Treatments for Bipolar Disorder

Fact Sheet

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Introduction

Bipolar Disorder is an illness which can require long-term treatment and skilled medical management is needed. Being a biological condition with a strong genetic component, effective management of Bipolar Disorder primarily involves the use of medications. Psychological therapies by themselves are ineffective, but can be a useful adjunct to the physical treatment.

The management of Bipolar Disorder usually involves two parts:

- Treating the current episode of mania or depression, and
- Preventing the long-term recurrence of mania and depression.

Different medications for mania & depression

Since Bipolar Disorder involves episodes of *depression* and episodes of *mania* or *hypomania*, medications for Bipolar Disorder have two underlying strategies:

1. Medications that treat or prevent mania by stabilising the mood:
    - commonly used ones being lithium and valproate (in Australia termed ‘epilim'); others are carbamazepine, or lamotrigine, and (increasingly) the atypical antipsychotic drugs.
2. Medications that treat the depression:
    - of which there are different classes; common ones used for Bipolar Disorder being the SSRIs and Dual Action Antidepressants as they are less likely to 'switch' the depressed individual to a high. For people with Bipolar II Disorder an SSRI may act as a stabiliser in an ongoing way.

'Rapid cycling disorder' or 'mixed episodes' may need different medications.

Whether or not to treat mild mania and hypomania will depend upon the person's mood and the consequences (both positive and negative) of their 'highs'. Charting a person's moods with a Daily Mood Diary (see 'Where to get more information') can help this decision.

Treatments also distinguish between managing an acute episode and maintenance. For example, a person with mania might require an atypical antipsychotic and a mood stabiliser during an acute episode but, when settled, only require the mood stabiliser to prevent further episodes. Similarly, someone with Bipolar Depression may only require an antidepressant at that time before relying only on the mood stabiliser when the depression has resolved.

Electroconculsive Therapy (ECT)

ECT plays an important role in treating both acute mania (and psychosis) and severe depression on occasions. Those occasions can include when:

- Medications can't be taken because of side-effects.
- Concurrent medical conditions make use of medications too risky (including pregnancy).
- Other treatments have proven to be ineffective.
- The person is extremely disruptive (e.g. banging head on wall, not sleeping).
- The person is severely medically unwell (e.g. dehydrated or starved) as a consequence of the mood state.

Psychological Therapies

Psychological therapies such as counselling, psychotherapy, cognitive behavioural therapy (CBT), family focused therapy, interpersonal and social rhythm therapy are important adjuncts to physical treatments for Bipolar Disorder, but, by themselves are ineffective and inappropriate.

Combining physical treatments and psychological therapies has been clearly demonstrated to be better than physical treatment alone, and not merely by improving compliance or adherence to medication.

Compliance

Poorly-controlled Bipolar Disorder indicates either the inherent severity of the condition or poor compliance with medication.

It is hard for most people to accept a diagnosis of Bipolar Disorder and, for younger people the prospect of taking preventative medication for long periods is very unappealing.

Other people fail to take medication either because they find the experience of mania seductive, or because of the unpleasant side-effects. Side-effects are often easily remediable, although lowering the dose too far can lead to a loss of treatment efficacy.

It is important to recognise that, without ongoing treatment, Bipolar Disorder is unlikely to be controlled and relapse is likely to occur. Most people who have had one manic episode will go on to have further illness.

The benefits of ongoing treatment are a reduction in the severity and frequency of illness. For most people the benefits of long term stability outweigh the drawbacks of being on medication.

Recurring mania

Non-compliance with mood stabilisers is a common cause of recurrence. Fifty per cent of people who suddenly cease lithium will relapse into a manic episode within 5 months, and many within a few weeks. A blood test can confirm whether levels of medication are in the effective range. If blood levels of the mood stabiliser are shown to be low, then the dose can be lifted to the 'therapeutic' range.

If mania recurs, the treating practitioner would normally ask two questions: why has the person stopped taking the medication, or, why is the medication no longer working?

If medication has been ceased because of unpleasant side-effects, the dosage of the medication could be reduced or another mood stabiliser could be used.

If mania recurs despite good compliance and acceptable tolerance of the medication, changing or combining medications might be the solution. For example, valproate (known as ‘epilim' in Australia) or carbamazepine could be added to lithium in cases where mania recurs despite maintenance of adequate blood levels and compliance with lithium.

Hospitalisation

If someone with Bipolar Disorder has become psychotic, highly excited, aggressive or involved in clearly destructive behaviour, the issue of hospitalisation often arises.

While some people may be manageable outside the hospital setting (perhaps with the assistance of community mental health resources), admission can be necessary.

The use of other medications (such as antipsychotics or benzodiazepines) may be necessary while waiting for the antimanic effect of lithium.

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Drug treatment during pregnancy

Drug treatment for mania and depression during pregnancy is an extremely important issue in terms of the health of the baby.

The general principles are that if a woman is on antidepressant and mood stabilising medication, consultation with an expert should be undertaken and drug-free conception attempted.

In the first three months of pregnancy, certain medications should be avoided, but this is not always achievable. In such circumstances, the mother, her partner and her doctor need to work together to address the cost-benefit issues.

Will I have to stay on medication forever?

Bipolar Disorder is an illness which usually requires long-term medication. Most people who have had one manic episode will go on to have further illness. Without medication, relapse is likely. Long-term stability is usually a key objective for people with Bipolar Disorder, and correct medication is central to long-term stability.

Treatment for bipolar depression

'Bipolar Depression' is the term used to describe depression in those with Bipolar Disorder. For most, the depression is of a *melancholic* or *psychotic* sub-type.

Depression in people who suffer from Bipolar Disorder can either be a sign of poor treatment compliance, or inappropriate treatment, if not a natural part of the disorder itself.

The first steps a treating doctor will usually take are to re-establish adequate blood levels of mood stabiliser and commence antidepressant treatment.

The difficulty in treating bipolar depression is the tendency of some people to switch to mania. Once the depressed episode has been under control for a month or two, the antidepressant is usually gradually withdrawn, leaving the person on the mood stabiliser alone.

If you have bipolar depression it's best to consult your treating doctor. It may be a sign that your diagnosis needs reassessment or that your medication needs revision.

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Key points to remember

- Bipolar Disorder is an illness which can require long-term treatment.
- Everyone is different and therefore the appropriate treatment for a particular individual is a matter for a skilled medical practitioner
- Physical treatments are necessary for Bipolar Disorder. Psychological approaches by themselves are insufficient but serve a valuable complementary role alongside medication.
- Different medications are used to treat acute episodes of mania and of depression, and other medications ('mood stabilisers') are used to keep episodes at bay or to augment acute treatments.
- Some psychotropic medications (e.g. antidepressant drugs) can cause mania.
- Recurring mania is usually due to poor compliance with medication, or the particular medication not working properly.
- The use of medications during pregnancy is an extremely important issue and needs consultation with an expert.

Where to get more information:

- A *Daily Mood Graph* can downloaded from our website at: http://www.blackdoginstitute.org.au/clinicians/clinicianaids/index.cfm#Daily)
- www.nimh.nih.gov – (US) National Institute of Mental Health

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