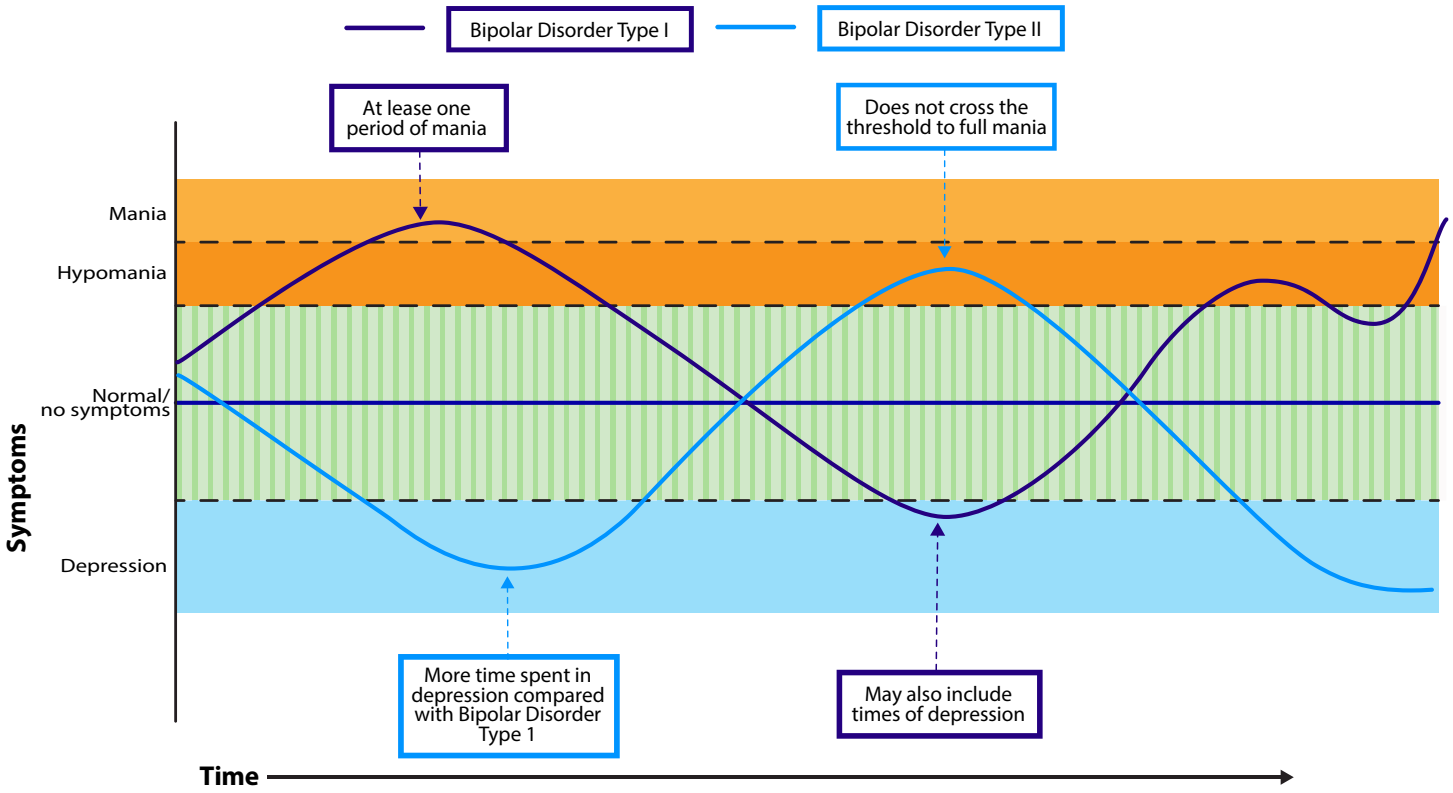
Bipolar Disorder Type II (periods of hypomania and periods of depression without ever having a full mania).

Although the CANMAT / ISBD guidelines focused on BD I and II, it should be noted that many people also have milder forms which are diagnosed as cyclothymia or Other Specific Bipolar and Related Disorder. Some people with these milder forms, especially when present in youth / young adults, progress to having BD I or II later in life. These milder conditions can still be very distressing and problematic in peoples lives and thus need to be provided mental health care for monitoring and possibly treatment.

All types of bipolar disorder can have a very serious impact on the lives of patients and their families, friends and coworkers. A person with Bipolar Disorder Type II may later be discovered to have Bipolar Disorder Type I if their hypomanic symptoms get worse and last longer until the point where they become a full manic episode.

It is always helpful to talk to a professional about options – they can often prevent things getting worse, as well as making things better.

Figure 1. Illustration of the possible courses of Bipolar Disorder Type I and Bipolar Disorder Type II



Diagnosis of bipolar disorder

How is bipolar disorder diagnosed?

Healthcare providers have different tools to help diagnose bipolar disorder. In addition to a clinical interview, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is one tool that healthcare providers use to help understand and diagnose symptoms of bipolar disorder.

A doctor may ask about a person's current and past symptoms, including things like mood, sleep, and activities. They may ask whether any relatives have had mental illness, and whether any peers have made comments about changes in behaviour or mood.

Table 2. Diagnosis checklists for Bipolar Disorder Type I and Bipolar Disorder Type II

Bipolar Disorder Type I	Bipolar Disorder Type II
✓ At least one episode of mania that has a serious negative impact on the person's life or job	✓ At least one episode of hypomania*
✓ May include one or more periods of depression that had a serious impact on the person's life or job	✓ At least one period of depression that has a serious impact on the person's life or job

** A mood state or energy level that is elevated above normal, but not so extreme as to cause serious impairment*

Are there additional features of bipolar disorder?

There are several variations or features of bipolar disorder. For example, some people with bipolar disorder have a specific pattern of episodes, like rapid cycling (four or more episodes within a year) or a pattern that follows the seasons. Other times, people experience different symptoms along with mania or depression, like anxiety or psychosis (losing touch with reality). Information about the features that describe the way a person experiences bipolar disorder can help guide which treatment is likely to be most successful.

Are there other conditions that can be confused with bipolar disorder?

Bipolar disorder can be difficult to diagnose because there are many different possible symptoms. There may be long periods of wellness in between times of mania or depression. A person may seek help during a period of depression and forget to mention periods of high energy in the past. Bipolar disorder can sometimes be confused with depression only (known as Major Depressive Disorder). Compared with Major Depressive Disorder, people with bipolar disorder are more likely to have the following:

- Family history of bipolar disorder
- Earlier symptoms (starting at age 25 or younger)
- More previous episodes of depression
- Manic-type symptoms after starting an antidepressant medication
- Post-partum depression or psychosis (that starts soon after delivery of a baby)
- Increased sleep, craving for carbohydrates or increased appetite and weight gain
- Irritability or racing thoughts during an episode of depression

Because there can be symptoms of psychosis in bipolar disorder, it may be mistaken for a psychotic illness, like schizophrenia. In children, being hyperactive or irritable may be mistaken for attention-deficit hyperactivity disorder (ADHD) or oppositional defiant disorder (ODD).

