Bipolar Disorder

1 of the top 10 disabling conditions

• Disordered mood includes not only periods of depression, but also periods of abnormally elevated mood (mania or hypomania) with these symptoms:
  • Inflated self-esteem
  • Decreased need for sleep
  • Increased speech; racing thoughts; distractable
  • Impulsive; poor judgment, unrealistic confidence, grandiose plans
  • Increased social, sexual, purchasing, work activities
  • May be delusional; may be aggressive
  • Up to 25% attempt suicide if untreated

Mood Stabilizers for Bipolar Disorder

• Classic mood stabilizer since ’70’s = lithium carbonate (e.g. Eskalith, Carbimil)
  • Seems to increase reuptake of NE & alters 5HT receptor sensitivity & also has complex effects on other aspects of neural functioning so the way that it moderates both extremes of mood is really not understood
  • Takes 7-10 days to act, 2-3 weeks for maximal effect; also decreases risk of future episodes & reduces hospitalizations by 75-85%
  • Seems to have an “anti-suicide/anti-self-harm” action in addition to its mood stabilizing effects
  • Highly effective (60-80%) when used properly but, in real world, maybe 50% get good control of their disorder

*Lithium Carbonate is a Salt

• Alkali metal like sodium or potassium
• Side effects: thirst, increased urination, gastric upset, tremor, skin problems, marked weight gain, cognitive & behav slowing (“Fat as a house, dumb as a stone”)
• Most decrease with tolerance as long as blood levels don’t creep up or body salt levels don’t fall
• Problems: Narrow therapeutic range - need regular blood tests to avoid toxicity
• Non-compliance is a significant problem
• Sadly noncompliance is associated not only with a return of bipolar symptoms but a 14X suicide risk

Lithium (too much) Toxicity

• Side effects become more pronounced
• Worse tremors & incoordination
• Excessive cognitive/behavioral slowing, fatigue, slurred speech
• Rigidity, seizures & coma possible
• So side effects, noncompliance & toxicity spurred search for other stabilizers.

Alternatives for Mania Since ’90’s:

Neuromodulator Anticonvulsants

• Valproate/divalproex (Depakote, Depakene)
• Carbamazepine (Trigetol), now being replaced by safer oxcarbazepine (Trileptal)
• Newer neuromodulator anticonvulsant - lamotrigine (Lamictal) – is antidepressant & activating so is drug of choice for bipolar depression, rapid cycling Bipolar II, but not very effective for mania
• Another alternative or add-on medication: a second generation antipsychotic (SGA) (but let’s introduce that category before we say more)
• A combo of meds often necessary & can allow use of lower doses
Neuromodulator Anticonvulsants
• valproate (Depakote)
• carbamazepine (Tegretol)
• oxcarbazepine (Trileptal)
• lamotrigine (Lamictal)
• gabapentin (Neurontin)
• pregabalin (Lyrica)
• topiramate (Topamax)

Neuromodulator Anticonvulsants
Not just for seizures anymore
• Bipolar disorder & related disorders
• Borderline personality disorder (V,T)
• Behavioral dyscontrol (anger, aggression) (V,G)
• Pain (G, R, T)
• Substance abuse treatment (G,T)
• PTSD (G, P)
• Restless legs syndrome (P,T)
• Fibromyalgia (P)

* letters refer to generic names and are FYI only