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Psychiatry and Addictions Case Conference

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BIPOLAR DISORDER – MEDICATION TREATMENT

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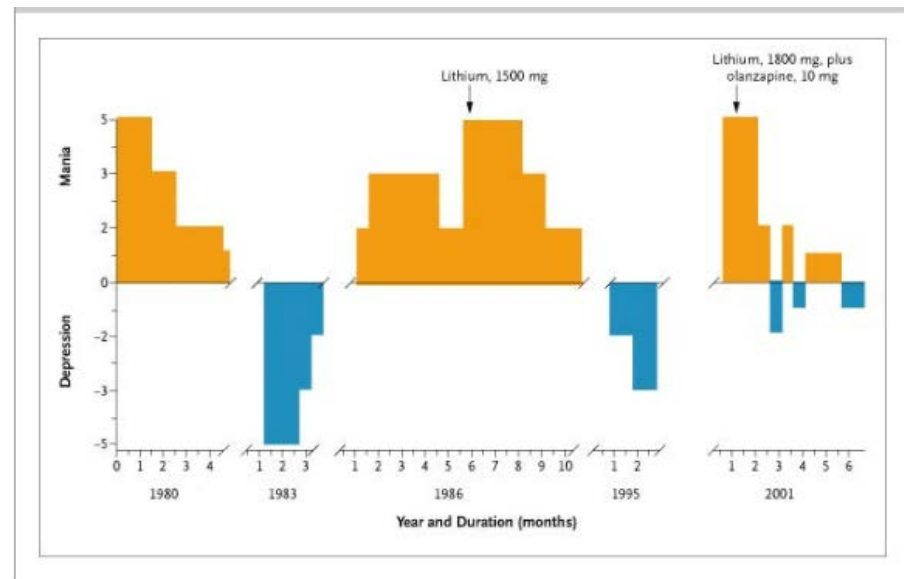


OBJECTIVES

1. List medications commonly used to treat patients with bipolar depression
2. Tolerate the uncertainty of antidepressant use in patients with bipolar depression

WHAT IS BIPOLAR DISORDER?

- Episodic, and often chronic, depressive symptoms.
- Less frequent hypomanic or manic symptoms and episodes



