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depression. *Annals of General Psychiatry*, 8, 7. [PubMed] [Google Scholar] McCombs, J., Imaz, H. doi:10.1176/appi.app.2013.13070985. *Journal of Clinical Psychiatry*, 65, 478-484. American Journal of Psychiatry, 171, 169-177. Xu, J., Nespeca, C. [PubMed] [Google Scholar] Merikangas, K. Bipolar II disorder: Epidemiology, diagnosis and management. *Bipolar Disorders*, 7(Suppl 4), 21-33. Stakley-Malley, P. Effectiveness of psychotropic medications in the maintenance phase of bipolar disorder: A meta-analysis of randomized controlled trials. Screening for bipolar disorder symptoms in depressed primary care attendees: comparison between Mood Disorders Questionnaire and Hypomania Checklist (HCL-32). Early recognition and treatment of medical disorders in patients with BD has been shown to have a major beneficial effect on all-cause mortality (Crump, Sundquist, Winkley, & Sundquist, 2013). Women at high risk of BD recurrence during pregnancy, especially if medications are discontinued, as well as during the postpartum period. , Baulieu, S. doi:10.1080/15622970902823202. , Lia, L. doi:10.1017/S1461145711000885. Why do persons with bipolar disorder stop their medication?. , Edlund, M. , Weir, S. *Journal of Affective Disorders*, 121(1-2), 106-115. *Journal of Clinical Psychiatry*, 70(Suppl 3), 5-11. Determinants of patient adherence: A review of systematic reviews. A multicenter, randomized, double-blind, placebo-controlled trial of extended-release carbamazepine capsules as monotherapy for bipolar disorder patients with manic or mixed episodes. , & Knoth, R. , & Macqueen, G. *Journal of Affective Disorders*, 112(1-3), 30-35. , ... Tohen, M. doi:10.1001/archpsyc.62.9.996. How much of a problem did any of these cause you—like being unable to work, having family, money, or legal troubles; getting into arguments or fights?. , Shad, M. The importance of these cooccurring conditions cannot be overstated; they are associated with both exacerbations of BD and poor treatment outcomes (Grant et al., 2005; Kessler et al., 1996). , Kiosian, B. *British Journal of Psychiatry*, 199, 57-63. doi:10.1007/s11606-013-2545-7. *American Journal of Psychiatry*, 162, 1351-1360. , Frank, E. Interpersonal and social rhythm therapy is an intervention designed to increase the regularity of patients' daily routines, based on the concept that disruption of circadian rhythms is a underlying feature of mood disorders (Frank, Swartz, & Boland, 2007). , Law, H. Teratogenicity is a potential risk with most of the mood stabilizers; lamotrigine may be an exception, but there are no well-controlled studies in humans to confirm this. *Frontiers in Pharmacology*, 4, 91. , Cornelius, H. [PubMed] [Google Scholar] Benazzi, F. , Chang, E. , & Matyjaszczyk, M. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?. & Rumsfeld, J. *Archives of General Psychiatry*, 64, 543-552. Valproate v. y. Comer, L. It is essential that these two specialties collaborate in order to stay abreast of each other's current phase of treatment.This review provides an up-to-date discussion of the principles and practices of managing BD in the primary care setting. Finally, continued interviews over the course of treatment will help establish rapport and trust with the patient that encourages communication and enhances treatment adherence (Zolnierok & Dimatteo, 2009). However, more common in the primary care setting is the presentation of patients with depressive symptoms, who require a differentiation between BD and MDD (Cerimele, Chwastiak, Chan, Harrison, & Unutzer, 2013; Sadedelli et al., 2013). , & Unutzer, J. *Archives of General Psychiatry*, 62, 996-1004. *Journal of Affective Disorders*, 97(1-3), 171-179. 3. , & Leaf, P. Retrieved from PM:22534227. Two-year outcomes for interpersonal and social rhythm therapy in individuals with bipolar I disorder. A recent meta-analysis of trials of the atypical antipsychotics in maintenance treatment concluded that aripiprazole, olanzapine, quetiapine (IR or XR), and risperidone LAI monotherapy were statistically superior to placebo for treating manic or mixed episodes, while quetiapine alone was also significantly effective against recurrence of depressive episodes (Dell et al., 2011).The safety and tolerability profiles of the atypical antipsychotics have been well characterized in patients with BD. K. doi:10089. , ... Frazer, A. , Chwastiak, L. , Mulligan, L. , Grunze, H. [PubMed] [Google Scholar] Culppeper, L. (2007). Motivational interviewing: Addressing ambivalence to improve medication adherence in patients with bipolar disorder. doi:10.1155/2012/684725. E. , Jr. , Macfadden, W. (2015). [PMC free article] [PubMed] [Google Scholar] Crump, C. Lamotrigine, which is overall the best-tolerated medication in this