

Potential Strategies for Identifying **BIPOLAR DEPRESSION**

Conduct a Thorough Clinical Assessment



PATIENT HISTORY

- Requires careful probing and longitudinal assessment

FIND

F – Frequency
I – Intensity
N – Number
D – Duration

- Family psychiatric history
- History of trauma



EXTENT OF IMPAIRMENT

How is functioning being altered?



DIFFERENTIALS

Age, development, intellect, environment, social support



ADDITIONAL FACTORS

Medical
Substance-related



OBTAIN CORROBORATING EVIDENCE

Include family members, spouses, and adult children to better understand patterns of symptoms

Recognize Potential Indicators of Bipolar Depression



Family history of bipolar disorder



Presence of psychosis



History of treatment-resistant depression



Mixed states, mood reactivity



Significant agitation/aggression in response to psychostimulant



Subsyndromal symptoms of mania in response to antidepressant



History of suicidal ideation/attempt

Considerations for Optimizing the Management of **BIPOLAR DEPRESSION**

FDA-APPROVED THERAPIES

- ✓ Olanzapine-fluoxetine combination
- ✓ Quetiapine
- ✓ Quetiapine XR
- ✓ Lurasidone*
- ✓ Cariprazine



THERAPIES WITH EFFICACY, BUT **NOT FDA-APPROVED FOR BIPOLAR DEPRESSION**

- Lamotrigine
- Valproic acid
- Olanzapine



*Adjunctive and monotherapy

FDA CLASS WARNINGS/PRECAUTIONS FOR SECOND-GENERATION ANTIPSYCHOTICS

- 1 Increased mortality in elderly with dementia-related psychosis (Black box)
- 2 Neuroleptic malignant syndrome
- 3 Tardive dyskinesia
- 4 Hyperglycemia and diabetes mellitus
- 5 Orthostatic hypotension ± syncope
- 6 Leukopenia, neutropenia, and agranulocytosis
- 7 Seizures
- 8 Potential for cognitive and motor impairment
- 9 Body temperature regulation (pyrexia, feeling hot)
- 10 Suicide (illness-related)
- 11 Dysphagia
- 12 Use in patients with concomitant illness



SAFETY & TOLERABILITY



ADDITIONAL FACTORS



Comorbidity



Convenience/Ease
of Administration



Adherence



Quality of Life