Bipolar affective disorder (BPAD):
1. Affects more than one in 20 people in the UK
2. Is twice as likely to occur in individuals with a family history of mood disorders
3. Is associated with episodes of mania (or hypomania) and depression
4. Is a likely diagnosis for people with known thyroid conditions
5. Is associated with a high rate of substance misuse

Regarding BPAD:
6. Hypomania is a severe form of mania
7. Presence of both manic and depressive symptoms is necessary for a positive diagnosis
8. Patients with the condition are at high risk of suicide
9. Comorbid anxiety is rare
10. Rapid cycling is an acute episode where mania and depression exist at the same time

Symptoms of mania can include:
1. Overspending
2. Rapid speech
3. Sexual inhibition
4. Delusions of grandeur
5. Manifestation of special powers

Regarding management of BPAD:
1. Medicines can cure the condition effectively
2. Mood stabilisers can prevent and treat manic, but not depressive, episodes
3. For most patients maintenance treatment should continue for no more than a year
4. Medication can reduce patients’ risk of suicide
5. Rapid cycling is more complex to treat than other forms of BPAD

Regarding lithium:
1. It should always be taken in the morning
2. Sedation and lethargy are among its side effects
3. Therapeutic drug monitoring should be used to guide dosing
4. Blood levels of the drug can decline in renal impairment
5. Abrupt cessation of treatment is generally well tolerated

Signs of lithium toxicity include:
1. Confusion
2. Increased appetite
3. Alopecia
4. Vomiting
5. Myoclonic jerks

Concerning medicines for BPAD:
1. Valproate is probably more effective at preventing manic than depressive states
2. Sodium valproate is licensed for use in BPAD
3. Lamotrigine is an acceptable first-line option
4. Antidepressants can cause (hypo)mania in patients with BPAD
5. All patients treated with antipsychotics should have an electrocardiogram taken

Concerning women with BPAD and pregnancy:
1. Contraception and the risk of pregnancy should be discussed when treating women of childbearing age
2. For planned pregnancies, clinicians should only consider discontinuing lithium if the patient is not at high risk of relapse
3. Semisodium valproate is a safe treatment option in pregnancy
4. If lithium is continued during pregnancy, blood levels should be monitored closely because changes in fluid balance are more likely
5. The incidence of acute relapse during pregnancy is low

In the treatment of acute relapse of BPAD:
1. Use of benzodiazepines is contraindicated
2. Patients already being treated for BPAD who relapse with mania should have their current medicines discontinued
3. Lithium should be commenced in the short term even if it is not a suitable long-term therapy
4. Antidepressants are not recommended as monotherapy for depressive relapse because of patients’ risk of switching to (hypo)mania
5. Valproate may be more effective than lithium for treating mixed affective states

Evidence of efficacy for treating acute depressive episodes currently exists for:
1. Risperidone
2. Lithium
3. Aripiprazole
4. Quetiapine
5. Valproate