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ARE WE GETTING THE MOST OUT OF COMBINATION THERAPY IN THE SHORT-TERM AND LONG-TERM TREATMENT OF MANIA?

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The extensive research into the treatment of bipolar disorder over the last 20 years means that we, as clinicians, have never been in a better position to treat patients with bipolar disorder. Yet despite the availability of modern, evidence-based treatment guidelines, bipolar disorder remains an everyday treatment challenge. Newly diagnosed patients requiring treatment for the first time are not always adequately controlled with single-agent therapy and, similarly, combination therapy is also frequently necessary as maintenance treatment. But with this recognition comes the new challenge of identifying when monotherapy is not enough, which agents to combine, when and for how long? How do we know?

Joined by an internationally respected faculty, Professor Siegfried Kasper chairs a discussion to help answer some of the key questions facing clinicians today:

What response can be anticipated from recommended first-line monotherapies for acute mania?

How do we know whether the response we observe when we prescribe a first-line treatment in a manic patient is adequate?

To what extent can a partial non-response to monotherapy be improved by the addition of a second agent?

What's the benefit of maintaining combination treatment once patients are stable and how long should I continue?

Does adding an antipsychotic to a mood stabiliser increase the risk of adverse events, in the short term or in the long term?

Drawing on latest guideline recommendations, recent clinical research, case studies and their extensive clinical experience, the panel will debate these interesting questions and shed light on how we can optimize both acute and maintenance treatment in this patient group.

Although the design of maintenance studies in bipolar disorder has significantly evolved in recent years, individual study designs continue to differ in important ways, with important implications. What may appear to be small differences between study designs, such as the type of most recent episode experienced by the patients or the stabilisation criteria used in the trial, can have big implications for study outcome. It is thus becoming increasingly important to be able to evaluate the results of trials within the context of the design and determine what they mean for treatment practice. Our panel will therefore also discuss the extent to which the design of bipolar maintenance studies can influence the results achieved and share their views on what this means for treatment now, and in the future.

Are we, and more importantly our patients, getting the most out of combination therapy for bipolar mania? Come and debate the issues with the panel, share your views and see what can be achieved.