

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

SCOPE

1 Guideline title

Bipolar disorder: The assessment and management of bipolar disorder in adults, children and young people, in primary and secondary care

1.1 *Short title*

Bipolar Disorder (update)

2 The remit

This is update of Bipolar disorder (NICE clinical guideline 38).

This update is being undertaken as part of the guideline review cycle.

3 Clinical need for the guideline

3.1 *Epidemiology*

- a) Bipolar disorder is an episodic, potentially life-long, disabling disorder. Diagnostic features include periods of mania and depression, or hypomania and depression. Bipolar disorder is characterised by periods of abnormally elevated mood or irritability, which may alternate with periods of depressed mood. These episodes are distressing and often interfere with occupational or educational functioning, social activities and relationships.
- b) The lifetime prevalence of bipolar I disorder (depression and mania) is estimated at 0.8% of the adult population, with a range between 0.4% and 1.6%. Bipolar II disorder (depression and hypomania) affects approximately 0.5% of the population. Bipolar II disorder is more common in women, bipolar I disorder appears to

be evenly distributed between men and women. The median age of onset is 21 years for both men and women, although the disorder may first appear through to the mid-forties. The peak age at which symptoms first appear is 15–19 years, followed closely by 20–24 years. However, there is often a substantial delay between the onset of the disorder and first contact with treatment services.

- c) Bipolar disorder in children and young people can be difficult to diagnose because of the nature of its presentation and complex comorbidities, for example, with attention deficit hyperactivity disorder (ADHD). As a consequence, epidemiological data is very limited. Onset of bipolar disorder after the age of 60 years is more likely to be associated with identifiable general medical conditions, including stroke or other central nervous system disorders.
- d) The aetiology of the disorder is uncertain but genetic and biological factors are important. The impact of environmental factors is also uncertain but there is growing evidence that environmental and lifestyle features can have an impact on severity and course of illness.

3.2 *Current practice*

- a) Bipolar disorder is often comorbid with a range of other mental disorders (for example, substance drug misuse, personality disorders and ADHD) and this has significant implications for both the course of the disorder and its treatment.
- b) People with bipolar disorder are currently treated in a range of NHS settings, including primary-care services, general mental health services and specialist secondary-care mental health services. While most people with bipolar disorder are treated or maintained in the community, supported by community mental health teams, during severe depressive and hypomanic/manic episodes hospital admission is sometimes required.

- c) There have been recent proposals to extend the diagnostic group of bipolar disorder.
- d) Recognition of hypomania, in particular, remains poor in parts of the NHS.
- e) Since the last version of this guideline, some important steps in the treatment pathway and the treatment approaches most likely to lead to benefit have been published.
- f) Bipolar disorder is associated with very high levels of need for mental health and physical health services, personal social and occupational impairment and a high risk of suicide.

4 The guideline

The guideline development process is described in detail on the NICE website (see section 6, 'Further information').

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health.

The areas that will be addressed by the guideline are described in the following sections.

4.1 *Population*

4.1.1 Groups that will be covered

- a) Children, young people and adults, including older adults, with bipolar I, bipolar II, mixed affective and rapid cycling bipolar disorder.

4.1.2 Groups that will not be covered

- a) The guideline will not make recommendations about other mental health conditions (such as substance misuse and alcohol-use disorders) that commonly co-exist with bipolar disorder; it will,

nevertheless, refer to other guidelines where relevant, and highlight any necessary modifications to the treatment of either bipolar disorder or the co-existing condition where the co-existing condition is already the subject of an existing NICE guideline

- b) Non-bipolar affective conditions will not be covered as these are covered in other guidelines.

4.2 *Healthcare setting*

- a) The guideline will cover the care and shared care provided in primary and secondary health care services, and that provided by healthcare professionals and others working in healthcare settings.
- b) The guideline will also be relevant to the work of, but will not provide specific recommendations to non-NHS services, including social services, voluntary and educational sectors. The guideline will consider the interface between healthcare services and these services.

