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**INTRODUCTION**

The Clinical Practice Guidelines (CPG) on Management of Bipolar Disorder (Second Edition) was published in 2024. A Quick Reference (QR) and a Training Module (TM) are developed to increase the utilisation of the CPG. This TM has been developed by the members of the Development Group (DG) of the CPG. The contents of the TM are extracted from the main CPG. It may be reproduced and used for educational purposes but must not be used for commercial purposes or product marketing.

**OBJECTIVES**

* To actively disseminate contents of the CPG and train healthcare providers on it; it may also be used for other educational purposes in the management of Bipolar Disorder in any healthcare setting in Malaysia
* To assist the ‘trainers’ in delivering all components related to the implementation of the CPG systematically and effectively

**TARGET USERS**

All healthcare providers involved in the management of bipolar disorder in primary, secondary and tertiary healthcare settings

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| --- |
| This Training Module contains topics on:   * Introduction, objectives, target users, authors and instructions for use * Proposed training programme/schedule * Test questionnaire * 8 lectures (in **PPT**) * 3 case discussions (in **PPT**) |

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| --- |
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**INSTRUCTIONS FOR USE**

This Training Module consists of:

1. Lecture – eight sections
2. Case discussion - three sections
3. Training programme/schedule
4. Test questionnaire

(A booklet on this Training Module is enclosed together)

The training may be conducted in one day and consists of two parts. In part 1, didactic lectures are delivered to the whole group of training participants to inculcate an understanding of the management of bipolar disorder. In Part 2, participants are grouped into smaller groups to deliberate on cases of bipolar disorder with assigned facilitators. In both parts, active participation from the training participants should be required for effective learning.

The test questionnaire must be given to the training participants before the training session starts (pre-test) and after it ends (post-test). The pre-test assesses the knowledge and understanding of training participants in managing retinopathy of prematurity. The post-test is to ascertain the increase in the training participants’ knowledge after attending the training session.

Should the trainers have any queries, kindly forward to [htamalaysia@moh.gov.my](mailto:htamalaysia@moh.gov.my)

**AGENDA TRAINING OF CORE TRAINERS ON**

**CPG MANAGEMENT OF BIPOLAR DISORDER (SECOND EDITION)**

|  |  |
| --- | --- |
| **TIME** | **SESSIONS** |
| 0830 - 0900 | * Registration * Pre-test |
| 0900 - 0905 | * **Opening Remarks**/ **Brief Introduction of TCT** by   Dr. Melisa Abdul Aziz/  Dr. Karen Sharmini |
| 0910 - 0925 | * **Lecture 1: Overview and Risk Factors**   Speaker: Dr. Melisa Abdul Aziz |
| 0925 - 0940 | * **Lecture 2: Screening & Diagnosis**   Speaker: Dr. Khadijah Hasanah Abang Abdullah |
| 0940 - 0955 | **MORNING TEA BREAK** |
| 0955 - 1040 | **CASE DISCUSSION 1** |
| 1040 - 1110 | * **Lecture 3: Pharmacotherapy- Manic and Depressive Episodes**   Speakers: Dr. Christabel Terence & Dr. Lee Wen Jih |
| 1110 - 1140 | * **Lecture 4: Pharmacotherapy- Specifiers and Maintenance Phase**   Speakers: Dr. Choy Seng Kit & Pn.Siti Salwani |
| 1140 - 1200 | * **Lecture 5: Non-Pharmacological:**   **Physical Therapy/Psychosocial/ Psychotherapy/CAM**  Speakers**:** Dr. Christabel Terence & Pn. Umi Izzatti &  Dr. Aishah Siddiqah & Dr. Lee Wen Jih |
| 1200 - 1230 | * **Lecture 6: Follow-up/Monitoring/Referral**   **/Relapse Prevention/Adherence**  Speakers **:** Dr. Azrina Mahmud & Dr. Asma Assa'edah Mahmud |
| 1230 - 1400 | **LUNCH BREAK** |
| 1400 - 1500 | **CASE DISCUSSION 2** |
| 1500 - 1530 | * **Lecture 7: Special Population**   Speakers: Dr. Aishah & Dr. Yoong Mei Theng |
| 1530 - 1545 | * **Lecture 8: Suicide Prevention**   Speaker: Dr. Ravivarma Rao |
| 1545 - 1630 | **CASE DISCUSSION 3** |
| 1630 -1700 | * Post-test * Closing |

**TEST QUESTIONNAIRE**

Answer all questions by circling the right answers.

| **No.** | **Question** | **Answer** | |
| --- | --- | --- | --- |
| **True** | **False** |
| **1**. | **Regarding overview and risk factors in bipolar disorder (BD):** | | |
| 1. BD commonly presents as BD I or BD II. | T | F |
| 1. BD is one of the leading causes of disability in young people. | T | F |
| 1. Patients with BD have an increased risk of mortality especially by suicide. | T | F |
| 1. Offspring of patients with BD in the maternal age group <30 years old have a higher risk of getting BD. | T | F |
| 1. Those with co-morbid mental health disorders have a higher risk of recurrence of BD. | T | F |
| **2.** | **The following statements are TRUE about screening and diagnosis in BD.** | | |
| * 1. Diagnosis requires both episodes of depression and mania in the clinical history. | T | F |
| * 1. Diagnosis can be made using the International Classification of Diseases Eleventh Revision | T | F |
| * 1. Rapid mood screener is the gold standard for screening BD. | T | F |
| * 1. Distractibility, poor concentration and talkativeness are some of the similarities of BD and attention-deficit/hyperactivity disorder. | T | F |
| * 1. Substance abuse has a relatively high co-morbidity with BD. | T | F |
| **3.** | **The following medication is indicated as the first step to treat acute depressive episode in BD:** | | |
| 1. Monotherapy typical antipsychotics (APs) | T | F |
| 1. Monotherapy lithium | T | F |
| 1. Monotherapy antidepressant | T | F |
| 1. Combination of atypical antipsychotics (AAP) and mood stabiliser | T | F |
| 1. Combination of antidepressant and mood stabiliser | T | F |
| **4.** | **The following statements are true for the treatment of manic episode in BD:** | | |
| 1. Monotherapy haloperidol may be used. | T | F |
| 1. Medication may be changed if there is no response in a week. | T | F |
| c. Combination of valproate and quetiapine may be used. | T | F |
| 1. Antidepressant should be continued if the patient is currently taking it for maintenance therapy. | T | F |
| 1. Lamotrigine may be use as monotherapy or in combination. | T | F |

