

Clinical Dx and Treatment Pathway for Children / Adolescents with Bipolar Disorder

Transforming Lives. Building Community Well-Being.

Member Presents with symptoms consistent with irritability and/or manic symptoms. Do screening tools: ie. Child Bipolar Questionnaire (CBQ), Young Mania Rating Scale (YMRS) – Parent Version, Mood Disorder Questionnaire for Adolescents (MDQ-A), or other validated tools

If (+), conduct diagnostic evaluation

(CCA) to determine the type of bipolar

that exists in the member. Ensure the

diagnosis is based on DSM-5TR

criteria

If (-), consider another diagnosis. If diagnostic eval rules out Bipolar D/O, has DMDD, ADHD, ODD, Conduct D/O, or other psychiatric diagnosis been considered.

If mania is present, consider mood stabilizer or use SGA that has FDA approval. **Do metabolic screening prior to initiation of Rx (HEDIS).** Consider hospitalization to stabilize patient.

Is member hypomanic, can they be safely managed outside the hospital? Consider maintenance tx.

Patient meets Bipolar diagnostic

criteria. Is member acutely manic?

If patient can be discharged or managed in the outpatient. Continue maintenance tx.

Ensure the member is seen within 7 days if they are discharged from ED or inpatient psychiatric hospital (HEDIS). Also consider the psychosocial therapy listed below.



In addition to medications, consider the following psychosocial therapies.

- 1. Multifamily psychoeducation group psychoeducational psychotherapy (PEP) Fristad *et al.*
- 2. Individual family psychoeducation (PEP) Fristad *et al.*
- 3. Family-focused treatment for adolescents (FFT-A/FFT-HR)
- **4.** Interpersonal and Social Rhythm Therapy for adolescents (IPS-RT-A)
- 5. Dialectical therapy for adolescents
- 6. Child and family-focused (CFF) CBT (rainbow program)
- 7. CBT for bipolar disorders in adolescents
- 8. Interpersonal psychotherapy
- 9. Mindfulness-based intervention
- **10.** Cognitive remediation
- **11.** Intensive psychosocial intervention.
- 12. Enhanced Services*

*Enhanced services can be considered as long they are congruent with clinical coverage policy.

Please refer to the following link for full detail:

https://pmc.ncbi.nlm.nih.gov/articles/PMC6345130/