




PROTOCOL

1




Manic Episode in Bipolar Disorder

- » Provide **psychoeducation** to the person and carers. (2.1) 
- » **Pharmacological Intervention.** (2.6) 
 - ! **If patient is on antidepressants – DISCONTINUE** to prevent further risk of mania.
 - **Begin treatment** with lithium, valproate, carbamazepine, or with antipsychotics. Consider a short term (2-4 weeks maximum) benzodiazepine for behavioural disturbance or agitation.
- » Promote functioning in daily activities. (2.3)
- » Ensure safety of the person and safety of others.
- » Provide regular follow-up. 
- » Support rehabilitation in the community.
- » Reduce stress and strengthen social supports. (2.2)

PROTOCOL

2

Psychosis

- » Provide **psychoeducation** to the person and carers. (2.2) 
- » **Begin antipsychotic medication.** (2.5) 
 - Start with a low dose within the therapeutic range and increase slowly to the lowest effective dose, in order to reduce the risk of side-effects.
- » Promote functioning in daily activities. (2.3)
- » Ensure safety of the person and safety of others.
- » Provide regular follow-up. 
- » Support rehabilitation in the community.
- » Reduce stress and strengthen social supports. (2.2)

Special populations

Note that interventions may differ for PSYCHOSES in these populations



WOMEN WHO ARE PREGNANT OR BREASTFEEDING

- » Liaise with maternal health specialists to organize care.
- » Consider consultation with mental health specialist if available.
- » Explain the risk of adverse consequences for the mother and her baby, including obstetric complications and psychotic relapses, particularly if medication stopped.
- » Consider pharmacological intervention when appropriate and available. See below.

Pharmacological Interventions

PSYCHOSIS

- » In women with psychosis who are planning a pregnancy or pregnant or breastfeeding, low-dose oral haloperidol, or chlorpromazine may be considered.
- » Anticholinergics should **NOT** be prescribed to women who are pregnant due to extrapyramidal side-effects of antipsychotic medications, except in cases of acute, short-term use.
- » Depot antipsychotics should not be routinely prescribed to women with psychotic disorders who are planning a pregnancy, pregnant, or breastfeeding because there is relatively little information on their safety in this population.

MANIC EPISODE IN BIPOLAR DISORDER

- » **AVOID VALPROATE, LITHIUM and CARBAMAZEPINE** during pregnancy and breastfeeding due to the risk of birth defects.
- » Consider **low-dose haloperidol** with caution and in consultation with a specialist, if available.
- » Weigh the risks and benefits of medications in women of childbearing age.
- » If a pregnant woman develops acute mania while taking mood stabilizers, consider switching to low dose haloperidol.



ADOLESCENTS

- » Consider consultation with mental health specialist.
- » In adolescents with psychotic or bipolar disorder, **risperidone** can be offered as a treatment option only under supervision of a specialist.
- » If treatment with risperidone is not feasible, **haloperidol** or **chlorpromazine** may be used only under supervision of a specialist.



OLDER ADULTS

- » Use **lower** doses of medication.
- » Anticipate an increased risk of drug-drug interactions.
- » **CAUTION**
Antipsychotics carry an increased risk of cerebrovascular events and death in older adults with dementia-related psychosis.