Introduction

The Impact and Management of the Bipolar Spectrum in 2004

By Eric Hollander, MD

This academic supplement to CNS Spectrums highlights the impact of the broader bipolar spectrum as a considerable public health concern, the side effects that must be considered in a risk/benefit analysis of effective pharmacologic treatments of bipolar disorder, and the state of the art of psychosocial interventions utilized to manage the disorder.

One important development in the conceptualization of bipolar disorder is that a common underlying endophenotype may mediate a range of presentations manifesting as the broader bipolar spectrum. This includes variants of bipolar disorder, such as bipolar II, cyclothymia, and mixed states; disorders characterized by affective instability, such as cluster B personality disorders; and disorders characterized by impulsivity associated with affective instability, such as impulse-control disorders. Since there may be various phenotypic expressions of a common underlying endophenotype, this may also help to explain the high rate of comorbidity found in bipolar disorder.

Roger S. McIntyre, MD, and Jakub Z. Konarski, MSc, describe the major impact of bipolar disorder on functioning and quality of life, given the chronic course and high percentage of time that patients spend in depressive episodes. The high rate of suicide attempts and comorbid psychiatric and medical illness further complicate the longitudinal course of illness.

Next, Prakash S. Masand, MD, and colleagues, outline the pharmacologic treatments of bipolar disorder, including the use of mood stabilizers, antipsychotics, antidepressants, and benzodiazepines. Optimization of monotherapy is required, including use of adequate doses for an adequate length of time. However, many patients with bipolar illness will ultimately require informed and rational polypharmacy to induce full remission during acute and maintenance treatment. This involves a full understanding of the risk/benefit ratio analysis, taking into account the efficacy of different agents for specific target symptoms as well as the associated short- and long-term side-effect profiles. This article carefully delineates the safety considerations for each of the available mood stabilizers and atypical antipsychotics in the use of bipolar disorder.

Finally, Michael W. Otto, PhD, and David J. Miklowitz, PhD, review the rationale, elements, and outcomes for the psychosocial treatments of bipolar disorder that have been studied in randomized trials. These include individual, group, or family-based treatments, are generally administered to patients also receiving pharmacotherapy, and have been found to prevent relapse. Important components of the treatment may include education, communication and problem-solving training, and strategies for early detection and intervention.

In summation, our understanding of bipolar disorder has changed significantly over the last several years to include a broader spectrum of related conditions, the use of informed polypharmacy coupled with greater surveillance and more aggressive management of side effects, and the use of psychosocial treatments to reduce relapse. Rapid developments in our understanding of the underlying genetics and functional neurocircuitry, coupled with studies of the endophenotype of the disorder, may ultimately yield new therapeutic promises for various components of the disorder.

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