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CME PSYCHCAST™

PRACTICAL MANAGEMENT STRATEGIES FOR ACUTE MANIA AND MIXED EPISODES OF BIPOLAR DISORDER: *OVERALL DIAGNOSTIC ASSESSMENT OF MIXED EPISODES IN BIPOLAR DISORDER*

FACULTY

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CME .25

A related Expert Panel Supplement was published in *CNS Spectrums* [*CNS Spectr.* 2009;14(12 Suppl 15):4-7] and *Primary Psychiatry* [*Primary Psychiatry.* 2009;16(12 Suppl 10):4-7].

ABSTRACT

Bipolar disorder is a lifelong condition, which is diagnosed according to corroborative features such as family history, chronobiological sensitivities, treatment outcomes, longitudinal course, and patterns of recurrence. Each illness state is also classified as involving pure mania, hypomania, a mixed episode, a depressed phase, or euthymia. Mixed states are thought to comprise an important subgroup of syndromically ill individuals with bipolar disorder. Several dimensions of psychopathology, including thought-language problems, behavioral disturbances, mood symptoms, and chronobiological changes demand careful evaluation when considering the presentation of a patient with bipolar disorder. Once a comprehensive diagnostic assessment for acute or mixed mania has been completed, it is important to look at an evidence-based data set to guide treatment selection for mood stabilization. Pharmacotherapy is essential to its long-term management of bipolar disorder. Combination therapy, including at least one mood stabilizer, may be necessary to treat acute depression and mania and to further prevent both depressive and manic recurrences. The goal is to minimize frequency, duration, and severity of depressive and manic symptoms with a treatment regimen that is positioned to maximize treatment adherence and minimize side effects. Prevention of mania and maintenance treatment in bipolar disorder is largely routed in the decision to use monotherapy or combination therapy in the treatment regimen. Treatment must also include consideration of comorbidities such as anxiety, substance abuse, cardiovascular disease, and metabolic syndrome, which are pervasive in the bipolar disorder population.

In this Expert Review PsychCast™, Joseph F. Goldberg, MD, addresses diagnostic concepts that may help clinicians accurately identify mixed episodes in patients with bipolar I disorder.



This activity is jointly sponsored by the Mount Sinai School of Medicine and MBL Communications, Inc.



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Activity Review Information

The activity content has been peer-reviewed and approved by

M. Mehmet Haznedar, MD.

Review Date: November 30, 2009

Faculty Affiliation

Joseph F. Goldberg, MD, is associate clinical professor of psychiatry at The Mount Sinai School of Medicine in New York City.

Faculty Disclosure Policy Statement

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Faculty Affiliations and Disclosures

Dr. Goldberg is associate clinical professor of psychiatry at The Mount Sinai School of Medicine in New York City. Dr. Goldberg has been a consultant to Cephalon and Eli Lilly; and has received honoraria from, or has been on the speakers' bureaus for AstraZeneca, Eli Lilly, GlaxoSmithKline, Janssen-Cilag, Merck, and Pfizer. Dr. Goldberg's article mentions off-label usages of topiramate for bipolar disorder.

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

Dr. Haznedar is assistant professor of psychiatry, at Mount Sinai School of Medicine. Dr. Haznedar reports no financial, academic, or other interest in any organization that may pose a conflict of interest.

Learning Objectives

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

- Apply detailed diagnostic criteria to accurately identify mixed episodes in patients with bipolar disorder.

Statement of Need and Purpose

Bipolar disorder, a chronic episodic disease that is present in ~5.7 million Americans, is a complicated condition. No single medication or therapy is effective in treating bipolar disorder, and recent evidence suggests that subtypes of the disorder have been underrepresented due to the bipolar spectrum of expression. While the prototypic clinical picture concerns the "classic" bipolar disorder, mixed episodes with incomplete recovery and significant psychosocial impairment are more frequent and comprise up to 40% of acute bipolar hospital admissions. The clinical presentation of these mixed episodes is variable and eludes contemporary classification systems. Patients with mixed episodes tend to have a more severe course of illness compared to those with classic euphoric manias. They have less frequent remissions, higher rates of recurrence, more frequent substance abuse, poorer response to some medications, more extensive comorbidities, and increased potential for suicidality. Despite the available medications, treating mixed states remains a challenge and tends to require more complex treatment. Rational dosing is a problem as many trials do not address dosing questions. In addition, when and how to combine medications has not been studied nor is the issue of which medications should be discontinued during maintenance stages. Treatment ultimately depends on the patient's individual need and his or her psychiatric and medical comorbidities. The presence of a comorbid substance use disorder is associated with significantly lower rates of treatment adherence, higher anxiety disorder comorbidity, more suicide attempts, and poorer outcome, especially in terms of functioning and quality of life. Psychoeducation in combination with efficacious drug therapy may improve outcomes of patients with acute and mixed episodes of bipolar disorder.

