If a sedating antidepressant is required:

- Tricyclic antidepressants, e.g.: (Doctor prescribed)
- Amitriptyline, oral, at bedtime.
  - Initial dose: 25 mg per day.
  - Increase by 25 mg per day at 3–5 day intervals.
  - Maximum dose: 150 mg per day.

CAUTION

» Tricyclic antidepressants can be fatal in overdose.
» Prescription requires a risk assessment of the patient and others in their household, especially adolescents.
» Avoid tricyclic antidepressants in the elderly and patients with heart disease, urinary retention, glaucoma, and epilepsy.

Treatment duration for SSRI therapy:

If the patient responds well to antidepressant, continue for a minimum of 9 months after remission of symptoms. Consider stopping after 9 months only if patient has had no/minimal symptoms and has optimal functioning. Reduce dose gradually over 4 weeks. Prolong treatment if any of the following are present:

» Concomitant generalised anxiety disorder (extend treatment to at least 1 year).
» Previous episode/s of depression (extend treatment to at least 3 years).
» Any of: severe depression, suicidal attempt, sudden onset of symptoms, family history of bipolar disorder (extend treatment to at least 3 years).
» ≥ 3 episodes of depression (advise lifelong treatment). *LoE:IIb*[21]

CAUTION

» Do not prescribe antidepressants to a patient with bipolar disorder without consultation, as antidepressants may precipitate a manic episode.
» Be careful of interactions between antidepressants and any other agents that the patient might be taking (e.g. St John's Wort or traditional African medicine).

REFERRAL

» Suicidal ideation.
» Major depression with psychotic features.
» Bipolar disorder.
» Failure to respond to antidepressants.
» Pregnancy and lactation.
» Children and adolescents.

16.4.2 BIPOLAR DISORDER

F30.0-F30.2/F30.8-F30.9/F31.0-9/F38.0-1/F38.8/F39 + (F10.0-F19.9/R45.0-8/Z65.0-5/Z65.8-9/Z81.0-4/Z81.8)

DESCRIPTION

A lifelong illness which may have an episodic, variable course with the presenting episode being manic, hypomanic, mixed, or depressive (according to accepted diagnostic criteria). An episode of mania is typically characterised by an elevated mood where a patient may experience extreme happiness, lasting days to weeks, which might also be associated with an underlying irritability. Such mood is associated with increased energy/activity, talkativeness, and a reduction in the need for sleep, and features may be accompanied by grandiose and/or religious delusions.

The diagnosis of bipolar disorder should be confirmed by a specialist. It may present with any mood state, e.g. with treatment resistant depression. The diagnosis requires either a current or previous episode of mania (bipolar I disorder) or hypomania (bipolar II disorder), but this history is not always clear, in which case a trial of treatment may be indicated.

Comorbid substance use is common. It may confuse the clinical presentation and may cause poor adherence to medication. The 'dual diagnosis' of bipolar disorder and an addiction requires referral to a specialist and ongoing monitoring after discharge.

GENERAL MEASURES

» Provide reassurance and support of the patient and family.
» Psychoeducate regarding the nature of bipolar disorder, the importance of treatment adherence, and early signs of recurrent episodes.

MEDICINE TREATMENT

For manic, agitated, and acutely disturbed patients:

» Stop antidepressants if prescribed.
» Manage as for the aggressive or disruptive patient. See Sections 16.1.2: Aggressive disruptive behaviour in adults and 16.1.3 Aggressive disruptive behaviour in children and adolescents.

For stable patients:

» Support treatment adherence and manage comorbid medical conditions - See Section 16.6: Psychiatric patients - general monitoring and care.

REFERRAL

» All patients.

16.5 PSYCHOSIS

DESCRIPTION

Psychosis is characterised by a loss of contact with reality, and may present with:

» Delusions: Fixed, unshakeable, false beliefs which are not in keeping with a person's society, culture, or religion. Beliefs may be persecutory, referential, grandiose, religiose, erotic, or bizarre in nature.
» Hallucinations: Perceptual disturbances, e.g. auditory hallucinations, which are heard as voices distinct from the patient's thoughts.