Promoting Treatment Adherence in Schizophrenia: Engagement Strategies for Health Care Providers, Case Managers, and Advocates

Understanding and Diagnosing Bipolar Disorder

Treatment for Bipolar Disorder
A Resource for Providers

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Importance of Treatment for Bipolar Disorder

Bipolar disorder is a chronic mental illness and refers to a spectrum that encompasses several diagnoses, including bipolar I, bipolar II, and cyclothymic disorder.\(^1,2\)

Bipolar I disorder, marked by extreme manic episodes, has a \textit{lifetime prevalence} of 2.1\% and a \textit{12-month prevalence} of 1.5\%.\(^2,3\) This equates to approximately 4.9 million and 3.7 million adult Americans, respectively, who are affected.\(^3\) The onset of bipolar disorder typically begins \textit{between the ages of 15-24}.\(^4\) There is often a considerable interval between onset and first treatment or first hospitalization.\(^4\)

In a constituency survey by the National Depressive and Manic-Depressive Association, one in four individuals with bipolar disorder reported receiving an accurate diagnosis within three years of first experiencing symptoms. Moreover, greater than 33\% of patients remained misdiagnosed for ten or more years. The lapse between the onset of symptoms and an accurate diagnosis of bipolar disorder can delay treatment.\(^5\)

While there is no cure for bipolar disorder, treatment can decrease related morbidity and mortality. In addition to medication therapy, individuals may benefit from the addition of psychosocial interventions that address illness management and interpersonal difficulties. These psychosocial interventions are designed to address adherence to treatment, illness adaptation, self-esteem, and management of relationships.\(^4\)
Approaching Treatment of Bipolar Disorder

According to the American Psychiatric Association, the general goals of treatment are to manage acute episodes, prevent recurrences, improve inter-episode functioning, and provide support to the patient. The treatment of bipolar disorder is comprised of two main phases—acute and maintenance—each with different goals. Patients enter the maintenance phase after successful completion of the acute phase.¹

<table>
<thead>
<tr>
<th>Treatment Goals</th>
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<tr>
<td><strong>Acute Phase</strong></td>
<td><strong>Maintenance Phase</strong></td>
<td><strong>Maintenance Phase</strong></td>
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<tr>
<td>• Stabilization</td>
<td>• Optimize protection against recurrent episodes</td>
<td>• Maximize patient functioning</td>
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<tr>
<td>• Achieve remission</td>
<td></td>
<td>• Minimize subthreshold symptoms</td>
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<tr>
<td>- Complete return to baseline level of functioning</td>
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<td>• Minimize adverse effects of treatment</td>
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<tr>
<td>- Virtual lack of symptoms</td>
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Patients frequently seek treatment when they are experiencing an acute episode, which may be characterized by depression, mania, hypomania, or a mixture of features.¹

Primary care providers may encounter bipolar disorder, as it is common in primary care settings.⁶ A collaborative care approach with communication between providers, such as the primary care provider and the psychiatrist, may be needed. A patient-centered team approach may offer the greatest likelihood of success.⁷
Considerations in the Treatment of Bipolar Disorder

Patients with bipolar disorder, including bipolar I, may face challenges which contribute to low treatment rates.\

Some considerations for providers include:

- **Comorbidities**: Patients with bipolar disorder are predisposed to have other psychiatric disorders. Comorbid conditions are associated with longer episodes of illness, shorter periods of remission, poor treatment compliance, and suicidality.\

- **Adverse side effects**: Patients with bipolar disorder may experience unwanted side effects from medications, or combination of medications.\

- **Finances**: Patients with bipolar disorder may lack insurance or face other financial barriers.\

- **Poor insight**: Patients with bipolar disorder may lack insight, which may interfere with their ability to make treatment decisions.\

- **Stigma**: Frequently cited as a barrier to mental healthcare, stigma is associated with reduced treatment seeking.\

Additional considerations in the general treatment of bipolar disorder include:

- **Stress**: Psychosocial stress is a known trigger to both manic and depressive symptoms.\

- **Suicidality**: Suicide is more frequent among patients with bipolar disorder than it is among patients with other psychiatric or general medical disorders. Associations between bipolar I disorder and anxiety and substance use disorders have been linked to greater likelihood of suicide attempts and deaths.\

- **Support**: Patients who have social support in recognizing early warning signs of relapse appear to have a lower likelihood of recurrence and hospitalization and have improved functioning. Additionally, family may be able to assist in providing an informative history, given the patient’s potential lack of insight.\

- **Education**: Patients and families may have difficulty accepting the fact that bipolar disorder is an illness that will require long-term treatment. Ongoing patient education can help reinforce the patient’s collaborative role in treatment.
Treating Bipolar Disorder

According to a constituency survey by the National Depressive and Manic-Depressive Association, greater than 33% of patients with bipolar disorder reported remaining misdiagnosed for ten or more years, and such a lapse between the onset of symptoms and an accurate diagnosis of bipolar disorder can delay treatment. Additionally, while estimates vary across the literature, the average bipolar medication nonadherence rate is reported to be 40%. Nonadherence is associated with outcomes such as relapse, hospitalization, functional impairment, and suicidality.

Psychosocial interventions which may be considered for patients with bipolar disorder include:

- Psychoeducation
- Cognitive behavioral therapy
- Family-focused therapy
- Interpersonal and social rhythm therapy
- Group psychotherapy
- Peer support

Psychosocial therapies may help with regularizing daily activities, medication adherence, and recognizing early warning signs of relapse.
Use of Medications

Several treatment guidelines offer direction for how to treat bipolar disorder. These guidelines can help providers determine options for a patient, based on clinical assessment and individual patient circumstances.

Evidence-based medication treatment guidelines:

- The American Psychiatric Association Practice Guideline for the Treatment of Patients with Bipolar Disorder offers treatment recommendations based on available evidence and clinical consensus.4

- The Texas Medication Algorithm Project describes guidelines for appropriate care based on research and clinical consensus when adequate research is lacking.12

Federal Drug Administration approval includes indications for medications that have passed scientific reviews for specific uses in specific disorders.13,14

Medications that have been used to treat bipolar disorder include:

- Mood stabilizers15
- Antidepressants16
- Antipsychotics16

Ongoing medication is considered the foundation for successful treatment of bipolar disorder.17
Monitoring Treatment

Monitoring response is important for all treatments. For patients with bipolar disorder, who may lack insight, especially during manic episodes, monitoring is particularly important. Small changes in behavior may indicate the onset of an episode.⁴

Some information that may help in monitoring treatment includes:

- Typical sequence of a patient’s illness⁴
- Typical duration of an acute episode⁴
- Typical severity of an acute episode⁴
- Depressive, manic, and sleep symptoms⁶

Additional monitoring considerations may include:

Screening for medical morbidities: There is a high frequency of medical comorbidities in patients with bipolar disorder.⁷

Education: For patients, regarding how they are able to monitor their own symptoms for potential relapse is important. Patient and family education can improve decision making and collaboration with the healthcare team.⁷

Medication regimen: Patients may find side effects burdensome, and medication regimen complexity may contribute to nonadherence.⁴,ⁱ⁰

Suicidality: Among the phases of bipolar disorder, depression is associated with the highest risk.⁸ Patients and families need a plan for addressing suicidal ideation, should it become evident, which is something providers are able to assist with developing.⁸