Manic-depression (contemporary bipolar disorder) has been known since the era of Hippocrates and Areteus. However, in light of data accumulated over the last 20 years, our understanding of this disorder has changed significantly.1 Kraepelin’s contribution, which emphasized generally favorable outcome for this illness, needs to be revised in part due to chronic and complex clinical pictures beyond classic forms so prevalent in contemporary clinical practice. The articles in this month’s CNS Spectrums are intended to help physicians to incorporate recent research data into their everyday clinical practice and translate them into benefits for the real-world patients.

Konstantinos N. Fountoulakis, MD, PhD, reviews the emerging clinical face of bipolar illness. While the prototypic clinical picture in much of the evidence-based research concerns the “classic” bipolar disorder, today mixed episodes plus bipolar disorder with comorbidity and resulting in incomplete recovery and significant psychosocial impairment are more frequent than what is described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition and the International Statistical Classification of Diseases and Related Health Problems-10th Revision. The clinical picture of such complex ‘mixed’ episodes is highly variable, tends to elude contemporary classification systems and possibly includes a constellation of mental syndromes currently classified elsewhere. An even more important challenge are “major depression episodes” that masquerade as unipolar. This article also stresses the need for an especially delicate and sophisticated treatment approach to this group of patients.

Jean-Michel Azorin, MD, and colleagues deal with the development of rapid cycling in individuals bipolar I disorder on the basis of a large French multicenter cohort of >1,000 patients and explore the clinical caveats and consequences the physician should have in mind, with a special focus on suicide. Among other risk factors, these authors trace the possible sensitization process triggered by antidepressant use or thyroid dysfunction in individuals with a depression-mania-free interval course as well as cyclothymic temperament in the progression to a rapid cycling illness course.

Jean-Michel Dorey, MD, MS, and his team of geriatric psychiatrists and neurologists explore the emergence of bipolarity in the frame of an underlying dementia process. The behavioral and psychological symptoms of dementia are common, contributing to caregiver burden and premature institutionalization, but only recently a relationship to the bipolar spectrum has been proposed. The authors argue that some behavioral and psychological symptoms of dementia could be the consequence of both dementia and an undiagnosed comorbid bipolar spectrum disorder or a preexisting bipolar diathesis or bipolar temperament pathoplastically altering the clinical expression of dementia. On the basis of this article, clinicians are encouraged to reconceptualize the origin of the behavioral manifestations of dementia, with important implications for geriatric practice, including the avoidance of antidepressants when excitatory symptoms and extreme mood lability dominate this clinical picture.

Heinz C.R. Grunze, MD, tackles the controversial issue of antidepressant use for the treatment of bipolar depression. It is widely known that early reports, mainly concerning tricyclic antidepressants, have repeatedly pointed toward unfavorable effects on the course of the disorder, namely switching into (hypo)mania, induction of rapid cycling, and increased risk of suicide. However, more recent evidence suggests that the risks might have been overinterpreted while at the same time raising serious doubt about the efficacy of antidepressants as a primary-treatment choice in bipolar I depression.2 These considerations call for a more nuanced clinical approach to the risk-benefit issues in these patients.

One of the features emphasized in several of these articles is the importance of temperament3 in pathoplastically altering the clinical picture in bipolar disorder, an understanding that builds on Kraepelin’s contributions, suggesting that the master was aware of the need to go beyond a purely descriptive approach in clinical psychiatry. CNS Spectrums

REFERENCES