Brief guide: Bipolar disorder – assessment of concordance with NICE guidance

Context and policy position
Bipolar disorder is a serious mental illness. People with bipolar disorder have episodes of depression, often quite severe, and mania (less severe mania is known as hypomania).¹

Medicines used to treat bipolar disorder can have serious adverse effects. Lithium carbonate (lithium) can damage the kidneys and thyroid. It is therefore important that blood tests are undertaken regularly. In 2009, the National Patient Safety Agency issued an alert over concern that this was often not done well. Sodium valproate can affect the developing foetus. Despite that, it is known that sodium valproate is sometimes prescribed to women of child-bearing age without the necessary precautions in place.

CQC expects providers to follow National Institute for Health and Care Excellence (NICE) guidance on bipolar disorder. This brief guide sets out how to assess this. It refers to the NICE guideline Bipolar disorder: assessment and management and provides links to the NICE clinical knowledge summaries, and pathways for both adults and young people.

Evidence required
Awareness of NICE guidance:
- do staff refer to NICE guidance when discussing patient care and record this?
- do staff complete the Clinical Audit Tool: Bipolar Disorder, with summaries of findings and action plans in place.
- do staff participate in the Prescribing Observatory for Mental Health (POMH) audit?
- is information about NICE guidance on display? eg.in the clinic room
- are key audit findings, including those completed by junior doctors, shared with relevant clinical staff and leaders.
- is there a policy that outlines the protocol for starting lithium/valproate therapy?

In patient records, look for evidence that:
- care plans record early warning signs and triggers of relapse clearly, as well as how people want to be cared for during a relapse and their personal goals for recovery.
- staff offer patients psychological interventions, such as enhanced relapse prevention, individual psychoeducation or cognitive behavioural therapy for bipolar disorder.
- those with bipolar disorder have an annual physical health review.²
- staff give patients starting lithium a treatment pack and an opportunity to talk about the information in the pack.

¹ NHS Choices, Bipolar disorder: www.nhs.uk/Conditions/Bipolar-disorder/Pages/Introduction.aspx
² Annual health reviews and blood monitoring of these prescribed lithium may be undertaken by either the mental health team or by the patient’s GP. In either case, it is the responsibility of the mental health team to assure itself that the health check/monitoring has been done.

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• before starting treatment with lithium, staff record the patient’s weight, ECG and blood tests for kidney and thyroid function.
• lithium blood levels are checked weekly and after each dose change until the levels are constant.
• patients maintained on lithium have regular blood tests to monitor the amount of lithium in their blood (every three months), and to make sure the lithium has not caused any problems with their kidneys or thyroid (every six months).
• staff do not prescribe valproate for women of childbearing age, unless other treatments are ineffective or not tolerated.
• The care records show that women prescribed valproate or sodium valproate are aware of the risks. A patient advice leaflet is available and describes the risk of developmental disorders in children exposed to valproate during pregnancy.
• before starting valproate, a liver function test and full blood count should be done and repeated regularly along with blood monitoring to measure circulating levels of sodium valproate in order to keep liver problems within an acceptable range.

Reporting
Under Medicines management in the Safe section of the evidence appendix describe whether staff monitored lithium, monitored valproate levels, protected women of childbearing age from the teratogenic effects of valproate and ensured that annual health checks were undertaken.

Under Best practice in treatment and care in the Effective section of the evidence appendix, describe the extent to which the general management of bipolar disorder followed NICE guidance and staff were aware of NICE guidance and audited practice.

Link to regulations
Regulation 9 (Person Centred Care) may be breached if care plans do not identify the engagement with patients regarding their support and treatment.

Regulation 12 (Safe care and treatment) may be breached if staff have not undertaken the necessary screening, monitoring or health checks of patients on medication; or taken the required precautions when prescribing valproate.

Regulation 17 (Good governance) may be breached if the provider does not have an effective system to monitor compliance with best practice in screening, monitoring and health checks of patient prescribed medication for bipolar disorder.

Further reading
• National Institute for Health and Care Excellence (NICE), Bipolar disorder in adults, NICE quality standard [QS95], July 2015
• National Institute for Health and Care Excellence (NICE), Bipolar disorder overview, NICE Pathways
• National Institute for Health and Care Excellence (NICE), Bipolar disorder – Summary, Clinical Knowledge Summary, October 2015