Pharmacologic Treatments of Bipolar Disorder

Fast Facts

Individuals with bipolar disorder typically require lifelong treatment. From the start, treatment planning should go beyond controlling acute episodes of mania or depression and take a longer-term perspective handling relapse prevention. Providers offering pharmacologic treatments to individuals with bipolar disorder conceptualize care along three distinct phases: (1) treatment for acute mania, (2) treatment for acute depression, and (3) maintenance treatment to prevent recurrences of either mania or depression.[1]

Most individuals with bipolar disorder spend more time in the maintenance and prevention phase than in periods of acute illness, therefore, medications for acute phases should be chosen with the maintenance phase in mind to improve long-term outcomes and minimize the risk of harm over the lifelong course of the illness.[1]

In acute mania phases:[1]

- We suggest lithium or quetiapine as monotherapy for acute mania.
- If lithium or quetiapine are not selected based on patient preference and characteristics, we suggest olanzapine, paliperidone, or risperidone as monotherapy for acute mania.
- If lithium, quetiapine, olanzapine, paliperidone, or risperidone are not selected based on patient preference and characteristics, we suggest aripiprazole, asenapine, carbamazepine, cariprazine, haloperidol, valproate, or ziprasidone as monotherapy for acute mania.
- We suggest lithium or valproate in combination with haloperidol, asenapine, quetiapine, olanzapine, or risperidone for acute mania symptoms in individuals who had an unsatisfactory response or a breakthrough episode on monotherapy.
- We suggest against:
  - Brexpiprazole, topiramate, or lamotrigine as a monotherapy for acute mania.
  - The addition of aripiprazole, paliperidone, or ziprasidone after unsatisfactory response to lithium or valproate monotherapy for acute mania.

In acute depressive phases:[1]

- We recommend quetiapine as monotherapy for acute bipolar depression.
- If quetiapine is not selected based on patient preference and characteristics, we suggest cariprazine, lumateperone, lurasidone, or olanzapine as monotherapy for acute bipolar depression.
- We suggest lamotrigine in combination with lithium or quetiapine for acute bipolar depression.

In the maintenance phase, aim to prevent the recurrence of mania:[1]

- We recommend lithium or quetiapine for the prevention of recurrence of mania.
- If lithium or quetiapine are not selected based on patient preference or characteristics, we suggest oral olanzapine, oral paliperidone, or risperidone long-acting injectable for the prevention of recurrence of mania.
- We suggest against lamotrigine as monotherapy for the prevention of recurrence of mania.
- We suggest aripiprazole, olanzapine, quetiapine, or ziprasidone in combination with lithium or valproate for the prevention of recurrence of mania.

In the maintenance phase, aim to prevent the recurrence of bipolar depression:[1]

- We recommend lamotrigine for the prevention of recurrence of bipolar depressive episodes.
- We suggest lithium or quetiapine as monotherapy for the prevention of recurrence of bipolar depressive episodes.
- If lithium or quetiapine are not selected based on patient preference and characteristics, we suggest the use of olanzapine as monotherapy for the prevention of recurrence of bipolar depressive episodes.
- We suggest olanzapine, lurasidone, or quetiapine in combination with lithium or valproate for the prevention of recurrence of bipolar depressive episodes.

Special considerations for pregnancy and child-bearing potential:[1]

- For individuals with bipolar disorder who are or might become pregnant and are stabilized on lithium, we suggest continued treatment with lithium at the lowest effective dose in a framework that includes psychoeducation and shared decision making.
- We recommend against valproate, carbamazepine, or topiramate in the treatment of bipolar disorder in individuals with child-bearing potential.

Resources

Military OneSource provides 24/7 support and information on housing, financial, legal, medical, and psychological services.

- State-side: 800-342-9647
- Overseas: 800-342-9647
- Collect: 484-530-5908

https://www.militaryonesource.mil

988 Suicide and Crisis Lifeline and the associated **Military/Veterans Crisis Line** provide free and confidential support for individuals in crisis. If you or someone you know is struggling or in crisis, call or text 988 or https://988lifeline.org; you can also press 1 or text 838255 to chat live with a counselor focused on military and veteran callers (https://www.veteranscrisisline.net).

inTransition offers specialized coaching and assistance for active duty service members, National Guard members, reservists, veterans, and retirees to help callers with their mental health care as they transition between systems of care.

- State-side: 800-424-7877
- Overseas: 800-748-81111 (in Australia, Germany, Italy, Japan, and South Korea only)

https://www.health.mil/inTransition

References

1 Department of Veterans Affairs & Department of Defense. (2023). *VA/DOD clinical practice guideline for management of bipolar disorder.* (Version 2.0). https://www.healthquality.va.gov/guidelines/MH/bd/index.asp

Note: This content is derived from the 2023 VA/DOD clinical practice guideline for management of bipolar disorder.