# I. Introduction

The VA and DoD Evidence-Based Practice Work Group (EBPWG) was established and first chartered in 2004, with a mission to advise the VA/DoD Health Executive Committee "on the use of clinical and epidemiological evidence to improve the health of the population . . ." across the Veterans Health Administration (VHA) and Military Health System (MHS), by facilitating the development of CPGs for the VA and DoD populations.(1) Development and update of VA/DoD CPGs is funded by VA Evidence Based Practice, Office of Quality and Patient Safety. The system-wide goal of evidence-based CPGs is to improve patient health and wellbeing.

The VA/DoD EBPWG initiated the creation of the VA/DoD Bipolar Disorder (BD) CPG in 2021. This CPG provides an evidence-based framework for evaluating and managing care for individuals with BD toward improving clinical outcomes. Successful implementation of this CPG will

- Assess the patient's condition and collaborate with the patient, family, and caregivers to determine optimal management of patient care;
- Emphasize the use of patient-centered care and shared decision making;
- Minimize preventable complications and morbidity; and
- Optimize individual health outcomes and quality of life (QoL).

# II. Background

## A. Description of Bipolar Disorder

Bipolar disorder is a serious mental health condition that affects more than 40 million people worldwide.(2) It is marked by fluctuations in mood, thought, energy, behavior, and social functioning. Specific BD diagnoses depend on the severity, polarity, and duration of mood episodes. Within the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR),(3) mania is a type of mood episode marked by some combination of elevated, expansive, or irritable mood; increased goal-directed activity or psychomotor agitation; decreased need for sleep; inflated self-esteem; pressured speech; racing thoughts; distractibility; or engagement in risky activities, such as reckless spending or sexual indiscretions. To qualify as a manic episode, symptoms must be present most of the day, nearly every day, for at least one week and result in significant impairment or negative consequences (e.g., hospitalization, arrest, psychotic features, harm to others, loss of a job or important relationships). However, many episodes (not only of mania, but also of hypomania and depression as described below) might last significantly longer than one week.

Hypomania might feature many of the same symptoms as mania and represents a marked change in behavior when compared with a person's normal functioning but, by definition, does not involve the same level of negative consequences.(3) In fact, some people might experience improved mood and productivity while hypomanic, potentially