

EVIDENCE-BASED MEDICINE

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Patterns of Pharmacotherapy and Treatment Response in Elderly Adults with Bipolar Disorder

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ABSTRACT ~ Background: Bipolar disorder is a difficult disease to treat because of its cycling nature, frequent residual symptoms, and poor compliance to treatment. Several guidelines have been proposed for treatment, but there is limited data on best treatment practices in elderly, bipolar patients. This study assessed patterns of psychopharmacological treatment and treatment response in acutely ill, bipolar patients over the age of 60. **Methods:** Naturalistic pharmacologic data was obtained on 138 acutely ill, elderly bipolar patients from the Duke University Medical Center electronic psychiatric record. Clinical Global Impression (CGI) severity and improvement scale ratings were performed at each visit, and time to response was measured. Pharmacological treatment selected was reviewed. **Results:** Standard mood stabilizers (lithium, valproate, carbamazepine, and lamotrigine) were the most prescribed medications (68%), followed by antipsychotics (54%) and antidepressants (34%). Combination therapy was more common than monotherapy (57% vs. 38%). Remission was achieved in 35% of subjects, while 32% showed no significant improvement. There was no difference in antipsychotic prescription between old-old and young-old patients. **Conclusions:** In this naturalistic, "real-setting" study of pharmacologic treatment, acutely ill, elderly bipolar patients were treated primarily with mood-stabilizing agents, followed by antipsychotics and antidepressants. Combination therapy is much more common than monotherapy. Results can be useful in understanding the current clinical standard of care in elderly bipolar patients, and are consistent with current clinical guidelines for mixed-age bipolar patients. *Psychopharmacology Bulletin. 2008;41(1):102-114.*

INTRODUCTION

In the last few years, there has been several publications of structured guidelines or algorithms for treatment of acute bipolar illness, based on systematic reviews of the literature or expert opinions.¹⁻⁸ These guidelines have been constructed to assist clinicians to navigate the complexity of pharmacotherapy in bipolar disorder; however, recent studies have found that clinical practice frequently

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differs from guideline recommendations.^{9,10} It is believed that the complexity of bipolar disorder with its frequent relapses, residual symptoms, intensity of moods, and potentially dangerous behaviors (such as suicidal ideations or excessive pursuit of pleasure), frequent medical and psychiatric comorbidities, and poor adherence to medications (or poorly tolerated medications) has made the disease especially challenging to control and adherence to guidelines difficult.^{11,12}

Many of these complicating factors are compounded when treating older adults with bipolar disorder, because elderly patients often have severe psychopathology,¹³ incomplete response,^{14,15} frequent medical comorbidities, and a high mortality rate.^{16,17} An additional challenge for the geriatric psychiatrist is the limited clinical trial data available about treatment response of older adults to bipolar medications, even common treatments currently FDA-approved.¹⁸

This study was conducted in order to gain a picture of the current clinical pharmacologic practice for the treatment of acutely ill, late life bipolar patients and the naturalistic treatment response. We hypothesized that elderly bipolar patients would be treated similarly to that reported in samples of younger bipolar patients, and consistent with most guideline practices. However, because of the recent FDA warnings of increased mortality in the use of atypical antipsychotics in elderly demented patients, we also hypothesized that bipolar acute, ill elderly would be prescribed fewer antipsychotics than that reported in younger bipolar subjects, and this trend would especially be noted in the "older" versus the "younger" elderly group. Finally, we hoped that this descriptive data would assess the extent to which current guidelines are adhered in clinical practice, naturalistic treatment response in elderly with acute bipolar illness, and highlight specific issues that need to be addressed in research studies involving older adults.

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