

Integrating Bipolar Disorder into primary care



Speaker:

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Disclosures

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





Primary care provider's role

- Not expected to diagnose
- Not expected to initiate treatment
- Be aware of treatment recommendations
- May co-manage with psychiatry (monitor labs and potential side effects of medications)





Primary care provider's role

- Should recognize a manic episode
- Should be mindful of medical conditions which present with manic-like symptoms
- Should be mindful of other, more common mental health conditions which can mimic mania (ADHD, ODD, DMDD)S
- Should have a plan for acute management of patient who presents with a manic episode
- May monitor patients for medication side effects



Acute mania management

- Elicit/consider safety concerns
- Crisis intervention plan/hospitalization may be necessary
- Obtain a history, including all medications, and perform a physical exam, consider labs based upon medical assessment
- Contact mental health specialist (ProjectTeach psychiatrist) quickly for diagnostic assessment





Chronic care/BD - role of pcp

- medical home model
- be familiar with treatment plans and medications prescribed by mental health provider
- collaborate with treatment team
- monitor for medication side effects
- consider need for family support services, nutritional counseling, and contraceptive services





Medication

- Maintain UTD list of meds in medical chart
- Collaborate with mental health provider regarding regular laboratory monitoring
- Know the common and serious side effects of prescribed medications and monitor at each office visit
- Refer patient for additional supports as needed (eg. nutritionist for excessive wt gain, Ob/gyn for contraceptive advice)



Medication cont.

- monitor weight, VS, neurologic exam (AIMS) for patients on atypical antipsychotics
- Lithium -risk of fetal toxicity, onset of action is slow, side effect of weight gain, worsening acne, and enuresis. can cause hypothyroidism
- Valproic acid - risk of PCOS, onset of action is slow
- SSRI - risk for activation syndrome