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Psychiatry and Addictions Case Conference

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MANAGING BIPOLAR DEPRESSION IN PRIMARY CARE

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project ECHO

SPEAKER DISCLOSURES

- ✓ No conflicts of interest.

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OBJECTIVES

- At the conclusion of this session, attendees will be able to:
  - Recognize the predominant role of depressive episodes in the morbidity associated with bipolar disorder.
  - Summarize the outcomes of the SPIRIT study
  - Apply an orderly approach to the care of bipolar depression.

INTRODUCTION TO THE ISSUES WITH BIPOLAR DEPRESSION

- By far the most common presentation
- Associated with long-term morbidity
- Treatment may differ from
  - Treatment of mania
  - Maintenance treatment

INCIDENCE HIGH

- 4.3% of general primary care patients and up to 10% of primary care patients with a psychiatric complaint.

Cerimele et al, Gen Hosp Psychiatry. 2014 Jan-Feb;36(1):19-25.

MORBIDITY HIGH

Bipolar depression largely accounts for:

- long-term morbidity,
- impaired functioning
- risk of suicide.

Simon GE, Bauer MS, Ludman EJ, Operskalski BH, Unützer J SOJ Clin Psychiatry. 2007;68(8):1237.

SPIRIT STUDY TAKEHOMES

Collaborative Care of bipolar disorder and PTSD works in rural FQHC's.

Nothing exotic about treatment approach – the medication interventions were standard and the behavioral interventions straightforward.

Fortney JC et al. Comparison of Teleintegrated Care and Telereferral Care for Treating Complex Psychiatric Disorders in Primary Care: A Pragmatic Randomized Comparative Effectiveness Trial. *JAMA Psychiatry.* 2021;78(11):1189–1199.

DIAGNOSIS

- Priors may or may not be valid (e.g. ER doc)
- Present or past history of mania / hypomania makes the distinction between MDD and bipolar depression.
  - CIDI-3 – ask about “periods lasting several days”
- Presence / absence of especially stimulants / cocaine / meth

APPROACHING BIPOLAR DEPRESSION

- **Lamictal** [in less urgent cases] push to 200 mg but not faster than standard titration.
- **Quetiapine** (First line when more severe episode or psychosis)
  - Metabolic risk
  - Administer once daily at bedtime. Day 1: 50 mg Day 2: 100 mg Day 3: 200 mg Day 4: 300 mg
- **Lurasidone** 20-60 mg hs
  - Much less weight gain than quetiapine
  - I have used higher doses
- **Lithium** useful adjunct –
  - 300 mg hs titrate to level and side effects.
- Avoiding antidepressant
- Continue maintenance treatment
- **Vraylar** (haven't used it)

IS POLYPHARMACY WRONG?

- STEP-BD Project found 89% of those successfully treated for bipolar disorder required three medications.
- If not showing any early improvement in 2 wks, adjust treatment.
- If initial treatment is antipsychotic, add-on med should be mood stabilizer, not another antipsychotic.

IS LAMICTAL EFFECTIVE FOR BIPOLAR DEPRESSION?