|  |  |  |  |
| --- | --- | --- | --- |
| **5.** | **The following statements are TRUE regarding pharmacotherapy of BD with specifiers:** | | |
| 1. Lithium is one of the first-line medications to manage acute mood episodes with mixed features. | T | F |
| 1. Antidepressants should be avoided in mixed features. | T | F |
| 1. Combination therapy is preferred over monotherapy in mixed features. | T | F |
| 1. Combination therapy is preferred over monotherapy in rapid cycling BD. | T | F |
| 1. Mood stabilisers are more effective than AAPs in the treatment of anxious distress. | T | F |
| **6.** | **The following statements are true regarding pharmacotherapy in BD maintenance phase:** | | |
| 1. For patients clinically stable with combination therapy, maintaining the same treatment may prevent recurrence up to one year. | T | F |
| 1. Quetiapine is one of the preferred first-line medications. | T | F |
| 1. Combination therapy is preferred over monotherapy. | T | F |
| 1. Typical AP depot injection can be used to improve adherence. | T | F |
| 1. Antidepressant monotherapy is not recommended. | T | F |
| **7.** | **The following statements are TRUE regarding the monitoring and referral of patients with BD.** | | |
| * 1. Thyroid function test is only indicated for BD patients who are on lithium. | T | F |
| * 1. Weight and blood pressure should be monitored annually. | T | F |
| * 1. Serum lithium should be monitored every time the dose is changed. | T | F |
| * 1. Patients with BD who have psychiatric co-morbidities need to be referred to psychiatric services. | T | F |
| * 1. Patients with BD who are stable may return to primary care for continuity of care. | T | F |
| **8.** | **Which of the following statement(s) is/are TRUE regarding psychosocial intervention and psychotherapy in the treatment of BD.** | | |
| * + - * 1. Psychosocial intervention and psychotherapy can be used as part of the management of BD without pharmacotherapy. | T | F |
| * + - * 1. Psychoeducation is given by delivering information only on symptoms that the patient is currently struggling with. | T | **F** |
| * + - * 1. Self-monitoring using smartphone apps is effective in reducing manic symptoms. | **T** | F |
| 1. Dialectical behaviour therapy techniques can be used in managing symptoms of depression in BD. | **T** | F |
| 1. interpersonal and social rhythm therapy is proven effective for BD patients who refuse medication. | T | **F** |
| **9.** | **Which of the following statement(s) is/are TRUE regarding relapse prevention and strategies to improve adherence in BD?** | | |
| Adjunctive group psychoeducation is effective in preventing relapse of manic but not depressive episodes. | T | F |
| Stand-alone CBT is not effective in preventing relapse. | T | F |
| Customised adherence enhancement is effective in improving compliance to BD medications. | **T** | F |
| * + - * 1. Technology-assisted strategy such as smartphone-based self-monitoring systems are proven effective to improve adherence. | T | F |
| * + - * 1. Community-based care shows strong evidence in improving medication adherence. | T | F |
| **10**. | **Which of the following statement(s) is/are true?** | | |
| Carbamazepine should be used for a pregnant woman with bipolar disorder. | T | F |
| Lithium is the preferred medication for a lactating woman with bipolar disorder | T | F |
| Recognising warning signs of impending suicidal crisis is a component of suicide safety plan. | T | F |
| Pharmacological treatment should be offered as first-line for all bipolar disorder in children and adolescents. | T | F |
| Lithium is as effective as AAP in the treatment of bipolar disorder in the elderly population. | T | F |

**ANSWERS FOR TEST QUESTIONNAIRE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Question** | | **Answers** | **Question** | | **Answers** | **Question** | | **Answers** |
| **1.** | a. | **T** | **5.** | a. | **F** | **8.** | a. | **F** |
| b. | **T** | b. | **T** | b. | **F** |
| c. | **T** | c. | **F** | c. | **T** |
| d. | **F** | d. | **T** | d. | **T** |
| e. | **T** | e. | **F** | e. | **F** |
| **2.** | a. | **F** | **6.** | a. | **T** | **9.** | a. | **F** |
| b. | **T** | b. | **T** | b. | **T** |
| c. | **F** | c. | **F** | c. | **T** |
| d. | **T** | d. | **F** | d. | **F** |
| e. | **T** | e. | **T** | e. | **F** |
| **3.** | a. | **F** | **7.** | a. | **F** | **10.** | a. | **F** |
| b. | **T** | b. | **F** | b. | **F** |
| c. | **F** | c. | **T** | c. | **T** |
| d. | **T** | d. | **T** | d. | **F** |
| e. | **F** | e. | **T** | e. | **F** |
| **4.** | a. | **T** |  |  |  |  |  |  |
| b. | **F** |  |  |  |  |  |  |
| c. | **T** |  |  |  |  |  |  |
| d. | **F** |  |  |  |  |  |  |
| e. | **F** |  |  |  |  |  |  |