1. Manic-depressive disorder (MDD) occurs in persons with MR/DD as often as in normal individuals.

2. A positive family history for MDD increases the likelihood of bipolar disorder.

3. The symptoms of bipolar disorder depend on the severity of mental retardation.

4. Sleep disturbance, restlessness, and aggressive behavior are common symptoms of mania.

5. Medical problems can produce symptoms that “mimic” manic depressive illness.

6. Medications, e.g., antidepressants, may produce mania that is treated by cessation of the mood elevating medication.

7. Treatment for mood stabilization must be individualized for the patient beginning with either lithium or valproic acid.

8. Antidepressant therapy and mood stabilizers are commonly prescribed for prolonged periods in manic-depressive patients.

9. Lithium has both an anti-manic and antidepressant quality.

10. The natural history of manic-depressive illness in persons with MR/DD is unknown; although, rapid cycling may become more common in later life.

11. Avoid polypharmacy with two antipsychotics or antipsychotics and benzodiazepines.

12. Polypharmacy with mood stabilizers can be used when monotherapy fails.