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Psychiatry and Addictions Case Conference

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BIPOLAR DISORDER – ADJUNCTS FOR MAINTENANCE

(AND DIAGNOSIS)

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GENERAL DISCLOSURES

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SPEAKER DISCLOSURES

- ✓ Any conflicts of interest?

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OBJECTIVES

1. (Diagnosis)

2. Goals of maintenance

3. Maintenance strategy examples (adjunct to medication treatment)

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PRIMARY CARE CASE

- 37 y/o man
- Depression x 10yrs
- Past stimulant use
- Past ADHD in childhood
- PHQ9 score today 19. Low mood, low energy.
- Reports “I used to be irritable and not sleep for a week or so during my 20s”
- Asthma, past intermittent treatment with prednisone in 20s

Diagnostic uncertainty. How do you proceed?

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DIAGNOSIS IS DIFFICULT IN ANY SETTING

- Often seems like there isn't enough information
- Uncertainty about accuracy of past diagnoses
- Clinicians try to balance uncertainty with knowing that many individuals with bipolar disorder go 8 yrs without accurate diagnosis
- How do you manage diagnostic uncertainty?

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OBJECTIVES

1. (Diagnosis)

2. **Goals of maintenance**

3. Maintenance strategies (adjunct to medication treatment)

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MAINTENANCE OUTCOMES

What are potential clinical outcomes to observe for in maintenance treatment?

- Does a subsequent mood episode occur?
- Duration until subsequent mood episode?
- Severity of subsequent mood episode
- Proportion of days between mood episodes with symptoms
- Daily functioning

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WHAT HAPPENS CLINICALLY?

- STEP-BD study, among those remitted (n=858), within 2yrs 50% had recurrence of mood episode
- Other studies (n=198), recurrent mood episode 60% of patients
- Recurrence associated with poor psychosocial functioning. Treatment resistance appears to increase with each episode.

Perlis RH, et al. Am J Psychiatry. 2006;163:217.
Post RM, et a.. J Clin Psyhciatry 2010;71:1176.
Gignac, et al. J Clin Psychiatry. 2015;76:1241.

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FACTORS ASSOCIATED WITH RECURRENCE

What is associated with mood episode recurrence?

- Residual depressive or hypomanic symptoms
- Substance use
- Exposure to benzodiazepines, antidepressants in some
- Lack of intensification of treatment
- Proportion of days with depressive or anxiety symptoms
- Poor sleep
- Intermittent medication use
- Inconsistent circadian/social rhythms

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DR. DUNCAN ASKED…

The idea behind this topic was to ID some behavior/self-care treatment aspects that go beyond medications for providers to promote for mood stabilization. For example:

- -regular sleep patterns
- -meals
- -physical activity
- -pursuing work
- -medication adherence
- -others? ----life events

How do you assess these factors in practice?

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One Example

A measure used in Interpersonal and social rhythm therapy in evaluating variability in rhythms
--- IPSRT addresses rhythm dysregulation in bipolar disorder

-Stressors and other life events alter daily life patterns, which can disrupt biological rhythms

ID: ..... **Adapted SRM-5** Initials: .....

Directions:

- Record the **ideal** (or target) time you would like to do these daily activities
- Record the time you **actually** did the activity each day
- Record the **people** involved in the activity: 0 = Alone; 1 = Others present; 2 = Others actively involved; 3 = Others very stimulating

Day and Date:													
Activity	**Target time**	**Time**	**People**	**Time**	**People**	**Time**	**People**	**Time**	**People**	**Time**	**People**	**Time**	**People**
Out of bed													
First contact with other person													
Start work/school/ Volunteer/ family care													
Dinner													
To bed													
Rate ENERGY LEVEL each day from -5 to +5 *- 5 = very slowed, fatigued / + 5 = very energetic, active*													

Table I. Adapted SRM-5.

Frank E, et al. Dialogues Clin Neurosci. 2007;9:325-332.

