PATIENT INFO

Age: 35

Sex: Female

Background: 35-year-old woman with Hx of BPII Dx; currently separated from husband; has 1 child

Patient History: SI and hospitalization (left AMA); no psychosis, mania, or postpartum depression; no substance abuse

Family History: Mother, father, and paternal aunt treated for depression; maternal grandmother: paranoid schizophrenia; paternal grandfather, both paternal uncles, and father all alcoholics

Presenting Complaint:
- Mood depressed, irritable, somnolence
- Reports "talking fast" despite normal rate
- Anxiety severe with panic; FOI/LOA
- Poor concentration/focus

AMA = against medical advice; BPII = bipolar disorder II; FOI/LOA = flight of ideas/loosening of associations; SI = suicidal ideation; WNL = within normal limits

BEST PRACTICES

List three best practices agreed to by the group in your chart review session:


2. Need to do systematic medication challenges and document mood changes. Monotherapy should be the goal although rarely achieved.

3. Develop a comprehensive treatment program including psychosocial interventions that considers adherence factors, response to treatment and suicide risk
2nd Annual CHAIRS in Psychiatry Summit
The Master Class for Psychiatric Professional Development
Bipolar Disorder
Chart Review

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Disclosures

- **Research/Grants (UC Academic Health Center):** AstraZeneca Pharmaceuticals LP; Bristol-Myers Squibb Company; Eli Lilly and Company; Forest Laboratories, Inc.; Janssen, LP; Johnson & Johnson Pharmaceutical Research & Development, LLC; Martek Biosciences; National Alliance for Research on Schizophrenia and Depression; National Institute on Alcohol Abuse and Alcoholism; National Institute on Drug Abuse; Nutrition 21; Pfizer Inc.; Repligen Corporation; Shire Pharmaceuticals; Somerset Pharmaceuticals, Inc.; Thrasher Foundation

- **Speakers Bureau:** France foundation

- **Consultant:** Pfizer Inc.

- **Stockholder:** None

- **Other Financial Interest:** None

- **Advisory Board:** None
Learning Objective

Identify 3 types of interventions that may be appropriate for a patient with bipolar disorder
Case Example

- 24-year-old woman with h/o 2 depressive episodes
- College graduate working as a housekeeper
- Chief complaint: not as successful as I want, trouble in relationships, depressed and angry
  - Divorced, one child
  - Recently arrested for shoplifting
  - Periods of agitation, not sleeping, spending sprees, talking quickly
  - Several antidepressant trials
  - Some alcohol use
  - Currently on fluoxetine 20mg qd
Case Example: Questions

- What else do you want to know?
- What are the critical pieces of information for diagnosis?
- What are possible treatment interventions?
## Tolerability of Selected Compounds

<table>
<thead>
<tr>
<th>Drug</th>
<th>Weight Gain</th>
<th>CNS</th>
<th>EPS</th>
<th>Derm</th>
<th>GI</th>
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</thead>
<tbody>
<tr>
<td>Lithium</td>
<td>++</td>
<td>+++</td>
<td>0</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Divalproex</td>
<td>++</td>
<td>++</td>
<td>0</td>
<td>+</td>
<td>+++</td>
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<tr>
<td>Carbamazepine</td>
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<td>+++</td>
<td>0</td>
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<td>+</td>
</tr>
<tr>
<td>Lamotrigine</td>
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<td>0</td>
<td>+++</td>
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<tr>
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<tr>
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<tr>
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</tr>
</tbody>
</table>

0 = none known (placebo rate); + = minimal or rare; ++ = moderate or occasional; +++ = severe or common; CNS = central nervous system; Derm = dermatologic; EPS = extrapyramidal symptoms; GI = gastrointestinal

Nonpharmacologic Interventions

- Several nonpharmacologic interventions may help stabilize patients over time
  - Cognitive-behavioral therapy\(^1,2,3\)
  - Group therapies\(^1,4\)
  - Maintaining a regular schedule/sleep habits
  - Phototherapy
  - Develop strategies for managing stressors\(^5\)

- Remember to treat comorbidities
  - e.g., substance abuse

2. Lam DH, et al. *Arch Gen Psychiatry* 2003;60:145-152.
| April | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| MANIC|    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Severe|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Moderate|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Mild |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| None | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| DEPRESSED |    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Mild |    |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Moderate | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Severe | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Antidepressant |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
Lifelong Care for Bipolar Disorder
Multi-Faceted for Best Outcome

- Identify tolerable, effective treatment
  - Unlikely all symptoms will go away
  - Look for patterns of improvement on mood chart
  - Aim for monotherapy (rarely achieved)
  - Change one thing at a time
  - Develop long-term strategic plans

Lifelong Care for Bipolar Disorder
Multi-Faceted for Best Outcome

- Integrate CBT or other accepted therapy
- DBSA and other support group
- Address lifestyle changes and support
- Eliminate bad stuff

DBSA = Depression and Bipolar Support Alliance
This CME/CE activity is co-sponsored by

CME Outfitters, LLC
Bipolar Disorder
Stephen M. Strakowski, MD


