

Pharmacological management of bipolar disorder: a review

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Background

Bipolar disorder is a chronic recurrent neuropsychiatric disorder. The management of the different phases of the illness requires different combinations of medicines and other treatment strategies.

Aims

To synthesize the current evidence for management of bipolar disorder.

Methods

We searched the MEDLINE, Cochrane database of systematic reviews and the Database of Abstracts of Reviews of Effects (DARE) for recent systematic reviews and meta-analysis between 1995 and 2010. Original articles of relevant randomised controlled trials (RCT) were accessed.

Results and conclusions

For treatment of acute mania lithium, valproate and carbamazepine are more effective than placebo but they have no superiority over antipsychotics.

There is evidence from RCTs that second generation antipsychotics (SGA) are more effective than placebo. Haloperidol may be more effective than SGA in treatment of acute mania. Combination of antipsychotic and mood stabiliser is more effective than mood stabiliser monotherapy alone.

In treatment of acute bipolar depression the current evidence is inadequate to support the use of lithium as monotherapy. The most effective treatment is combination of a mood stabiliser and an antidepressant which also minimises manic switches. FDA has approved olanzapine-fluoxetine combination and quetiapine monotherapy. Lamotrigine is also effective in the treatment of acute bipolar depression.

For prophylaxis lithium, valproate and carbamazepine are effective while lamotrigine is primarily effective in preventing depressive episodes. Lithium is more effective in preventing manic than depressive episodes. Evidence for efficacy of antipsychotics in prophylaxis is limited.

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Introduction

The current nosological concept of bipolar disorder could be traced back to works of Falret in the 19th century and of Kraepelin in the early 20th century (1). Over a hundred years later, it is still considered to be a serious mental illness associated with significant morbidity and mortality. Bipolar disorder is a chronic recurrent neuropsychiatric disorder. The management of the different phases of the illness requires different combinations of medicines and other treatment strategies. It is perhaps the most difficult psychiatric disorder to treat but one where outcome can depend significantly on the treatment skills of the clinician. However, unfortunately, the evidence base regarding treatment is less than satisfactory. There is little consensus about the management of bipolar disorder. This review attempts to evaluate the current evidence regarding the pharmacological management of bipolar disorder.

Methods

We searched the MEDLINE, Cochrane database of systematic reviews and the Database of Abstracts of Reviews of Effects (DARE) for systematic reviews and meta-analyses on management of bipolar disorder between 1995 and 2010. We also accessed original articles of relevant randomised controlled trials (RCT). This review is based on evidence provided, mostly, by

RCTs and the synthesis of data from such trials in meta-analyses and systematic reviews.

Results

TREATMENT OF ACUTE MANIA

Mania and hypomania are the unique and characteristic clinical conditions that distinguish bipolar disorder from all other recurrent mood disorders. Because of the risks associated with overactivity, agitation, disinhibition and impaired judgement mania is considered a psychiatric emergency. Therefore treatment must aim at rapid control of symptoms and a quick resolution of the manic phase which also minimises the social impact of the disease.

Lithium, anticonvulsants and antipsychotics are used in treatment of mania while benzodiazepines are considered an important adjunct treatment. We will consider the evidence for the effectiveness of each type of medication. For mania a 50% reduction in symptoms on the Young Mania Rating Scale (YMRS) is reported as a clinical response in most RCTs.

Lithium

John Cade first described the efficacy of lithium in treating mania. So far, a total of 29 published or