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MAINTAINING SYMPTOM STABILITY IN THE LONG-TERM TREATMENT OF BIPOLAR I DISORDER

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Following remission of an acute episode, patients with bipolar I disorder remain at a high risk for relapse, regardless of the nature of their index episode.[1] In particular, if the medication regimen in the acute phase is different than that used in the maintenance phase, there may be a potential loss of efficacy or a change in adverse-event burden associated with the switch. Therefore, choosing the right pharmacotherapy is essential to allow patients to achieve and maintain stability, and prevent the recurrence of mood episodes.
Current clinical practice guidelines recommend combination therapy of atypical antipsychotics and lithium or valproate as first-line treatment in acute patients, or for maintenance treatment in patients with an inadequate response to monotherapy with mood stabilisers.[2] Therefore, exploring the long-term benefits and risks of monotherapy compared with combination therapy are essential for improving patient outcomes in the course of routine clinical practice.[3] Recent clinical trial evidence suggests that combination therapy is effective in patients with an inadequate response to monotherapy, and that there are relatively low-risk options regarding adverse events and comorbid physical conditions that are frequently encountered in patients with bipolar I disorder.[3]

This presentation will explore how to manage patients with a partial response to pharmacotherapy or with persistent residual symptoms long term, and how to address the unmet needs of this patient population in the context of recent clinical trial evidence.

References

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