Bipolar Depression Medication Treatment

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Introduction

Bipolar depression is the depressive phase of bipolar disorder, and presents very similarly to regular major depression. The key is to recognize it and to be cautious about using antidepressants.

Diagnosis and Assessment

- Ask about a history of mania in all patients with depression (see fact sheet on diagnosis of bipolar disorder)
- Depressive symptoms in bipolar depression tend to be more severe, and more likely to include poor energy, increased sleep, inertia, psychomotor slowing.
- Rapid cycling is common, defined as at least 4 distinct mood episodes per year (note that all these episodes can be depression and still qualify).

Treatment

- Mood stabilizers:
    - *Lamotrigine (Lamictal):* Helpful, but works slowly (typically takes 6-8 weeks) because of slow titration schedule to prevent Stevens Johnson rash. Start at 25 mg daily for 2 weeks, then 50 mg daily for 2 weeks, then 100 mg daily for 1-2 weeks, then 200 mg daily. Reduce the dosing by 50% for patients who are also on Valproic Acid (Depakote).
    - *Lithium:* Proven efficacy in both the manic and depressive phases. Monitoring serum lithium levels is essential, aiming for a therapeutic range of 0.6-0.8 mEq/L (lower than the target dose in mania).
- Antipsychotics: The following are FDA-approved for bipolar depression.
    - These two may be the most effective but have a higher side effect burden
        - Quetiapine (Seroquel): Both immediate release and XR formulations have evidence of efficacy in bipolar depression. Start at 50 mg daily and titrate up to 300 mg daily over 1 week.
        - Olanzapine/Fluoxetine combination (Symbyax): An FDA-approved option, but watch for potential side effects like weight gain. Start at one capsule daily in the evening.
    - These three are also effective and are better tolerated
        - Lurasidone (Latuda): Begin with 20 mg once daily, can increase based on response and tolerability up to 120 mg daily.
        - Cariprazine (Vraylar): Start at 1.5 mg daily, can be titrated up to 6 mg daily.
        - Lumateperone (Caplyta): Typically 42 mg once daily.
- Antidepressants
    - Any antidepressant can be used, but should always be combined with a mood stabilizer (such as lithium or Lamictal) or an antipsychotic to prevent mood destabilization.
    - Risk of antidepressant-induced mania, from low to high, is: bupropion < SSRIs < SNRIs < tricyclics. Start bupropion low (75mg), raise slowly (by 75mg/week).
- ECT
- Other possibilities (less evidence but can be tried)
    - Pramipexole (Mirapex): Start at 0.25mg at night and raise by 0.25mg every week to between 1-2 mg at night. Most common SE: Nausea
    - Armodafinil (Nuvigil) or modafinil (Provigil): 50 mg-250 mg in the morning.
    - Valproic acid: Start at 250 mg twice daily, titrating to achieve serum concentrations of 50–125 µg/mL.

- Natural remedies:
    - L-methylfolate: 7.5 to 15 mg daily.
    - Omega 3: 1-3 grams of EPA+DHA daily, choose formulations with EPA > 1.5 times DHA amount.
    - Inositol: 12-18 grams daily.
    - N-acetylcysteine: 600 mg to 1200 mg twice daily
- Light therapy: Start 15 minutes/day and increase to target time of 1 hr/day

Psychoeducation

- Tell your patient that you think they have bipolar disorder. Define it simply, saying something like, "bipolar disorder refers to people who have periods of depression with occasional times of feeling very high, even too high."
- Encourage medication compliance
    - "Bipolar disorder is lifelong, we don't cure it, but we have medications that can help treat it and our goal is to extend your period of wellness as long as we can."
    - Analogy of diabetes: "Bipolar disorder, like diabetes, is lifelong. If you have diabetes, you have to stay on medication, but it's not enough to just take meds—you have to eat right, get exercise, check your blood glucose. In both illnesses, you have to be an active participant in your care by adhering to a routine and structure."
    - Talk about how well many of your patients respond to mood stabilizers: "In my experience, most patients find that their moods actually become stable for the first time in their lives; imagine what you might be able to do if you had a stable mood!"