

Module 2

Treatment Options for Bipolar Disorder

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MEDICATION TREATMENT FOR BIPOLAR DISORDER

Introduction



The recognised standard treatment for bipolar disorder is medication, which focuses on controlling or eliminating the symptoms and then maintaining the symptom-free state by preventing relapse. The effective use of medication requires that you work closely with your medical practitioner. Some patients may respond well and experience few side effects with one type of medication, while others may do better with another. Thus, when taking medication, it is important that you monitor its effects and consult with your doctor .

Principles of Medication Management

1. For medication to be of benefit, you should carefully follow the prescribed treatment and take note of your symptoms and side effects.
2. If side effects develop, these should be reported to your doctor as soon as possible to avoid prolonged discomfort. It is strongly advised that you do not stop medication abruptly before first consulting with your doctor. This could bring on a return of a manic or depressive episode.
3. Alcohol, illicit drugs, and other prescribed medicines may cause your medication for bipolar disorder to be ineffective and may increase side effects. You should report all other medications and substances you are taking to your doctor to ensure that none adversely interact with the medication prescribed for bipolar disorder. Using substances other than prescribed medication can result in a slower time to recovery with treatment, or even poor response to treatment, and more lifetime psychiatric hospitalisations. Research has shown that substance use impacts negatively on the course and outcome of bipolar disorder and may be a contributing factor to relapse and episode recurrences.
4. Effective medical management of bipolar disorder requires you to monitor your symptoms and side effects, and work with your doctor to adjust dosages or types of medications.



Phases of Treatment

There are usually three phases to medical treatment for bipolar disorder. The most important aim, if you are experiencing an episode of mania, hypomania, or major depression, is to control or eliminate the symptoms so that they can return to a normal level of day-to-day functioning. The duration of this acute phase of treatment may last from 6 weeks to 6 months. Sometimes, longer periods are necessary in order to find the most effective medications with minimal side effects.

Continuation treatment, which is the next phase, may last from 4 to 9 months. In this phase, the main aim is to maintain the symptom-free state by preventing relapse, which is the return of the most recent mood episode.

The third phase, the maintenance phase, is critical and essential for all patients with bipolar disorder. The goal for maintenance treatment is to prevent recurrence, that is, to prevent new episodes of mania, hypomania, or depression from occurring. For bipolar patients, as with other medical conditions such as diabetes or hypertension, maintenance treatment may last 5 years, 10 years, or a lifetime. But remember, prolonged symptom control will help you to function better in your daily lives.

For all phases of treatment and all medications, patients must take the prescribed medication/s on a daily basis. Unlike medications like paracetamol or antibiotics that are taken only when a person actually experiences a headache or has the 'flu, medications for bipolar disorder must be taken regularly – on both good days and bad days – at the same dosage.

Types of Medications for Bipolar Disorder

Mood Stabilisers

A mood stabiliser is a medication that is used to decrease the chance of having further episodes of mania or depression. They are the first line agents for bipolar disorder. Depending on the associated symptoms with this disorder, anti-depressants or antipsychotics may also be used.

A mood stabiliser is given to a person as a maintenance medication because it regulates mood swings but doesn't take away the cause. Feeling well does not mean you can stop taking mood stabilisers, it means the medication is keeping you stable.

The most common mood stabilisers are:

- Lithium Carbonate
- Carbamazepine
- Sodium Valproate

Sometimes these medications are used on their own or in combination with other medications.

Antidepressants

Antidepressants can also be used with mood stabilisers in the acute, continuation, and/or maintenance phases of medical treatment. There is no one particular antidepressant that is more effective than the others in bipolar disorder. In fact, there is a significant risk for antidepressants to induce or cause a "switch" to manic or hypomanic episodes, especially if a patient on antidepressants is not taking a mood stabiliser.

Because all types of antidepressants seem to be equally effective and it takes several weeks to work effectively, often it is the side-effects that determine which antidepressants are selected for an individual.

In general, if you do not respond well to one type (or class) of antidepressants, you may tolerate and respond to a different class, or even to one in the same class.

Common antidepressants include:

- Selective serotonin reuptake inhibitors (SSRIs) - fluoxetine, paroxetine, sertraline
- Tricyclics - imipramine, amitriptyline, desipramine, dothiepin
- Monoamine oxidase inhibitors (MAOIs) - phenelzine and tranylcypromine

Common side effects of antidepressants include: dry mouth, blurred vision, constipation, mild sedation, and difficulty urinating. Some older patients may be more sensitive to these side effects. Side effects are usually seen quite early on or when the dosage is increased. Lower doses commonly have fewer side effects, and generally, the newer medications have fewer side effects in the short and longer term.

It is important that you distinguish depressive symptoms from side effects of the antidepressant. You should discuss this with your doctor before you begin taking the medication. Some medications can cause side effects that are very similar to the depressive symptoms, e.g., difficulty sleeping, dry mouth, and sexual difficulties.

Antipsychotic Medication

Antipsychotics may also be used both in the acute phase of the disorder and sometimes as a longer term treatment.

Common antipsychotic agents include haloperidol, chlorpromazine, thioridazine, risperidone, and olanzapine. These medications are often combined with mood stabilisers to assist in controlling hallucinations, or delusions, to induce sleep, to reduce inappropriate grandiosity, or decrease irritability or impulsive behaviours. These medications are usually not used for treating hypomania.