class, can cause a rash like the Stevens-Johnson rash. Our emphasis is on holistic, team-oriented, multimodal approaches to care, which is compatible with the experience and therapeutic orientation of APNs.Successful assessment and treatment by the healthcare team requires knowledge of the episodic nature of BD. [PMC free article] [PubMed] [Google Scholar]Page 2|Principles of providing care for patients with BDPrepareProvide psychiatricProvide support the practiceDiagnose BDtreatmenttreatment counseling Define level of management to be assumed by practice.Obtain agreement of clinical staffTrain staff.Set up systems for followup, monitoring, and recall.Contact referral and support services for mania and suicidality and pharmacologic expertise.Develop crisis response strategies.Prepare compendium of web resources. *Journal of the American Medical Association*, 271, 918-924. Interpersonal and social rhythm therapy: An intervention addressing rhythm dysregulation in bipolar disorder. , ... Mychaskiw, M. *Psychiatric Services*, 62, 1032-1040. Antidepressants for the treatment of bipolar depression: A systematic review and meta-analysis. Special features include an "ask the therapist" facility and moderated online support groups.A number of commonly encountered challenges can contribute to suboptimal outcomes in BD. Other studies have reported even higher rates of suicide attempts of 25%-60% during the course of BD, with suicide completion rates of 14%-60% (Sublette et al., 2009). (2014a). *Dialogues in Clinical Neuroscience*, 9, 325-332. E. , Jr. , Swann, A. , Brasuell, G. *Acta Psychiatrica Scandinavica*, 127, 355-364. , Dunn, G. Experience from other areas of medicine suggests that nonadherence may be widely unrecognized (Ho, Bryson, & Rumsfeld, 2009). , ... Einarson, A. Practice guideline for the treatment of patients with bipolar disorder. , & Gitlin, M. The impact of unrecognized bipolar disorders among patients treated for depression with antidepressants in the fee-for-services California Medicaid (Medi-Cal) program: A 6-year retrospective analysis. A study that reduced the lithium dosage (to increase its tolerability) reported no benefit from using lithium plus optimized personalized treatment when compared to optimized personalized treatment alone (Nierenberg et al., 2013).Sodium valproate is the most commonly used mood stabilizer. , & Ward, H. Morbidity in 303 first-episode bipolar I disorder patients. *JAMA Psychiatry*, 70, 931-939. Long-term benefits of this approach include a reduction in days with symptoms and in days hospitalized (Colom et al., 2009).Two other psychotherapies with evidence to support their effectiveness are BP-specific cognitive behavioral psychotherapy (Jones et al., 2012) and interpersonal and social rhythm therapy (Frank et al., 2005). , Fajoli, A. Lithium can cause progressive renal insufficiency and thyroid toxicity. *American Psychiatric Association*. , Datto, C. doi:10.1017/S1461145706006900. doi:10.1186/1744-859X-8-7. J. , Birmaher, B. M. *CNS Drugs*, 27, 515-529. , Tacchi, M. A recent study reported OSA in over 20% of patients with BD, which the authors mention may be an underestimate of the true prevalence (Kelly, Douglas, Denmark, Brasuell, & Lieberman, 2013). A comprehensive recent review of the screening tools in BD is provided by Hoyle, Elliott, and Comer (2015). doi:10.4088/JCP.8125x11c. , Corryell, W. [Google Scholar] Tohen, M. doi:10.1370/afm.1092. 1 must be Yes, 2 no. Common components of psychosocial treatments are education about the disease and a focus on treatment adherence and self-care. , Chen, Y. (2000). , Glick, H. , & Kupfer, D. Burden of general medical conditions among individuals with bipolar disorder. doi:10.1186/1471-224X-12-47. *Journal of Clinical Psychopharmacology*, 26(6), 600-609. doi:10.1176/appi.ps.57.7.937. *Psychopharmacology Bulletin*, 43, 5-14. Finally, the importance of collaborative, team-based care is increasingly recognized in managing BD. , Lotz, M. doi:10.1016/S0140-6736(09)61828-6. (2014b). (2009). doi:10.1016/j.jad.2013.05.047. [PubMed] [Google Scholar] Bowden, C. Physician communication and patient adherence to treatment: A meta-analysis. [PubMed] [Google Scholar] Frye, M. *Journal of General Internal Medicine*, 28, 1648-1656. *Journal of Clinical Psychopharmacology*, 20, 607-614. *Lancet*, 381, 1672-1682. Impact of caregiver group psychoeducation on the course and outcome of bipolar patients in remission: a randomized controlled trial. Given the propensity of atypical antipsychotics to adversely affect weight, lipid levels, and other metabolic parameters, it is important to monitor patients regularly (Hirschfeld et al., 2002). The Management of Bipolar Disorder Working Group, 2010).The proper use of conventional antidepressants in an area of controversy in the