4.3 *Clinical management*

4.3.1 Key clinical issues that will be covered

- a) Instruments and procedures for the recognition and assessment of bipolar disorder.
- b) Psychological and psychosocial interventions for the acute and long-term management of mania, hypomania or bipolar depression (including psychotherapies, exercise, self-help and supported self-help, psychoeducation, peer support, befriending, and support groups).
- c) Information and communication technologies for monitoring and managing mania, hypomania or bipolar depression (for example, online monitoring or text messaging).

- d) Specific service-level interventions for bipolar disorder (for example, mood clinics, lithium clinics, and collaborative care) that are not covered in the guideline 'Psychosis and schizophrenia in adults' NICE clinical guideline in development (publication date to be confirmed).
- e) Nutritional supplements (for example, fish oil, folic acid, zinc, co-enzyme Q) for mania, hypomania or bipolar depression.
- f) Pharmacological interventions for the treatment of depression, mania and hypomania in bipolar disorder.
- g) Pharmacological interventions for the long-term management of bipolar disorder.
- h) Combined pharmacological, psychological and psychosocial interventions.
- i) Physical treatments (including electroconvulsive therapy, transcranial magnetic stimulation and vagus nerve stimulation) as these apply to bipolar disorder.
- j) Modifications needed to manage bipolar disorder in people of different ages (for example, children and young people, older adults), gender, race (e.g. African Caribbean or South Asian groups).
- k) Monitoring of side effects.
- l) Pharmacological interventions for the management of weight gain in bipolar disorder, including the use of topiramate, high dose antidepressants and sibutramine.

4.3.2 Clinical issues that will not be covered

- a) Service -level interventions for people with bipolar disorder, psychosis or schizophrenia (except those noted in section 4.3.1) because these will be addressed in the NICE clinical guideline

'Psychosis and schizophrenia in adults' which is currently in development,.

- b) Pharmacological interventions for the management of side effects of treatment for bipolar disorder, except weight gain.

4.4 *Main outcomes*

- a) Symptoms, frequency, and time to event for
- Mania and psychosis
 - Hypomania
 - Depression
 - Mixed episodes
- b) Side effects of pharmacological interventions
- c) Physical health
- d) Quality of life
- e) Functional disability (including work, educational, family, and social domains)
- f) Carer outcomes
- g) Service use
- h) Dropout (including all-cause and dropout due to side effects)

4.5 *Economic aspects*

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually

be only from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see 'Further information').

4.6 *Status*

4.6.1 **Scope**

This is the consultation draft of the scope. The consultation dates are 16 May to 14 June 2012.

4.6.2 **Timing**

The development of the guideline recommendations will begin in October 2012.

5 **Related NICE guidance**

5.1 *Published guidance*

5.1.1 **NICE guidance to be updated**

This guideline will update and replace the following NICE guidance:

- [Bipolar disorder](#). NICE clinical guideline 38 (2006).

5.1.2 **NICE guidance to be incorporated**

This guideline will incorporate the following NICE guidance:

- [Aripiprazole for the treatment and prevention of acute manic and mixed episodes in bipolar disorder in children and adolescents](#). NICE technology appraisal guidance. Publication expected February 2013.

5.1.3 **Other related NICE guidance**

- Schizophrenia. NICE clinical guideline 82 (2009).
- Psychosis with coexisting substance misuse. NICE clinical guideline 120 (2011).
- [Service user experience in adult mental health](#). NICE clinical guideline 136 (2011).

5.2 *Guidance under development*

NICE is currently developing the following related guidance (details available from the NICE website):

- Psychosis and schizophrenia in children and young people. NICE clinical guideline. Publication expected January 2013.
- Psychosis and schizophrenia in adults. NICE clinical guideline. Publication expected March 2014.

6 **Further information**

Information on the guideline development process is provided in the following documents, available from the NICE website:

- [‘How NICE clinical guidelines are developed: an overview for stakeholders the public and the NHS’](#)
- [‘The guidelines manual’](#).

Information on the progress of the guideline will also be available from the [NICE website](#).