

**MODULE 5**  
**BIPOLAR DEPRESSION CASE STUDIES**



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### BIPOLAR DEPRESSION CASE STUDIES

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## MODULE 5

### BIPOLAR DEPRESSION CASE STUDIES

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# **MODULE 5**

## **BIPOLAR DEPRESSION CASE STUDIES**

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## **BIPOLAR DEPRESSION CASE STUDIES**

- Case 1: Jenna – depression changed to mania following monotherapy with an antidepressant
- Case 2: Martha – bipolar depression significantly affects her family
- Case 3: Thomas – diagnosed with major depressive disorder (MDD) for many years before bipolar I disorder was recognized

# Learning Objectives

- 1) To understand challenges of appropriately diagnosing and treating bipolar disorder
- 2) To recognize challenges for patients and caregivers living with the effects of bipolar disorder

## Case 1 – depression changed to mania following monotherapy with an antidepressant

### JENNA – Today



- 25 years old
- Has a degree in graphic design but is currently unemployed
- Frustrated that bipolar depression has taken away her former life
- Feels like her bipolar depression will never end
- Her mother checks on her regularly, but her siblings avoid her; her sister once told her that she needs to “stop being so dramatic”

*“Bipolar depression is very debilitating. It wipes you out on both an emotional and spiritual level. I don’t have any confidence when I’m emotionally drained and physically exhausted.”*



## JENNA – Some history



- Used to work as a designer at a local advertising company
- Won an award for creativity from a national, professional organization
- Recently was let go after she missed too many days at work
- Her depression made her unable to get out of bed

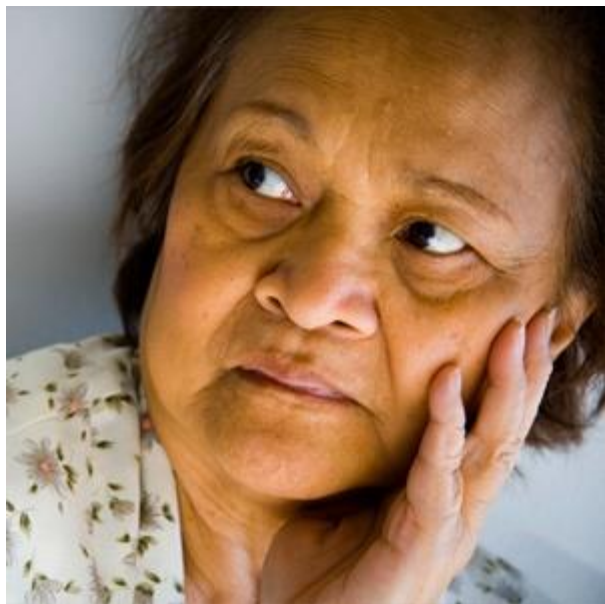
Employees with bipolar disorder miss, on average, 11.5 days of work per year

Symptoms may cause significant impairment of occupational function

*“When I’m feeling down, I tell people to email me, not call, because I’m not sure when I’m going to lash out or cry. I’m never sure whether my peaceful feeling is going to change unexpectedly.”*



## TIPPIN – Jenna's mother



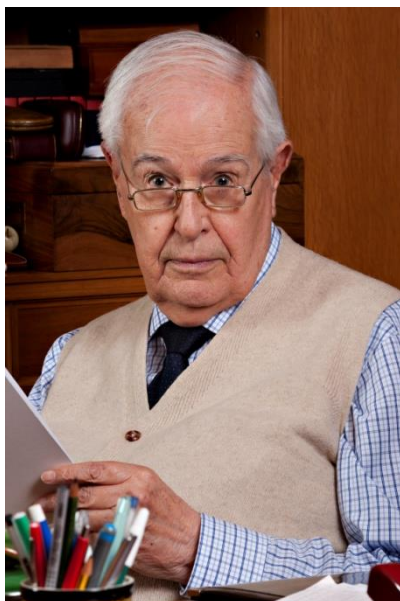
*"Jenna always did well in school. Sometimes, she seemed like she had a lot of energy and kept on going. But sometimes, she would shut me out, although it was nothing serious.*

*'About a year and a half ago, she became really bad, wouldn't talk to anyone, and wouldn't go out. We took her to a doctor and he put her on an antidepressant.*

*"Then one night a few months later, she was out of control. She climbed up onto her roof and started singing at the top of her lungs. We had to take her to the hospital to make sure she didn't hurt herself."*

## JENNA'S PSYCHIATRIST David Rheingold, MD

Psychiatrists practice in several settings, which will usually include a private practice office



Dr. Rheingold works in private practice psychiatry, but is on call with the local hospital, and he is usually called in for emergency room cases.