treatment of BD (Pacchiarotti et al., 2013). A number of safety issues are associated with these drugs as a class, including sedation/somnolence, metabolic effects (e.g., weight gain, hyperglycemia, and dyslipidemia), and extrapyramidal side effects (EPS). , & Kessler, R. , & Baldessarini, R. (Google Scholar) Colom, F. If presenting to primary care, these patients may require immediate referral to specialist hospital care because of the risk of harm to self or others. (2010). , & Darko, D. In particular, lithium has shown efficacy in preventing recurrence of manic episodes and it is the only medication correlated with a reduced risk of suicide in BD. Patients with BD are also likely to have other psychiatric and medical comorbidities, and, therefore, rely on their primary care provider for holistic care (Kilbourne et al., 2004; Krishnan, 2005). , Goddard, A. doi:10.1097/01.NPR.0000367933.64526.3e. , Fine, M. A fixed-dose combination of olanzapine and fluoxetine has demonstrated efficacy for treating acute depressive episodes of BD I (Tohen et al., 2003) and lurasidone has recently received FDA approval as monotherapy or adjunctive therapy (with either lithium or valproate) in BD I but not BD II (Loebel et al., 2014a, 2014b). For the maintenance treatment of BD I, FDA-approved atypical antipsychotics include aripiprazole, olanzapine, quetiapine (IR and XR), risperidone long-acting injection (LAI), and ziprasidone; these agents are approved either as monotherapy or as adjunctive therapy in combination with a mood stabilizer. *Psychosomatic Medicine*, 67, 1-8. For a positive screen, 7 of the 13 items in no. [PubMed] [Google Scholar] Gaynes, B. [PubMed] [Google Scholar] Connolly, K. , Alvir, J. , Bonnin, C. , Torrent, C. , Cornelius, J. Bipolar disorder (BD) is a chronic illness associated with severely debilitating symptoms that can have profound effects on both patients and their caregivers (Miller, 2006). [PMC free article] [PubMed] [Google Scholar] Devalpalli, K. (2013). *BMC Psychiatry*, 12, 204. [PubMed] [Google Scholar] The Management of Bipolar Disorder Working Group. *Psychiatry Journal*, 2013, 548349. , Diav-Citrin, O. doi:10.1016/j.jad.2010.08.030. Most patients with BD present initially to primary care providers, but—through a lack of resources or expertise—many do not receive an adequate evaluation for possible bipolar diagnosis (Manning, 2010). , Galbrahy, H. *Archives of General Psychiatry*, 60, 1079-1088. , Akiskal, H. Efficacy of divalproex vs lithium and placebo in the treatment of mania. Therapeutic alliance perceptions and medication adherence in patients with bipolar disorder. , Macfadden, W. , Williams, J. , Gu, H. , Chatterton, M. , & Dilsaver, S. Expert Review of Neurotherapeutics, 6, 1077-1086. [PMC free article] [PubMed] [Google Scholar] Martinez, J. , Kupfer, D. , & Thase, M. Depression Research and Treatment, 2012, 684725. The pharmacology of bipolar disorder during pregnancy and breastfeeding. *Journal of Clinical Psychiatry*, 161, 217-222. *Annals of Family Medicine*, 8, 160-169. Psychoeducation for bipolar II disorder: An exploratory, 5-year outcome subanalysis. , & Lieberman, D. Lurasidone monotherapy in the treatment of bipolar I depression: A randomized, double-blind, placebo-controlled study. Comparison of antidepressant responses in patients with bipolar vs. *Journal of Clinical Psychiatry*, 66, 1205-1215. , Frank, R. [PubMed] [Google Scholar] doi:10.3109/01612840.2011.618238. Atypical antipsychotics: Newer options for mania and maintenance therapy. [PubMed] [Google Scholar] Kessing, L. , Cipriani, A. Table 3 lists the medications that are approved by the U.S. Food and Drug Administration (FDA) in treating the different phases of BD.Medications with FDA indication for treatment of BDacute episodeMaintenanceMedicationManiaDepressionMixed Mood stabilizers LithiumM, CXM, CDivalproex, divalproex ERM, CXXCarbamazepine, carbamazepine ERM, CM, CLamotrigineXM, C Atypical antipsychotics AripiprazoleM, AM, AM, AAseanapineM, AM, ALurasidoneM (BF I)OlanzapineM, AC (with fluoxetine, BP I)M, AM* Quetiapine IR, XRM, AM (BP I and I)M, A (only XR)ArisperidoneM, AM, AM, AM, A (only RLA)ZiprasidoneM* M* Alithium was the first agent to be used in the treatment of BD. , Grimes, A. The primary healthcare team should monitor all patients with BD for suicidality, especially those with persistent depressive or mixed-mood symptoms, and immediately refer any patient at high risk for suicide to specialist care (Tondo et al., 2003).Alcohol abuse in patients with BD is associated with further elevation in the risk of suicide, particularly in the presence of concurrent drug use disorders. [PubMed] [Google Scholar] Weisler, R. , Miltenburger, C. Forums and other resources are also oriented toward caregivers/family members. International Society