



**PROPOSED REVIEW OF SIGN GUIDELINE
CONSULTATION FORM**

Title of guideline	SIGN 82: Bipolar affective disorder
Date of publication	May 2005
SIGN scoping search – sources	<p>MeSH headings for the condition specified and any common variations as free text, plus terms for the interventions and care processes discussed in the guideline</p> <p>Sources: Guidelines: NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site. Technology appraisals: NICE; UK HTA database (Southampton); INAHTA database. Cochrane reviews: Cochrane Library. Other good quality systematic reviews: UK HTA database (Southampton); DARE.</p>
SIGN scoping search - summary	<p>Guidelines – 5 HTAs – 4 Cochrane reviews – 7 Other good quality systematic reviews – 0</p>
Other guidelines/HTAs	<p>American Academy of Child and Adolescent Psychiatry. Practice parameter for the assessment and treatment of children and adolescents with bipolar disorder. January 2007</p> <p>National Institute for Health and Clinical Excellence. The management of bipolar disorder in adults, children and adolescents, in primary and secondary care. July 2006</p> <p>World Federation of Societies of Biological Psychiatry guidelines for the biological treatment of bipolar disorders: update on the treatment of acute mania. World Journal of Biological Psychiatry 6, 1-32. April 2009</p> <p>American College of Obstetricians and Gynecologists. Use of psychiatric medications during pregnancy and lactation. April 2008.</p> <p>Bridle C, Palmer S, Bagnall A-M, Darba J, Duffy S, Sculpher M, et al. A rapid and systematic review and economic evaluation of the clinical and cost-effectiveness of newer drugs for treatment of mania associated with bipolar affective disorder. Health Technology Assessment 2004;8(19)</p> <p>Danish Centre for Evaluation and Health Technology Assessment. Preventive Outpatient Treatment in Affective Disorders. Results from a Health Technology Assessment (HTA). 2006 (in Danish; English summary available)</p> <p>Greenhalgh J, Knight C, Hind D, Beverley C, Walters S. Clinical and cost-effectiveness of electroconvulsive therapy for depressive illness, schizophrenia, catatonia and mania: systematic reviews and economic modelling studies. Health Technology Assessment 2005;9(9)</p> <p>National Coordinating Centre for Health Technology Assessment. A systematic review and economic model of the clinical effectiveness and cost-effectiveness of interventions for preventing relapse in people with bipolar disorder. Health Technology Assessment 2007;11(39)</p>

Main conclusions from new evidence	<ul style="list-style-type: none"> ▪ A Cochrane review reported that there is only a small and heterogeneous body of evidence on the effectiveness of family oriented approaches for bipolar disorder, and it is not yet possible to draw any definitive conclusions to support their use as an adjunctive treatment. <i>The guideline discusses behavioural family therapy, in particular family focused therapy, presenting evidence that this type of treatment can be beneficial. There is a non specific recommendation that evidence based psychosocial interventions should be available to patients in addition to pharmacological maintenance treatment (B).</i> ▪ Another Cochrane review stated that early warning signs (EWS) interventions, targeted at improving the recognition and self-management of manic and depressive symptoms, in addition to treatment as usual (TAU), including medication and regular appointments with health professionals, have benefits on time to recurrence and hospitalisation. <i>SIGN 82 discusses in Section 4.3 the use of psychosocial interventions and gives evidence grade B that evidence based psychosocial interventions should be available to patients in addition to pharmacological maintenance treatments, especially if complete or continued remission cannot be achieved.</i> ▪ There is some evidence that haloperidol is an effective treatment for acute mania. From limited data available, there was no difference in overall efficacy of treatment between haloperidol and olanzapine or risperidone. Some evidence suggests that haloperidol could be less effective than aripiprazole. Referring to tolerability, when considering the poor evidence comparing drugs, clinicians and patients should consider different side effect profiles as an important issue to inform their choice. <i>SIGN 82 agrees there is little evidence to support that there is any difference between older drugs like haloperidol compared to newer drugs like risperidone, although the guideline makes no mention of aripiprazole.</i> ▪ Another Cochrane review said that Risperidone, as monotherapy and adjunctive treatment, is effective in reducing manic symptoms. The main adverse effects are weight gain, extrapyramidal effects and sedation. Risperidone is comparable in efficacy to haloperidol. <i>At the time of publication, no evidence was available to give a specific recommendation, but it does mention that risperidone is comparable to haloperidol.</i> ▪ No studies involving risperidone were identified which randomly assigned treatment for long-term relapse prevention. <i>SIGN 83 mentions the lack of study/evidence regarding risperidone.</i> ▪ <i>NB The other Cochrane reviews found no evidence on which to make clear conclusions and are in areas not covered in the guideline, eg use of oxcarbazepine, tiagabine and topiramate in acute treatment of bipolar disorder.</i>
New areas that could be added to the guideline	<ul style="list-style-type: none"> ▪ Early warning signs ▪ Risperidone
Summary of the recommendations that could be updated	<ul style="list-style-type: none"> ▪ none

This report has been reviewed by SIGN Senior Management who do not consider that the new evidence provides justification for updating of the guideline at this stage, and the guideline remains current. This report will be updated and reconsidered in 2011.