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EXPERT REVIEW SUPPLEMENT

RECOGNITION AND TREATMENT STRATEGIES FOR BIPOLAR DISORDER ACROSS THE LIFE CYCLE

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ABSTRACT

There has been much underdiagnosis or lack of diagnostic accuracy of bipolar disorder, with relative overdiagnosis of major depressive disorder, which historically has been well documented. However, in the last 10 years, there has been a substantial increase in the making of diagnoses of bipolar disorder in various clinical settings. Issues related to the differential diagnosis of bipolar illness are complex. If a patient presents with what appears to be unipolar depression, they may or may not have a later manic episode or progress to hypomania. In addition, patients with bipolar disorder may also present with various comorbid conditions including anxiety and other conduct disorders. The most frequent pharmacotherapy treatment used for bipolar depression is antidepressant monotherapy, although there have been positive results for use of mood stabilizers and other agents. Along with the use of pharmacologic treatment options, adjunctive psychosocial treatments can help reduce relapse and provide patients as well as their families with tools to manage bipolar disorder more effectively.

In this Expert Review Supplement, Joseph F. Goldberg, MD, outlines the prevalence of bipolar disorder across the life cycle and issues related to the differential diagnosis of bipolar illness; Charles Bowden, MD, reviews disorders that commonly occur comorbid with bipolar disorder, including those affecting children and the elderly; Claudia Baldassano, MD, reviews pharmacologic treatment of bipolar depression, which is the symptom domain that has been shown to most affect patients of all ages; and Noreen Reilly-Harrington, PhD, reviews the nonpharmacologic treatment of the disorder, focusing on cognitive-behavioral therapy and other strategies useful for this patient population.



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Statement of Need and Purpose

Approximately 5.7 million American adults have bipolar disorder, and its episodic, chronic nature means that, in many cases, no single medication or therapy offers effective treatment. Due to bipolar disorder's persistent and episodic nature, most patients can expect a lifelong course of recurrent acute episodes, in addition to residual subsyndromal symptoms in the intervening periods. Diagnosis of bipolar disorder is often delayed due to a psychotic or depressive first episode with a manic or mixed episode emerging later. Depressive episodes pose a dilemma for clinicians who must differentially diagnose bipolar depression from unipolar depression, which may initially present identically. Bipolar patients tend to have earlier age of onset, more prior episodes of depression, shorter depressive episodes, and family history of bipolar disorder. Ideally, pharmacotherapy should achieve remission and maximize adherence to medication. Treatment of this disease can improve quality of life and reduce the financial burden on patients, families, and the healthcare system. Psychoeducation in combination with efficacious drug therapy may also improve patient outcome.

Learning Objectives

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

- Diagnose patients with bipolar disorder with attention to its varying presentation according to age and comorbidity
- Compare and contrast the risks and benefits of different pharmacologic therapies to treat bipolar disorder for patients of different age groups
- Implement treatment strategies that incorporate age-appropriate psychoeducation

Target Audience

This activity is designed to meet the educational needs of psychiatrists.

Faculty Affiliations and Disclosures

Joseph F. Goldberg, MD, is associate clinical professor of psychiatry at the Mount Sinai School of Medicine in New York City, and director of the Affective Disorders Program at Silver Hill Hospital in New Canaan, Connecticut. Dr. Goldberg is a consultant to Cephalon and GlaxoSmithKline; serves on the advisory board of Eli Lilly; has received honoraria from AstraZeneca, Eli Lilly, GlaxoSmithKline, Janssen-Cilag, Merck, and Pfizer; and has received royalty payments from American Psychiatric Press.

Charles Bowden, MD, is the Nancy U. Karren Endowed Chair of Psychiatry, and clinical professor of psychiatry and pharmacology at the University of Texas Health Science Center at San Antonio. Dr. Bowden reports no affiliation with or financial interest in any organization that may pose a conflict of interest.

Claudia Baldassano, MD, is assistant professor of psychiatry at the University of Pennsylvania in Philadelphia. Dr. Baldassano is a consultant to AstraZeneca and Pfizer. Dr. Baldassano discusses the unapproved/investigational use of clozapine, divalproex, and lamotrigine for the treatment of bipolar disorder.

Noreen Reilly-Harrington, PhD, is a clinical psychologist at Massachusetts General Hospital Bipolar Clinic and Research Program, director of training and assessments, National Institute of Mental Health Bipolar Trials Network, and instructor in psychology at Harvard Medical School, all in Boston. Dr. Reilly-Harrington has stock options in Concordant Rater Systems.

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

Kimberly G. Klipstein, MD, is director of Behavioral Medicine and Consultation Psychiatry, and assistant professor of psychiatry at Mount Sinai School of Medicine in New York City. Dr. Klipstein reports no affiliation with or financial interest in any organization that may pose a conflict of interest.

Activity Review Information

The activity content has been peer reviewed and approved by Kimberly G. Klipstein, MD.

Review Date: January 19, 2010.

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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 18 and 19. To obtain credit, you should score 70% or better. Early submission of this posttest is encouraged. Please submit this posttest by February 1, 2012 to be eligible for credit.

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CME Podcast Version

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