

Appendix 4. Pharmacotherapy Recommendations for Bipolar II Disorder

Disease phase	COMMENTS and TIPS IN TREATMENT
ACUTE HYPOMANIA	<p>Follow acute mania recommendations for Bipolar I Mood stabilisers (lithium, divalproex or olanzapine) Atypical antipsychotics (risperidone, quetiapine, aripiprazole, ziprasidone)</p>
ACUTE DEPRESSION	<p>Studies have evaluated primarily anticonvulsants and antidepressants for the acute treatment of bipolar II depression.</p> <p>Agents for monotherapy include: lithium, lamotrigine, quetiapine Combination therapies include: lithium + antidepressant, divalproex + antidepressant, lithium + divalproex, atypical antipsychotic + antidepressant</p> <p>Antidepressants should <i>not</i> be used alone, as may induce rapid cycling or mania/hypomania. Once treatment established with mood stabiliser, withdraw them after 2-3 months.</p>
MAINTENANCE	<p>Lithium and lamotrigine are supported by at least one double-blind RCT with placebo or active control.</p> <p>Other agents include: divalproex, lithium + antidepressant, divalproex + antidepressant, atypical antipsychotic + antidepressant. Alternative is a combination of two of: lithium, lamotrigine, divalproex, atypical antipsychotic</p> <p>When considering maintenance therapy for patients with bipolar II disorder, most patients continue the acute regimen. Some patients require combination therapy.</p> <p>For patients receiving maintenance therapy who experience a mild depression, cognitive behavioural therapy (CBT) or psychosocial strategies may be considered before adding a medication.</p>

Note: Data evaluating treatment of bipolar II disorder are limited, as most randomized controlled trials (RCTs) have included both bipolar I and II. Thus, treatment recommendations are derived from a combination of clinical trial evidence and expert opinion. Insufficient evidence exists to support any therapy as a first-line option for acute treatment of depression.

Sources:

1. Yatham LN, Kennedy SH, O'Donovan C, Parikh S, MacQueen G, McIntyre R et al. Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines for the management of patients with bipolar disorder: consensus and controversies. *Bipolar Disord* 2005; 7 Suppl 3:5-69 PM:15952957
2. Yatham LN, Kennedy SH. Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines for the management of patients with bipolar disorder: update 2007. *Bipolar Disord* 2006; 8:721-739.
3. Scottish Intercollegiate Guidelines Network. Bipolar affective disorder. A national clinical guideline. Scottish Intercollegiate Guidelines Network 2005 Available from: URL:<http://www.sign.ac.uk/guidelines/published/index.html>
4. Australian and New Zealand clinical practice guidelines for the treatment of bipolar disorder. *Aust N Z J Psychiatry* 2004; 38(5):280-305 PM:15144505

