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EXPERT REVIEW SUPPLEMENT

PRACTICAL MANAGEMENT STRATEGIES FOR ACUTE MANIA AND MIXED EPISODES OF BIPOLAR DISORDER

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ABSTRACT

Bipolar disorder is a lifelong condition, which is diagnosed according to corroborative features such as family history, chronobiological sensitivities, treatment outcomes, longitudinal course, and patterns of recurrence. Each illness state is also classified as involving pure mania, hypomania, a mixed episode, a depressed phase, or euthymia. Mixed states are thought to comprise an important subgroup of syndromically ill individuals with bipolar disorder. Several dimensions of psychopathology, including thought-language problems, behavioral disturbances, mood symptoms, and chronobiological changes demand careful evaluation when considering the presentation of a patient with bipolar disorder. Once a comprehensive diagnostic assessment for acute or mixed mania has been completed, it is important to look at an evidence-based data set to guide treatment selection for mood stabilization. Pharmacotherapy is essential to its long-term management of bipolar disorder. Combination therapy, including at least one mood stabilizer, may be necessary to treat acute depression and mania and to further prevent both depressive and manic recurrences. The goal is to minimize frequency, duration, and severity of depressive and manic symptoms with a treatment regimen that is positioned to maximize treatment adherence and minimize side effects. Prevention of mania and maintenance treatment in bipolar disorder is largely routed in the decision to use monotherapy or combination therapy in the treatment regimen. Treatment must also include consideration of comorbidities such as anxiety, substance abuse, cardiovascular disease, and metabolic syndrome, which are pervasive in the bipolar disorder population.

In this Expert Review Supplement, four experts utilize case presentations to provide insight into the abovementioned topics. Joseph F. Goldberg, MD, addresses diagnostic concepts that may help clinicians accurately identify mixed episodes in patients with bipolar I disorder. Next, Mark A. Frye, MD, reviews treatment guidelines for acute manic and mixed episodes associated with bipolar I disorder as well as the impact of alcohol as an example of drugs of abuse. Charles L. Bowden, MD, reviews prevention of mania and maintenance treatment in bipolar disorder, specifically addressing the ability to weigh efficacy against adverse effects. Finally, Martha Sajatovic, MD, focuses on medical comorbidity and recovery in individuals with bipolar disorder, with particular focus on the medical burden of mania, aging and bipolar disorder, and treatment approaches that promote functional recovery.

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Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Mount Sinai School of Medicine and MBL Communications, Inc. The Mount Sinai School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.



Credit Designation

The Mount Sinai School of Medicine designates this educational activity for a maximum of 2 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Faculty Disclosure Policy Statement

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Statement of Need and Purpose

Bipolar disorder, a chronic episodic disease that is present in ~5.7 million Americans, is a complicated condition. No single medication or therapy is effective in treating bipolar disorder, and recent evidence suggests that subtypes of the disorder have been underrepresented due to the bipolar spectrum of expression. While the prototypic clinical picture concerns the "classic" bipolar disorder, mixed episodes with incomplete recovery and significant psychosocial impairment are more frequent and comprise up to 40% of acute bipolar hospital admissions. The clinical presentation of these mixed episodes is variable and eludes contemporary classification systems. Patients with mixed episodes tend to have a more severe course of illness compared to those with classic euphoric manias. They have less frequent remissions, higher rates of recurrence, more frequent substance abuse, poorer response to some medications, more extensive comorbidities, and increased potential for suicidality. Despite the available medications, treating mixed states remains a challenge and tends to require more complex treatment. Rational dosing is a problem as many trials do not address dosing questions. In addition, when and how to combine medications has not been studied nor is the issue of which medications should be discontinued during maintenance stages. Treatment ultimately depends on the patient's individual need and his or her psychiatric and medical comorbidities. The presence of a comorbid substance use disorder is associated with significantly lower rates of treatment adherence, higher anxiety disorder comorbidity, more suicide attempts, and poorer outcome, especially in terms of functioning and quality of life. Psychoeducation in combination with efficacious drug therapy may improve outcomes of patients with acute and mixed episodes of bipolar disorder.

Target Audience

This activity is designed to meet the educational needs of primary care physicians and psychiatrists.

Learning Objectives

At the completion of this activity, participants should be better able to:

- Design therapeutic interventions to manage symptoms of acute

mania and mixed episodes using appropriate dosing, switching, and combination strategies.

- Evaluate individual patient factors along with evidence-based efficacy and safety information of pharmacotherapeutic agents in treatment decision making.
- Integrate psychoeducation into the overall treatment strategy for patients with acute mania and mixed episodes.

Faculty Affiliations and Disclosures

Mark A. Frye, MD, is professor of psychiatry and director of the Mayo Mood Clinic and Research Program in Rochester, Minnesota. Dr. Frye is a consultant to Bristol-Myers Squibb, Cephalon, Dainippon, Johnson & Johnson, Medtronic, Ortho McNeil/Janssen, Pfizer, Schering Plough, and Sumitomo; has participated in CME supported activities funded by AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Otsuka, Pfizer, and Schering-Plough; and has received grant support from Pfizer. Dr. Frye's article mentions off-label usages for carbamazepine, clonazepam, clozapine, divalproex, lorazepam, and quetiapine.

Joseph F. Goldberg, MD, is associate clinical professor of psychiatry at The Mount Sinai School of Medicine in New York City. Dr. Goldberg has been a consultant to Cephalon and Eli Lilly; and has received honoraria from, or has been on the speakers' bureaus for Astra Zeneca, Eli Lilly, GlaxoSmithKline, Janssen-Cilag, Merck, and Pfizer. Dr. Goldberg's article mentions off-label usages of topiramate for bipolar disorder.

Charles L. Bowden, MD, is clinical professor of psychiatry and pharmacology at the University of Texas Health Science Center in San Antonio. Dr. Bowden is a consultant to Bristol-Myers Squibb, Pfizer, sanofi-aventis, and Schering; and receives grant support from Repligen. Dr. Bowden's article mentions off-label usage of valproate for maintenance treatment of bipolar disorder.

Martha Sajatovic, MD, is professor of psychiatry at Case Western Reserve University School of Medicine in Cleveland, Ohio. Dr. Sajatovic has received research support from AstraZeneca and GlaxoSmithKline.

CME Course Director James C.-Y. Chou, MD, is associate professor of psychiatry at Mount Sinai School of Medicine in New York City. Dr. Chou has received honoraria from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen, and Pfizer.

Activity Review Information

The activity content has been peer-reviewed by M. Mehmet Haznedar, MD, assistant professor of psychiatry at Mount Sinai School of Medicine. Dr. Haznedar reports no financial, academic, or other interest in any organization that may pose a conflict of interest. Review Date: November 30, 2009

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To Receive Credit for this Activity

Read this Expert Review Supplement, reflect on the information presented, and complete the CME posttest and evaluation on pages 19 and 20. To obtain credit, you should score 70% or better. Early submission of this posttest is encouraged. Please submit this posttest by December 1, 2011 to be eligible for credit.

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A related audio CME PsychCast™ will also be available online in February 2010 at: cmepsychcast.mblcommunications.com and via iTunes.

Selected content from this supplement will be available via ePocrates MobileCME in early 2010.

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