

Why screen for bipolar disorder?

- It is important to address bipolar disorder because 1 in 5 patients who screen positive for perinatal depression may have bipolar disorder.
- Treating with an unopposed antidepressant can induce mania, mixed states, and rapid cycling, all of which carry significant risks.
- Bipolar disorder is associated with increased risk of postpartum psychosis and postpartum psychosis is associated with suicide and infanticide.

How is bipolar disorder different from depression?

Depression	Bipolar disorder
<ul style="list-style-type: none"> - Depressive episodes - No mania or hypomania - Medication treatment = antidepressant 	<ul style="list-style-type: none"> - Depressive episodes <u>AND</u> manic (Type I) or hypomanic (Type II) episodes - Mood stabilizers or antipsychotics can be used to stabilize mood

Ask about current psychotic symptoms

- Have you heard anything like sounds or voices or see things that others may not?
- Do you hold beliefs that other people may find unusual or bizarre?
- Do you find yourself feeling mistrustful or suspicious of other people?
- Have you been confused at times whether something you experienced was real or imaginary?

Consider bipolar disorder if any of the following are present:

- Patient reports a history of bipolar disorder
- MDQ is positive
- Patient is taking medication for bipolar disorder (e.g., mood stabilizer or antipsychotic)

Assessment of bipolar disorder:

- Assessment with a psychiatric prescriber is generally indicated due to complexity of diagnosis
- Broad DDX (e.g., includes unipolar depression, schizoaffective disorder, borderline personality disorder, PTSD). See page 29-31 of the toolkit

If patient cannot be assessed by a psychiatric provider in a timely manner:

- One option is to prescribe quetiapine (Seroquel) because it can treat unipolar and bipolar depression as well as mania and psychosis until patient can be assessed, and diagnosis clarified
- Start with quetiapine (Seroquel) 100mg qHS, increase by 100 mg increments as needed up to 800 mg/day

Examples of Clinical Scenarios

Case Example #1:

Patient is on medication for bipolar disorder or psychosis

- Establish liaison with psychiatry
- Continue current meds
- If not in therapy, refer
- Psychosis does not mean she can't parent
- Not all patients with psychosis will need inpatient psychiatric hospitalization; some can be managed as an outpatient with close monitoring and follow-up

Case Example #2:

Prior history bipolar disorder
No current meds

Case Example #3:

Positive MDQ
Unidentified diagnosis
No current meds

Refer for assessment