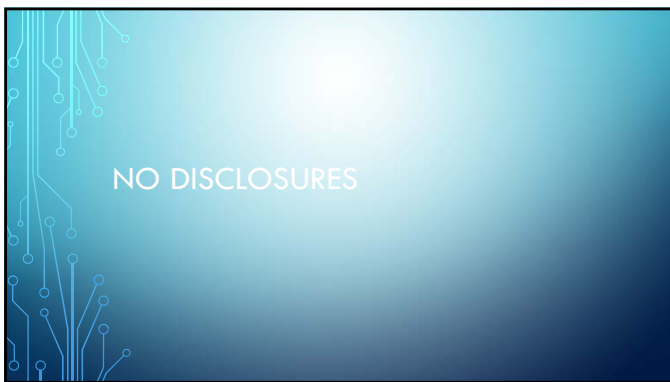




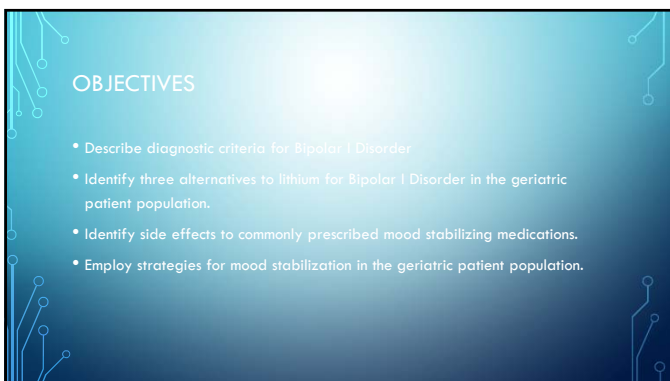
THE ONE WITH TREATMENT
RESISTANT BIPOLAR DISORDER

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NO DISCLOSURES



OBJECTIVES

- Describe diagnostic criteria for Bipolar I Disorder
- Identify three alternatives to lithium for Bipolar I Disorder in the geriatric patient population.
- Identify side effects to commonly prescribed mood stabilizing medications.
- Employ strategies for mood stabilization in the geriatric patient population.

CASE-HPI

82-year-old male with past medical history significant for HTN and Bipolar I Disorder and HTN who presents to hospital with lower extremity erythema as well as decreased need for sleep and changes in behavior.

CASE-HPI CONTINUED

- Patient managed multiple decades on lithium
- Hospital admission for lithium toxicity earlier in year
 - Lithium stopped
 - Patient not immediately restarted on mood stabilizing agent
- History of prolonged admissions related to Bipolar I diagnosis

H&P

- Patient had prescriptions for olanzapine and valproic acid, non-adherent
- No substance misuse
- Allergies: Tegretol
- Lives with son, enjoys gardening
- Active senior at baseline

MANIA

- Grandiosity
- Decreased need for sleep
- Pressured/Increased speech
- Flight of ideas
- Distractibility
- Increased goal-directed activity
- Reckless behavior

STANDARD APPROACH

- Acute mania inpatient
 - Mood stabilizer
 - Atypical antipsychotic

LITHIUM

- Approved for acute mania and bipolar maintenance therapy
- Mechanism-of-action unknown but activity on sodium transporters and alters metabolism of specific neurotransmitters
- Relative contraindication with renal and cardiac impairment

CASE-HPI CONTINUED

- Patient admitted to medicine for cellulitis and eventually transferred to psychiatry unit
- Standard approach to treatment initiated for acute mania

MEDICATION OPTIONS FOR ACUTE MANIA

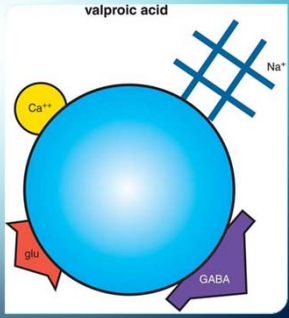
- Mood stabilizers
- Atypical antipsychotics
- Typical antipsychotics
- Benzodiazepines

MEDICATION TRIALS AND EFFECTS

1. Valproic acid and risperidone-Parkinsonian side effects, metabolic, increased sleep, agitation
2. Valproic acid and quetiapine-Parkinsonian side effects and sedation, metabolic, varying sleep, minimal agitation
3. Valproic acid and chlorpromazine (low-dose)-Varying levels of sedation, mood more stable, minimal sleep, decreased agitation, mild parkinsonian side effects
4. Valproic acid, lithium (low-dose), chlorpromazine (low-dose)-increased creatinine, mood improved, varying sleep, no agitation, mild parkinsonian side effects
5. Valproic acid, chlorpromazine (low-dose), temazepam (low-dose)-mood depressed, decreased energy, no agitation, improved sleep, mild parkinsonian side effects
6. Chlorpromazine (low-dose), temazepam-mood lability, agitation, decreased sleep, less sedation, mild parkinsonian side effects
7. Oxcarbazepine, chlorpromazine (low-dose), temazepam-improved sleep, no agitation, improved mood, adequate energy, mild parkinsonian side effects. However, developed allergic reaction
8. Lorazepam-adequate sleep, mood lability, agitation
9. Chlorpromazine-parkinsonian side effects, sedation, mood lability, varying sleep

VALPROIC ACID

- Acute mania and maintenance
- Blocks voltage-sensitive sodium channels and increases GABA
- CNS side effects-sedation, confusion, appetite changes, weakness
- Caution in elderly
- Multiple formulations available



The diagram shows a blue neuron with several components labeled: a yellow circle for Ca²⁺, a blue grid for Na⁺, a red arrow for glu, and a purple arrow for GABA. The text 'valproic acid' is at the top, and 'VALPROIC ACID' is written in large letters on the left side of the slide.

CHLORPROMAZINE

Antipsychotic/Neuroleptics

Chlorpromazine: $\alpha_1 = 5-HT_2 = D_2 > D_1 > M \geq \alpha_2$
Haloperidol: $D_2 > D_1 = \alpha_1 > \alpha_2 > 5-HT_2 > H_2 > M = \alpha_2$
Clozapine: $D_1 = \alpha_1 > 5-HT_2 = M > D_2 = D_3 = \alpha_2; H_1$
Quetiapine: $5-HT_2 = D_2 = \alpha_2 = \alpha_1; H_1$
Risperidone: $5-HT_2 > \alpha_1 > H_2 \geq D_2 > \alpha_2 > D_1$
Sertindole: $5-HT_2 > D_2 = \alpha_1$

- Low-potency antipsychotic
- Mood stabilizing properties
- CNS depression, cardiac risk, hypotension
- Cautious use in geriatric patients

GOALS OF CARE

- Stabilize
- Minimize side effects
- Minimize hospitalization time

APPROACH TO GERIATRIC PATIENTS

- Begin treatment with standard approach
- Consider starting at lower doses
- If standard approach fails, theory-based approach for optimal medication
- Consider using multiple medications at lower doses
- Monitor closely for side effects
- Physical therapy

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QUESTIONS?