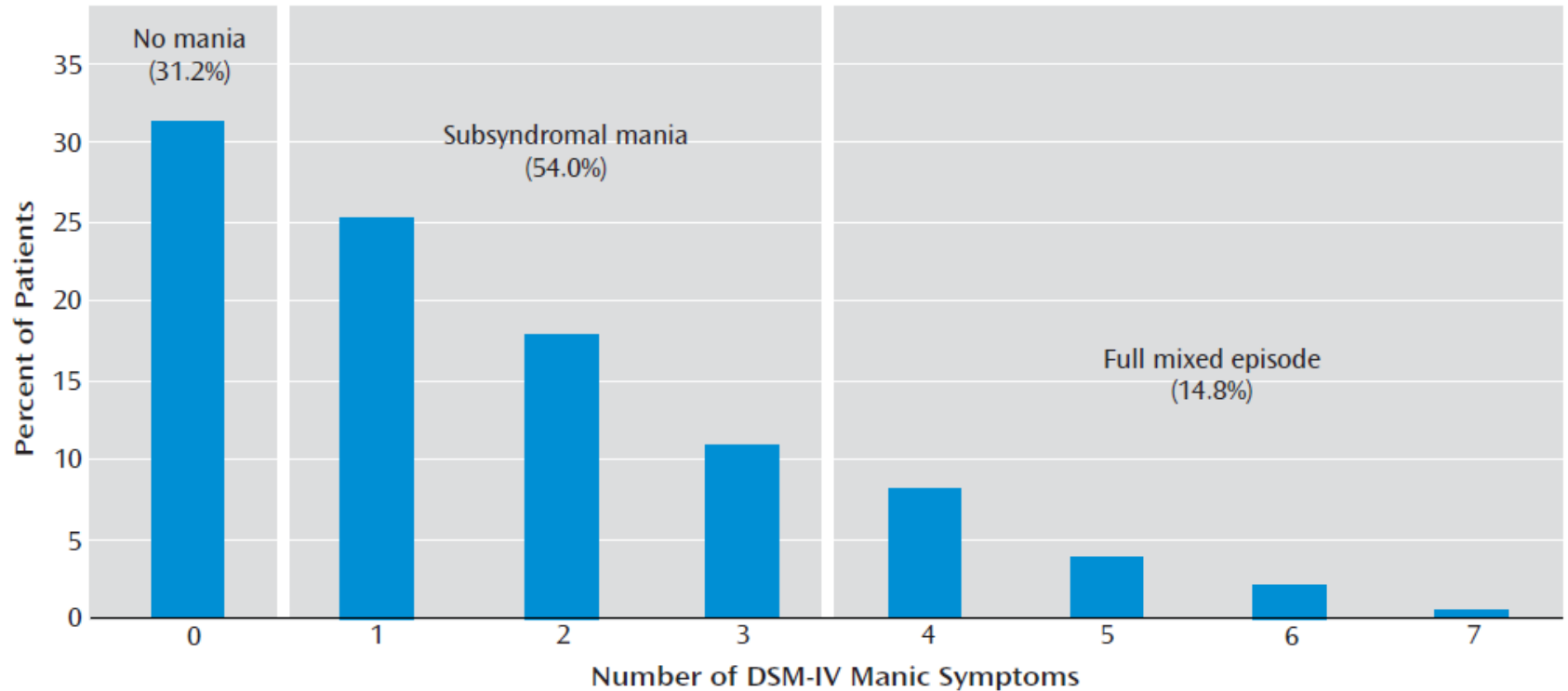
PHASES OF BIPOLAR DISORDER

- **Depression**
- **Hypomania**
- **Mania**
- **Maintenance**

These can all have mixed symptoms

Majority of individuals with bipolar depression experience 1 or more concurrent manic symptom

FIGURE 1. Number of DSM-IV Manic Symptoms During an Index Episode of Bipolar Depression in STEP-BD (N=1,380)



Medications with FDA Indications

<u>Generic Name</u>	<u>Mania</u>	Mixed	<u>Maintenance</u>	<u>Depression</u>
Valproate	X			
Carbamazepine extended release	X	X		
Lamotrigine			X	
Lithium	X		X	
Aripiprazole	X	X	X	
Ziprasidone	X	X		
Risperidone	X	X		
Asenapine	X	X		
Quetiapine	X			X
Chlorpromazine	X			
Olanzapine	X	X	X	
Olanzapine/fluoxetine combination				X
Lurasidone				X

MEDICATIONS WITH EVIDENCE - DEPRESSION

- Lithium
- Anticonvulsants
 - Lamotrigine
 - Divalproex
- Antipsychotic medications
 - Quetiapine
 - Lurasidone
 - Olanzapine/fluoxetine
- Antidepressant medications?

LITHIUM

- Depression, mania, maintenance
 - Reduces morbidity, suicide risk
 - Delays time until next mood episode
- Usually start with bid dosing then consolidate to bedtime (usual starting dose is lithium 300mg po bid)
 - Acute – 0.8 – 1.2 mmol/L
 - Maintenance – depends, 0.6 - 1.2 mmol/L
- Before initiating treatment
 - UA, BUN, creatinine, thyroid studies, Ca, pregnancy
- Thiazides, ACE inhibitors, NSAIDs may increase serum lithium level

ANTICONVULSANTS

- Lamotrigine
 - 25mg po daily for 2 wks, then 50mg po daily for 2 wks, then 100mg for 1 week, then 200mg
 - Usually well tolerated
- Divalproex
 - Usually dose to serum level 50-125mcg/mL
 - Usual starting dose 500mg po qhs target dose 1000-2000mg/ day in divided dosing

ANTIPSYCHOTICS

- Quetiapine
 - Usual starting dose 50-100mg po qhs, increase as tolerated to 300mg po qhs
- Lurasidone
 - Usual starting dose 20mg po daily, increase to 40-80mg po daily
- Olanzapine/fluoxetine
 - There are other options
- Concerns with antipsychotics including metabolic side effects and restlessness/movement problems, also sedation

ANTIDEPRESSANTS

- Confusing

ANTIDEPRESSANTS

- Usually ineffective in treating acute depression,
 - may even worsen the course as monotherapy
 - or when 2 or more hypomanic symptoms are present

- Mixed results for maintenance treatment, particularly for individuals with bipolar II disorder

ANTIDEPRESSANTS

Reviews and Overviews

Mechanisms of Psychiatric Illness

The International Society for Bipolar Disorders (ISBD) Task Force Report on Antidepressant Use in Bipolar Disorders

Am J Psychiatry 170:11, November 2013

12 Major Recommendations

ANTIDEPRESSANTS

Acute treatment

1. Adjunctive antidepressants may be used for an acute bipolar I or II depressive episode when there is a history of previous positive response to antidepressants.
2. Adjunctive antidepressants should be avoided for an acute bipolar I or II depressive episode with two or more concomitant core manic symptoms in the presence of psychomotor agitation or rapid cycling.

Maintenance treatment

3. Maintenance treatment with adjunctive antidepressants may be considered if a patient relapses into a depressive episode after stopping antidepressant therapy.

Monotherapy

4. Antidepressant monotherapy should be avoided in bipolar I disorder.
5. Antidepressant monotherapy should be avoided in bipolar I and II depression with two or more concomitant core manic symptoms.

- Other recs: avoid in mixed states, usually choose SSRI over others, avoid in individuals with frequent mood changes

SIDE NOTE

- Can safely use bupropion or varenicline (not an antidepressant) as tobacco use treatment for individuals with bipolar disorder who smoke

CHOOSING A MEDICATION - I

- Measure symptom severity
- Track symptoms over time
- Can use the PHQ9 for depression symptoms

CHOOSING A MEDICATION - II

- Past response
- Concurrent problems and medications
- Combination treatment is common