Because of the potential overlap with these other conditions, it is important to communicate symptoms as clearly and accurately as possible to help get the correct diagnosis as early as possible.

Meeting with the healthcare team

It is important to give healthcare providers a complete picture of a person's mental health to help them make an accurate diagnosis.

You and your family can use the chart on the next page to record any symptoms that have been experienced, how severe they were, and how long they lasted. Try to explain these symptoms in your own words. If different groups of symptoms were experienced at different times, feel free to copy this page to fill out separately for each time. Bring this to appointments to help give the healthcare team a complete picture of your health or your loved one's health.

Checklist of Symptoms

ASPECT OF YOUR LIFE	EXAMPLES	YOUR DESCRIPTION *Describe any changes to your/your loved one's usual behaviour, either now or in the past. What changes have happened? When did they happen? How long did they last? Did things return to normal?*
SLEEP	• Sleeping a different amount from usual (either more or less) • Difficulty getting out of bed • Feeling unable to sleep (insomnia) • Able to function on very little sleep	
MOOD	• Feeling especially euphoric or elated • Feeling depressed for a period lasting at least a few days • Feeling (or being told by others that you are) especially irritable	
THOUGHTS	• Racing thoughts • Thoughts of death or suicide	
SPEECH	• Talking more, or faster, than usual	
ATTENTION AND MEMORY	• Feeling (or told by others) that you are more distracted than usual • Being more forgetful	
ACTIVITIES	• Doing anything out of character (eg, big purchase, new investment, sexual encounter) • Comments from others that your behaviour seems different than usual • Feeling that you are moving slower than normal • Not feeling interested or taking pleasure in normal activities	
SELF-ESTEEM	• Feeling differently about yourself (either more important or more worthless)	
WEIGHT	• Gain or loss of a significant amount of weight, especially without trying to	
OTHER SYMPTOMS		
QUESTIONS FOR YOUR HEALTHCARE TEAM		

Tips to make appointments more productive

Some things you and your family might want to mention to the healthcare team:

Fill out the checklist of symptoms from the previous page, and write down any remaining questions

Write a list of any medications or treatments currently being taken or that have been taken in the past, including prescription medication, over-the-counter medication, natural therapies and supplements

Note any other medical conditions such as high blood pressure or diabetes

Describe any use of alcohol and/or recreational drugs including type and frequency

Review any family history of mental illness, especially depression, bipolar disorder, psychosis or drug or alcohol abuse, and suicide attempts or deaths

Some questions you and your family may want to ask:

- How will a healthcare provider decide if I have bipolar disorder?
- What are the different treatments for bipolar disorder?
- How much does treatment cost?
- What are the side effects of treatment?
- Will I need to visit a psychiatrist or psychologist? How long will I need to wait for a referral?
- When will the treatment start to work?
- What support groups are available online or in my community?

Are people with bipolar disorder at risk of suicide?

People with bipolar disorder have a higher risk of suicidal thoughts, plans and attempts. The healthcare team is likely to ask questions about suicide as part of routine care. Family members and peers can help by recognizing the warning signs of suicide, making themselves available to talk, and calling for help when necessary. A Suicide Prevention tip sheet can be found at https://www.isbd.org/Files/Admin/Knowledge-Center-Documents/Suicide-Prevention-Tip-Sheet.pdf.

Can the episodes of bipolar disorder be predicted or prevented?

The episodes of bipolar disorder are challenging to predict. There is not an easy way to know when the next episode will start and whether that episode will be mania or depression. Many people with bipolar disorder experience more periods of depression than mania. Fortunately, with proper treatment, it can be possible to stop the manic or depressive episodes quickly and to stay in the euthymic periods for a long time. Without treatment, the episodes sometimes last longer, happen more often, and get worse over time.

In addition to treatment, there are steps you and your family can take to help prevent future episodes. As you get to know your condition, you may notice that the episodes are prompted by triggers like lack of sleep, excessive caffeine, alcohol or tobacco, or extreme stress. Taking care of general aspects of health is a good way to help support successful treatment.

Treatment for bipolar disorder

What are the goals of treatment?

The goals of treatment are different depending on the phase of the illness. During an episode of mania or depression, the primary goal is to end the episode and return to a normal state. During the euthymia phase, the goal is to prevent future episodes and maintain a healthy level of mood and function.

How is bipolar disorder treated?

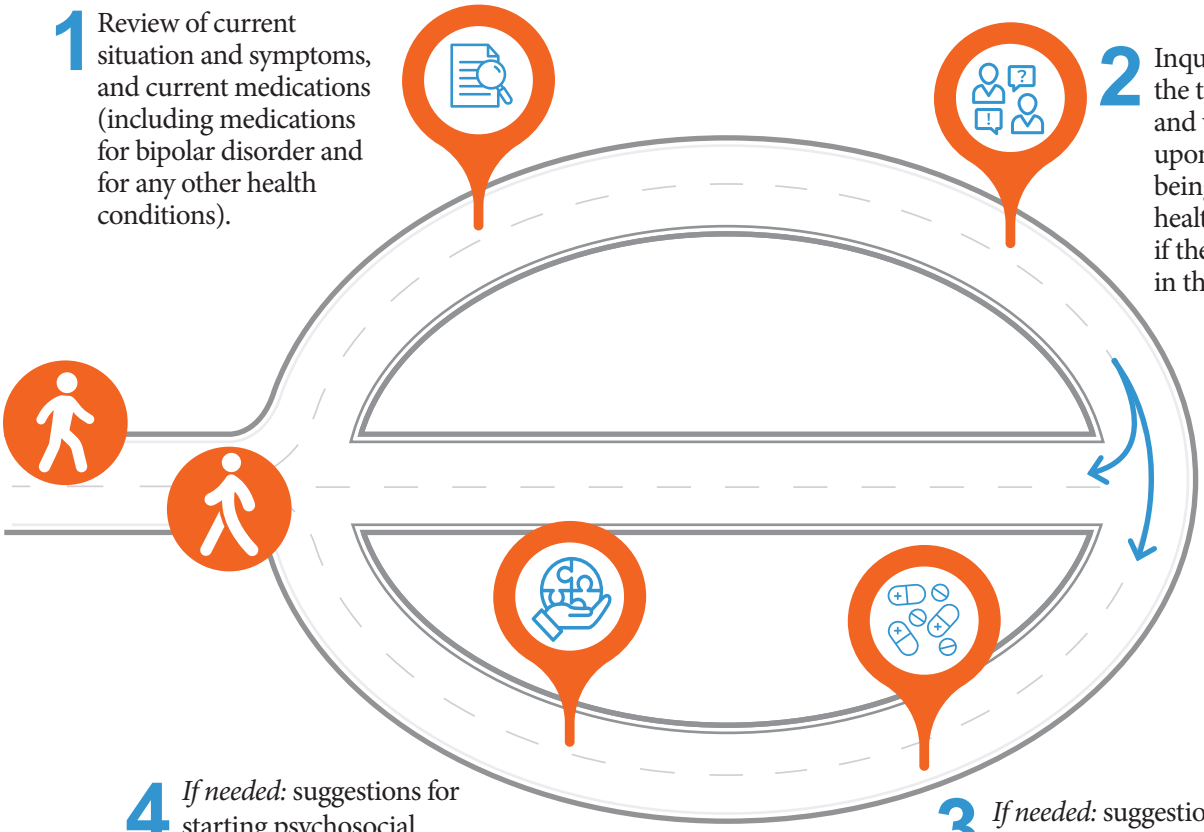
Because bipolar disorder is a life-long condition that affects many areas of a person's life, the treatment is approached from a few angles and by a team of different healthcare professionals. Treatment will include medications and may be supplemented with non-medical options like education about the illness, counselling and therapy.

