To All Stakeholders

Ref: Treatment Algorithm for Bipolar Mood Disorder
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Circular 41 of 2009

The Bipolar Mood Disorder (BMD) therapeutic algorithm has been published by the Minister of Health

This circular serves to notify all stakeholders that the Bipolar Mood Disorder treatment algorithm was published by the Minister on the 21st of December 2009. This ensures access to appropriate treatment for all affected patients with immediate effect.

The therapeutic algorithm was developed through a consultative and participative process with industry stakeholders during the review of the prescribed minimum benefits by the Department of Health. The gazetted algorithm is attached for your information.

Boshoff Steenekamp
REF Project specialist
GOVERNMENT NOTICE

DEPARTMENT OF HEALTH

No. R. 1215

21 December 2009

MEDICAL SCHEMES ACT, 1998 (ACT NO.131 OF 1998)

REGULATIONS MADE IN TERMS OF THE MEDICAL SCHEMES ACT, 1998 —AMENDMENT
THERAPEUTIC ALGORITHMS FOR CRONIC CONDITIONS


I, Dr A Motsoaledi, Minister of Health, hereby amends Annexure A by issuing and inserting after the therapeutic algorithm for ASTHMA, the therapeutic algorithm as set out in the Schedule.
Bipolar mood disorder Algorithm

**DSM-IV diagnosis**

**Acute phase**

Manic episode
- Mania or hypomania with euphoric mood
- Rapid cycling
- Mixed or dysphoric mood
- Mania with psychosis

Depressive episode
- Mild to moderate
- Severe
- Depression with psychosis

Cyclothymia
- Lithium and/or Valproate and/or Typical or atypical antipsychotics as required
- If IMI Olanzapine is given, no Benzodiazepine must be used within 2 hours
- Benzodiazepine for use only in the acute phase

Remission
- Response
- Poor response within 4 to 6 weeks

Continuation phase
- Check adherence and/or optimize medication

Utilize all three mood stabilisers in combination
- Incomplete response
- Consider ECT

Add atypical antipsychotic and/or another mood stabilizer
- Incomplete response
- Review management and diagnosis in accordance with public sector practice

Maintenance phase
- To maintain the patient optimally, eliminate treatment that might cause depression or relapse
- Continue maintenance
- Relapse
Glossary:

- DSM-IV: Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition
- ECT: Electroconvulsive therapy

Applicable ICD10 Coding

- F31 Bipolar Affective Disorder
  - F31.0 Bipolar affective disorder, current episode hypomanic
  - F31.1 Bipolar affective disorder, current episode manic without psychotic symptoms
  - F31.2 Bipolar affective disorder, current episode manic with psychotic symptoms
  - F31.3 Bipolar affective disorder, current episode mild or moderate depression
  - F31.4 Bipolar affective disorder, current episode severe depression without psychotic symptoms
  - F31.5 Bipolar affective disorder, current episode severe depression with psychotic symptoms
  - F31.6 Bipolar affective disorder, current episode mixed
  - F31.7 Bipolar affective disorder, currently in remission
  - F31.8 Other bipolar affective disorder
  - F31.9 Bipolar affective disorder, unspecified

Note:

1. Medical management reasonably necessary for the delivery of treatment described in this algorithm. This management includes provision for allied health support, consultation(s) to collect collateral information, and group therapy where indicated, but is subject to the application of managed health care interventions by the relevant medical scheme.

2. To the extent that a medical scheme applies managed health care interventions in respect of this benefit, for example clinical protocols for diagnostic procedures or medical management, such interventions must—
   a) not be inconsistent with this algorithm;
   b) be developed on the basis of evidence-based medicine, taking into account considerations of cost-effectiveness and affordability; and
   c) comply with all other applicable regulations made in terms of the Medical Schemes Act, 131 of 1998

3. This algorithm may not necessarily always be clinically appropriate for the treatment of children. In this case, alternative paediatric clinical management is included within this benefit if it is supported by evidence-based medicine, taking into account considerations of cost-effectiveness and affordability.

DR A MOTSOALEDI, MP
MINISTER OF HEALTH