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CASE EXAMPLE

Very brief history

- 37 y/o woman, diagnosed with bipolar disorder, acute depression, Li 0.8mmol/L, new tx adequate dose quetiapine.
- Recent divorce, move, new work with day and night work, new financial stressors, low mood, low motivation

Considerations

- Inconsistent routines
- Role transitions

- Low motivation to ask about consistent work schedule
- Low energy/interest in scheduling interpersonal interactions

Frank E, et al. Dialogues Clin Neurosci. 2007;9:325-332.

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ADJUNCTIVE MAINTENANCE PSYCHOTHERAPY

- Group and individual psychoeducation
- Detecting early warning signs (prodromal signs)
- Family therapy

Vieta, et al.
Geddes and Miklowitz. Lancet 2013;381

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ADJUNCT PSYCHOTHERAPY - STUDY RESULTS

- Three adjunctive psychotherapies
  - IPSRT
  - CBT
  - Family-focused
- Shorter time until remission, **fewer days with residual depressive symptoms**, among those receiving psychotherapy (n=293)
- No differences among psychotherapies

Miklowitz, et al. Am J Psychiatry. 2007;164:1-8.

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COLLABORATIVE CARE STRATEGIES (SPECIALTY SETTINGS)

- Two trials
- Intervention included:
  - Enhance self-management,
  - group psychoeducation,
  - clinician decision support with guidelines,
  - easier access to care,
  - nurse care coordinators,
  - monitoring medication adherence

Bauer, et al. Psychiatr Serv. 2006;57:937-945.
Simon et al. Arch Gen Psychiatry. 2006;63:500-508.

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COLLABORATIVE CARE TRIALS, SOME RESULTS

- Significant reduction in manic symptoms, risk of manic of hypomanic episode
- Reduction in total number of weeks with mood symptoms (reduction of 5-6 wks over 2-3yrs)
- Greater number of visits
- Greater quality of life

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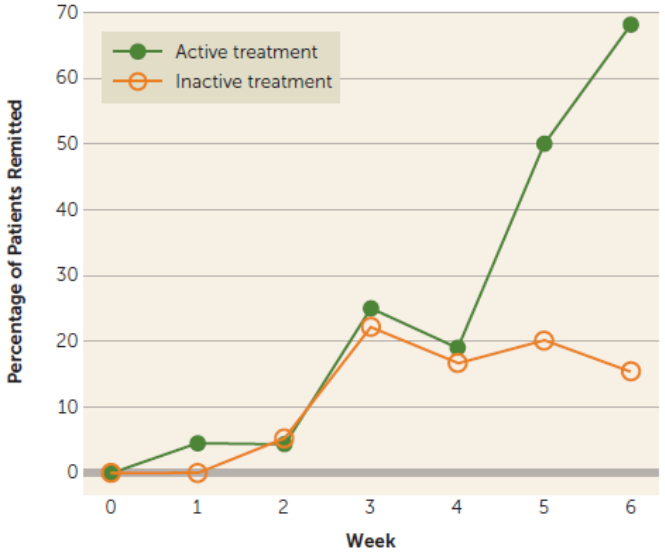
NEW STUDY ON LIGHT THERAPY -

- Environmental cues alter circadian rhythms -- relapse
- N=45, maintenance medication, moderate-severe acute depression

- 15min light sessions, btw 12pm-230pm
- Each week duration increased up to 60min

ADJUNCTIVE BRIGHT LIGHT THERAPY FOR BIPOLAR DEPRESSION

FIGURE 1. Remission Rates Across Study Weeks for Patients With Bipolar Depression Treated with Active (Bright White Light) or Inactive (Dim Red Light) Light Therapy[a]



[a] Significant difference in remission rates between the active treatment group (68.2%) and the inactive treatment group (22.2%) (odds ratio=7.50, 95% CI=1.80, 31.28, p=0.003; adjusted odds ratio=12.64, 95% CI=2.16, 74.08, p=0.004).

Sit, et al. Am J Psychiatry in Advance.

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- Questions and Discussion

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