It is important to start treatment as early as possible and to continue treatment even when feeling well. This can help a person with bipolar disorder stay healthy and prevent future episodes.

Elements of care for bipolar disorder	**EMPOWERMENT**	Tools and support to help with goal setting, make plans and solve problems
	DECISION SUPPORT	Scientific evidence and guidelines provided and explained to help in making health-related decisions
	COMMUNITY	Encouragement to participate in community programs
	LOGISTICS PLANNING	Sharing information, and appointment and treatment reminders
	HEALTH SYSTEM	Coordination within and between healthcare systems to improve the way healthcare is provided

Treatment process for bipolar disorder

During each visit, the healthcare team will make assessments and treatment suggestions using the following pathway:



1 Review of current situation and symptoms, and current medications (including medications for bipolar disorder and for any other health conditions).

2 Inquiry about whether the treatment is working, and whether agreed upon treatment plan is being followed. If not, the healthcare team may ask if there is anything getting in the way.

3 *If needed:* suggestions about adding medications, or switching to something new.

4 *If needed:* suggestions for starting psychosocial (non-medical) treatments or changing the current plan.

What is adherence and why is it important?

Adherence describes how closely a person follows a treatment plan that has been agreed to with their healthcare team. It may be difficult to follow the treatment exactly. In fact, only about half of people with bipolar disorder take their medications exactly as directed. This is a problem because it can lead to an episode of mania or depression that could have been prevented, and that may not always improve with restarting of medications that have been stopped.

Bipolar disorder is a lifelong illness. Even during times without symptoms, it is important to continue to follow the treatment plan agreed to with the healthcare team. This includes both taking medications and taking good care of overall health, like eating and sleeping well.

How is adherence monitored?

The healthcare team may try to confirm that the treatment plan is being followed by using a few different tools. They may:

- Ask you and your family whether you have been following the treatment
- Confirm how often you attend counselling sessions (if applicable)
- Check your blood for the level of certain medications

It is important for the healthcare team to understand how much medication has been taken. This can help them make the best recommendations to improve the treatment plan and to help get the best results.

How can adherence be improved?

Treatment plans can sometimes be complicated, making them difficult to follow. The healthcare team can offer support to figure out how to make the treatment easier to follow. For example, they may suggest:

- Custom-labelled packages for medications
- Smartphone medication reminders
- Asking your friends or family to help remind you to take your medications
- Lifestyle changes to manage side effects
- Switching medications to reduce side effects
- Changing the schedule or type of medications to make it more convenient

Medical treatments for bipolar disorder

Will I have to take medication for bipolar disorder?

Medication is the foundation of successful treatment of bipolar disorder. There are many different medications available, and each has its potential benefits and drawbacks. Most people will be prescribed more than one medication over their lifetime to manage their bipolar disorder. The medications that will be recommended may change depending on the current phase of bipolar disorder (mania/hypomania, depression or euthymia).

Why is medication used to treat bipolar disorder?

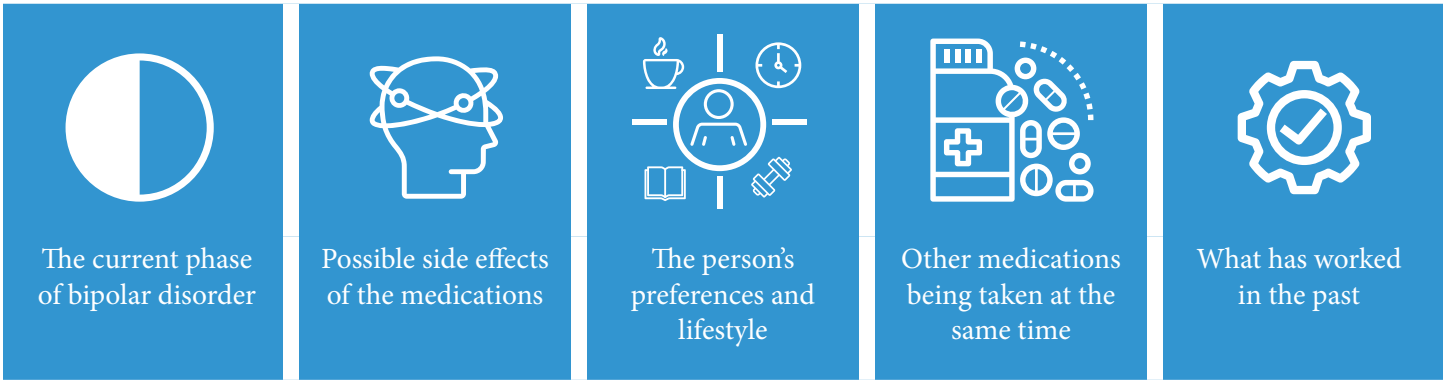
The goal of treatment for mania, hypomania or depression is to try to end the episode and to help return to a normal state of mood and function as quickly as possible. During the euthymic phase, the goal is to prevent a relapse (a new episode of mania or depression). Medication is the main treatment for bipolar disorder, and many medications have been shown in clinical studies to be very effective. The healthcare team may recommend just one medication at a time, or several medications combined.

How long will I need to take medication?