Target Audience

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

Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies 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.



Credit Designation

The Mount Sinai School of Medicine designates this educational activity for a maximum of .25 *AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

To Receive Credit for this Activity

Listen to this Expert Panel PsychCast™, reflect on the information presented, and complete the CME posttest and evaluation on pages 5 and 6. To obtain credit, you should score 70% or better. Early submission of this posttest is encouraged. Please submit this posttest by April 30, 2012 to be eligible for credit.

Selected content from this supplement will be available via ePocrates MobileCME in 2010.



OVERALL DIAGNOSTIC ASSESSMENT OF MIXED EPISODES IN BIPOLAR DISORDER

By Joseph F. Goldberg, MD

SLIDE LIBRARY

SLIDE 1

DSM-IV Mixed Episode

Mood Elevation, Irritability, or Depression

Manic Symptoms

Depressive Symptoms

Distractibility	Sleep increase or decrease
Insomnia	Interest diminished
Grandiosity	Guilt/low self-esteem
Flight of ideas/ racing thoughts	Energy loss
Activity increase	Concentration poor
Speech increase	Appetite increase or decrease
Thoughtlessness	Psychomotor agitation/retardation
	Suicidality

SLIDE 2

Diagnostic Pitfalls

Confusion between anxiety, agitation, and mania/hypomania

Failure to appreciate psychosis

Failure to recognize mania symptoms if depressive symptoms predominate

Recognition of past untreated episodes

Importance of collateral historians

Attribution of symptoms to illness versus treatment (eg, antidepressants) or substances

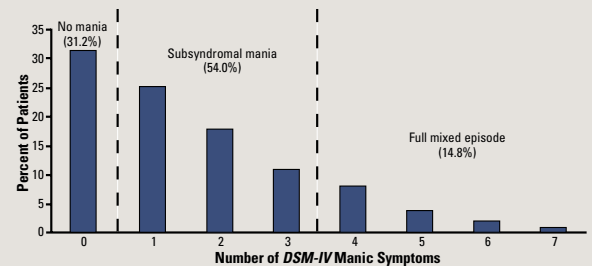
Chronologic clarification of substance use and onset of mood symptoms

Race/ethnicity—eg, African-Americans are overdiagnosed with schizophrenia and underdiagnosed with bipolar disorder

“Not otherwise specified” issues—eg, duration criteria, mixed hypomania in bipolar II

SLIDE 3

Bipolar Symptoms Usually Accompany Bipolar Depressive Episodes: Number of DSM-IV Manic Symptoms During an Index Episode of Bipolar Depression in STEP-BD (N=1,380)⁴



DSM-IV=Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition; STEP-BD=Systematic Treatment Enhancement Program for Bipolar Disorder.

SLIDE 4

Diagnostic Validation/Corroboration

Clinical Description

- Atypical depressive features
- Recurrence; brief episodes
- Mixed depression/dysphoric mania/mixed episodes
- Psychosis
- Common comorbidities (anxiety, SUDs)

Family History

- Bipolar disorder; panic disorder, schizoaffective disorder, recurrent unipolar

Exclusion of other disorders

- Unipolar depression, first-degree psychotic disorders, anxiety disorders, medical comorbidities, SUDs, personality disorders

Longitudinal Course

- Recurrence
- Syndromic/symptomatic versus functional recovery/disability
- Postpartum

Treatment response (nonpathognomonic)

Laboratory studies (none validated)

Prepubescent/adolescent depression

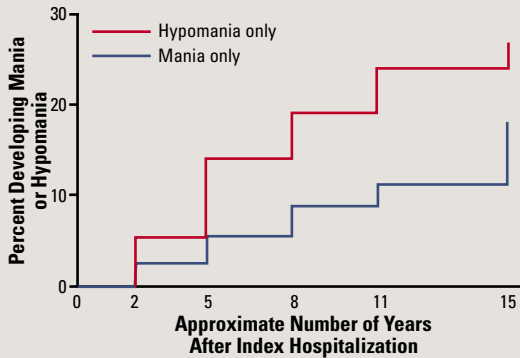
- ~45% polarity conversion from unipolar to bipolar

Dr. Goldberg is associate clinical professor of psychiatry at The Mount Sinai School of Medicine in New York City.

