Bipolar Disorder

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An Evidence-Based Guide to Manic Depression

Springer

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To Katerina
My sons Nickolas and Ioannis
My parents Nick and Olga and parents-in-law Ioannis and Zoumboulia
For without their enduring support, this book would not have been possible to author

Foreword

During the latter part of the twentieth century, manic depression emerged as a new focus of research that over time came to achieve an equal status with schizophrenia and depression among mental health professionals. Indeed, because of its complexity and high cost and its flamboyant symptomatology, it now tends to enjoy a privileged status, especially in the minds of those working in the arts and sciences.

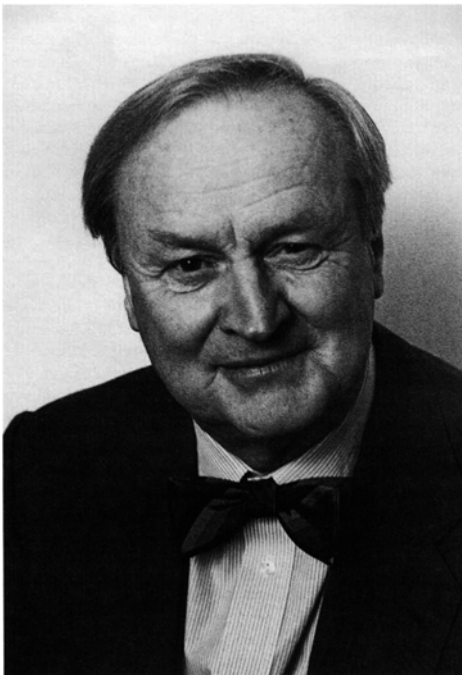
Manic depression has a number of impressive characteristics. First, it has become almost fashionable to admit that one suffers from this mental disease. Second, there is a widespread belief that it is strongly correlated with creativity. Many famous people announce publicly that they suffer from it, while historical and biographical data suggest that other renowned personalities from the past have been afflicted with the illness. Third, manic depression is one of the very few medical conditions that respond to treatment with a single simple natural element: lithium. This is extraordinary, and the way in which this happens is unique in medicine.

This book is a single-authored work. This is rather unusual today, when multi-authored books are the rule. An extremely large amount of work is needed to accomplish such a task, especially when the purpose is to systematically review the literature and try to follow the rules of evidence-based medicine to the extent that the literature permits it. The result, however, is a comprehensive, solid book and not a heterogeneous compilation of book chapters.

The various chapters of this book address distinct aspects of the disease, from traditional ones such as the historical perspective to modern approaches like staging. Especially the chapter on biological therapies utilizes a precise methodology in the collecting and ranking of data and agents and thereby provides the reader with the state of the art in a comprehensive way which can rarely be found in a book. I strongly believe that the book will satisfy the most discriminating of readers, including both those seeking an update on a specific aspect of the illness and those whose need is a comprehensive reference.

I have no doubt that this book will have a significant impact on the field and will constitute a very important resource for teaching, training and research and provide guidance for everyday clinical practice.

The hope is that it will also help to upgrade the status of bipolar disorder on the agenda of policy makers and promote awareness of the illness so that the needed resources are allocated both for further research in the field and for the targeted treatment and care of patients and their families.



Gothenburg, Sweden
October 2014

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Introduction

Since nearly 3,000 years, mood disorders have been described in the medical literature, and the terms mania and melancholia are the oldest in psychiatry and also among the oldest in medicine. Although they are considered to constitute one of the most common group diseases of humanity, accompanied by heavy burden, disability, mortality and cost, only recently the major public health interest focused on them. Since the 1990s, the World Health Organization has ranked them among the most disabling medical conditions and among the most urgent health problems worldwide.

From Hippocrates to Aretaeus of Cappadocia, to Kraepelin, Aubrey Lewis and Sir Martin Roth, to Fred Goodwin, Hagop Akiskal and other prominent researchers, our understanding of bipolar disorder (BD) evolved from an episodic disorder with little disability and good prognosis to a probably developmental, chronic, disabling disease with significant burden, mortality and global cost for the society (Goodwin and Jamison 1990; Aretaeus of Cappadocia 1856; Kraepelin 1921). With the introduction of modern classification systems and the advancement of the evidence-based movement in medicine and psychiatry, our approach is reshaped and our knowledge and data are scrutinized and re-evaluated.

Still many questions remain to be answered. One of them concerns the existence of a spectrum of mood disorders which includes many conditions previously diagnosed as schizophrenia, personality disorder, or neurosis. This implies the presence of a clinical continuum, and it is in sharp contrast to the categorical approach of classification systems. Another question concerns the possible role and place of juvenile mood disorders (Poznanski and Zrull 1970; Puig-Antich 1987; Weller et al. 1995; Carlson and Strober 1978; Akiskal et al. 1985). One of the most cardinal issues is how to reduce overall mortality in general and suicidality in particular, since mood disorders underlie nearly two-thirds of suicide attempts (Isometsa et al. 1994; Luoma et al. 2002; Rihmer et al. 2002; Rihmer 2007), and therefore early identification and correct treatment is important.