for Bipolar Disorders www.isbd.org Professional international organization fostering research to advance the bipolar disorders, publishes *Journal of Bipolar Disorders*, supports advocacy worldwide, and has a special section for patients and families. *Psych Central* www.psychcentral.com A sponsored, information-packed website. *Psych Central* isPh: 1-978-992-0008maintained by a psychologist, Dr. Grohol. [Google Scholar] Hirschfeld, R. , de Winter, J. , ... Juszcak, E. [PubMed] [Google Scholar] Valente, S. doi:10.1111/j.1399-5618.2005.00212.x. [PubMed] [Google Scholar] Vieta, E. Additional practical factors, including poor access to health care and limited resources to support treatment costs, can also affect adherence (Kardas, Lewek, & Matyjaszczyk, 2013).Nonadherence is probably the most significant factor contributing to poor treatment outcome in BD (Hassan & Lage, 2009; Lew, Chang, Rajagopalan, & Knoth, 2006), which leads to increased emergency room visits and hospitalization (Hassan & Lage, 2009; Lage & Hassan, 2009; Lew et al., 2006; Rascati et al., 2011). Canadian Network for Mood and Anxiety Treatments (CANMAT) and International Society for Bipolar Disorders (ISBD) collaborative update of CANMAT guidelines for the management of patients with bipolar disorder: Update 2013. Extended-release carbamazepine capsules as monotherapy for mania in bipolar disorder: A multicenter, randomized, double-blind, placebo-controlled trial. [PMC free article] [PubMed] [Google Scholar] Judd, L. *Current Psychiatry*, 6(11). , Luciano, C. , Osuch, E. [PubMed] [Google Scholar] Grunze, H. The role of primary care clinicians in diagnosing and treating bipolar disorder. [PubMed] [Google Scholar] Loebel, A. *Archives of General Psychiatry*, 60, 261-269. S. Atypical antipsychotics in bipolar disorder: Systematic review of randomised trials. *World Journal of Psychiatry*, 12, 264-270. Depression and Anxiety, 7, 83-86. , ... Paulsson, B. , Wilton, L. , Tetelbaum, M. [PMC free article] [PubMed] [Google Scholar] Chung, H. A study of lithium in acute mania reported no significant difference from placebo (Frye et al., 2000).There are a number of safety and tolerability concerns with mood stabilizers that impact their long-term use. Suicidal behaviour in bipolar disorder: Risk and prevention. Primary Care Companion to the *Journal of Clinical Psychiatry*, 12(Suppl 1), 4-9. doi:10.1161/CIRCULATIONAHA.108.768986. [PMC free article] [PubMed] [Google Scholar] Scott, J. B. A comorbidity of increasingly recognized importance is obstructive sleep apnea (OSA), which causes sleep disturbance that can trigger mood episodes (Soreca, Levenson, Lotz, Frank, & Kupfer, 2012). doi:10.4088/PCC.10r01097. [PubMed] [Google Scholar] Kardas, P. [PubMed] [Google Scholar] Zolnierok, K. , Rajagopalan, K. , Rajagopalan, K. , Locklear, J. *CNS Drugs*, 17, 491-511. Medications used in the treatment of BD include mood stabilizers (e.g., lithium, valproate, lamotrigine, and carbamazepine), atypical antipsychotics, and conventional antidepressants (Geddes & Miklowitz, 2013; Hirschfeld, Bowden, & Gitlin, 2002). , Sarma, K. doi:10.1111/bdi.12025. doi:10.1016/j.jad.2008.03.023. *Biological Psychiatry*, 39, 896-899. The relationship between antipsychotic medication adherence and patient outcomes among individuals diagnosed with bipolar disorder: A retrospective study. , ... Quengno, M. , Weisler, R. F. , Kroger, H. [PubMed] [Google Scholar] Lage, M. doi:10.1111/j.1399-5618.2004.00138.x. [PubMed] [Google Scholar] Krishnan, K. [PMC free article] [PubMed] [Google Scholar] Baldessarini, R. doi:50022-3956(08)0114-3[pii]10.1016/j.jpsychires.2008.05.001. , Paulsson, B. , Levenson, J. , ... Vieta, E. Issues in Mental Health Nursing, 33, 8-14. Lamotrigine has been studied specifically in relation to fetal cleft palate formation; however, the evidence remains unconvincing. Living with bipolar disorder: Interventions and lifestyle advice. , Altshuler, L. , Hassan, M. , MacPherson, C. , ... Breier, A. , & Visioli, C. *BMC Psychiatry*, 7, 40. , Salvatore, P. *CNS Spectrums*, 15(2 Suppl 3), 4-7. Bipolar disorder: Etiology, diagnosis, and management. , Minkwitz, M. doi:10.1586/14737175.6.7.1077. , Williford, W. , Calabrese, J. , Schaffer, A. doi:10.1016/S0140-6736(13)60857-0. Lithium plus valproate combination therapy versus monotherapy for relapse prevention in bipolar I disorder (BALANCE): A randomised open-label trial. , & Shi, L. Long-term outcomes are persistently suboptimal (Geddes & Miklowitz, 2013). Although not as common as major depressive disorder (MDD), the lifetime prevalence of BD in the United States is substantial (estimated at approximately 4%), with similar rates regardless of race, ethnicity, and gender (Ketter, 2010; Merikangas et al., 2007). , Swann, A. , McBride, L. , & Heninger, G. The