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## Disseminating Bipolar Disorder Guidelines

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# DISSEMINATING BIPOLAR DISORDER GUIDELINES

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VINCENT NOCERA

FAMILY MEDICINE CLERKSHIP NOVEMBER 2019 - MIDDLEBURY FAMILY HEALTH

PRECEPTOR: PETER WILLHELM

## 2 PROBLEM IDENTIFICATION

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- An estimated 4.4% of Americans will have Bipolar Disorder at some point in their lives<sup>1</sup>
- Approximately 83% of people with Bipolar Disorder will have serious impairment (as measured by the Sheehan Disability Score)<sup>1</sup>
- 16<sup>th</sup> leading cause of Years Lost to Disability (YLD) worldwide<sup>2</sup>
- 6<sup>th</sup> leading cause of YLDs amongst the young<sup>2</sup>
- Non-metropolitan New England counties, like Addison county, have only 20 psychiatrists per 100,000 residents, vs 37 in metropolitan New England<sup>3</sup>

### 3 PUBLIC HEALTH COST

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- Total cost to society attributable to Bipolar Disorder type I alone is estimated at \$202 billion yearly in the US or approximately \$82,000 per patient<sup>4</sup>
- Patients are unable to maintain occupational function approximately 30% of the time<sup>2</sup>

## 4 COMMUNITY PERSPECTIVE

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- Physician 1
  - “I have found patients who have problems with the blunting side effects of some of these medications have trouble being compliant with their meds”
  - “In my experience its sometimes only when a patient has experienced horrible effects from their mood episodes that they then become compliant with their medications”
- Physician 2
  - “It is extremely difficult to access good psychiatric care in Addison county”

## 5 INTERVENTION

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- Up to date, comprehensive guidelines on the management of Bipolar Disorder were identified
- A slide show summarizing these guidelines was developed, with particular attention to high yield clinical principles (eg challenges of diagnosis, first-line medications for different phases of the illness, the role of psychosocial treatment)
- The slide show was used to guide a lunch time discussion with most of the physicians at an Addison county family health practice (Middlebury Family Health)

## 6 RESPONSE

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- Generally Positive
- Physician engagement during the discussion was very high
- Many parts of the slideshow clarified and expanded upon knowledge providers had used in their own practice
- Meaningful discussion arose around the more tricky aspects of managing bipolar disorder, as well as what the role of the family physician is in its management

# 7 PROPOSED EVALUATION AND LIMITATIONS

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- Qualitative feedback
  - Physician participants could be provided with anonymous online feedback system, to more candidly communicate their needs for such an activity
- Surveys
  - Physician participants could be asked to take pair of pre-post surveys, exploring their comfort level of basics of management of Bipolar Disorder
- Limitations
  - Lack of information about local resources; lack of representatives from local mental health organizations participating in discussion



## 8 FUTURE DIRECTIONS

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- Repeat discussion with other provider group in the area, this time implementing pre-post surveys for participants
- Giving participants more specific information on how to most effectively advocate for their patients in the context of scarcity in local mental health providers
- Bringing representatives from nearby mental health organizations to the discussion, to provide their perspectives on the challenges of providing for patients with bipolar disorder in a rural setting

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