Improving Quality of Life as a Key Dimension in Management of Bipolar Disorder

A Review Submitted For Partial Fulfillment of
Master Degree in Neuropsychiatry

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Contents

List of abbreviations

5-HT2C	5-Hydroxy-Tryptamine
APA	American Psychiatric Association
AUC	Area Under the Concentration-time curve
BD, BPD	Bipolar Disorder
BP-I	Bipolar Disorder type 1
BP-II	Bipolar Disorder type 2
CANMAT	Canadian Network for Mood and Anxiety group
CATIE	The Clinical Antipsychotic Trials of Intervention Effectiveness
CBT	Cognitive-behavioral therapy
CL	Clearance
CM	Crisis Management
Cmax	Maximum plasma concentration
D2/D3	Dopamine receptors
DSM-III-R	Diagnostic and statistical manual of mental disorders, 3rd ed., revised
DSM-IV	Diagnostic and statistical manual of mental disorders, 4th ed.
EE	Expressed Emotion
ER	Extended-Release
FDA	Food and Drug Administration

FFT	Family Focused Therapy
FLU	Fluxoetine
GABA	γ-Aminobutyric acid
GAMIAN	Global Alliance of Mental Illness Advocacy Networks
GI	Gastrointestinal
GPE	Group psychoeducation
HAMD	Hamilton Rating Scale for Depression
HDL	High density lipoprotein
HR-QOL	Health Related Quality of Life
IPSRT	Interpersonal and Social Rhythm Therapy
IPT	Interpersonal Rhythm Therapy
MADRS	Montogomery Asberg Depression Rating Scale
MDD	Major Depressive Disorder
MDI	Manic Depressive Illness
MDQ	Mood Disorder Questionnaire
N	Number
NDMDA	National Depressive and Manic Depressive Association
NEMSIS	Netherlands Mental Health Survey and Incidence Study

NICE	National Institute for health and Clinical Excellence
NIMH	National Institute of Mental Health
NOS	Not Otherwise Specified
OLA	Olanzapine
PE	Psychoeducation
PTSD	Post Trumatic Stress Disorder
QOL	Quality of Life
QOLI	Lehman Quality of Life Interview
RCT	Randomized Control Trials
Rosenberg- SES	Rosenberg Self-Esteem Scale
SASS	Social Adaptation Self-Evaluation Scale
SAS-SR	Social Adjustment Scale-Self Report
SCID-P	The Structured Clinical Interview for DSM-IV Patient edition
SDS	Self-Rating Depression Scale
SF-36	Medical Outcomes Survey Short-Form 36
SNRIs	Serotonin Norepinephrine Reuptake Inhibitors
STEP-BD	Systematic Treatment Enhancement Program for Bipolar Disorder
VA	Veterans Administration
WFSBP	World Federation of Societies of Biological Psychiatry

WHO	World Health Organization
WHOQOL-BREF	World Health Organization Quality of Life Scale
YMRS	Young Mania Rating Scale

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Introduction and Aim of the Work

Improving Quality of Life as a Key Dimension in Management of Bipolar Disorder

Introduction:

Bipolar disorder, or manic depressive illness (MDI), is one of the most common, severe, and persistent mental illnesses. Bipolar disorder is characterized by periods of deep, prolonged, and profound depression that alternate with periods of an excessively elevated and/or irritable mood known as mania. The symptoms of mania include a decreased need for sleep, pressured speech, increased libido, reckless behavior without regard for consequences, grandiosity, and severe thought disturbances, which may or may not include psychosis. Between these highs and lows, patients usually experience periods of higher functionality and can lead a productive life. Bipolar disorder is a serious lifelong struggle and challenge ***(Bowden and Singh 2003).***

Official estimates put prevalence at between 3 to 4 per cent of the population but some researchers believe the real figure is closer to 10 per cent if the whole spectrum of bipolar disorder is included ***(Hirschfeld et al., 2003).*** 1 in 100 people meet the criteria for bipolar disorder in their life time. Both

males and females are equally affected by bipolar disorder. Bipolar disorder can be diagnosed any time between adolescence and after 50 year ***(APA, 2001).***

Good quality of life (QOL) encompasses more than just good health. At a basic level, it can represent the sum of a person's physical, emotional, social, occupational and spiritual well-being. The World Health Organization has described QOL as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns ***(Skevington et al., 2004).***

Bipolar patients present major problems in dimensions related to quality of life, such as functional impairment, difficulties to sustain their jobs and interpersonal problems ***(Dean et al., 2004).***

Most people with bipolar disorder, even those with the most severe forms, can achieve substantial stabilization of their mood swings and related symptoms with proper treatment. Because bipolar disorder is a recurrent illness, long-term preventive treatment is strongly recommended and almost always indicated. A strategy that combines medication

and psychosocial treatment is optimal for managing the disorder over time ***(Sachs et al., 2000).***

Medications known as mood stabilizers are usually prescribed to help control bipolar disorder. Lithium, the first mood-stabilizing medication approved by the U.S. Food and Drug Administration (FDA) for treatment of mania, is often very effective in controlling mania and preventing the recurrence of both manic and depressive episodes. Anticonvulsant medications such as valproate or carbamazepine also can have mood-stabilizing effects and may be especially useful for difficult to treat bipolar episodes. Atypical antipsychotic medications, are being studied as possible treatments for bipolar disorder ***(Keck et al., 2004).***

Newer anticonvulsant medications, including lamotrigine, gabapentin, and topiramate, are being studied to determine how well they work in stabilizing mood cycles ***(Belmaker, 2004).***

Pharmacotherapy, though the accepted first-line treatment for BPD patients, is insufficient by itself, encouraging development of adjunctive psychological treatments and rehabilitative efforts to further limit morbidity and disability ***(Huxley and Baldessarini, 2007).***

Psychological treatments provide support, education, guidance and stratiges to individuals with bipolar disorder and their family members. Psychological treatment complement medical treatments and have been found to help stabilize behaviour and mood, reduce hospitalization and enhance general functioning ***(Huxley et al., 2000).***

Psychosocial interventions commonly used for bipolar disorder are cognitive behavioral therapy, psychoeducation, family therapy and a newer technique, interpersonal and social rhythm therapy ***(Huxley et al., 2000).***

- Cognitive behavioral therapy (CBT) helps people with bipolar disorder learn to change inappropriate or negative thought patterns and behaviors associated with the illness.

- Psychoeducation involves teaching people with bipolar disorder about the illness and its treatment, and how to recognize signs of relapse so that early intervention can be sought before a full-blown illness episode occurs. Psychoeducation also may be helpful for family members.

- Family therapy uses strategies to reduce the level of distress within the family that may either contribute to or result from the ill person’s symptoms.