authors concluded that unrecognised OSA may play a major role in the mortality and morbidity of BDs. All patients diagnosed with a BD should be screened with an OSA questionnaire. The burden of medical disorders may be increased by the adverse effects of BD treatment, by cooccurring substance misuse or by decrements in self-care/secondary to BD itself (McIntyre, 2009). [PMC free article] [PubMed] [Google Scholar] Miller, K. doi:10.1111/j.1600-0447.2006.00912.x. [PubMed] [Google Scholar] Soreca, I. Effectiveness of the extended release formulation of quetiapine as monotherapy for the treatment of bipolar depression. The clinical interview, besides establishing the bipolar diagnosis, represents an important element in treatment planning, by helping to select the optimal medication(s) and the optimal site of treatment—either within primary care or by involving specialist psychiatric support. , Han, X. These therapies can help patients improve adherence to their medication, enhance their ability to recognize triggers to mood episodes, and develop strategies for early intervention. [PubMed] [Google Scholar] Calabrese, J. doi:1471-244X-12-204. , Vieta, E. *British Psychological Society*. , Russell, J. , & Berk, M. For example, depression typically deprives patients of the motivation and energy to engage in treatment for chronic medical conditions. (2006). doi:10.1192/bjp.bp.110.084822. Treatment of bipolar disorder: The evolving role of atypical antipsychotics. *Journal of Affective Disorders*, 151(1), 54-58. *Bipolar Disorders*, 10, 511-519. doi:10.4088/PCC.9064su1c.01. (2011). The main concern in using antidepressants as monotherapy in patients with bipolar depression is the risk of precipitating a switch to mania/hypomania, which is estimated to occur in between 3% and 15% of cases (Pacchiarotti et al., 2013; Tondo, Baldessarini, Vazquez, Lepri, & Visioli, 2013; Vazquez, Tondo, & Baldessarini, 2011). *International Journal of Neuropsychopharmacology*, 10, 123-129. *Journal of the American Board of Family Medicine*, 25(3), 283-290. , Ahn, J. There is also a wealth of resources available online (Table 4).ResourceContactSummary description of servicesDepression and Bipolar Support Alliance www.dbsalliance.org Recovery-oriented, nonprofit consumer organization providing easily understandable information on BD treatments and research trials, as well as access to discussion forums and online or face-to-face support groups, and training options for living well with the illness. A special section for caregivers, family, and friends is available. , Kenned, S. The economic burden of BD to society is enormous, totaling almost \$20 billion in the United States in 2009. , ... Calabrese, J. , Gunther, O. L. [PubMed] [Google Scholar] Hirschfeld, R. The epidemiology of co-occurring addictive and mental disorders: Implications for prevention and service utilization. [PMC free article] [PubMed] [Google Scholar] Dilsaver, S. Differential diagnosis of bipolar disorder. , Gonzalez-Pinto, A. Bipolar disorder: The management of bipolar disorder in adults, children and adolescents, in primary and secondary care. N. *Primary Care Companion to the Journal of Clinical Psychiatry*, 12(Suppl 1), 17-22. unipolar depression: A meta-analytic review. (1996). [PMC free article] [PubMed] [Google Scholar] Suppes, T. , ... Keller, M. *American Journal of Psychiatry*, 157, 1873-1875. , Elliott, L. , & Menchetti, M. , Ostacher, M. doi:10.1056/NEJM199409031310907. , Berardi, D. The most common adverse events associated with lithium include tremors as well as gastrointestinal problems such as nausea, vomiting, and diarrhea. [PubMed] [Google Scholar] Laakso, L. An especially important role for APNs within primary care lies in the care of the patient, while specialists manage the bipolar illness. , Swartz, H. APNs, by their training and experience, are well suited to facilitate optimal patient care in collaboration with the other healthcare team members (Bauer et al., 2006; Chung et al., 2007). Early recognition can lead to earlier initiation of effective therapy, with beneficial effects on both the short-term outcome and the long-term course of the illness (Geddes & Miklowitz, 2013; Manning, 2010). , Chang, W. Check for medical comorbidities (e.g., cardiovascular problems, lipid abnormalities, diabetes). Treat medical comorbidities aggressively.Monitor for psychotropic medication side effects.Collaborate with specialists as necessary. For this reason, all patients presenting with depressive symptoms should be assessed for a history of manic or hypomanic symptoms (Cerimele et al., 2013; Sadedelli et al., 2013; Valente & Kennedy, 2010).Use of a bipolar screening tool is a time-efficient first step in diagnosis, to be followed by a confirmatory clinical interview. If conventional