Bipolar disorder is a long-term condition that will require lifelong management. Even when a person with bipolar disorder is feeling healthy, they still need to maintain contact with their healthcare team to help prevent any future episodes. Ongoing treatment is likely to include medications to continue to prevent mania or depressive episodes.

What type of medication will I take?

There are many different medications for bipolar disorder. The healthcare team will suggest a medication plan based on several factors including:



Why are certain medications recommended more than others?

Since bipolar disorder is a lifelong illness, the guidelines recommend a "hierarchical approach" to treatment that considers the effectiveness of medications across the full spectrum of the illness, from episodes of mania/hypomania or depression through to maintenance treatment during periods of mild symptoms or no symptoms (euthymia). This hierarchical approach categorizes medications as follows:

- First-line medications (preferred options)
- Second-line medications (used if first-line medications don't work or are not tolerated)
- Third-line medications (used if first-line and second-line medications don't work or are not tolerated)

The hierarchical categorization of medications is based on several factors including:	Evidence from clinical studies on the efficacy of treatments
	Clinical support based on the experience of healthcare professionals in the field
	Expert ratings on safety and tolerability of medications
	Risk of causing a "switch" from depression to mania or hypomania

The guidelines encourage healthcare providers to preferentially choose first-line or second-line medications in the order in which they are listed in the guidelines. If the first medication does not work or is not tolerated, the next agent in the first-line class is usually selected. Most commonly, second-line and third-line medications are used only after first-line medications aren't effective enough or are not tolerated. However, treatment plans are tailored to meet an individual's unique needs and preferences. Therefore, the recommended order of medications is only a suggestion, and a person's treatment plan might not follow the hierarchical approach exactly. Talk to your healthcare team if you or your family have any questions about why specific medications have been recommended.

It is important to note that some medications might have a higher ranking for one phase of illness and a lower ranking for another. In other words, the specific recommendations for a given medication may differ based on the phase of the illness. The healthcare team will consider the phase of illness when applying guidelines and making individualized recommendations for treatment.

Treatment may be frequently adjusted during an episode of mania/hypomania or depression compared with a euthymic period, when medications have the goal of preventing a future episode.

Common medications for bipolar disorder

Here is a list of some common medical treatments for bipolar disorder, with information about different names for each medication and how they may be used. More information about safety and side effects will be provided later in the guide.

Table 3. Common medications and adjunctive therapy for bipolar disorder

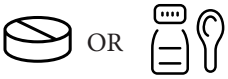
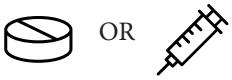
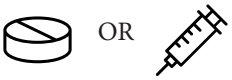
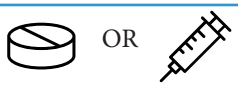
Class/type	Medication	Recommended for phases of bipolar disorder (strength of recommendation)*			How it is taken
		Mania	Depression	Euthymia/ Maintenance	
Traditional mood stabilizers	Lithium	▮▮▮	▮▮▮	▮▮▮	
	Valproic acid / Divalproex sodium†	▮▮▮	▮▮▯	▮▮▮	
	Carbamazepine	▮▮▮		▮▮▯	
	Lamotrigine		▮▮▮	▮▮▮	
Antipsychotics	Aripiprazole	▮▮▮		▮▮▮	
	Asenapine	▮▮▮		▮▮▮	
	Cariprazine	▮▮▮	▮▮▮		
	Haloperidol	▮▮▮			
	Lurasidone		▮▮▮	▮▮▯	
	Olanzapine	▮▮▮		▮▮▮	
	Paliperidone	▮▮▮		▮▮▯	
	Quetiapine	▮▮▮	▮▮▮	▮▮▮	
	Risperidone	▮▮▮		▮▮▮	
	Ziprasidone	▮▮▮		▮▮▯	

Table 3. Common medications and adjunctive therapy for bipolar disorder (continued)

Class/type	Medication	Recommended for phases of bipolar disorder (strength of recommendation)*			How it is taken
		Mania	Depression	Euthymia/ Maintenance	
Adjunctive antidepressants	SSRIs or Bupropion		▮▮▯ §		
Other	Electroconvulsive therapy (ECT)	▮▮▯	▮▮▯		

*Recommended (Strong ▮▮▮): Derived from CANMAT Professional guideline, a first-line or second-line treatment supported by strong research evidence

Recommended (Medium ▮▮▯): Derived from CANMAT Professional guideline, a second-line treatment supported by moderate research evidence

† The active medicine is valproic acid, but another formulation called divalproex sodium is often used instead because it is better tolerated compared to valproic acid

‡ Bipolar Disorder Type II only

§ Bipolar Disorder Type I only

Some of these medications are in the class called "antipsychotics". They got this name because they were first used to treat psychosis, which describes an altered state of mind where a person may have trouble telling the difference between what is real and what is not. Antipsychotics have been found to help treat other mental health conditions, including bipolar disorder and major depression, and most often they are used at much lower doses.

What are the side effects of bipolar disorder medications?

All medications have side effects. The healthcare team will discuss the advantages of the medications they suggest and their possible side effects. Please check the safety section of this guide for more information about specific side effects of different medications. There may be steps that can be taken to prevent or lessen certain side effects.

How quickly will medications start to work?

It depends which medications are taken. Some may start to take effect more quickly than others. The healthcare team will explain what to expect, but in general, medications can start to work almost immediately after they are started. The full benefit from medications can sometimes take 2-4 weeks to be noted. It is important to continue taking medications as prescribed even if it seems like they are not working right away. It can be helpful to record mood and other symptoms to track any changes after a new medication is started.

What if medications don't work?

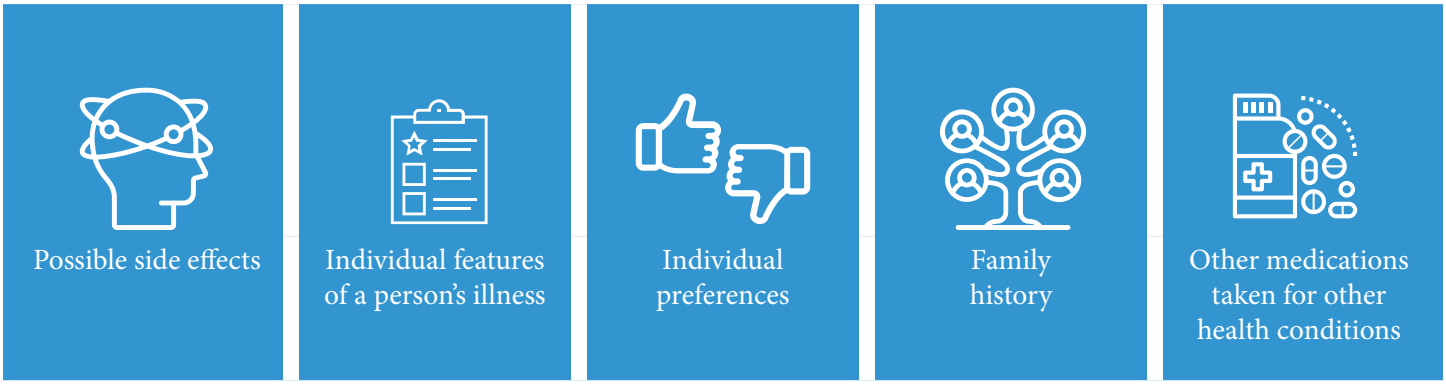
In general, if there is no benefit from a new medication after two weeks, then a discussion should begin about additional options. This may include dose adjustments, or possibly a switch to a different medication. Since different medications can start to work over different time periods, any confirmation that a medication is not working must be made on an individual basis, ideally following a careful discussion between the patient, their family, and their healthcare team.

