**Bipolar Depression Algorithm**

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**BACKGROUND**

The psychopharmacology algorithm project at the Harvard South Shore Program published algorithms for bipolar depression in 1999 and 2010. Developments over the past 4 years suggest another update is needed.

**METHODS**

The 2010 algorithm and associated references were re-evaluated. A literature search was conducted on PubMed including review articles and recent studies to see what changes in the recommendations were justified. Exceptions to the main algorithm for special patient populations, such as patients with mixed states, ADHD, PTSD, substance use disorders, anxiety disorders, and women of childbearing potential and pregnancy, were considered.

**RESULTS**

ECT is still a 1st line option for patients in need of urgent treatment. Lithium is still the first-line pharmacotherapy. There are now three choices for second line: lamotrigine and quetiapine from before, and lurasidone is added. If psychotic symptoms are present, lamotrigine is less favored. After sequential trials of these four treatments, the next node considers valproate which has a small evidence base, or an antidepressant (bupropion and SSRIs preferred). Olanzapine monotherapy and quetiapine/lithium (FDA-approved) are still postponed due to metabolic side effects. In mixed and rapid cycle cases, avoid antidepressants. Combinations of the above options are considered in cases of partial response.

**CONCLUSIONS**

This revision incorporates new treatments such as lurasidone and important new studies and organizes the evidence systematically.

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**SELECTED REFERENCES**