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EXPERT PANEL SUPPLEMENT

CLINICAL DECISIONS FOR ACUTE AND MIXED MANIC EPISODES OF BIPOLAR DISORDER: A CASE-BASED APPROACH

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ABSTRACT

Acute mania has always been one of the most intense acute psychiatric syndromes. While many controlled clinical trials of acute mania treatments have been completed in the last several decades, leading to numerous Food and Drug Administration-approved treatments, most of the questions that arise clinically remain unstudied. Many of the acute mania trials studied monotherapy or a combination of two medications for a syndrome often treated with polypharmacy. Most of the subjects in acute mania trials were only moderately ill, and even efficacious treatments had only modest effects. Mania associated with substances, a common clinical condition, was essentially excluded from most trials. Mixed episode has been studied largely as an afterthought. Traditionally, a treatment became known as a mood stabilizer if it was shown to have efficacy in mania. Evolving research in acute bipolar depression and bipolar maintenance has raised many new questions regarding the effects of mania treatments during other phases of illness. Treatment of bipolar disorder has now become highly complex, and most bipolar patients are treated with more than four medications. A lack of clear acceptance or consensus on the definitions of many crucial terms related to bipolar disorder often leads to further clinical confusion. Examples of these include mood stabilizers, hypomania (versus normal), mixed episode (versus mixed states), and antidepressant-induced mania.

In this supplement, three experts present case discussions and attempt to tackle some of these commonly faced clinical problems. In each case, the experts draw from their own clinical experience to try to bridge the gap between evidence-based medicine and clinical practice. Michael H. Allen, MD, presents a case of first-episode mania without psychotic features. Many issues are discussed, including recognition of psychosis, a rationale for selecting medications from the numerous approved treatments, and subsequent implications during maintenance. In the next case, James C.-Y. Chou, MD, discusses mixed episode with psychotic features, one of the most severe among bipolar states. The topics of antipsychotics as mood stabilizers, predictors of treatment resistance, and a rationale for polypharmacy are discussed. Finally, Alan C. Swann, MD, presents three complex cases: pharmacologic mania, mania with comorbid attention-deficit/hyperactivity disorder, and antidepressant-induced destabilization during maintenance treatment. He addresses the challenging questions of when to use or avoid antidepressants in bipolar disorder, who is at risk for destabilization, and the destabilizing effects of antidepressant withdrawal.



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An expert panel review of clinical challenges in psychiatry

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Statement of Need and Purpose

Bipolar disorder is a challenging illness for patients, families, and healthcare professionals. Due to the persistent and episodic nature of bipolar disorder, most patients have a lifelong course of recurrent acute episodes, in addition to intervening residual subsyndromal symptoms. Pharmacologic strategies for acute mania and mixed episodes are complex: patients are often switched numerous times to find the most efficacious treatment with the lowest side-effect profile. Careful attention must be paid to dosage, safety, tolerability, and drug interaction in combination treatment. Ideally, pharmacotherapy should achieve remission and maximize adherence to medication. Response and adherence are key issues to consider when developing a treatment strategy. Treatment ultimately depends on the patient's individual needs, considering his or her psychiatric and medical comorbidities. Psychoeducation in combination with efficacious drug therapy may also improve patient outcomes. As treatment options for acute mania and mixed episodes expand, education is needed to reflect their role in evidence-based therapy. This activity utilizes several educational methods, including case-based learning and clinical experiences to enhance learning and applicability to patient care. Incorporation of case scenarios allows physicians to simulate treating patients similar to those encountered in their own practices.

Target Audience

This activity is designed to meet the educational needs of primary care physicians and psychiatrists.

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Learning Objectives

At the completion of this activity, participants should be

- Apply current evidence related to the efficacy of atypical antipsychotics to treat patients with acute and mixed manic episodes of bipolar disorder using monotherapy or combination strategies.
- Design individualized treatment plans that address antipsychotic dosage, treatment duration, safety and tolerability issues of pharmacologic interventions, and appropriate psychosocial interventions.

Faculty Affiliations and Disclosures

James C.-Y. Chou, MD, is associate professor of psychiatry at The Mount Sinai School of Medicine in New York City, and at the James J. Peters Veterans Administration Medical Center in Bronx, New York. Dr. Chou has received honoraria from AstraZeneca, Bristol-Myers Squibb, Eli Lilly, GlaxoSmithKline, Janssen, and Pfizer.

Michael H. Allen, MD, is professor of psychiatry and director of research at the Colorado Depression Center at the University of Colorado in Denver. Dr. Allen is a consultant to and on the advisory board of Alexza; receives research support from Alexza and Ortho-McNeil Janssen; and receives honoraria from Pfizer.

Alan C. Swann, MD, is professor of psychiatry in the Department of Psychiatry and Behavioral Sciences at the University of Texas Health Science Center in Houston. Dr. Swann is a consultant and/or advisor to AstraZeneca and Bristol-Myers Squibb; is on the Data Safety Monitoring Committee for Pfizer; and receives honoraria from Abbott and sanofi-aventis. Dr. Swann reports mention of the following off-label usages: conventional antipsychotics, clozapine, and electroconvulsive treatment for mania; antidepressive agents and antiepileptic agents for bipolar depression.

Activity Review Information

The activity content has been peer-reviewed by Mehmet Haznedar, MD, assistant professor of psychiatry at the Mount Sinai School of Medicine in New York City. Dr. Haznedar reports no financial, academic, or other interest in any organization that may pose a conflict of interest.

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