antidepressants are used, it is recommended to combine them with a mood stabilizer or an atypical antipsychotic, and to taper the antidepressant dose following remission of the episode (Amit & Weitzman, 2012; Connolly & Thase, 2011; Hirschfeld et al., 2002; Yatham et al., 2013). The Depakote Mania Study Group. T. doi:1714400[pii]10.1001/jamapsychiatry.2013.1394. *Bipolar Disorders*, 6, 368-373. [PMC free article] [PubMed] [Google Scholar] Geddes, J. (1998). , Hawton, K. doi:10.1155/0006-3223(95)00295-2. [PubMed] [Google Scholar] Yatham, L. Support groups, sponsored by national organizations, may be available locally or regionally. [PubMed] [Google Scholar] Dodd, S. , & Moore, R. The Mood Disorder Questionnaire (MDQ, Table 2) and the Composite International Diagnostic Interview, version 3.0 (CIDI 3.0), are commonly used screening tools in which scores above specific cut-off values raise a suspicion of BD (Hirschfeld et al., 2000; Kessler & Ustun, 2004). (2008). Feasibility and diagnostic validity of the M-3 checklist: A brief, self-rated screen for depressive, bipolar, anxiety, and post-traumatic stress disorders in primary care. , Ketter, T. doi:10.1155/2013/548349. , Alda, M. , ... Berk, M. *Nurse Practitioner*, 35, 36-45. Please circle one response only.■ No problem■ Minor problem■ Moderate problem■ Serious problem Have any of your blood relatives (i.e., children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?. & Morrison, A. doi:10.1055/s-0030-1265198. Compared with appropriately treated patients, such patients are less likely to respond, are at increased risk of a switch to mania, and may experience an acceleration of mood cycling (Manning, 2010; Miller, 2006; Sidor & Macqueen, 2011; Vieta & Valenti, 2013).Pharmacological treatment is fundamental for successfully managing patients with BD. doi:10.1517/eods.3.3.221.31074. Open dialogue between the healthcare worker and patient represents an essential element of patient interviews.Other elements of the patient interview should include a physical examination and laboratory tests, with the particular aim to exclude disorders that can mimic bipolar symptoms, for example, hypothyroidism or hyperthyroidism, infection, and substance misuse (Krishnan, 2005). For maintenance treatment, the goal is to prevent the recurrences of mood episodes. , Sanchez-Moreno, J. Understanding needs, interventions, and expectations among individuals affected by bipolar disorder or schizoaffective disorder. *The UNITE global survey: Screening for bipolar disorder*. , Ruan, W. , & Miklowitz, D. [PubMed] [Google Scholar] Kessler, R. , Bryson, C. , Williams, T. , Goodwin, G. , Culppeper, L. (2005). , & Weizman, A. , & Dimatteo, M. A. , & Kasper, S. [PubMed] [Google Scholar] Geddes, J. [PubMed] [Google Scholar] Thase, M. Substance use disorders and suicide attempts in bipolar subtypes. Diagnostic and statistical manual of mental disorders (5th ed.), Copeland, L. , ... Post, R. V. *American Journal of Psychiatry*, 170, 102-110. VA/DoD clinical practice guidelines for management of bipolar disorder in adults Washington, DC: Department of Veterans Affairs, Department of Defense. *Bipolar Disorders*, 14(6), 672-676. W. [PubMed] [Google Scholar] Frank, E. doi:10.1097/01.psy.0000151489.36347.18. , Parikh, S. [PMC free article] [PubMed] [Google Scholar] Frank, E. R. Diagnostic features, prevalence, and impact of bipolar disorder. , Warnock, A. , Walker, C. The lifetime incidence of at least one suicide attempt was reported in one study to be 29% in patients with BD, compared to 16% for MDD (Chen & Dilsaver, 1996). [PubMed] [Google Scholar] Kilbourne, A. *American Journal of Psychiatry*, 170, 1249-1262. *New England Journal of Medicine*, 331, 591-598. , & Sundquist, J. , Nordenham, E. monotherapy. , Winkley, M. , Bowden, C. , Friedman, E. [Google Scholar] Amit, B. , & Ustun, T. [PubMed] [Google Scholar] Price, L. *Acta Psychiatrica Scandinavica*, 115, 12-20. doi:10.1001/archpsyc.64.5.543. A prospective investigation of the natural history of the long-term weekly symptomatic status of bipolar II disorder. All information is vetted by a scientific advisory board.National Alliance on Mental Illness (NAMI) www.nami.org Major national organization offering information, advocacy,information helpline: 1-800-950-NAMI (6264)and support to patients and families. Lithium treatment moderate-dose use study (LITMUS) for bipolar disorder: A randomized comparative effectiveness trial of optimized personalized treatment with and without lithium. Although it has many limitations, including a delayed onset of action in the treatment of bipolar depression, and a narrow therapeutic window, lithium still has an important role today (Geddes, Burgess, Hawton, Jamison, & Goodwin, 2004; Hirschfeld et al., 2002). Retrieved from PM:18041879. Lithium in