

CNS SPECTRUMS[®]

THE INTERNATIONAL JOURNAL OF NEUROPSYCHIATRIC MEDICINE



EXPERT REVIEW PSYCHCAST™

UPDATE ON THE ETIOLOGY AND TREATMENT OF SCHIZOPHRENIA AND BIPOLAR DISORDER

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CME]

ABSTRACT

Schizophrenia and bipolar disorder are two debilitating mental health disorders, both of which manifest early in adulthood and are associated with severe impairment as well as increased suicide risk. In addition, factors affecting disease severity, such as substance abuse, are often prevalent in these patient populations. In the United States, the prevalence of bipolar disorder is believed to be ~3.5%, while the rate for schizophrenia is ~1%. Although each disorder presents with its own symptom profile, the approaches to treatment are similar and include early diagnosis and use of psychosocial therapy. Research initiatives, such as genetic studies, are used in both disorders as well. For schizophrenia, treatment typically includes the combination of an antipsychotic and psychosocial intervention. For bipolar disorder, clinicians commonly prescribe mood-stabilizing drugs (eg, lithium, valproic acid) as first-line treatment. Many of the second-generation antipsychotics have been approved by the US Food and Drug Administration for bipolar disorder treatment in the manic phase. Patients who are affected by either disorder also face the challenges of treatment nonadherence, which can be affected by substance abuse and can hinder symptom remission as well as spur unnecessary medication switches due to nonresponse. Family members play a key role in the treatment of either disorder.

This expert review supplement focuses on treatment options and research strategies being utilized for the management and advanced understanding of schizophrenia and bipolar disorder. Research examining the pharmacology of commonly used medications for the treatment of both disorders is also presented.

Accreditation Statement

This activity has been planned and implemented in accordance with the Essentials and Standards of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Mount Sinai School of Medicine and MBL Communications, Inc. The Mount Sinai School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.



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This activity has been peer reviewed and approved by Eric Hollander, MD, Professor of Psychiatry and Chair at Mount Sinai School of Medicine. Review Date: December 21, 2008.

Statement of Need and Purpose

The management of bipolar disorder and schizophrenia share common goals: avoid re-hospitalization, manage behavioral symptoms, and promote functional recovery. Bipolar disorder is a common, severe, chronic illness associated with significant comorbidity. Previous studies estimated the prevalence of bipolar disorder at 1%, but emerging data show a prevalence of ~5%. Patients need an integrated approach to treatment, including differentiating mood-stabilizing pharmacotherapy and psychotherapeutic measures. Recognition of the broader spectrum of bipolar disorders and their adequate treatment is paramount because the mortality rate of the disease is 2–3 times higher than that of the general population. Schizophrenia is among the world's top 10 causes of long-term disability. Approximately 1% of the US population is affected by schizophrenia, with similar rates across different countries. Full functional recovery in schizophrenia patients is quite rare; <20% of patients have sustained remission of their symptoms. Atypical antipsychotics have become a first-line option in both bipolar disorder and schizophrenia. Although these medications are associated with fewer movement disorders and a lower risk of tardive dyskinesia than typical antipsychotics, they are linked to adverse metabolic side effects. With the increasingly widespread use of atypical antipsychotics, psychiatrists must be vigilant in monitoring and treating complex, fragile clinical populations.

Target Audience

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

Learning Objectives

- Recognize the etiology and genetic links between bipolar disorder and schizophrenia.
- Discuss existing and future treatments of schizophrenia and the importance of compliance and individualized treatment.
- Evaluate the existing and future treatments of bipolar disorder relating to mechanism of action and combination treatment.

Faculty Affiliation and Disclosures



Peter F. Buckley, MD, is professor and chairman in the Department of Psychiatry and Health Behavior at the Medical College of Georgia in Augusta.

Dr. Buckley is a consultant to AstraZeneca, Bristol-Myers Squibb, Eli Lilly, Janssen, Pfizer, Solvay, and Wyeth; receives grant/research support from AstraZeneca, the National Institute of Mental Health, Pfizer, Solvay, and Wyeth; and receives honorarium/expenses from Bristol-Myers Squibb, Janssen, and Pfizer.

Acknowledgment of Commercial Support

Funding for this activity has been provided by an educational grant from Eli Lilly and Company.

Peer Reviewer

Eric Hollander, MD, reports no affiliation with or financial interest in any organization that may pose a conflict of interest.

