Bipolar Disorder in Late Life

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Disclosures

My spouse worked as a researcher in the pharmaceutical industry until March of 2019. He was last employed by Novartis.

Who is in the audience?

Psychiatric Provider?  Primary Care Provider?

Other?
As the population ages . . .

The percent of bipolar patients who are over age 60 grows. Currently about 25% of patients with bipolar disorder are > 60 years old. By 2030 this will be 50%.

And . . .

Bipolar Disorder affects about 0.5 – 1.0 % of older adults (about 1/3 the rate for younger people).

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Is it bipolar disorder?

- Bipolar I Disorder
- Manic
  - Depressed
  - Mixed
- Bipolar II Disorder
- Hypomanic
  - Depressed
  - Mixed
  - Catatonic

The prevalence of misdiagnosis is high (48%-61%) in bipolar disorder. Misclassification decreases with age, but is still substantial.

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What does mania look like in Old Age Bipolar Disorder (OABD)?

- Agoraphobia
- Aggression
- Insomnia
**Differential Diagnosis of OABD**

- Unipolar depressive disorder
- Schizoaffective disorder - bipolar type
- Schizophrenia
- Major neurocognitive disorder (dementia)
- Delirium
- Bipolar and related disorder due to another medical condition
- Substance/medication induced bipolar and related disorder
- Substance intoxication

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**Medical causes of mania**

- **Neurologic**
  - Dementia
  - Head injury
  - CNS tumor
  - Multiple sclerosis
  - Stroke
  - Epilepsy
  - Wilson’s disease

- **Toxic**
  - Medications
  - Corticosteroids
  - Amphetamines
  - Other sympathomimetics
  - L-DOPA
  - Other substances

- **Infectious**
  - HIV
  - Syphilis
  - Lyme disease
  - Viral encephalitis

- **Sleep Apnea**

- **Endocrine**
  - Hyper- or hypothyroidism
  - Hypercortisolemia
  - Vitamin B12 deficiency

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**Age of onset of bipolar disorder**

Onset over age 50 is about 5 – 10% of individuals with bipolar disorder.

Behdin et al. 2016
Age at diagnosis – 2 different disorders???

Early Onset BD
- New onset mania <50 years
- Family history of affective disorder is common.

Late Onset BD
- New onset mania >50 years
- Often associated with vascular changes or other brain pathology such as damage to right orbitofrontal or basotemporal areas.

Cognitive dysfunction in OABD

Cognitive Dysfunction found in >30% of people with OABD.

Does BD cause neuroprogression/dementia? CONTROVERSIAL

Cognitive outcomes are worse in late onset than in early onset bipolar disorder.

What to do?
1) Protect from CV risk factors.
2) Avoid medications that worsen cognition (e.g., benzodiazepines and anticholinergic drugs).

Medical comorbidities in OABD

Death occurs an average of 10 years earlier in bipolar patients than in the general population.
Cerebrovascular risk in OABD

Silent cerebral infarctions are present in over ½ of patients with OABD.

Risk Factors
- Smoking
- Obesity
- Lack of Exercise

Treatment of OABD

Drug response in bipolar disorder is variable
- Not everyone responds in the same way to the same drug
- (What works for one person might not work for another)

Medical comorbidity can limit the treatment options for OABD because of
- Drug tolerability
- Drug-drug interactions
- Drug-disease interactions
- Altered metabolism

Variable Drug Response + ↑ Medical Comorbidity = CHALLENGE!
Lithium

**Effective for**
- Bipolar Depression
- Bipolar Mania
- Bipolar Maintenance Treatment

**Risks**
- Renal dysfunction
- Hypothyroidism
- Narrow therapeutic window

**Lithium and renal risk in OABD**

Co-prescription with
- ACE Inhibitors
- Ca Channel Blockers
- Diuretics
- NSAIDs

Co-morbid
- Diabetes
- Hypertension
- Age-related renal decline

Inadequate lithium monitoring → Increasing lithium levels → Worsening renal function

**Anti-epileptic drugs for OABD**

For acute mania
- Carbamazepine
- Valproate
- (Gabapentin)

For bipolar maintenance treatment
- Lamotrigine
- Valproate

For bipolar depression
- AED's not recommended
Valproate in OABD

Drug-drug interactions

- Aspirin
- Warfarin
- Digoxin
- Phenytoin
- Lamotrigine – valproate decreases clearance

Ammonia levels can become elevated, even with normal valproate levels.

Atypical antipsychotics

For acute mania
- Olanzapine
- Quetiapine
- Aripiprazole
- Risperidone
- Ziprasidone
- Asenapine
- Cariprazine
- (Clozapine – not FDA approved)

For bipolar maintenance treatment
- Aripiprazole
- Olanzapine
- Risperidone
- Quetiapine
- Ziprasidone

For bipolar depression
- Olanzapine + fluoxetine
- Quetiapine
- Lurasidone

Atypical antipsychotic challenges in OABD

Many carry ↑ risk for metabolic syndrome.

Some carry risk of extrapyramidal or Parkinson-like effects.
Electroconvulsive Therapy (ECT)

Can be an excellent option for OABD

Psychosocial interventions

Helping Older People Experience Success (HOPES)

Skills training and health management training

Improved social skills, community functioning, self-efficacy, leisure, recreation

Medication adherence skills training (MAST-BD)

Improved medication adherence, depression, quality of life indices

References