the treatment of bipolar disorder in clinical practice: Observational nationwide register-based cohort study. Adjunctive therapies that include atypical antipsychotics in combination with other agents (usually mood stabilizers) are also associated with a greater risk of adverse events than monotherapies (Smith, Cornelius, Warnock, Tacchi, & Taylor, 2007). , Ang, A. , Richards, K. [PubMed] [Google Scholar] McIntyre, R. Atypical antipsychotics, with the exception of lurasidone, are rated FDA pregnancy category C, meaning that they have not been shown to be either safe or unsafe for use during pregnancy; lurasidone is classed in pregnancy category B based on current data.Suicide rates in BD are the highest among the psychiatric disorders (Chen & Dilsaver, 1996; Tondo, Isacson, & Baldessarini, 2003). [PubMed] [Google Scholar] Sidor, M. E. , Jr. , ... Zajack, J. (2003). , Comes, M. Fetal exposure to valproate, carbamazepine, and lithium can be teratogenic (Connolly & Thase, 2011; Dodd & Berk, 2004; Geddes & Miklowitz, 2013; Hirschfeld et al., 2002; Tatum, 2006).The atypical antipsychotics were developed in the modern era of psychopharmacology; all agents in this class have been validated by randomized controlled trials in the treatment of BD (Derry & Moore, 2007; Yatham et al., 2013). 10.1111/j.1745-7599.2006.00148.x. [PubMed] [Google Scholar] Morisky, D. 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Effective clinical management of substance use disorders has the potential to reduce the risk of suicidal behavior in these patients with BD. Sleep apnea risk and clinical correlates in patients with bipolar disorder. Challenges in recognition, clinical management, and treatment of bipolar disorders at the interface of psychiatric medicine and primary care. , Smith, G. This study, similar to previous reports, found that earlier age of bipolar onset increased the likelihood that alcohol use disorder would be associated with suicide attempts. , & Lin, S. , & Calabrese, J. Z. *American Journal of Psychiatry*, 171, 160-168. , Tencer, T. , Bond, D. Efficacy of quetiapine monotherapy in bipolar I and II depression: A double-blind, placebo-controlled study (the BOLDER II study). , Martinez-Aran, A. O. Combining BD-specific adjunctive psychotherapies with pharmacological therapy has been shown to significantly reduce relapse rates (Scott, Colom, & Vieta, 2007).BD impacts all aspects of a person's life, causing severe disruption to relationships, employment, and education. X. Placebo-controlled studies of carbamazepine describe significant efficacy in acute mania (Weisler, Kalali, & Ketter, 2004; Weisler et al., 2005). *American Journal of Managed Care*, 13(7 Suppl), S164-S169. [PubMed] [Google Scholar] Price, A. Lifetime rates of suicide attempts among subjects with bipolar and unipolar disorders relative to subjects with other Axis I disorders. Instruct in self-monitoring and response to prodromal symptoms.Provide support through transitions.Improve problem-solving skills.Facilitate connection to support groups, online support, and so on. doi:10.1111/acs.12023. , Keck, P. , Colom, F. doi:10.4088/JCP.7075su1c.02. Contemporary guidelines recommend selective serotonin reuptake inhibitors (SSRIs) or bupropion rather than selective serotonin-norepinephrine reuptake inhibitors (SNRIs) or tricyclics, as SSRIs and bupropion are less likely to cause manic switch. , Brent, D. Investing more time and resources to work with patients during symptom-free periods is likely to be cost saving by reducing the utilization of these high-cost resources (Zeber et al., 2008).The complexity in treating patients with BD is increased by the high rates of cooccurring psychiatric disorders, in particular anxiety disorders and substance use disorders (Grant et al., 2005; Krishnan, 2005). , Thase, M. *International Journal of Methods in Psychiatric Research*, 13, 93-121. , Angst, J. , Primary Care Companion for *CNS Disorders*, 13, pii: PCC.1.0r01097. It is not specific to BD but covers the disorder comprehensively. 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Carbamazepine is associated with reduced tolerability during rapid dose titration and its potential for interaction with other psychiatric and nonpsychiatric medications further limits its use (Grunze et al., 2003; Krishnan, 2005). , Chan, Y. , Vazquez, G. While full consensus is currently absent, there is wide agreement that antidepressant monotherapy should be avoided in patients with BD I and patients with BD II with two or more concomitant core manic symptoms, while antidepressants should be avoided entirely in patients with rapid cycling or those being treated for a mixed episode (Pacchiarotti et al., 2013).Psychosocial treatments, including individual psychotherapies as well as educational and supportive