Chart Review: Jim

BACKGROUND

Personal Information: 36-year-old married man with bipolar disorder

Background: This gentleman is an established patient who presents based on concerns raised by his wife about the patient's recent change in sleep pattern.

Neuropsychiatric History : The patient has bipolar I disorder that was diagnosed at age 18. His illness is characterized by mostly mixed episodes with prominent anxiety and often with paranoia. Since diagnosis, he has had 6 manic episodes, 4 of which required hospitalization, but has had no manic episodes for the past 6 years. His pattern of illness is mania, followed by depression, then partial euthymia.

He has been prescribed numerous medications over the course of his illness with variable results. He is intolerant to adequately-dosed lithium, carbamazepine, olanzapine, and haloperidol. Control of manic symptoms is achieved with divalproex. Of the antidepressants he has tried, most have been ineffective. He has partial alleviation of depressive symptoms with lamotrigine and best results with bupropion. Of the antipsychotics he has tried, he tolerates risperidone best, yet still has EPS at doses over 1 mg/d. He has a tendency to overuse sedation medications such as benzodiazepines and hydroxyzine.

Medical History : NKDA. No significant medical conditions.

Social History : Married for 5 years. No children.

Family History : Family history is positive for a mood disorder in mother.

continued on next page

Chart Review: Jim

TODAY'S VISIT

Chief Complaint: "I am here because my wife is worried about my sleep!"

Neuropsychiatric Interview Findings: The patient reports that he is angry with his wife who called about his sleep, prompting this visit. He admits to needing only 4 hours of sleep per night for the last 2 weeks (awake until 1 am to 3 am most nights). He shares his big new plan to start a computer support company, which has made it necessary for him to spend over 12 hours per day at his computer. He continues to take divalproex 1000 mg qhs and admits to taking up to 8 mg total alprazolam through day to "calm his nerves." He admits to having stopped taking risperidone because it was causing muscle cramps in his thighs. Pressured speech and psychomotor agitation is noted.

Management Plan: 1. Check serum levels of divalproex
2. Discuss treatment adherence
3. Institute therapy for acute manic episode

This continuing education activity is co-sponsored by Indiana University School of Medicine and by CME Outfitters, LLC.

Indiana University School of Medicine and CME Outfitters, LLC, gratefully acknowledge educational grants from Bristol-Myers Squibb Company and Otsuka America Pharmaceutical, Inc., and from Pfizer Inc. in support of this CE activity.

Clinical Chart Review, Part 3: Assessing and Managing the Patient with Bipolar Mania

Roger S. McIntyre, MD, FRCPC
Charles L. Bowden, MD

Moderator

Roger S. McIntyre, MD, FRCPC
Head, Mood Disorders Psychopharmacology Unit
University Health Network
Associate Professor of Psychiatry and Pharmacology
University of Toronto
Toronto, ON

Roger S. McIntyre, MD, FRCPC
Disclosures

- ***Grants/Research Support:*** Eli Lilly and Company; Janssen-Ortho, Inc.; National Alliance for Research on Schizophrenia and Depression (NARSAD); Shire Pharmaceuticals; Stanley Medical Research Institute
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Roger S. McIntyre, MD, FRCPC
Head, Mood Disorders Psychopharmacology Unit
University Health Network
Associate Professor of Psychiatry and Pharmacology
University of Toronto
Toronto, ON

Faculty

Charles L. Bowden, MD
Clinical Professor of Psychiatry and Pharmacology
University of Texas Health Science Center
San Antonio, TX

Charles L. Bowden, MD
Disclosures

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The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational uses (any use not approved by the FDA) of products or devices.

Learning Objective

Overall Build therapeutic alliances with patients with bipolar disorder in order to optimize adherence.

Nursing Identify factors that contribute to treatment nonadherence among patients with bipolar mania.

Presentation slides and the patient chart from this activity can be found at neuroscienceCME.com/447

To receive CE credits for this activity, participants must complete the post-test and evaluation online at neuroscienceCME.com/test

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University of Toronto
Toronto, ON

Faculty

Charles L. Bowden, MD
Clinical Professor of Psychiatry and Pharmacology
University of Texas Health Science Center
San Antonio, TX

Jim
Case Overview

- 36-year-old married man with bipolar I disorder
- Chief complaint
  - Wife is concerned about recent odd change in sleep-wake pattern

Jim
Neuropsychiatric History

- Bipolar I disorder diagnosed at age 18
- Mostly mixed episodes with prominent anxiety; often with paranoia
- Manic episodes
  - 4 requiring hospitalization since age 18
  - No manic episodes in last 6 years
- Pattern: mania-depression-partial euthymia

Jim
Neuropsychiatric History (cont.)