What medications are used for mania or hypomania?

Before starting a medication, the healthcare team will conduct a careful assessment to ensure that the symptoms of mania or hypomania are due to bipolar disorder and not due to other factors such as recreational drug use, other treatments, or other health conditions such as an endocrine or neurologic disorder. Some other steps can be taken prior to starting a medication for the treatment of mania/hypomania including:

- Stopping antidepressants if they are being taken
- Stopping stimulants including caffeine, and alcohol and drugs if they are being used
- Assessing current and prior therapies taken for mania or hypomania including their dose and past response
- Assessing and managing withdrawal symptoms in people with a history of substance abuse

There are many other factors that the healthcare team may consider when recommending a specific treatment, including:



Here is a list of medications that are commonly used to treat mania in bipolar disorder, including notes about how and when some treatments may be chosen instead of others. The medications below have been studied for treatment of mania but the effects in hypomania are less well understood.

Table 4. Common medications for mania or hypomania

Preferred Medications	Other options
Lithium	Olanzapine*
Quetiapine*	Carbamazepine
Divalproex	Lithium + divalproex
Asenapine*	Ziprasidone
Aripiprazole*	Haloperidol
Paliperidone (at least 6 mg)	Electroconvulsive therapy (ECT)
Risperidone*	
Cariprazine	

*May be prescribed alone, or in combination with lithium or divalproex.

Some medications may be particularly beneficial in certain circumstances including: lithium (people with a family history of bipolar disorder), quetiapine (if anxiety symptoms are present), divalproex (people with associated anxiety, irritability, substance abuse and/or head trauma), asenapine (if mixed features are present), aripiprazole (if mixed features are present), olanzapine (if anxiety and/or mixed features are present), carbamazepine (if there is associated anxiety, head trauma and/or substance abuse), ziprasidone (if mixed features are present).

Sometimes one medication is given alone, or several medications may be given together. Using a combination of medications can sometimes help speed up response. More information about these medications is available in Table 3 on page 14. There is also information about side effects on page 22.

There are other types of medical treatments that are less commonly used for the treatment of mania or hypomania. Sometimes a sedative such as clonazepam can help reduce acute symptoms of mania. There are some older antimanic, and antipsychotic medications such as clozapine that may be used if other medications in these classes do not work.

What is electroconvulsive therapy (ECT)?

ECT is an effective therapy for severe depression that can be helpful when other treatments have not worked or when there is extreme urgency for treatment to work, since its positive effects can be very rapid. ECT is always given in the hospital while the person is under anesthesia ('sleeping'). A small electrical current is applied to the head for 1–2 seconds, which creates a small seizure that is not felt by the person but that stimulates a variety of brain chemicals to be released. Although ECT has been used for decades, the way that it is used is very different today than it was in the past. The fact that ECT continues to be used is a testament to just how effective it can be.

What medications are used for depression?

Before starting a medication, the healthcare team will conduct a careful examination of the nature and severity of depression and associated symptoms. They will also assess whether any other factors may be causing the depressive symptoms such as alcohol or drug use, other medications and treatments, or general medical conditions. Some other steps can be taken prior to starting a medication for the treatment of bipolar depression including:

- Assessing the risk of suicide or self-harm behaviour
- Assessing the need for hospitalization
- Assessing the potential for adherence to a treatment plan
- Identifying the person's psychosocial support network
- Evaluating the person's ability to function in his or her day-to-day life
- Completing lab tests (if needed)
- Stopping stimulants and limiting use of caffeine, nicotine, drugs and alcohol
- Assessing current and prior therapies taken for depression including their dose and past response
- Offering psychoeducation and other non-medication strategies (see page 25 for more details on psychosocial therapies)

Below is a list of medications that are commonly used to treat depression in people with bipolar disorder, including notes about how and when some treatments may be recommended instead of others. Other factors will also be considered, as described above. Medications for bipolar depression may be given alone, or several in combination. Sometimes an antipsychotic medication is added, if the person has symptoms of psychosis or if they have mixed features.

Table 5. Common medications for bipolar depression

Preferred Medications	Other options
Quetiapine	Divalproex
Lurasidone*	Adjunctive Antidepressant: SSRI† class or Bupropion
Lithium	Electroconvulsive therapy (ECT)
Lamotrigine	Cariprazine
	Olanzapine-fluoxetine

*May be prescribed alone, or in combination with lithium or divalproex.

†Selective serotonin reuptake inhibitors (SSRIs).

Some medications may be particularly beneficial in certain circumstances including: quetiapine (people with anxiety, rapid cycling and/or Bipolar Disorder Type II), lurasidone (rapid response, anxiety, and/or mixed features), lithium (rapid cycling), divalproex (rapid cycling), antidepressants (only in combination with medications that help prevent mania; should be avoided in those with a history of antidepressant-induced mania or hypomania, mixed features, or rapid cycling), ECT (with psychotic features, suicide risk, catatonia, need for urgent response), olanzapine-fluoxetine (rapid response, anxiety, mixed features and/or rapid cycling).

More information about these medications is available in Table 3 on page 14. There is also information about side effects on page 22.

There are many other medications that may be used to treat bipolar depression when other therapies have not been helpful. These include older antidepressants, light therapy, some sleep medications, other antipsychotics and thyroid hormone.

Why aren't antidepressants a preferred option for treating depression in people with Bipolar Disorder Type I?

Contrary to what one might expect, antidepressants are not a preferred option for treating depression in Bipolar Disorder Type I, although there are a few that might be used in Bipolar Disorder Type II. This is because of concerns about safety and about accidently triggering an episode of mania.