*"I first encountered Jenna after she had been admitted to the emergency room. I was called in to give her a psychiatric evaluation. She had grandiose delusions and commented on believing that she could fly. I was concerned she might act out on that belief and recommended that she be hospitalized. That was about a year ago."*

Patients may be hospitalized when the safety of the patient is in question

# One year ago – The diagnosis of bipolar I disorder



## Patient Intake

- Chief complaint
  - Wants to be released from the hospital in order to audition for first chair violin in the city orchestra, despite not having played the violin before
- Feelings of invincibility; says she feels as if she can fly
- Talks rapidly, changing the subject frequently

Inflated self-esteem  
or grandiosity

Pressure to keep  
talking  
Flight of ideas

# One year ago – The diagnosis of bipolar I disorder



## Patient Psychiatric History

- Patient was diagnosed with MDD by her primary care physician about 6 months prior
- Treated with a serotonin selective reuptake inhibitor (SSRI)
- SSRI may have induced switch to mania

27.9% of depressed patients within family medicine clinics may actually have bipolar disorder

Antidepressant monotherapy may contribute to switch from depression to mania

# One year ago – The treatment plan and follow-up



## Diagnosis (1 year ago)

- Bipolar I disorder, current episode manic

The average age of onset of bipolar disorder is 20 years old

## Treatment plan

- Treat with lithium

## 1-week follow-up

- Patient reports agitation and inability to sit still
- Medication augmented with valproate

Treatment to address remaining symptoms



Present day – Jenna's current major depressive episode (MDE)

## JENNA'S PSYCHIATRIST

### David Rheingold, MD



*"One year after I diagnosed Jenna with bipolar I disorder, she showed signs of a major depressive episode. Some of her symptoms, such as mental foggyiness, may be a side effect of her medication. After conducting a full clinical evaluation, I suggested to Jenna that we try changing her medication to an atypical antipsychotic. Jenna and I discussed some of the newer medications, but she became reluctant when I told her it might cost more. She lost her insurance this past year and can't afford to pay out of pocket."*

## Present Day – Jenna's current bipolar depression



### Current symptoms

- Patient reports feelings of hopelessness, lack of interest and motivation, and in a “mental fog”
- Feeling tired and having trouble sleeping; continually worries about her living situation and how she's going to keep paying rent

### Diagnosis

- Bipolar I disorder, major depressive episode

### Treatment plan

- Medication regimen was changed to quetiapine fumarate extended release tablets



## JENNA – Looking forward

Stigma of  
antipsychotic  
medication



*“Dr. Rheingold says I should take an antipsychotic to help my bipolar depression. I don’t understand that. I’m not psychotic. Does this mean I’m crazy? At this point, I’m willing to give it a try, but I don’t like the idea. And what are the side effects going to be like? It doesn’t seem like I’ll ever get my life back. I can’t really enjoy the things I used to. I keep hoping for something that might do a little more to help but not make me feel worse at the same time.”*

## Key Takeaways

- Bipolar disorder can strain relationships with family members
- Antidepressants may precipitate a switch from depression to mania
- More than 25% of depressed patients in family clinics may have bipolar disorder
- Patients may feel the stigma of taking antipsychotic medications

## Case 2 – bipolar depression significantly affects her family

### MARTHA – Today



- 27 years old
- Married with a 4-year-old daughter and a 2-year-old son
- Employed as a police dispatcher
- Has been making mistakes at work
  - Forgetting details on calls and transmitting inaccurate information
  - Forgetting/neglecting to file reports
- Feels overwhelmed and like a failure because she can't keep up with household chores
  - Has forgotten to pay recent energy and water bills
  - Trouble getting regular meals on the table

*"I fear the feeling I get in the pit of my stomach—the hopelessness when my depressive episodes start. I fear what I'll do to people around me, especially my kids."*

## MARTHA – Some history



- When Martha was 5, her mother was diagnosed with bipolar I disorder
- At age 15, she was hospitalized when she was found unconscious in her bedroom due to an overdose of painkillers in combination with alcohol
  - She would not discuss what happened, so doctors labelled it an accidental overdose
- Married at age 19 for less than one year to someone she had met two months before
- One month after her divorce, Martha met her current husband, Craig
- Martha and Craig married five years ago

The risk of bipolar disorder is 10-fold higher in individuals with a family history of bipolar disorder

Patients with bipolar disorder have a 43.9% chance of abusing drugs within their lifetimes

Possible suicide attempt

Impulsive behavior

*"I'm always afraid of doing socially unacceptable things. I'm not confident people can deal with me."*

# MARTHA'S PSYCHIATRIST

## Paul Wenger, MD



Dr. Wenger works as a mental health specialist in a health maintenance organization.

