

# Introduction

## Innovations in the Management of Bipolar Disorders

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Bipolar disorders affect about 1.6% of the population<sup>1</sup>; they are associated with significant health care costs (including frequent and protracted hospital admissions), as well as a suicide rate of 10% to 15%. Most of the traditional medications used to treat bipolar disorders—lithium, conventional antipsychotics, some anticonvulsants, and antidepressants—often yield incomplete and unsatisfactory responses. Moreover, patients with bipolar disorder usually require multiple medications on a long-term basis to achieve adequate control of symptoms, giving them substantial exposure to adverse events. For example, conventional as well as atypical antipsychotic medications and mood stabilizers, such as lithium and divalproex, predispose the patient to weight gain, which is a risk factor for diabetes and cardiovascular conditions. For these reasons, new treatment options are desperately needed.

Where are we today in the development of treatments for patients with bipolar disorders? The ideal pharmacotherapy should, of course, be devoid of side effects, highly effective, and based on a solid understanding of the underlying pathophysiology. Promising new research in this area was the subject of a symposium entitled “Bipolar Disorder: New Treatments, New Hope,” which was held in conjunction with the 50th annual meeting of the Canadian Psychiatric Association in Victoria, British Columbia, in October 2000. Sponsored by the Canadian Network for Mood and Anxiety Treatments (CANMAT), this symposium featured 4 speakers who presented the latest data on new drugs and predictive imaging tools.

Joseph R. Calabrese, M.D., and I discussed new evidence for the role of novel anticonvulsants and antipsychotics in bipolar disorder. The third-generation anticonvulsants gabapentin, lamotrigine, and topiramate appear to hold promise and warrant further investigation. Growing evidence suggests that in contrast to conventional antipsychotics, which may provoke extrapyramidal symptoms, tardive dyskinesia, and depressive symptoms, certain novel antipsychotics, such as risperidone and olanzapine,

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*The Canadian Network for Mood and Anxiety Treatments (CANMAT) is a national network of health care professionals from research, academic, and clinical centers across Canada who have a special interest in mood and anxiety disorders. It is an independent and nonaffiliated professional group with active involvements in clinical research, guideline development, and physician and patient education.*

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have a preferable safety profile and may also have antidepressant and mood-stabilizing properties.

Roger S. McIntyre, M.D., reviewed side effect profiles of novel antipsychotics and of anticonvulsants used in bipolar disorder, underscoring the fact that with regard to adverse event profiles, these agents are quite heterogeneous.

Finally, Terence A. Ketter, M.D., presented intriguing evidence to link brain-imaging data with differential clinical responses to medications, showing that brain imaging has the potential to provide pathophysiologic insights into bipolar disorders and perhaps eventually to become a useful clinical tool for these disorders.

#### REFERENCE

1. Kessler RC, McGonagle KA, Zhao S, et al. Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the National Comorbidity Survey. *Arch Gen Psychiatry* 1994;51:8-19

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