



Treatment of Pediatric Bipolar Disorder

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Disclosures

Neither I nor my spouse has a relevant financial relationship with a commercial interest to disclose.





Management Summary

- Psychiatric consultation/treatment
 - Primary Care not expected to do this alone... but sometimes are put in a position to “bridge the gap” (or canyon)
- Consider crisis intervention/ possible need for hospitalization during acute phase of illness
- Multimodal approach to treatment
 - Medication will be part of the treatment plan for Bipolar Disorder, but is not sufficient alone
- Use standardized tools to monitor symptoms and medication side effects



Approaching Management

- Correct (or at least best possible) diagnosis is essential.
 - Yet there may be a need for comfort with some uncertainty.
- Beware of cross-sectional evaluation without good collateral history from multiple sources.
- Interpreting symptoms developmentally is critical.
- Questionnaires and mood charts may be helpful, but can never replace clinical judgment.



Treatment in the Face of Uncertainty

- Sometimes urgency trumps diagnostic certainty.
 - By definition this should only be true in the short term
 - If a situation is urgent enough to consider medication without clear diagnosis/formulation, then it is probably urgent enough for urgent consultation or crisis intervention.





Treatment in the Face of Uncertainty

- In cases of “mood dysregulation” without clear etiology:
 - Optimize treatment for conditions you know are present before initiating a “mood stabilizer”
 - If symptoms remain or worsen, reconsider diagnosis and consider symptom based treatment





Treatment in the Face of Uncertainty

- Consensus building is critical!
 - Best outcomes will require a multimodal team based approach
 - The patient, parents, clinicians, school professionals, and other important adults in a child's life can all be part of that team
 - All members of the “team” need to have a shared understanding of (if not complete agreement with) the rationale for the treatment plan



“Levels of Recommendation”

(Scharf, Williams 2006)

1. Medicine exists that some people use and find relief with and I’d be happy to discuss it with you if you’re interested.
2. Medicine exists that will probably help your suffering, and is one of many appropriate options.
3. I believe your condition warrants treatment with medication and you should strongly consider taking it.
4. Medication is an essential part of the appropriate management of your condition and it is not acceptable to me, as your physician, to participate in your care without it.



What is a “Mood Stabilizer”, anyway?

- “Serious Medications for Serious Problems”
- Not a specific pharmacologic class
 - Lithium
 - Antiepileptic medications
 - Antipsychotic medications



How to Medicate Bipolar D/O

- Lithium has been historically considered “gold standard”, and has long had FDA indication for pediatric Bipolar d/o.
 - “50% get 50% better”?
- Valproate (Depakote) and Carbamazepine (Tegretol) also have long history and evidence to support their use.
- Dosing for all of these titrated by blood level with therapeutic range same as for adults.



How to Medicate Bipolar D/O

- Lamotrigine (Lamictal) is an established “mood stabilizer”, but most of the data is in adults.
 - Dosed to minimal effective dose, but generally with initial target doses similar to adults.
- Other anticonvulsants lack the evidence base, but are frequently used in practice.
 - May be attractive for side effect profile, but if the condition is serious enough to medicate, likely efficacy needs to be considered.
 - Dosed with divining rod.



How to Medicate Bipolar D/O

- More recent studies have focused on “second generation” antipsychotics.
 - Risperidone (Risperdal)*
 - Olanzapine (Zyprexa)*
 - Quetiapine (Seroquel)*
 - Ziprasidone (Geodon)
 - Aripiprazole (Abilify)*
 - Clozapine (Clozaril)
 - Lurasidone (Latuda)
 - ? Superior to Lithium and/or Valproate?
 - * = FDA indications for acute stabilization



Second Generation Antipsychotics

- Dosing generally titrated to minimum effective dose based on clinical response.
- Atypical or second generation antipsychotics (SGAs) are associated with serious potential side effects.
 - Metabolic, neurologic, endocrine, cognitive
 - “Serious Medications for Serious Problems”



Medication Choice Algorithm

- Kowatch et al, Clinical Manual for the Management of Bipolar Disorder in Children and Adolescents, 2008
 - Start with single antipsychotic and evaluate response
 - If negative, consider alternate antipsychotic or mood stabilizer
 - If partial response, consider augmentation with alternate mood stabilizer with different mechanism of action
 - etc



Assessing and Managing Side Effects

- Have a structured method to monitor and address side effects
 - T-MAY contains guidelines and tools for monitoring as well as lists of common SE and recommended responses
<https://www.ahrq.gov/sites/default/files/wysiwyg/chain/practice-tools/tmay-final.pdf>





Other medication tips

- Have a ready method to access psychiatric consultation.
 - Project TEACH! www.projectteachny.org
- Have a ready method to access crisis intervention.
- Familiarize yourself with 1-2 antipsychotics as “goto” meds in your practice for when you need to initiate medication.
- Have a structured method to monitor responses to treatment.
- Stop medications which can be clearly correlated with worsening of symptoms or that are not effective.





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