*"Martha was referred to me by her primary care physician about a year ago, after telling her physician she was depressed and asking for an antidepressant. Martha's primary care physician nearly diagnosed her with MDD and was about to write an antidepressant prescription. However, something Martha said prompted the physician to refer her to a mental health specialist instead."*

The diagnosis of bipolar disorder can be challenging and requires a complete psychological evaluation



# One year ago – The diagnosis of bipolar I disorder

## MARTHA'S PSYCHIATRIST

### Paul Wenger, MD



*"I interviewed Martha's husband, Craig, as part of the evaluation. Craig recounted an incident in the previous year, which he termed a 'nervous breakdown', in which Martha collapsed."*

One year ago – during the  
psychiatric interview

## CRAIG—Martha's husband

Symptoms of a manic episode:

- Elevated mood
- Inflated self-esteem
- Decreased need for sleep
- Distractibility
- Increase in goal-directed activities



*"Martha told us she was going to write a historical fiction novel about the Tudors, and had been poring through books and doing research on the Internet through the night for days on end. I couldn't get her to go to bed. I could hardly get her to eat. Martha would look at me standing with food in my hand and then start rambling on about some king or queen. She just wasn't herself. I had to call her workplace and tell them she was in bed with the flu. What else could I say?"*

*"I think Martha was like that for over a week. At the end of it, she just collapsed and didn't get out of bed for three days. And then, she never mentioned the book again. I didn't know what to make of it. It still was awhile before she was able to get back to work and the rest of us could get back to a normal routine."*



# One year ago – The treatment plan and follow-up



## Diagnosis

- Bipolar I disorder, current episode major depressive

## Treatment plan

- Treat with lithium and cognitive behavioral therapy

## 4-week follow-up

- Patient mood is substantially improved but other symptoms are only moderately improved
- Medication augmented with bupropion

APA Practice Guidelines, 2nd edition for treatment of bipolar depression recommends adding lamotrigine, bupropion, or paroxetine in case of non-response to first-line therapy. Antidepressant monotherapy is not recommended

# Present Day

## CRAIG – Martha's husband



*"I work a lot of hours, so it's kind of hard when I have to leave work to pick up the kids when Martha can't get out of bed. I love her and all, but it's frustrating. My boss is starting to give me that impatient look. What am I supposed to tell him? 'My wife is bipolar?' He wouldn't understand. And that would just open a whole can of worms."*

*"I think it's pretty hard on the kids, too. They keep asking me, 'Where's mom?' and I have to tell them, 'She's having a bad day again.' After awhile, 'again' becomes the norm."*

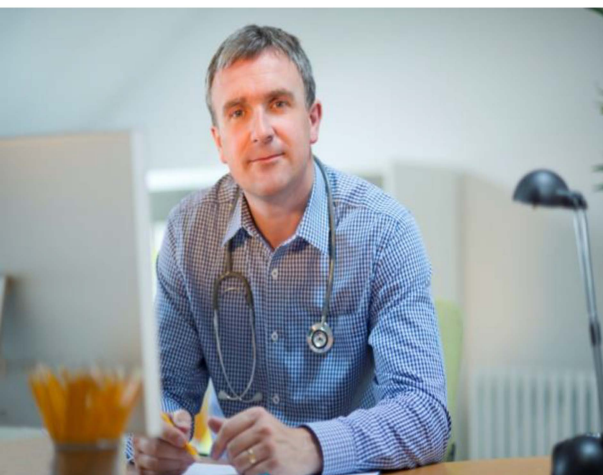
## Present Day



- Martha cites a current return of difficulty making decisions and tiredness
  - She has been making mistakes at work
  - She feels overwhelmed and like a failure because she can't keep up with household chores
- When probed, Martha admits to feeling depressed

# MARTHA'S PSYCHIATRIST

## Paul Wenger, MD



*"Martha's current treatment regimen doesn't seem to be controlling her depressive symptoms adequately, although she insists she is taking her medications as prescribed. We've decided to explore additional medication options. I told Martha that we'll try to address the symptoms that bother her most, such as difficulty thinking, while avoiding the side effects that she finds most intolerable."*

## MARTHA – One day to the next



*"I can't really enjoy the things I used to. It doesn't seem like I'll ever get my life back. I keep my eyes open for something that might do a little more to help."*

## Key Takeaways

- History of substance abuse and suicidality are more common among patients with bipolar disorder than among the general population
- Patients may not report signs of manic episodes, so an interview with the family may be necessary to gain additional information
- Bipolar disorder can place social and occupational burdens on patients' families