Disclosures: Dr. Goldberg has been a consultant for Cephalon and Eli Lilly, and has received honoraria from or has been on the speakers' bureaus for AstraZeneca, Eli Lilly, GlaxoSmithKline, Janssen-Cilag, Merck, and Pfizer. Dr. Goldberg mentions off-label usages of topiramate for bipolar disorder.

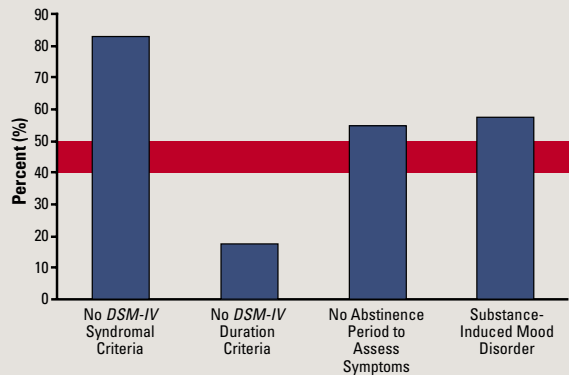
SLIDE 5

Risk for Polarity Conversion From Unipolar Depression in Hospitalized Adolescents or Young Adult Patients: Survival Analysis Showing Percentage of 74 Patients with Unipolar Depression at Index Hospitalization who Developed Mania or Hypomania Over 15 Years⁷



SLIDE 6

Obstacles to Accurate Diagnosis for Suspected Bipolar Disorder Among Active Substance Abuse Disorder Patients⁹



DSM-IV=Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.

SLIDE 7

Conclusion

Mixed episodes often may present with prominent depressive, anxiety, substance abuse, or other psychopathology features.

Appropriate evaluation requires systematic assessment of both affective poles, regardless of chief complaint.

The presence of alcohol or substance misuse requires longitudinal history and assessment of mood symptoms in absence of acute intoxication periods.

Features such as early age at onset, psychosis, high recurrence with brief episodes, atypical depressive features, cognitive deficits, and family history may convergently help to differentiate unipolar from bipolar disorder, in conjunction with cross-sectional assessment of manic and depressive symptoms.

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PRACTICAL MANAGEMENT STRATEGIES FOR ACUTE MANIA AND MIXED EPISODES OF BIPOLAR DISORDER — *OVERALL DIAGNOSTIC ASSESSMENT OF MIXED EPISODES IN BIPOLAR DISORDER*

CME QUESTIONS

- 1. Which one of the following clinical presentations is consistent with a *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* mixed episode?**
 - A. Depressed mood and irritability superimposed on hypomania
 - B. A combined hypomanic syndrome with a full major depressive episode lasting ≥ 4 days
 - C. Intense suicidal features during a manic syndrome
 - D. A full manic syndrome plus a full depressive syndrome for ≥ 1 week
- 2. Which of the following features MAY help to corroborate a diagnosis of bipolar disorder?**
 - A. Family history of bipolar disorder
 - B. Longstanding patterns of intense, unstable relationships
 - C. Mood instability during periods of intoxication from illicit substances
 - D. Insomnia and loss of appetite during depressive episodes
- 3. Delusional thinking is most common in which one of the following disorders?**
 - A. Bipolar I mixed episodes
 - B. Generalized anxiety disorder
 - C. Bipolar II hypomanic episodes
 - D. Unipolar depression
- 4. Which of the following is an example of acute mood destabilization?**
 - A. Mania precipitated by sleep deprivation
 - B. Antidepressant-induced mania
 - C. Self-mutilation and suicide threats during periods of alcohol intoxication
 - D. All of the above


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CME PsychCast™ – Practical Management Strategies for Acute and Mixed Episodes of Bipolar Disorder—*Overall Diagnostic Assessment of Mixed Episodes in Bipolar Disorder*

TERMINATION DATE: April 31, 2012

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 April 1, 2012, to be eligible for credit. If you have any questions about this, or any of our other CME materials, please e-mail CME@mbcommunications.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

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