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.
Bipolar Disorder
Chart Review
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● **Speakers Bureau:** France foundation

● **Consultant:** Pfizer Inc.

● **Stockholder:** None

● **Other Financial Interest:** None

● **Advisory Board:** None
Identify 3 types of interventions that may be appropriate for a patient with bipolar disorder
Case Example: KD

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

- Chief complaint:
  - Mood depressed, irritable, somnolence
  - Reports “talking fast” despite normal rate
  - Anxiety severe with panic; FOI/LOA
  - Poor concentration/focus

BPII = bipolar disorder II; FOI/LOA = flight of ideas/loosening of associations
Case Example
KD Patient/Family History

- **Patient Hx:**
  - SI and hospitalization (left AMA)
  - No psychosis, mania, or postpartum depression
  - No substance abuse

- **Family Hx:**
  - Mother, father, and paternal aunt treated for depression
  - Maternal grandmother: paranoid schizophrenia
  - Paternal grandfather, both paternal uncles, and father all alcoholics

**AMA** = against medical advice
Case Example

KD Treatment History

- Prior treatment:
  - Lamotrigine, aripiprazole, quetiapine, fluoxetine, paroxetine, citalopram, escitalopram, venlafaxine XR, duloxetine, sertraline, bupropion XL, buspirone, lorazepam, zolpidem

- Since 9/2008: carbamazepine 400mg bid
  - Labs all WNL
  - Had been stable until recently
  - Poor response to increased carbamazepine
  - Tried ziprasidone, then olanzapine
    - Complained of side effects

WNL = within normal limits
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>
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<th>Drug</th>
<th>Weight Gain</th>
<th>CNS</th>
<th>EPS</th>
<th>Derm</th>
<th>GI</th>
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<td>+++</td>
<td>0</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Divalproex</td>
<td>++</td>
<td>++</td>
<td>0</td>
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<td>+++</td>
</tr>
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<tr>
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<td>0</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
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<td>+</td>
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<tr>
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<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>++</td>
</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

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
- Phototheraphy
- Develop strategies for managing stressors\(^5\)

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

### Mood Charting

#### 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 |   |   |   |   |   |   |   |   |   | X  | X  | X  | X  |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Moderate |   |   |   |   |   |   |   |   |   | X  | X  | X  | X  | X  |   |   |   |   |   |   |   |   |   |   |   |   |
| Mild |   |   |   |   |   |   |   |   |   | X  | X  |   |   | X  | X  | X  |   |   |   |   |   |   |   |   |   |   |
| None |   |   |   |   |   |   |   |   |   | X  | X  | X  | X  | X  |   |   |   |   |   |   |   |   |   |   |   |   |
| **DEPRESSED** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mild |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | X  | X  | X  | X  |
| Moderate | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  |
| Severe | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

#### Antidepressant
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

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
an educational series offered by
CME Outfitters, LLC

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**Bipolar Disorder**  
Stephen M. Strakowski, MD  