**Case 3** – diagnosed with MDD for many years before bipolar I disorder was recognized

## THOMAS – Today



- 48 years old
- Unemployed
- Not really satisfied with his medications and is apprehensive about side effects, particularly weight gain
- Finds it difficult to get out of bed
- Finds it hard to do household chores such as laundry
- Watches several hours of TV daily

*"When they first gave me medication for depression, it worked well for the depression, but I didn't like the side effects. The doctor ended up giving me something else."*



## THOMAS – Some history



- Used to manage the cashiers in a department store
- Was demoted because he couldn't handle the lines when they got busy, leading to customer complaints
- Eventually was let go when he was calling in sick too often
- Was married for 5 years but divorced 10 years ago
- Moved in to a smaller apartment after he lost his job
  - Parents are helping with rent
- Previously diagnosed with MDD

Nearly 70% of people with bipolar disorder receive an incorrect initial diagnosis. The most common incorrect diagnosis is MDD

## THOMAS – Some history (cont'd)

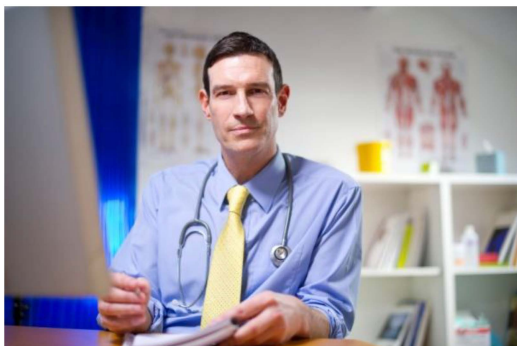


- Last year, Thomas had a major depressive episode and sought psychiatric treatment
- Thomas's psychiatrist identified a history of mania
- Diagnosis changed from MDD to bipolar I disorder, with a current major depressive episode
- The psychiatrist prescribed an antipsychotic medication
- Thomas did not adhere to his medication regimen, often because of dissatisfaction from the side effects

*"During my mania, I would spend money I didn't have. My wife would hide the credit cards and I'd get furious. But then I'd come down and thank her. I wanted to be normal, but I didn't know what that was. I had never experienced it."*

# THOMAS' PSYCHIATRIST

## Jonathan Kirkham, MD



*"Thomas became my patient around 3 months ago when he came into the county clinic where I work once a week. He was being treated for bipolar depression. He told me he didn't want to take his medication because it didn't seem to be working as well and because of the side effects. I suggested one of the newer agents. But when I mentioned the cost, Thomas said he couldn't afford it, especially without health coverage."*

# Three months ago



## Patient Intake

- Chief complaint
  - Tiredness and lack of interest and motivation
- Hopelessness, feeling sad, anxious about living situation, feels guilty about being a burden to his parents

## Patient Psychiatric History

- Diagnosed with MDD 10 years ago
- Had three MDEs 3, 5, and 8 years ago
- Diagnosed with bipolar I disorder about a year ago when a complete psychiatric exam revealed past manic episodes

78% of primary care physicians may fail to detect or misdiagnose bipolar disorder

## MODULE 5

### BIPOLAR DEPRESSION CASE STUDIES



#### Medical history

- Type II diabetes
- High cholesterol
- BMI ~31

BMI  $\geq 30$  is  
considered  
obese

#### Current medications

- Valproate
- Sitagliptin to help control blood sugar

Weight gain is a common  
side effect of valproate

#### Treatment plan

- Treat with lithium and lamotrigine
- Recommended walking 30 minutes per day



### **4-week follow-up**

- Depressed mood is slightly improved
- Tiredness significantly improved

### **12-week follow-up**

- BMI ~29
- Mood is significantly improved
- Feeling more energetic and has positive attitude



## THOMAS – Continuing on



*"When I'm depressed, sometimes I feel like the depression will never end. I'm okay with my medications now, but they've stopped working before, and I'm worried it can happen again."*



# Key Takeaways

- Some patients may have metabolic issues that can be exacerbated by weight gain side effects of medications used to treat bipolar disorder
- Patients are often misdiagnosed, and the most common misdiagnosis is MDD
- Patients may feel apprehensive that symptoms can return without warning
- Cost of medications may be a barrier to patients who are no longer working because of their loss of occupational functioning
- Patients may feel guilty about being a burden to family members
- Patients may find it difficult to maintain long-term relationships

## **Module 5: Bipolar Depression Case Studies**

### **GLOSSARY**

There are no glossary terms for Module 5: Bipolar Depression Case Studies

## Module 5: Bipolar Depression Case Studies

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