



Long-term treatment for bipolar disorder

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Bipolar disorder is a serious mental illness requiring long-term treatment. People who are bipolar experience cycles of manic highs and bouts of extreme depression. Many do not respond well to commonly used mood stabilizers, and the condition is often resistant to treatment. Often, other medical conditions may co-exist in people who suffer from bipolar disorder, thus adding to the difficulty of effective treatment.

Dr. Martin Alda is continuing his research into bipolar disorder and its treatment. Dr. Alda has shown that it should be possible to select long-term treatment for bipolar disorder based on a carefully assessed clinical profile and family history of the individual. His research also showed that lithium remains the most effective treatment for bipolar disorder. The preliminary findings open the door to further studies.

The objective of his study was to outline the variety of ways bipolar disorder is manifested and clarify their importance for the choice of effective treatment. Based on studies of how people responded to treatment as well as on studies of co-morbidity in bipolar disorder (the presence of other diseases or conditions), his research team hypothesized that responders and non-responders to various mood stabilizers would have different family histories. They then evaluated the outcome of mood-stabilizing treatment in 120 bipolar patients. About 30 percent of bipolar patients responded unequivocally to lithium, 10 percent to anticonvulsants, and 15 percent to the antipsychotic drug olanzapine.

The subsequent comparison of bipolar patients who responded clearly to either of two commonly used mood-stabilizing treatments, lithium or lamotrigine, revealed significant differences with respect to the course of bipolar disorder, co-morbidity, and family history. Those who responded to lithium showed a highly episodic remitting course of illness and a low rate of co-morbidity compared to those who responded to lamotrigine, an anticonvulsant. Responders to lamotrigine showed a high prevalence of concurrent anxiety disorders and panic attacks. The prevalence of specific psychiatric disorders among relatives of lithium and lamotrigine responders was also dramatically different. Those who responded to lithium had typically relatives with bipolar disorder, while the relatives of lamotrigine responders suffered mainly from anxiety disorders.

Dr. Alda says, "Our results indicate the need to systematically evaluate the progress and long-term outcome in bipolar patients. Both our data and published reports indicate major areas that could be targeted for improvement. Specialized mood disorders programs may represent a way of optimizing the treatment of this serious illness."

-30-

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