

<Date>

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RE: Caring for your patients with bipolar disorder

Dear Dr. <<NAME>>:

The goal of this quality management program is to assist you in caring for your patients diagnosed with bipolar disorder (BD). The foundations of this program are the following practice guidelines for the management of bipolar disorder: the Veterans Affairs Guidelines, the Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines, and the British Association for Psychopharmacology (BAP) guidelines.¹⁻³ These guidelines, along with other recently published major studies, provide performance indicators to assist in the medication management of BD

VA Guidelines available at: http://www.healthquality.va.gov/Management_of_Bi.asp

CANMAT Guidelines available at: <http://www.canmat.org/resources/CANMAT%20Bipolar%20Disorder%20Guidelines%20-2009%20Update.pdf>

BAP Guidelines available at: http://www.bap.org.uk/pdfs/Bipolar_guidelines.pdf

West Virginia Medicaid Specific Data

Bipolar Management Indicators	Number of Patients with Opportunities*
• Use of an antidepressant in the absence of a mood stabilizer/atypical antipsychotic	TBD
• Extended use of an antidepressant medication	TBD
• Use of multiple atypical antipsychotics simultaneously as mood stabilizers	TBD
• Use of a stimulant medication resulting in increased risk	1,416
• Lithium monitoring: serum levels, renal function, and thyroid function	660
• Atypical antipsychotic monitoring: blood glucose levels and lipid panel	3,675
• Monitoring for potential toxicities of valproic acid products and/or carbamazepine	TBD

*Based on Fourth Quarter 2012 data .

The enclosed patient profiles reflect one or more of the above issues and are provided as a chart reminder for when your patients return for their next appointments.

We acknowledge that there may be clinical variables influencing an individual patient's management that are not apparent in claims data or that a patient may have been inadvertently identified as being under your care. However, we believe the issues identified will assist you in caring for your patient(s). We thank you for reviewing this information and caring for West Virginia Medicaid's patients and welcome the opportunity to discuss any comments or concerns you may have about our quality management program. Please feel free to call our office at 1-866-923-7208 with questions or concerns.

Sincerely,



Lyle Henry, MD, FACS, Medical Director

Bipolar Management Indicator Summary

- **Identify patients using an antidepressant in the absence of a mood stabilizer.** Depressive episodes are frequent in BD and use of antidepressants is common. Unfortunately, antidepressants may destabilize patients with BD and result in a switch into mania. The risk for destabilization appears to vary slightly among available antidepressants, but has been estimated at 20% to 40%.⁴ Treatment guidelines recommend antidepressant use only in combination with a mood stabilizer.¹⁻³
- **Encourage only short-term use of antidepressant medications.** Due to limited apparent efficacy⁵ and potential destabilizing effects⁴ antidepressants should only be used when absolutely necessary in BD. Such use should be for acute symptoms and generally last for one year or less and they should be discontinued gradually.
- **Reconsider the use of atypical antipsychotics as the sole mood stabilizer.** Use of atypical antipsychotics is common in BD, but very little research supports their combination use. Treatment guidelines recommend they be combined with a mood stabilizer if response to single agent is inadequate.¹⁻³
- **Evaluate the use of stimulants.** Stimulants have a role when managing co-morbid BD and ADHD, but can be destabilizing in BD similar to the effects of antidepressants.⁶ Their use should be limited to those with co-morbid BD and ADHD, always be in conjunction with a mood stabilizer, and not be in combination with an antidepressant.
- **Encourage appropriate monitoring of lithium therapy.** Lithium is one of the most effective mood stabilizers but it has a narrow therapeutic index. In addition, it is associated with potential adverse effects on thyroid function and renal toxicity. Periodic monitoring of serum lithium levels, thyroid function, and renal function should be performed when lithium is used chronically.
- **Encourage appropriate monitoring of atypical antipsychotic therapy.** Use of atypical antipsychotics is associated with potential metabolic adverse effects. When used for extended periods of time patients should be monitored for changes in their blood glucose/hemoglobin-A1C and lipid panel.

Selected References (full reference list available upon request):

1. Department of Veterans Affairs; VA/DoD Clinical Practice Guidelines. Management of Bipolar Disorder in Adults (2010). Available at: http://www.healthquality.va.gov/Management_of_Bi.asp {accessed 2/11/13}.
2. 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. Yatham LN, Kennedy SH, Schaffer A, et al. Bipolar Disorders 2009; 11: 225–255.
3. Goodwin GM. Evidence-based guidelines for treating bipolar disorder: revised second edition recommendations from the British Association for Psychopharmacology. J Psychopharm. 2009; 23:346-88.
4. Ghaemi SN, Hsu DJ, Soldani F, et al. Antidepressants in bipolar disorder: the case for caution. Bipolar Disord. 2003;5:421-33.
5. Sachs G, Nierenberg AA, Calabrese JR, et al. Effectiveness of adjunctive antidepressant treatment for bipolar depression. N Engl J Med. 2007;356:1711-22.
6. Wingo AP, Ghaemi SN. Frequency of stimulant treatment and of stimulant-associated

FDA Approved Mood Stabilizers

Medication	Indication	Pregnancy Category
Lithium	Mania, Maintenance	D
Divalproex Sodium/Valproic Acid	Mania	D
Carbamazepine	Mania	D
Lamotrigine	Maintenance	C
Aripiprazole	Mania, Maintenance, Depressed-Adjunct	C
Asenapine	Mania	C
Olanzapine	Mania, Depression (in combo with Fluoxetine)	C
Quetiapine	Mania, Depression, Maintenance-Adjunct	C
Risperidal	Mania, Maintenance (Consta injection)	C
Ziprasidone	Mania, Maintenance-Adjunct	C