Introduction

Lithium in the Treatment of Manic-Depressive Illness: An Update

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This Supplement of *The Journal of Clinical Psychiatry* represents a summary of a closed meeting held May 30–31, 1997, in Sea Island, Georgia. The impetus for this meeting was a simple one. My colleagues and I have, in recent years, become aware of the increasing disfavor with lithium therapy among our young colleagues and trainees. Perusal of the literature revealed that, not surprisingly, relatively little attention has been paid to lithium in the psychiatric literature in the last several years, in comparison to the large numbers of reports and symposia on anticonvulsants and atypical antipsychotics in the management of bipolar disorder. In fact, until Bowden and colleagues¹ published their report of a randomized clinical trial of lithium versus valproate versus placebo in acute mania in the *Journal of the American Medical Association*, a controlled study of lithium in mania had not appeared for many years. The purpose of the present symposium, therefore, was to provide a useful update, for both clinicians and neuroscientists, on lithium pharmacotherapy, neurobiology, and cognate issues. I am grateful to the participants for their incisive comments and contributions, and to Solvay Pharmaceuticals for supporting this exercise.

Schatzberg reviews the still unresolved, knotty problems associated with diagnosis of bipolar disorder and focuses both on the spectrum of such disorders and on subtyping. He provides arguably the most understandable discussion of the distinctions between agitated depression and mixed mania, as well as the differential diagnosis between attention-deficit/ hyperactivity disorder (ADHD) and bipolar disorder. Bowden presents a comprehensive overview of lithium's efficacy in acute mania and reviews some of the maintenance therapy literature. He also presents several practical strategies for managing the side effects of lithium. Kilts provides us with a readily understandable summary of lithium pharmacokinetics and highlights the importance of further studies using magnetic resonance spectroscopy to measure brain lithium concentrations. With my coauthor Heit, I review the burgeoning database on the efficacy of lithium in the conversion of antidepressant nonresponse to response in patients with unipolar depression. It is 1 of only 2 treatments that have been documented to be effective in this regard; thyroid hormone (T_3) is the other. Lenox and colleagues review the neurobiology of lithium. It is remarkable that such a simple chemical entity produces so many neurochemical effects, and moreover that the effect mediating its therapeutic actions remains elusive. Dunner, complementing Bowden's review, summarizes both the maintenance studies and the deleterious consequences of abrupt lithium withdrawal. Llewellyn and coauthors Stowe and Strader review the critically important issue of management of women with bipolar disorder during pregnancy and lactation; they correctly criticize early studies suggesting that lithium treatment in pregnancy is absolutely contraindicated due to potential teratogenic cardiac effects. Tueth, with coauthors Murphy and Evans, summarizes the use of lithium in populations for which there exists virtually no comparable review. These include

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studies of lithium use in children, adolescents, and the elderly. Keck and coauthors McElroy and Strakowski review the voluminous literature on the growing use of anticonvulsants and antipsychotics in the treatment of bipolar disorder. Kalin provides an elegant commentary on the proceedings.

The efficacy of lithium in the treatment of mania, in bipolar depression, and in converting antidepressant nonresponders is well characterized. Its mechanism of action remains obscure, and its side effect profile remains less than optimal. However, there is little doubt that this element has literally been a lifesaver for thousands of patients. It is clear that further study of this remarkable salt is in order.

REFERENCE

1. Bowden CL, Brugger AM, Swann AC, et al. Efficacy of divalproex vs lithium and placebo in the treatment of mania.