

Part 1

# Treatment of Bipolar Depression

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### FOCUS POINTS

- Bipolar disorder is highly prevalent and often unrecognized or misdiagnosed as unipolar depression.
- Depression is the predominant problem in bipolar patients, occurring three times more often than mania and remaining less responsive to medication treatment.
- Bipolar depression has a particularly high rate of suicide, with 25% to 30% attempting and 10% to 20% succeeding in committing suicide.
- Antidepressant treatment is associated with a moderate risk for switch into mania. Combination treatment with mood stabilizers and an antidepressant is often effective; however, even intensively treated patients have a high degree of morbidity, particularly depression.
- While several adjunctive options exist for treatment-refractory patients, their efficacy is unconfirmed and controlled studies are warranted.

### ABSTRACT

Bipolar disorder is underdiagnosed and often mistaken for unipolar depression. Bipolar patients spend 33% of their time in a state of depression compared to 11% of time spent in a manic state. Duration of time depressed and severity of depression are associated with increased risk for suicide, which occurs in 10% to 20% of bipolar patients. Antidepressants are increasingly being used as adjuncts in the depressed phase of bipolar disorder, although they provide a moderate risk for switch into mania. Lithium and some antiepileptics and atypical antipsychotics have shown antidepressant effects in the treatment of bipolar disorder. Other adjuncts for treatment-refractory patients include monoamine oxidase inhibitors and electroconvulsive therapy.

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