- Medication history
  - Intolerant to adequately-dosed lithium, carbamazepine, olanzapine, and haloperidol
  - Divalproex controls manic symptoms
  - Of antidepressants tried
    - Most are ineffective
    - Partial alleviation with lamotrigine
    - Best results with bupropion
  - Of antipsychotics tried
    - Tolerates risperidone best, but with EPS at doses > 1 mg/day
  - Tendency to overuse sedation meds (e.g., benzodiazepines and hydroxyzine)

Jim
Illness Course

- Partial insight into illness
- Alternates between overly frequent visits and postponing appointments
- Socially isolated, including from his concerned, supportive family
- Gradual increase in paranoia over recent years, especially relating to business issues
- Fearful of re-hospitalization and disclosure of medical records to authorities

Jim
Today's Visit

- Angry with wife whose call to psychiatrist prompted this visit
- Reports needing only 4 hours of sleep per night for the last 2 weeks
- Shares his plans to start a new computer support company
- Spending over 12 hours per day at his computer
- Has pressured speech and psychomotor agitation

Jim
Today's Visit (cont.)

- Continues taking divalproex 1000 mg qhs
  - Has not had serum level checked for 4 months
- Takes 8 mg total alprazolam through day to "calm his nerves"
- Stopped taking risperidone because he reports it causing muscle cramps in thighs
- Awake until 1 a.m. to 3 a.m. most nights

Jim's Diagnosis
Manic Episode

What do we know about rates of treatment adherence among patients with bipolar disorder?

Rates of Nonadherence in Bipolar Disorder

- Rarely an all-or-nothing phenomena
- Rates of adherence vary widely depending on how adherence is defined and measured
  - Difficulty to define and measure
- Patient self-report is the measure most commonly used in adherence studies[1]
- From 20 to 40% of patients may be consistently poorly adherent[2,3]

1. Velligan DI, et al. *Schizophr Bull* 2006;32:724-742.
2. Scott J, et al. *J Clin Psychiatry* 2002;63:384-390.
3. Velligan DI, et al. *Psychiatr Serv* 2003;54:665-667.

What factors predict degree of treatment adherence among patients with bipolar disorder?

Factors Associated with Poor Adherence

- Adherence problems likely to be
  - Multi-determined
  - Related to different factors in different individuals
- Identify factors contributing to a specific patient's adherence problems in order to select the most appropriate strategy
- Illness-related
  - Bipolar illness can be characterized by altered cognition (e.g., poor working memory)
- Medication-related
  - Persistence of subjectively aggravating side effects

Nonadherence Contributors *2009 Expert Consensus Findings*

Top 5 contributors to adherence problems in bipolar patients

1. Distress associated with persistent side effects
2. Believing medications are no longer needed
3. Poor insight into having an illness
4. Lack of/partial efficacy with continued symptoms
5. Ongoing substance use problems

Velligan DI, et al. *J Clin Psychiatry* 2009;70(suppl 4):1-46.

Nonadherence Contributors
2009 Expert Consensus Findings

Top 5 side effects as contributors to adherence problems in bipolar patients

1. Weight gain (women)
2. Excessive sedation
3. Sexual dysfunction
4. Cognitive problems
5. Weight gain (men)

Velligan DI, et al. *J Clin Psychiatry* 2009;70(suppl 4):1-46.

What strategies can be used to improve adherence?

Strategies to Improve Adherence

- Provide psychoeducation
- Measure serum levels
- Apply collaborative care principles
- Involve the patient's significant other
- Adequately manage the sleep disturbance (that often accompanies bipolar disorder)
- Think about long-term management

Julius RJ, et al. *J Psychiatr Pract* 2009;15:34-44.
Sajatovic M et al. *Psychiatr Serv* 2004;55:264-269.

Assessing Adherence
2009 Expert Consensus Findings

Top strategies rated as useful for accurately assessing adherence

- Ask about any problems patient has been having or anticipates having taking medications
- Call patient's family or caregiver to ask about adherence, if patient gives permission
- Obtain plasma levels of medications
- Ask patients to bring in medication for review and/or pill count
- Review pharmacy refill records

Velligan DI, et al. *J Clin Psychiatry* 2009;70(suppl 4):1-46.

Questions?

Type your question in the box at the bottom of this window and click the Submit button to send.

Roger S. McIntyre, MD, FRCPC

Charles L. Bowden, MD

Additional Resources

Visit
neuroscienceCME.com/bipolar
for clinical information and certified educational activities on bipolar disorder

Upcoming Live Symposium

neuroscience CME

3rd Annual Chair Summit – Master Class for Neuroscience Professional Development

August 26-29, 2010
Chicago, IL

Visit **neuroscienceCME.com/TV461** for current information

Additional Questions

Faculty will be taking questions via e-mail for the next two weeks at **questions@cmeoutfitters.com**

Questions and answers will be posted online at **neuroscienceCME.com/447**

Roger S. McIntyre, MD, FRCPC

Charles L. Bowden, MD

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