ASSESS FOR IMPROVEMENT

Is the person improving?

NO

Is the person taking medication?

NO

RECOMMENDATIONS ON FREQUENCY OF CONTACT

- >>> For acute mania: Initial follow-up should be as frequent as possible, even daily, until acute symptoms respond to treatment. Once symptoms respond, monthly to quarterly follow-up is recommended.
- >>> For persons not currently in manic or depressed states, follow-up at least every three months. Consider more frequent follow up when needed. Monitor closely for relapse.

CLINICAL TIP

If switching to another medication, begin that medication first and treat with both medications for 2 weeks before tapering off the first medication.



>> Follow-up as needed until symptoms

>> Continue maintenance medications

SKIP to STEP 2

have subsided.

for at least 2 years.

- >> Check dosing and side effects. Go to Table 1 or Table 3.
- >>> Ensure that person has been on a typical effective dose of medication for a minimum of four to six weeks.
- » If on typical effective dose of medications for four to six weeks with no improvement, consider switching medication. See **Table 3**.
- » If response is still poor, consult a specialist.

» If appropriate, initiate medication.



>> Evaluate for medical problems.





2

ROUTINELY MONITOR TREATMENT

- » Review and provide psychosocial interventions.
- » If on medication, review adherence, side effects and dosing. See Table 4.
- **>>** If the person starts any other medications with the potential for drug-drug interactions, consider reviewing the medication dose.

3

DISCONTINUE MEDICATIONS

Has the person been in full remission of symptoms with no episodes of bipolar disorder for *at least two years*?

>> Consider discontinuation of medications

- Discuss with person/carer the risk of discontinuation.
- Consult a specialist regarding the decision to discontinue maintenance treatment after 2 years.
- Reduce gradually over period of weeks or months.

NO _

» Routinely follow up and monitor treatment.

