Objective: As part of a process to improve bipolar disorders (BPD) treatment and outcome in France, AFBP developed recommendations in the management of patients with bipolar disorders for French practitioners. The recommendations aim to reflect both evidence-based practice and real-world experience. Here, we will focus on the management of BPD with comorbid addictive disorders.

Method: A formalized method by expert consensus panel was used. 239 questions were developed and sent to a panel of 40 French experts in order to assess six domains:

1) screening and diagnosis,

2) acute phase treatment,

3) maintenance and non pharmacological treatment,

4) somatic comorbidities,

5) psychiatric comorbidities and suicide risk management and

6) special populations.

Special attention was made to situations where evidence based treatment are lacking.

Results: The treatment of BPD and comorbid addictive disorders should be concurrent. The only exception is during an alcohol withdrawal where mood state may be reassessed for a second time. Experts recommend the use of atypical antipsychotics or anticonvulsants during a manic, mixed or depressive episode as well as in prophylaxia. During a depressive episode, the adjunction of an antidepressant may be considered. If adjunctive sedative treatment is necessary, a sedative classical antipsychotic seems to be a better choice that benzodiazepine. Substitution treatment for opioid must not be stopped. A psychotherapy focused on the addiction should be systematic in substance dependence and proposed in substance abuse.

Conclusion: The French expert panel recommends different therapeutic options for patients with dual diagnosis compared to usual BPD patients.