



# Australian Prescriber

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## **Bipolar disorders and maintenance treatments – what’s appropriate?**

In the June edition of *Australian Prescriber*, the very topical issue of bipolar disorders is discussed. Authors Dr David Pyle (Prince of Wales Hospital, Sydney) and Professor Philip Mitchell (University of NSW) consider the need for ongoing treatment.

Bipolar disorders are relatively common conditions that lead to levels of disability greater than those associated with major depressive disorders. At least a quarter of sufferers have a history of suicide attempts, with 10-20% of all patients ending their life by their own hands.

Dr Pyle and Professor Mitchell write that “while effective and rapid management of acute episodes of mania and bipolar depression are critical components of treatment, the prevention of relapse is probably the most important aspect of management”.

“Bipolar disorders are highly recurrent for most patients, and it is the recurring nature of the condition that, unless adequately treated, gradually takes its toll in terms of the patient’s capacity to maintain relationships, career and self-esteem.”

“The challenge for the treating clinician – be that a GP or psychiatrist – is to ensure adequate long-term control of the illness,” say the authors. “Effective maintenance treatment can make an enormous difference to the lives of those with bipolar disorders. The benefits observed can be some of the most dramatic seen in medical practice.”

Lithium is still regarded as the ‘gold standard’ therapy but many patients are unable to tolerate it, and it has limited effectiveness for the depressive phase of bipolar disorders. The authors also examine anticonvulsants including lamotrigine, antipsychotics such as olanzapine, and combination therapy.

The authors conclude that “while none of the newer drugs has been shown to be more effective than lithium, they are better tolerated by some patients”.

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### **ENDS**

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