Antidepressants, if used for people with Bipolar Disorder Type I, should only ever be used in combination with another medication (or medications) that help prevent mania. Even when such a combination is used, there is still a 15% chance that antidepressants will trigger manic symptoms. Patients and their families should therefore be vigilant to look out for early signs of mania (eg, reduced need for sleep, rapid development of irritability or euphoria, aggression). These symptoms can cause disruptive problems at work, school and in social situations, which can further worsen the person's well-being. Antidepressants should be stopped if these symptoms occur.

There are several antidepressants that have been researched for treating bipolar depression. Those in the selective serotonin reuptake inhibitor (SSRI) class or bupropion appear to have a lower risk of triggering manic symptoms compared to other antidepressants.

The use of antidepressants in people with Bipolar Disorder Type II is also controversial. The latest evidence suggests that the risk of triggering hypomanic symptoms is lower in Bipolar Disorder Type II than it is for triggering manic symptoms in Bipolar Disorder Type I. However, the evidence supporting the efficacy of antidepressants in Bipolar Disorder Type II is limited. The guidelines therefore recommend that antidepressants, if used in people with Bipolar Disorder Type II, be restricted to specific agents that have positive evidence for efficacy and a favourable safety profile:

- Bupropion, sertraline and venlafaxine (second-line options if quetiapine, a preferred medication, is not effective or not tolerated)
- Fluoxetine (third-line option)

The guidelines further recommend that any antidepressant used in people with Bipolar Disorder Type II be reserved for those with pure depression and avoided in people with mixed features or a history of antidepressant-induced hypomania. As for people with Bipolar Disorder Type I who use antidepressants, those with Bipolar Disorder Type II and their families should also be vigilant to look out for early warning signs of hypomania. Antidepressants should be stopped if early signs of hypomania occur.

What strategies (medication and non-medication) are used to prevent future episodes?

Because bipolar disorder is a life-long condition, almost everyone will require ongoing treatment to prevent future episodes. Some studies suggest that the longer a person is untreated, the more frequently their episodes will occur. Therefore, it is very important to create a treatment plan soon after diagnosis to prevent future episodes. Other goals of maintenance therapy are to reduce ongoing symptoms and to restore day-to-day functioning and quality of life.

There are also measures a person can take, in addition to medication, to help stay well. People who sleep and eat well, take good care of their overall health, and have good social support tend to do better than those who do not do these things. Learning about bipolar illness can help people living with the disorder maximize their overall health. This can entail learning about the following aspects:

- Learning about the nature and treatment of bipolar disorder
- Recognizing early warning signs that precede an episode of mania or depression
- Managing stress
- Developing a healthy lifestyle
- Enhancing medication adherence
- Developing personalized coping strategies to prevent relapse
- Regular exercise

Below is a list of medications that are commonly used for maintenance treatment in bipolar disorder, which are intended to prevent relapse into mania or depression. In general, medications that worked in the manic or depressive phase should be continued during the maintenance phase. An exception is antidepressants, which should generally not be used long-term. Other factors that will be taken into consideration when selecting a maintenance treatment plan include the following:

- Family history of bipolar disorder
- Current and prior response to medications used for mania and depression
- Safety and tolerability of current and prior medications for mania and depression
- Patient and family's preferences and ability to adhere to the treatment plan
- Predominant polarity of the disorder (ie, mania or depression)
- Presence of associated symptoms such as anxiety or mixed features
- Presence of other disorders such as substance abuse
- Medication hierarchy (ie, preferred treatments vs other options)

Table 6. Common medications for maintenance therapy

Preferred medications	Other options
Lithium	Olanzapine
Quetiapine*	Risperidone (long-acting injectable)
Divalproex	Carbamazepine
Lamotrigine	Paliperidone (at least 6 mg)
Asenapine	Lurasidone + lithium or divalproex
Aripiprazole*†	Ziprasidone + lithium or divalproex

*May be prescribed alone, or in combination with lithium or divalproex.

†Also available as a long-acting injectable formulation administered once a month.

Some medications may be particularly beneficial in certain circumstances including: lithium (family history of bipolar disorder, no anxiety or substance abuse, and/or Bipolar Disorder Type II), quetiapine (with mixed features), lamotrigine (with more depression and anxiety than mania and/or Bipolar Disorder Type II), asenapine (with more mania than depression), carbamazepine (Bipolar Disorder Type II).

In some cases, the dose of medication that was used in a manic or depressive phase will be reduced in the maintenance phase. This is to help reduce the risk of side effects.

More information about these medications is available in Table 3 on page 14. There is also information about side effects on page 22.

There are other types of medical treatments that are less commonly used for maintenance treatment of bipolar disorder. Older medications such as clozapine (an antipsychotic) may help stabilize a person's mood if previous medications haven't worked.

Safety of treatments for bipolar disorder

Are treatments for bipolar disorder safe?

All medications have some risks and side effects. Possible safety concerns for any medication must be balanced against the benefit the medication is expected to provide. The healthcare team will be able to discuss information about the risks and benefits of any treatment plan they suggest.

How will safety be monitored?

Before starting any medication for bipolar disorder, the healthcare team will collect a variety of information about a person's health, so that they will be able to recommend the safest medication for individual circumstances and be able to monitor if anything changes later. They may collect information like family history of heart disease or diabetes, current body weight, take blood and urine samples, conduct an electrocardiogram, and other tests. This is to ensure a person's heart, liver, kidneys, and metabolism are all working properly, and to check whether there is anything that shows a person might be more vulnerable to certain side effects. For some medications, they may need to confirm that a person is not pregnant.

After the medication is started, the healthcare team will probably continue to monitor this information. They may also take blood samples to check how much medication is there, to make sure there is enough to have an effect, but not too much to increase the risk of side effects. If needed, this type of monitoring will usually happen between 1 and 4 times per year.

What side effects are common with bipolar disorder medications?

All medications will come with a risk of side effects. Some are more bothersome or serious than others. Here is a list of some common side effects that people taking medication for bipolar disorder may experience.