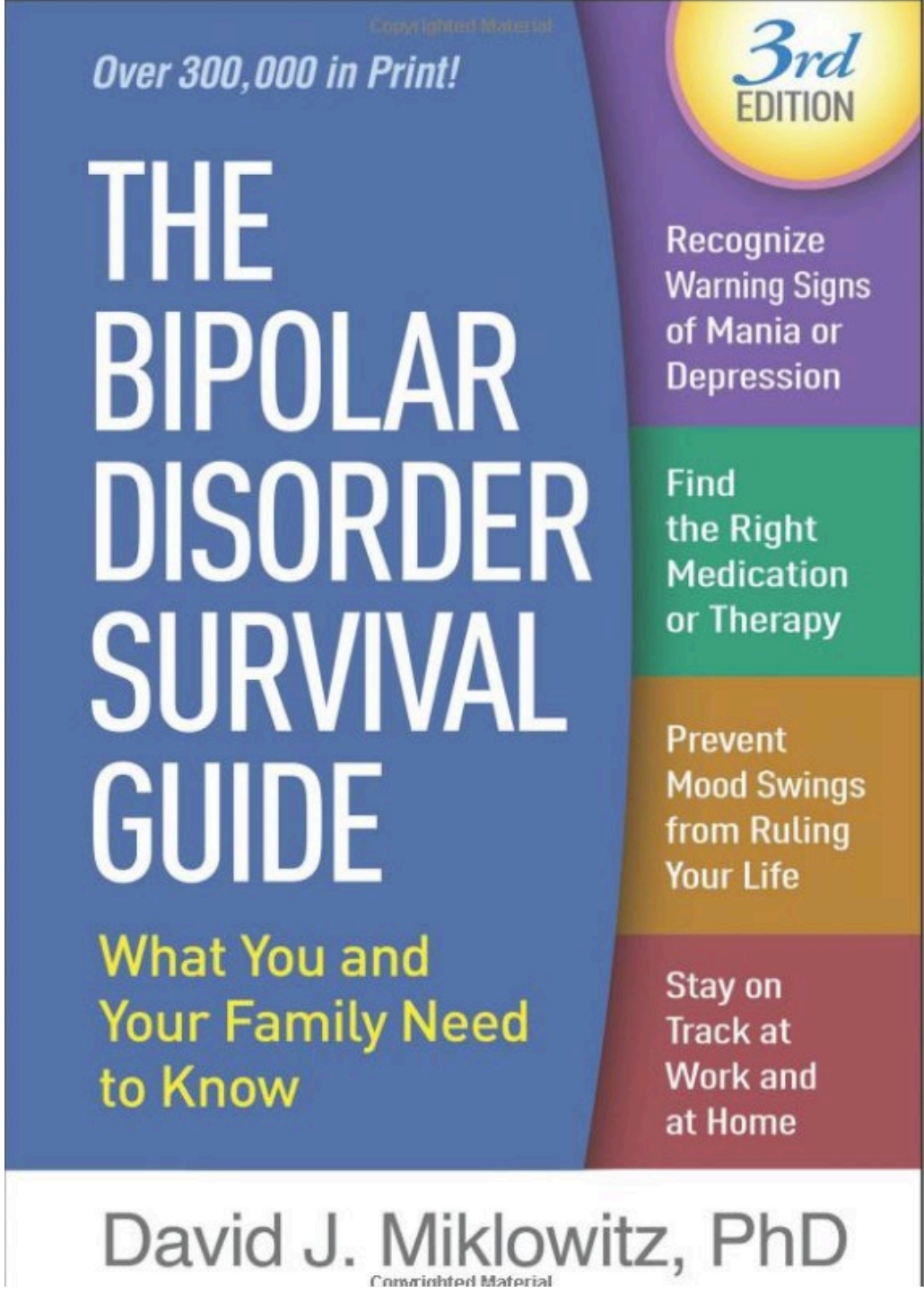
- Surprisingly few studies
- Some recent reinterpretation: didn't move Hamilton but did move MADRS
- WIDELY used due to tolerability

WHY NOT JUST USE LATUDA?

- Regardless of diagnosis, **tardive dyskinesia and other tardive movement disorders are not rare** and anyone exposed to treatment with dopamine blockers is at risk.
- The cumulative incidence is about 4% to 5% annually; the prevalence rate is 20% to 30%.
- The SGAs retain some risk. No currently available antipsychotic is risk-free.

PSYCHOSOCIAL INTERVENTIONS

- Psychotherapy
- Psychoeducation



MANAGEMENT OF SUICIDALITY

- CSSR-S
- Safety plans

Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3: People and social settings that provide distraction:

1. Name_____ Phone_____
2. Name_____ Phone_____
3. Place_____ 4. Place_____

Step 4: People whom I can ask for help:

1. Name Phone
2. Name_____ Phone_____
3. Name Phone

Step 5: Professionals or agencies I can contact during a crisis:

1. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
2. Clinician Name_____ Phone_____
   Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services_____
   Urgent Care Services Address_____
   Urgent Care Services Phone_____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6: Making the environment safe:

1. _____
2. _____

The one thing that is most important to me and worth living for is:

_____

QUESTIONS / CASES?

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