

Bipolar Disorder Clinical Guideline

MVP Health Care® (MVP), as part of its continuing Quality Improvement Program, has adopted the American Psychiatric Association's (APA) Practice Guideline for the Treatment of Patients With Bipolar Disorder¹. The full guideline is available at:

https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/bipolar.pdf

Although the guideline reflects the most current community standard of care for the management of Bipolar Affective Disorder and is still clinically relevant, it should be noted additional scientific research has been published since its development.

Impact of The Condition

It is estimated that one in twenty adults experiences serious mental illness each year². These conditions include schizophrenia, bipolar disorder and chronic depression. The lifetime prevalence of bipolar disorder is estimated to be 4.4% in the United States, with most cases emerging during adolescence and early adulthood^{3,4}. According to data from the National Comorbidity Survey Replication (NCS-R) from 2001 to 2003, an estimated 2.8% of U.S. adults suffered with bipolar disorder in the past year and with a similar prevalence between males (2.9%) and females (2.8%)^{3,5}. Almost 83% of people with bipolar disorder reported serious impairment from their condition^{3,6}. Mood disorders, including major depression, dysthymic disorder, and bipolar disorder, are the third most common cause of hospitalization in the United States for both youth and adults ages 18 to 44. The lifetime risk of suicide in individuals with bipolar disorder is estimated to be twenty to thirty times that of the general population; and an estimated 5% to 6% of individuals with bipolar disorder die by suicide⁷. Additionally, nearly half of the individuals whose symptoms meet criteria for bipolar disorder have an alcohol use disorder, and those with both disorders are at greater risk for suicide attempt and suicide death⁷.

Summary of the APA Guideline

MVP adopted the APA guideline to assist practitioners in the identification of bipolar disorder in adults ages 18 and over and to provide ongoing management to achieve remission of symptoms and return to an optimal level of functioning. Pharmacological interventions for acute manic and mixed episodes, acute depressive episodes, rapid cycling and maintenance treatment are recommended, including electroconvulsive treatment. Psychotherapeutic interventions, such as interpersonal, family and cognitive behavioral therapies, as well as psychoeducation, are discussed. The initial comprehensive evaluation should evaluate for co-morbidities such as substance use disorder(s), personality disorder(s) and any medical conditions, all of which will influence the treatment plan.

Additional tools to assist providers with educating their patients on behavioral health conditions are available on the MVP Health Care website by following the link below.

[Quality Programs and Initiatives | MVP Health Care](#)

PROVIDER QUALITY IMPROVEMENT MANUAL

In conjunction with these guidelines, MVP Health Care offers Case Management for members with behavioral health conditions. If you would like to refer your patients to the Case Management program, please call the MVP Case Management Department at **1-866-942-7966**.

This guideline is not intended to replace the role of clinical judgment by the physician in the management of this, or any other disease entity. It is an educational guideline to assist in the delivery of good medical care. All treatment decisions are ultimately up to the physician. Where medication recommendations are made, please refer to each health plan's formulary for coverage considerations.

MVP Health Care updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the Customer Care Center for Provider Services, Monday through Friday, 8:30 am – 5 pm, at [1-800-684-9286](tel:1-800-684-9286).

References

1. American Psychiatric Association (APA) Practice Guideline for the Treatment of Patients with Bipolar Disorder, 2010. Available: https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/bipolar.pdf
2. National Alliance on Mental Illness. Mental Health By the Numbers. <https://www.nami.org/About-Mental-Illness/Mental-Health-By-the-Numbers/>
3. National Institute of Mental Health, Prevalence of Bipolar Disorder Among Adults. <https://www.nimh.nih.gov/health/statistics/bipolar-disorder>
4. The Economic Burden of Bipolar Disorder in the United States: A Systematic Literature Review. ClinicoEconomics and Outcomes Research 2020;12 481–497 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7489939/>
5. National Alliance on Mental Illness. Bipolar Disorder. <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Bipolar-Disorder>
6. National Institute of Mental Health, Prevalence of Bipolar Disorder Among Adults. Impairment was determined by scores on the Sheehan Disability Scale.
7. American Psychiatric Association. (2022). Diagnostic and Statistical Manual of Mental Disorders (5th ed. TR; DSM–5-TR; American Psychiatric Association [APA], 2022) <https://dsm.psychiatryonline.org/doi/book/10.1176/appi.books.9780890425787>