Worldview of Psychiatry

CINP 2004 Congress Preview

The Collegium Internationale Neuropsychopharmacologicum (CINP), the oldest international group dedicated to the advancement of psychopharmacology, will hold its 24th Congress from June 20–24, 2004, in Paris, France.

In this column, we provide program highlights. The Congress will emphasize materials relevant to the concerns of both clinicians who treat patients and basic research scientists who have an interest in neuropsychopharmacology. All major psychiatric disorders, neurotransmitters, receptors, and relevant areas such as clinical treatment and clinical trials, side effect management, biological markers, genetics, and brain imaging will be covered. There will be particular emphasis on new treatments for mental illness and understanding the mechanism of action of psychotropic drugs.

We urge you to attend. Information is readily available at http://cinp2004.com/.

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Antibipolar Drugs: New vs. Old

R. H. Belmaker, M.D., Chair

Bipolar disorder pharmacology has traditionally received less attention than antischizophrenic pharmacology and treatments of unipolar depression. The recent epidemiologic studies on the high prevalence of bipolar II disorder and bipolar spectrum disorders have increased the prominence of antibipolar medications as a critical component of the psychopharmacologic armamentarium. A few members of the CINP may remember the days when lithium defined the concept of mood stabilizers and was the only mood stabilizer in existence. The efficacy of lithium, carbamazepine, and valproate is well established, but recent years have seen a plethora of new anticonvulsant mood stabilizers with more or less evidence for efficacy.

Dr. Joseph Calabrese (*Case Western Reserve University School of Medicine, USA*) will discuss the evidence that the mood stabilizer family is no longer a single family but that some mood stabilizers may have predominant effects and specific indications in those patients with more episodes of depression than mania; other mood stabilizers may have stronger effects and specific indications for those bipolar patients with more episodes of mania than depression. The key compound around which this new breakdown could crystallize is lamotrigine. Reconceptualization of the treatment of bipolar disorder will depend very much on whether the evidence for lamotrigine in preventing depressive episodes will continue to develop.

Viewing the management of bipolar disorder from the perspective of stabilization of mood from above or below baseline helps to refocus on unmet needs and the relative efficacy of mood stabilizers to treat either mania/hypomania or depression. When viewed from this perspective, several pharmacologic options to stabilize "from above baseline" are available, but those that stabilize "from below baseline" are limited. This nomenclature tends to emphasize the importance of achieving a broad spectrum of coverage through the concurrent use of medications that possess complementary differential spectra of efficacy.

Prof. Guy Goodwin (*University of Oxford, UK*) will discuss the process by which a new compound replaces an old as a standard antibipolar therapy. The antipsychotic drugs were clearly distinguished from mood stabilizers in the past, although evidence exists of efficacy in both prophylactic and acute phases of manic depressive illness for classical antipsychotic drugs. Perhaps the fear of tardive dyskinesia maintained the distinction between mood stabilizers and antipsychotics. The atypical antipsychotics are showing increasing evidence of ability to prevent relapse in bipolar manic depressive illness as well to treat acute mania and perhaps depression. More neutral terminology may be necessary to allow atypical antipsychotics to be clearly seen in their proper place in the treatment of bipolar disorder.

Clearly, new medicines should replace old medicines as first line when they represent an improvement in either efficacy or safety/tolerability. Unfortunately, this has not always happened logically. For example, the term *mood stabilizer* has been bestowed indiscriminately on some anticonvulsants, such as gabapentin and topiramate, with little actual evidence to support efficacy against relapse. By contrast, olanzapine, an atypical antipsychotic, has been shown to prevent relapse and is therefore a mood stabilizer by the usual definition. Olanzapine has also been compared with lithium and has similar properties. However, we do not have a first-episode study on which to judge relative efficacy. It is not clearly an advance on lithium, but it is certainly an alternative.

Prof. Bruno Müller-Oerlinghausen (*Freie University, Germany*) will present his studies on lithium in the prevention of suicide, a property that seems to be most robust with lithium compared to the other mood stabilizers. While some studies suggest that lithium is less effective than valproate in the treatment of rapid cycling patients, a large new study refutes this claim. The concept of a "gold standard" in medicine goes against our belief in continual progress via research; lately, lithium is less often viewed as a "gold standard."

Prof. R. H. Belmaker (*Stanley Research Center, Israel*) will present data suggesting that an old and forgotten anticonvulsant, phenytoin, has acute antimanic properties, prophylactic properties in bipolar manic depressive illness, and acute antidepressant properties as well. While phenytoin is still a leading drug worldwide in the treatment of epilepsy, it is little used in psychiatry and is unlikely to benefit from commercial funding for large clinical trials. The issue of how to create a level playing field between old drugs and new drugs so as to retain the benefits of old drugs in our field will be discussed.