Table 7. Potential side effects with medications used in bipolar disorder

Side effect	Description	Which medications?	What to do about it?
Blood problems	Reduction in the number of white blood cells, which are important for fighting infections	Carbamazepine, clozapine	Blood samples will be monitored every 1–4 weeks for patients taking clozapine, and less frequently for patients taking carbamazepine
Digestive symptoms	Nausea, vomiting, diarrhea	Lithium, divalproex	Take medications at bedtime, and/or with food These symptoms may lessen after taking the medication for a little while
Drowsiness	Around one-third to one-half of patients taking these medications may feel sleepy or drowsy	Divalproex, quetiapine, clozapine, olanzapine	This generally gets better over time. If not, the healthcare team may recommend switching medication
Heart rhythm	Change in heart rhythm or heartbeat	Ziprasidone	Electrocardiogram test will be conducted before starting this medication and monitored during treatment

Table 7. Potential side effects with medications used in bipolar disorder (continued)

Side effect	Description	Which medications?	What to do about it?
Hormonal changes	Underactive thyroid	Lithium	Thyroid function will be monitored Extra medication may be introduced to correct thyroid problems instead of stopping lithium
	Menstrual changes or sexual dysfunction, osteoporosis	Risperidone, paliperidone, divalproex	Prolactin or other hormones can be tested. All changes are reversible if the medication is stopped.
	Changes in blood sugar, type II diabetes	Clozapine, olanzapine, quetiapine, risperidone, aripiprazole, ziprasidone, asenapine, lurasidone	Blood sugar and blood fats will be monitored
Kidney problems	Several different kidney problems; most common is the need to urinate more often	Lithium	Kidney function will be monitored using blood and urine tests about 1–4 times per year
Neurological problems	Tremor, swallowing problems	Divalproex, haloperidol, risperidone, aripiprazole, ziprasidone, lurasidone	Pay attention to any changes in movement or sensation
Skin problems	Skin rash, acne, eczema, psoriasis	Lamotrigine, lithium	Report any new skin rashes to your healthcare team
Weight gain	Gaining weight	Olanzapine, clozapine, risperidone, quetiapine, gabapentin, divalproex, lithium	Eat well and exercise to try to maintain a healthy body weight. The healthcare team may suggest switching medication

Each medication has a unique side effect profile, and different people can respond differently to the same medication. In other words, just because one person experiences a given side effect doesn't mean that everyone will. Knowing what side effects might occur can help a person with bipolar disorder and their family be on the look-out for any adverse reactions. These should always be discussed with the healthcare team. A table for recording this information is provided in the next section.

Keeping track of medication safety information

It may be helpful to ask the healthcare team to fill in the following table. This table may be copied and filled out separately for different medications.

Starting a new medication

Medication Name:	
Common side effects	**What can I do to prevent or lessen these?**
Rare but serious side effects	**What should I do if these happen to me?**
Medications or foods I should avoid	

Keeping track of side effects

It may be helpful for you and your family to record any symptoms or discomfort that may be related to one of your medications. The healthcare team often has tools to help reduce side effects. It is important not to stop taking medication as planned, especially without discussing it with the healthcare team first.

Symptom	**Description**
e.g., Skin rash, weight gain, hand tremors	*How long has this been happening, and how often?* *In what part of your body does this happen?* *Does it happen at a certain time of day?*

Questions you and your family can ask your healthcare team about possible side effects:

- Do you think this symptom is related to one of the medications I / my loved one is taking?
- Is there anything that can be done to improve these effects?
- What other medications could be used instead, and what possible side effects do they have?

Psychosocial treatments for bipolar disorder

What is psychosocial therapy?

Psychosocial therapy is non-medicinal therapy designed to help support or augment medical treatments. This type of therapy may be recommended to overcome depression or to help keep a person well and prevent relapse. Psychosocial treatments are not recommended during an episode of mania because so far there is no scientific evidence to show this is helpful.

When **psychosocial therapy** is provided in addition to medication used during euthymia the risk of mania and depression coming back is reduced by about **15%**.

What kinds of psychosocial therapies are available?

There are several types of psychosocial therapies that may be recommended for a person with bipolar disorder. The most commonly recommended type is psychoeducation, and there are several other options. Psychoeducation is usually provided during in-person sessions with a doctor or counsellor, and may include some activities or assignments to do at home. A person may go to sessions on their own or as part of a group or with their family.

Table 8. Common psychosocial treatments for bipolar disorder

Treatment	Description	Recommended for phases of bipolar disorder (strength of recommendation)*	
		Maintenance	Current Depression
Psychoeducation	Provides information about the nature of bipolar disorder and how to prevent relapse. Information can include: • Recognizing early warning signs that precede an episode of mania or depression • Managing stress • Developing a healthy lifestyle • Enhancing medication adherence • Developing personalized coping strategies to prevent relapse	▮▮▮	No evidence
Cognitive-Behavioural Therapy (CBT)	Highlights the links between a person's thoughts, emotions and behaviours to help reduce emotional problems	▮▮▮	▮▮▮
Dialectical Behavioural Therapy (DBT)	A specific type of CBT that includes distress tolerance training	Insufficient evidence**	
Family-Focused Therapy (FFT)	A variation of psychoeducation (see above) that includes education of family members, and that has a focus on family dynamics	▮▮▮	▮▮▮

Table 8. Common psychosocial treatments for bipolar disorder (continued)

Treatment	Description	Recommended for phases of bipolar disorder (strength of recommendation)*	
		Maintenance	Depression
Interpersonal and Social Rhythm Therapy (IPSRT)	Body and social rhythms are recorded in a journal, such as sleep, eating, social interactions, and daily activities (eg, work, school). The journals are examined to identify patterns and to help identify relationships between body and social rhythms and mood.		
Peer Interventions	Peer support groups or one-on-one meetings between people with bipolar disorder to help reduce isolation and stigma. This approach works best when peers are properly trained and support recommended treatment plans.		No evidence

*For all types of psychosocial therapy, there is no evidence for treatment during episodes of mania

Recommended (Strong ): Derived from CANMAT Professional guideline, a first-line or second-line treatment supported by strong research evidence

Recommended (Medium ): Derived from CANMAT Professional guideline, a second-line treatment supported by moderate research evidence

Recommended (Weak ): Derived from CANMAT Professional guideline, a third-line treatment based on limited research evidence

Considerations for special situations

When planning pregnancy

People with bipolar disorder can have a healthy pregnancy and a healthy baby. There are a few things a person and his or her family can do before becoming pregnant to help conceive more easily, to help the pregnancy go smoothly and ensure the health of the baby:

- ✓ Discuss pregnancy plans with the healthcare team
- ✓ Ask whether any medications should be changed before becoming pregnant:
  - Ask your doctor to provide information about the risks to the baby of taking medication during pregnancy vs risks of mood episodes coming back if you go off medications during the pregnancy to make an informed decision
  - Medications such as divalproex (valproic acid) and carbamazepine generally carry the highest risk of problems for the baby, and should usually be avoided during the first 3 months of pregnancy
  - Some medications (certain antipsychotics) may reduce the likelihood of getting pregnant
- ✓ Review diet and lifestyle, and if necessary, make changes to improve overall health
- ✓ Ask what vitamins and supplements are recommended to prepare for pregnancy
- ✓ If necessary, discuss strategies for reducing or quitting smoking, drugs and/or alcohol

During pregnancy

People with bipolar disorder sometimes need to change or reduce the medications they are taking during pregnancy. This, coupled with hormone changes during pregnancy, can raise the risk of a new episode of depression or mania. The main goals during pregnancy are to reduce the risk of mania or depression for the mother, while ensuring the health of the baby. The healthcare team will provide information about the risks and benefits of each medication.