Although antipsychotics are most often used in treatment of the acute phase of mania, some patients may continue on smaller dosages to ensure that they do not experience a relapse of psychotic or manic symptoms.

Some side effects of antipsychotic medication include motor and subjective restlessness, trouble concentrating, blurred vision, dry mouth, and difficulty urinating. These side effects can be minimised by using the lowest necessary doses of the medication.

Another often used medication is clonazepam, which is classed under the benzodiazepines. This is used as an adjunct with other medications (mood stabilisers and antipsychotics) to aid in inducing sleep, reducing psychomotor agitation, and slowing racing thoughts and pressured speech.

Medication Record



Remember that it is **very important** that you **communicate openly** with your prescribing doctor or psychiatrist. In general, if you don't respond well to one type of medication, you may tolerate and respond to a different type. Use this worksheet to record the types of medication you are currently taking, the dosage, and what side effects you might be experiencing. You might also want to take note of how you feel after taking the medication, whether or not it has been effective. Once you've recorded all this information, discuss your medication treatment with your doctor, especially if you are concerned about the way you feel. This information could also be valuable as a record of the medications you have taken in the past.

Use the space at the bottom of the page to write down some questions about your medication or illness you might want to ask your doctor.

	NAME AND TYPE OF MEDICATION	DOSEAGE	SIDE EFFECTS
Current			
Past			

Questions I might have for my doctor/mental health practitioner:

PSYCHOSOCIAL TREATMENT FOR BIPOLAR DISORDER

Why Psychosocial Treatment?

Although effective medications have been found for bipolar disorder, many patients still experience episode recurrences and relapse. Some experience between-episode symptoms that may not be serious enough to be considered a full-blown episode, but could still cause some discomfort and interference with day-to-day activities. A high rate of relapse and episode recurrences could be because of medication non-compliance, alcohol and drug use, high stress levels, many between-episode symptoms, and poor daily functioning. These issues have alerted mental health professionals to try psychotherapy and psychosocial interventions, **in addition to medication**, to improve illness outcome and quality of life for bipolar patients.



Cognitive Behavioural Therapy

A treatment approach that has been well researched for a wide range of adult psychiatric disorders is cognitive behavioural therapy (CBT), which has recently been adapted to bipolar disorder. Although CBT for bipolar disorder is relatively new, it has been used in the treatment of a range of psychiatric disorders including unipolar depression, generalised anxiety disorder, panic disorder, social phobia, and eating disorders. It has also been applied as an adjunctive treatment for disorders such as obsessive-compulsive disorder, personality disorders, and schizophrenia. This information package is based on this approach.



CBT is a structured and time-limited intervention. It is a comprehensive psychological therapy in which there is an emphasis on collaboration between therapist and patient, and on active participation by the patient in achieving therapeutic goals. CBT is also focused on problem solving. The central aim of CBT is to teach patients how their thoughts and beliefs play an important role in the way they respond to situations and people. The CBT approach also teaches patients the tools that could them to make their response more helpful.

CBT can play a role in teaching bipolar patients about their disorder and helping them deal with adjustment difficulties. CBT can also help patients cope with everyday stressors through active problem solving, and teach patients to monitor and regulate their own thoughts, moods, and activities, and thus be prepared to manage between-episode symptoms.



Research

CBT for bipolar disorder has been evaluated in a controlled trial here at the Centre for Clinical Interventions. The results of our study showed that CBT for bipolar disorder was effective in helping patients feel less depressed and more confident about managing their illness. While this type of psychosocial treatment is still being evaluated worldwide, preliminary results from a number of studies have been positive.



Summary

Because bipolar patients experience episode recurrences and some difficulty in everyday living, some form of psychosocial treatment is recommended as an addition to medication. Recent research has found that cognitive behavioural therapy for bipolar disorder appears to be beneficial for patients. However, bipolar patients are reminded that this is an **adjunctive treatment** and must not be considered as a substitute for medication.

MODULE SUMMARY

- The recognised standard treatment for bipolar disorder is medication, which focuses on controlling or eliminating the symptoms and then maintaining the symptom-free state by preventing relapse
- For medication to be of benefit, patients should carefully follow the prescribed treatment and take note of their symptoms and side effects
- For all phases of treatment and all medications, patients must take the prescribed medication/s on a daily basis
- The use of substances other than prescribed medication is not recommended as this could result in slower time to recovery, poor response to treatment, or more frequent episode recurrences
- The first line medication for bipolar disorder is a mood stabiliser, which is used to decrease the chance of having further episodes of mania or depression
- Antidepressants can also be used with mood stabilisers in the acute, continuation, and/or maintenance phases of medical treatment
- Antipsychotics may also be used both in the acute phase of the disorder and sometimes as a longer term treatment
- Although medication is the first line of defense for bipolar disorder, psychosocial interventions can help patients learn to better manage their illness
- An adjunctive psychosocial intervention that has had favourable results is cognitive behavioural therapy, which focuses on helping patients cope with everyday stressors, monitor and regulate their thoughts and mood, and manage any between-episode symptoms

KEEP GOING ...

In the next module, we will discuss symptom and mood monitoring, identification of early warning signs, and developing a plan for intervening early to prevent an episode recurrence.