

Introduction

The Burden of Bipolar Depression

Charles L. Bowden, M.D., Guest Editor

Bipolar disorder is a common, debilitating illness that is associated with significant morbidity and mortality.¹ Depression is the predominant mood symptom expressed in patients with bipolar disorder, with most patients having clinically significant depressive symptoms about 3 times longer than manic symptoms.^{2,3} Despite this, bipolar depression is often underrecognized or misdiagnosed as major depressive disorder (unipolar depression). Misdiagnosis may be due to similarity of symptoms and the occurrence of comorbidity, such as alcohol or substance dependence.⁴ Clinicians must be aware of the symptomatic presentation of patients with bipolar depression, as this phase of the illness accounts for most of the morbidity and mortality of the disorder. For example, depression in patients with bipolar disorder has been associated with poorer life functioning.⁵ Another major concern with this phase of the illness is the increased risk of suicide, with up to 20% of patients with bipolar disorder completing the act.^{6,7}

The impact and treatment challenges presented by bipolar depression, and future approaches to addressing these issues, were discussed at an AstraZeneca-sponsored roundtable meeting held in New York, N.Y., in April 2004. The outcome of those discussions and a review of the possible mechanisms of action underlying the efficacy of atypical antipsychotics in bipolar depression are presented here.

In the first article of this supplement, Robert M. Post, M.D., who works in private practice and is head of the

Bipolar Collaborative Network in Chevy Chase, Md., reviews the substantial impact of bipolar depression on patients with bipolar disorder, their families, and caregivers. In comparison to unipolar (i.e., major) depression, bipolar depression may result in a greater overall burden on patients and families due to an earlier age at onset, more frequent episodes, and a greater proportion of time spent ill.⁴ Bipolar disorder overall also results in direct and indirect financial costs, including inpatient and outpatient care and lost work days. Dr. Post emphasizes the need for early, accurate diagnosis of the illness and particularly of bipolar depression.

Trisha Suppes, M.D., Ph.D., and colleagues from the University of Texas Southwestern Medical Center in Dallas then review the challenges that clinicians face with bipolar depression, including diagnosis and management. The need for adequate history-taking to accurately distinguish bipolar illness from unipolar depression or other illnesses and the optimization of treatment are emphasized. The key challenges that remain to be addressed are early, appropriate diagnosis; the identification of patients most likely to benefit from treatment; the most appropriate treatment options; the identification of specific symptoms that may be improved with treatment; and the definition of the long-term treatment needs of patients with bipolar depression. The differences between subtypes of bipolar disorder and any symptomatic and/or treatment differences between men and women also warrant further study.

Heinz Grunze, M.D., Ph.D., from the Ludwig-Maximilians University in Munich, Germany, begins reviewing the therapeutic options for bipolar depression in the next article. He presents the current evidence for the use of lithium, anticonvulsants, and traditional antidepressants for the treatment of bipolar depression. He focuses on the use of traditional antidepressants, which are generally not recommended as monotherapy due to the associated risk of switching patients into mania. However, Dr. Grunze also presents the reasons and circumstances in which traditional antidepressants such as the selective serotonin reuptake inhibitors may be warranted.

The use of atypical antipsychotics in bipolar depression is discussed by Joseph R. Calabrese, M.D., and colleagues from the University Hospitals of Cleveland/Case Western Reserve University School of Medicine in Cleveland, Ohio. This article reviews the randomized, controlled clin-

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The roundtable "The Burden of Bipolar Illness" was held April 30, 2004, in New York, N.Y., and supported by AstraZeneca Pharmaceuticals, L.P.

Dr. Bowden has received research grants from Abbott, Bristol-Myers Squibb, Elan, GlaxoSmithKline, Janssen, Lilly Research, the National Institute of Mental Health, Parke-Davis, R. W. Johnson Pharmaceutical Institute, SmithKline Beecham, and the Stanley Medical Research Foundation; has been a consultant for Abbott, GlaxoSmithKline, Janssen, Lilly Research, Sanofi Synthelabo, and UCB Pharma; and has been on the speakers bureau for Abbott, AstraZeneca, GlaxoSmithKline, Janssen, Lilly Research, and Pfizer.

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