group therapies, are increasingly considered an integral part of the treatment of BD (Connolly & Thase, 2011; Geddes & Miklowitz, 2013). , Pincus, H. (2012). , Brugger, A. A placebo-controlled study of lamotrigine and gabapentin monotherapy in refractory mood disorders. Monitoring is required for hematologic abnormalities including low platelet count, low white blood count, and, in some cases, bone marrow suppression during valproate therapy (Martinez, Russell, & Hirschfeld, 1998). , ... Sajatovic, M. , Azorin, J. [PubMed] [Google Scholar] Cerimele, J. Lifetime and 12-month prevalence of bipolar spectrum disorder in the National Comorbidity Survey replication. *Pharmacopsychiatry*, 44, 21-26. *British Journal of Psychiatry*, 194, 4-9. Long-term lithium therapy for bipolar disorder: Systematic review and meta-analysis of randomized controlled trials. *Medical Care*, 47(8), 826-834. , Shakir, S. , Endicott, J. , Hsu, J. *American Journal of Managed Care*, 13(7 Suppl), S178-S188. doi:10.1176/appi.app.162.7.1351. , Petukhova, M. , Ott, C. Reasons for nonadherence among patients with BD include the following: a denial of the diagnosis, especially in those with predominant mania; a lack of belief that the medications being offered are necessary or effective; and a wish to avoid the real or imagined adverse effects of medications (Devalpalli et al., 2010). , Tondo, L. Lack of insight is a characteristic of patients with BD, and hypomanic symptoms, in particular, may not be considered a manifestation of the illness by the patient. , DeVeaugh-Geiss, J. , Krousel-Wood, M. *Psychiatric Services*, 57(7), 937-945. Lithium in the treatment of mood disorders. , Sylvia, L. The high prevalence of obstructive sleep apnea among patients with bipolar disorders. Another unresolved issue is whether maintenance treatment that includes antidepressants is effective for the prevention of recurrence (Pacchiarotti et al., 2013; Vazquez et al., 2011). , & Valenti, M. Establish treatment goals and therapeutic alliance.Link with psychiatric and community colleagues for referrals.Provide education to patients and their families about the disorder and its treatments, including treatment adherence.Initiate followup, monitoring.Collaborate with psychiatric clinician as necessary. Carbamazepine has an FDA boxed warning for agranulocytosis and aplastic anemia and is associated in approximately 10% of patients with the formation of a benign rash. , Baldessarini, R. Screen for depression.Screen for BD and psychiatric comorbidities in those positive on depression screening.Obtain family and social history.Consult guidelines. , & Marzani-Nissen, G. *Bipolar Disorders*, 15, 1-44. , Petty, F. *Journal of Affective Disorders*, 107, 53-62. , Maser, J. , Cassidy, K. , Spitzer, R. C. [PubMed] [Google Scholar] Vieta, E. , ... Monk, T. , Lewek, P. Washington, DC: American Psychiatric Association. , & Lage, M. , Licht, R. P. doi:1471-244X-7-40. , & Vieta, E. For example, the risk of adverse metabolic effects is reported to be greatest with olanzapine and lowest with ziprasidone, and intermediate with quetiapine and risperidone (Perlis, 2007). An estimate of the minimum economic burden of bipolar I and II disorders in the United States: 2009. [PubMed] [Google Scholar] Tondo, L. Tolerability of oral loading of divalproex sodium in the treatment of mania. , Nelson, C. Lamotrigine for treatment of bipolar depression: Independent meta-analysis and meta-regression of individual patient data from five randomised trials. In one study, over 60% of patients who were eventually diagnosed with BD had previously been misdiagnosed with MDD.A number of adverse consequences can result from the misdiagnosis and underdiagnosis of BD (Hirschfeld, 2007; Manning, 2010; McCombs, Ahn, Tencer, & Shi, 2007). Peer support can be very helpful in dealing with the consequences of these effects, through sharing of experiences, where patients can discover that others have had similar experiences and can have hope for recovery, stability, and a satisfying life. Web-based and electronic screening tools are also being developed with the aim of greater time efficiency (Gaynes et al., 2010; Gill, Chen, Grimes, & Klinkman, 2012). , Gokioles, J. , & Klinkman, M. , Dunn, R. *American Psychiatric Association*. , Khalsa, H. Predictive validity of a medication adherence measure in an outpatient setting. , Moreno, C. , Hirschfeld, R. Hepatotoxicity is the most common serious adverse event associated with valproate (risk: 1/20,000), other adverse effects include nausea, dizziness, somnolence, lethargy, infection, tinnitus, and cognitive impairment. doi:10.1227/abb.2012.03.110217. , Han, G. , Stinson, P. doi:10.1016/j.jad.2009.10.007. , Nola, W. [PubMed] [Google Scholar] Tatum, W. 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