The risk of the recurrence or return of a bipolar episode is highest during the first trimester if not taking a mood stabilizing type of medication. It is especially important to develop a treatment plan in collaboration with your healthcare provider and adhere to the plan, and to attend recommended psychosocial treatment sessions. It is also important to be aware of any upcoming signs of a depressive or manic episode and seek help immediately.

After pregnancy

This is another time of transition for people with bipolar disorder that is associated with an increased risk of relapse into either mania or depression. The healthcare team may recommend restarting some medications. This is also a time when many mothers, even those without bipolar disorder, may experience depression. It is important to be especially alert to changing moods and to communicate well with the healthcare team.

Young people

For many people, the symptoms of bipolar disorder start in childhood or adolescence. Adolescence can be a tumultuous time for anyone, and so bipolar disorder sometimes goes undetected. Parents can help by observing and recording their child's behaviour and communicating any concerns with the healthcare team. This is especially relevant when bipolar disorder runs in the family.

Older age people

While most people with bipolar disorder experience their first symptoms at a young age, there may be people who are not diagnosed until they are 50 years or older. This is sometimes because other neurological conditions are more apparent than bipolar disorder.

Older age people with bipolar disorder are more likely to have other medical health concerns and may be taking several other medications. In these cases, it is especially important to keep track of medications and communicate any changes in health status with the healthcare team.

Appendices

Appendix A: Abbreviations

ADHD	Attention-deficit hyperactivity disorder
CBT	Cognitive-behavioural therapy
DBT	Dialectical behavioural therapy
DSM-5	Diagnostic and Statistical Manual of Mental Disorders
FFT	Family-focused therapy
IPSRT	Interpersonal and social-rhythm therapy
MDD	Major depressive disorder
ODD	Oppositional defiant disorder
SSRI	Selective serotonin reuptake inhibitor

Appendix B: Healthcare Professionals who Care for People with Bipolar Disorder

Family physician	Medical doctors who can diagnose psychiatric problems, order tests, prescribe psychiatric medication, and sometimes can provide psychotherapy.
Nurse practitioner	A specialized nurse who can diagnose some illnesses, prescribe medications, order and interpret diagnostic tests, and perform procedures within specific professional limits.
Occupational therapist	A healthcare worker who helps a person improve symptoms and coping ability, ranging from basic self-care to acquiring specific social, work, and leisure skills.
Pharmacist	A healthcare worker who dispenses medication and provides counselling about the safe and effective use of medication.
Psychiatrist	A medical doctor who treats mental illness and mood disorders. They can order blood tests, brain scans, conduct physical exams, prescribe medication, provide psychotherapy, deliver brain stimulation, and admit and treat patients in hospital.
Psychologist	A clinician who specializes in the study and treatment of the mind and behaviour. They can conduct psychological tests to measure symptoms and they can provide psychological treatments.
Psychotherapist	A healthcare worker who treats mental illness and mood disorders by talking about problems rather than by using medications.
Social worker	A registered professional who helps individuals, families, groups and communities to achieve optimal social functioning.

Appendix C: Additional Resources

Organization	Description	Website
International Bipolar Foundation (IBPF)	Founded by parents with children affected by bipolar disorder, IBPF aims to improve the understanding and treatment of bipolar disorder through research; to promote care and support resources for individuals and caregivers; and to erase stigma through education.	ibpf.org/
International Society for Bipolar Disorders (ISBD)	An organization devoted to increasing awareness and promoting education and research about bipolar disorder. The website provides patient resources including basic information about bipolar disorder and printable tip sheets on topics like suicide prevention and pregnancy.	isbd.org
Canadian Network for Mood and Anxiety Treatments (CANMAT)	A Canadian organization of academic and clinical leaders in depressive, bipolar and anxiety disorders that provides resources for clinicians, patients, and the public.	canmat.org
Mood Disorders Association of Ontario	Provides free support programs to people across Ontario, and their families, who are living with anxiety, depression or bipolar disorder.	mooddisorders.ca
Depression and Bipolar Alliance (DBSA)	An American organization focused on mood disorders including depression and bipolar disorder, that offers peer-based, wellness-oriented support and empowerment services and resources including online 24/7 support, local support groups across America, audio and video casts, and printed materials.	dbsalliance.org
Canadian Mental Health Association	A nation-wide, voluntary organization that promotes mental health, and supports resilience and recovery of people experiencing mental illness.	cmha.ca
Centre for Youth Bipolar Disorder	A department of Sunnybrook Health Sciences Centre in Toronto, which specializes in researching and treating bipolar disorder in teenagers and adolescents. The webpage provides general information about bipolar disorder, as well as information about services available at Sunnybrook.	sunnybrook.ca/content/?page=sri-centre-youth-bipolar
Here to Help	A group of seven mental health non-profit organizations from British Columbia that jointly produce a website with support and resources for people with mental illness.	heretohelp.bc.ca

Appendix D: Glossary

Adherence	The extent to which a person follows a treatment plan for their illness, as agreed with their healthcare team.
Anxiety	Feelings of worry or nervousness that most people experience in a mild or moderate form from time to time. Severe anxiety is a mental illness that includes feelings of panic, fear, loss of control, and inability to concentrate, and that interferes with a person's daily life.
Depression	A mood disorder that includes a sad, despairing mood that lasts longer than 2 weeks and may include other symptoms like weight gain or loss, difficulty sleeping or doing normal activities, or feelings of worthlessness or guilt.
Episodic	A word to describe the up-and-down nature of bipolar disorder. This includes periods of mania, depression and times of feeling normal in between.
Euthymia	A normal, tranquil mental state or mood. It is often used to describe a stable mental state or mood that is neither manic nor depressive.
Maintenance	Treatment given during the euthymia phase, in between episodes of mania or depression, to prevent future episodes.
Mania or Manic episode	A phase of bipolar disorder, in which a person may seem to have excessive energy, be easily distracted, have racing thoughts, decreased need for sleep, elevated mood, and other symptoms.
Mixed features or episode	Symptoms of mania and depression occurring at the same time.
Psychosis	A condition of the mind where a person may have trouble telling the difference between what is real and what is not.
Psychosocial treatment	Non-medical treatment, which may include counselling, therapy or training.
Rapid cycling	A pattern of frequent, distinct episodes in bipolar disorder (sometimes defined as four or more episodes of mania or depression in one year).
Relapse	The return of a symptomatic episode (ie, mania or depression) after having recovered from a prior episode.
Remission	Symptoms of depression or mania have mostly disappeared, and the person has returned to a normal level of functioning.
Switch	Antidepressant-induced symptoms of mania or hypomania.