To Receive Credit for this Activity

Listen to the Psychcast[™], reflect on the information presented, and complete the CME posttest and evaluation form. To obtain credit, you should score 70% or better. Early submission of this posttest is encouraged to measure outcomes for this CME activity. Please submit this posttest by March 1, 2010 to be eligible for credit.

Release Date: March 1, 2008
Termination Date: March 31, 2010

The estimated time to complete this activity is 1 hour.

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To participate in this activity, complete the answer form provided on the following page as directed and return it to **CME Director, CNS Spectrums**, 333 Hudson Street, 7th Floor, New York, NY 10013; or fax it to 212-328-0600. This quiz is also available at cmepsychcast.mblcommunications.com. Termination date: March 31, 2010. Early submission of this posttest is encouraged. Please submit this posttest by March 1, 2010 to be eligible for credit.

To obtain credit, you should score 70% or better.

CME QUESTIONS

- 1. Which of the following statistic(s) is/are true about bipolar disorder-related suicide rates?**
 - A. Suicide rates are ~1% annually, 60 times greater than the general population
 - B. Up to 18.9% of deaths in this population are related to suicide
 - C. None of the above
 - D. Both A and B
- 2. Both bipolar disorder and schizophrenia:**
 - A. Have high rates of medical comorbidity
 - B. Are typically not diagnosed until after 30 years of age
 - C. Usually improve over time
 - D. Both B and C
- 3. Among the following symptoms, which can be mistaken for bipolar disorder and schizophrenia?**
 - A. Moodiness, physical illness
 - B. Physical illness, selfishness
 - C. Substance abuse
 - D. Both A and C
- 4. Which of the following options does "duration of untreated illness" refer?**
 - A. The total span of time during which symptoms arose
 - B. Patient's self-recall of symptom onset
 - C. Conjecture of symptom onset using clinical scales
 - D. Period where illness develops before treatment onset
- 5. The mechanism of action for antipsychotic medications:**
 - A. Never entails blocking the dopamine (D)₂ system
 - B. Sometimes entails blocking the D₂ system
 - C. Is quite diverse
 - D. B and C
- 6. Assertive Community Treatment does not:**
 - A. Describe a collaborative care structure
 - B. Require patients to meet rehabilitation thresholds
 - C. Provide 24-hour care
 - D. Reduce relapse rates
- 7. Improvement of cognitive function in schizophrenia patients is:**
 - A. Sometimes associated with nicotine consumption
 - B. An area that has very little research
 - C. The main outcome measure of schizophrenia
 - D. Never seen with atypical antipsychotics
- 8. Before deeming a patient's condition as treatment refractory, what should clinicians do?**
 - A. Determine patient's treatment compliance
 - B. Determine whether the patient engages in substance use
 - C. Determine that correct dosing is being prescribed
 - D. All of the above



REGISTRATION
MARCH 2008 CME QUIZ

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212-328-0600

Mail
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ANSWER FORM

Expert Review PsychCast™ – Update on the Etiology and Treatment of Schizophrenia and Bipolar Disorder

TERMINATION DATE: March 31, 2010

To receive credit, you should score 70% or better (participants will receive certification for their records in approximately 4–6 weeks). Early submission of this posttest is encouraged. Please submit this test by March 1, 2010, to be eligible for credit. If you have any questions about this, or any of our other CME materials, please e-mail CME@mblcommunications.com.

Please circle your answers

1. A B C D 2. A B C D 3. A B C D 4. A B C D 5. A B C D 6. A B C D 7. A B C D 8. A B C D

EVALUATION SECTION (please provide the information below and print clearly)

1. Was this activity relevant to your practice? Yes No
2. Were the following objectives met? Yes No
 - A. Recognize the etiology and genetic links between bipolar disorder and schizophrenia.
 - B. Discuss existing and future treatments of schizophrenia and the importance of compliance and individualized treatment.
 - C. Evaluate the existing and future treatments of bipolar disorder relating to mechanism of action and combination treatment.
3. Did this activity increase your knowledge and/or skills in delivering patient care? Yes No
4. Does the information you received from this CME activity confirm the way you presently manage your patients? Yes No
5. Will the information you received from this CME activity change the way you will manage your patients in the future? Yes No
If you answered yes, what change(s) do you intend to make in your practice? _____
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7. Do you feel these topics should be repeated/updated in future CME activities? Yes No
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