

CONSIDERATIONS FOR THE MANAGEMENT OF Bipolar I Disorder (BP-I)

DISEASE BURDEN WITH BIPOLAR DISORDER (BP) IS MULTIFACETED

Recurrent Manic Episodes:

76%

of patients experience a recurrent manic episode within the first year¹

Patients:

Suicide rates may be **~10-16x** higher in patients with BP-I²

Caregiver Burden:

7x

increase in caregiver hours per week²

Society:

65.5

annual workdays lost per worker with BP³

Repeated manic episodes are associated with greater decline in cognitive functioning.⁴

WHAT IS BP-I DISORDER?⁵

Patients with BP-I experienced:

- 1 At least one manic episode
- 2 May have had mixed, hypomanic, and depressive episodes

Types of BP are defined by the patterns, length, and frequency of manic and depressive episodes.

GOALS OF MAINTENANCE TREATMENT FOR BP⁵

1

Prevent relapse or mood recurrence



2

Reduce subthreshold symptoms



3

Reduce suicide risk



4

Reduce cycling frequency and mood instability



5

Improve overall functioning and quality of life



Patients with BP have high rates of medication nonadherence.

~79%

Up to 79%
Nonadherent with maintenance medication*⁷

~40%

Nonadherent during euthymic periods⁶

~40%

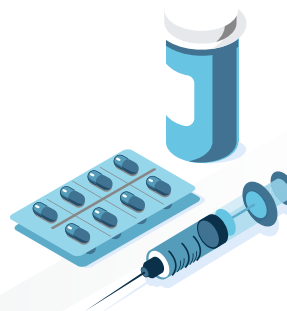


* In a retrospective claims-based study, ~79% of patients with bipolar disorder took antipsychotic medications less than 75% of the time.

AVAILABLE MEDICATIONS & FORMULATIONS

FOR TREATMENT OF BP-I⁸

- 1 Mood stabilizers
- 2 Second-generation antipsychotics (SGAs)
- 3 SGA long-acting injectables (LAIs)



SCAN TO VISIT THE BIPOLAR DISORDER
RESOURCE LIBRARY:

[PsychU.org/resource-library/
bipolar-disorder](https://PsychU.org/resource-library/bipolar-disorder)

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