Bipolar disorder (BD) was previously called manic–depressive psychosis, and its clinical picture consists of at least one hypomanic, manic, or mixed episode and one or more depressive episodes. Euphoric mania was the classic feature of BD, but today we know that mixed and agitated depression or dysphoric manic states are more prevalent. Also, recent data suggest the existence of a spectrum of milder, short-duration and ambulatory mood states that alternate. Comorbidity patterns include high rates of panic, obsessive–compulsive disorder, social phobia, and alcohol and stimulants

abuse. Somatic illness is also highly prevalent, and vascular brain disease might relate to a specific type of late-onset BD. In many ways, the old term 'manic depression' seems much more appropriate than the modern 'bipolar disorder'.

The aetiopathogenesis might include genetic, neurodevelopmental and psychosocial factors with neurobiological factors being predominant. Since antiquity, temperament was considered to constitute a vulnerability factor for the development of mood disorders. During the last few decades, the concept of temperament has been refined and redefined and specific variations, possibly hereditary to a significant degree, have been described (Akiskal and McKinney 1973; Akiskal 1995). Women might be at higher risk, but the specific sex-related factors leading to this increased vulnerability are unknown (Nazroo et al. 1997; Parry 1989).

However, a family environment with parents suffering from overt mood disorders or having personality or temperament features that predispose to mood disorders is often characterized by conflicts, bereavement, divorce and suicide, but often it is also characterized by creativity and openness. This is often the environment where a child with a genetic vulnerability to mood disorders is born and raised. The interaction between adverse life events and genetic vulnerability might further increase the risk for the development of mood disorders (Kendler and Karkowski-Shuman 1997).

More than a century has already passed since Frederik Lange in the late nineteenth century (Lange 1894) used lithium for the first time. Also more than half a century has passed since John Cade used it for the treatment of affective patients (Cade 1949, 1970; Bech 2006) and since Jean Delay and Pierre Deniker used an antipsychotic for the first time most likely in agitated manic patients (Delay and Deniker 1955). Psychopharmacology reshaped the way we view and treat mental disorders, including BD. It 'medicalized' psychiatry because one needs to be competent in medicine in order to use medication properly and adequately. It is widely accepted that BD requires prolonged somatic treatment in order to achieve remission of symptomatology and return of functioning. Polypharmacy might be the rule rather than the exception, and this issue requires caution and further research. Psychosocial therapy by skilled clinicians can provide support, combat demoralization, change maladaptive behaviours and improve functioning. It can provide relief and support not only to patients but also to caregivers and families.

It is disappointing that any advances that have occurred in our understanding of BD do not appear to have improved the morbidity and mortality of BD patients and their long-term prognosis to the extent it was anticipated. On the other hand, it is a difficult task for the average clinician to keep abreast of the advances in the field, and it is even more difficult to carry these advances into everyday clinical practice.

The current book aims at carrying these advances from the research literature to the everyday diagnostic and therapeutic practice, in a concise, comprehensive and operationalized way, for the ultimate benefit of the patients and their families.

It is not easy nowadays to write and publish a single-authored book. The challenge was great for me, and I would dare to say that this is the most challenging invitation I have ever received. It took me almost three years to complete the writing, and it was a fascinating journey with hot interactions between my personal clinical experience and research and the literature.

My driving thought was to write a book as much evidence-based as possible. Eventually, this was possible for almost all chapters which were based on an in-depth systematic review of the literature updated through the year 2014. More than 3,700 references are included in the book, and many times this number were the references that were screened and rejected.

The text includes a balanced view of conflicting approaches, but this is not done in a neutral or uncritical manner. The conclusions are evidenced-based, after a critical systematic review of the literature, and only on rare occasions my own clinical perspective or opinion leads to the conclusions.

At this point, I would like to thank two eminent people who guided, assisted and supported me through my journey into the science of psychiatry all these years. I have the pleasure to call them my mentors and the privilege to consider them friends.

It is Hagop S. Akiskal who over the last 15 years has introduced me to and helped me with the modern concepts and understanding of mood disorders, while it is Hans-Jurgen Moeller who has guided me for more than a decade in the difficult pathways of modern psychopharmacology and trusted me with important initiatives in the field. Without their unconditional support, my journey in the international arena of science wouldn't have been possible. Of course, the current book reflects my personal view on the topic of manic depression, and I am the only one to assume full responsibility for the content of the text.

I also would like to thank Professor Arvid Carlsson, Nobel Laureate in Medicine for the year 2000, for accepting to write a prologue for the book. His kind words are a great honour and ethical satisfaction for my efforts, and since I met him for the first time some 10 years ago, his figure serves as an ideal paradigm for my journey through the wandering rocks of science (only to quote his words).

Finally, I would like to thank all my colleagues in my research team through the last 15 years. They worked hard, accepted me and my peculiarities and demands, and together we tried to contribute to the development of the field through the accumulation of evidence. I also want to thank my colleagues in the 3rd Department of Psychiatry for their continuous support and understanding.

Thessaloniki, Greece
10 September 2014

Kostas N. Fountoulakis, MD, PhD

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