

## THE CHALLENGE OF TREATING BIPOLAR DISORDER IN ELDERLY PEOPLE

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### BACKGROUND

Bipolar affective disorder in the elderly is a complex entity not only in its clinical dimension but also in its therapeutic management. Elderly patients are very sensitive to pharmacological secondary effects.

The objective of this study is to longitudinally analyze the pharmacological route of a sample of outpatients above 65 years old.

### METHOD

Review of clinical histories and data collection from a sample of 12 patients over 65 years old.

### RESULTS:

	Current age	Years of evolution	Somatic background	Previous treatment	Cause of modification	Current treatment	Side effects
N1	79	59	Arrhythmia, high blood pressure	Lithium	Renal failure	gabapentine	Tremor, drowsiness
N2	76	60	Cholecistectomy	Haloperidol, lithium, biperiden, zolpidem	Extrapyramidal syndrome	Lithium, trazodone, lorazepam	Distal tremor, cognitive impairment
N3	72	25	Ischemic heart disease, high blood pressure, VHB. Essential tremor, cognitive impairment	Fluoxetine, lamotrigine, Oxcarbazepine, Haloperidol, olanzapine	Ineffective, Neutropenia, Extrapyramidal syndrome, Gain Weight	Quetiapine, valproic acid	Worsening, Cognitive impairment, drowsiness
N4	68	38	Diabetes mellitus	Tricyclic antidepressants, valproic acid, lithium	Drowsiness, gastric discomfort, fatigue	Risperidone, zolpidem	Tremor, dependence on zolpidem

### CONCLUSIONS:

Most of the patients experienced at least three drugs prior to their current treatment. The fundamental reason for changes were intolerable adverse effects and, in one of them, irreversible (kidney failure). The trend is to replace drugs by atypical antipsychotic or antiepileptic ones. The prescription of gabapentin is not based on scientific evidence but with a positive response. The available literature is still limited to justify these decisions based on clinical experience, somatic background and tolerance of the patient.