

Transcript Details

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Symptoms of Depression: Might Your Patient Have Bipolar Disorder?

Announcer:

This is ReachMD. Welcome to this Medical Industry Feature titled, "Your Patient with Depression: Could it Be Bipolar Disorder?" This program was sponsored by Allergan, prior to its acquisition by AbbVie, and is intended for healthcare professionals. Here's your host Dr. Matt Birnholz.

Dr. Birnholz:

Two studies published in 2005 reported that approximately a quarter of patients with depression in a primary care setting may actually have bipolar disorder.^{1,2} Also, a significant number of patients with bipolar disorder are receiving a misdiagnosis of unipolar depression.³ Nationally, approximately 43% of family physicians are providing mental health care,⁴ and the need for faster recognition and more accurate management of patients with bipolar depression is absolutely critical. This is ReachMD, and I'm Dr. Matt Birnholz. On today's program, we caught up with Dr. Roger McIntyre, Professor of Psychiatry and Pharmacology at the University of Toronto and Head of the Mood Disorders Psychopharmacology Unit at the University Health Network. Dr. McIntyre co-authored a recently published article in the journal *Current Medical Research and Opinion*, titled "Bipolar Depression: The Clinical Characteristics and Unmet Needs of a Complex Disorder." Here's what he shared with us about improving our recognition and management of this disease.

Dr. McIntyre:

I'd like to underscore the point that our primary care colleagues are in a very unique position to assist us in the timely and accurate diagnosis of bipolar. It's often stated that about 25% of persons in primary care presenting with depression actually have bipolar disorder.^{1,2} A significant number of patients with bipolar disorder are misdiagnosed and the majority of misdiagnosed patients receive a major depressive disorder diagnosis.⁵ Bipolar disorder is an illness wherein depressive symptoms and episodes not only predominate, but they're also commonly the initial presentation of the illness.⁶ So, the clinician meets the patient when they're depressed, and so often, in fact, biases the clinician toward nonbipolar diagnoses.

Persons who have bipolar disorder are more likely to have select medical conditions, especially conditions like obesity,⁷ diabetes,⁸ and cardiovascular disease.⁸ And it's really important, (a) that we're aware of that and we're providing care for patients that recognizes their physical health risks, but also that we select treatments for bipolar disorder that do not unnecessarily aggravate or worsen some of these medical problems. For example, many medications that are FDA-approved for bipolar disorder are associated with significant weight gain,⁹ which is of particular concern in patients with bipolar disorder because they are at increased risk of glucose impairment⁸ and diabetes,⁸ as well as dyslipidemia,⁸ specifically increasing triglycerides.⁸

It's essential to pick treatments that are evidence-based, FDA-approved, and recommended by best practices and guidelines, and this is important because too often patients receive treatments that are discordant with best practices. Not only are conventional antidepressants not FDA approved for bipolar disorder, but in many cases, conventional antidepressants, especially as monotherapy, actually could be hazardous to some persons with bipolar disorder and can contribute to greater instability of their illness.¹⁰⁻¹²

Announcer:

That was Dr. Roger McIntyre from the University of Toronto. This program was sponsored by Allergan, prior to its acquisition by AbbVie. You can find the complete publication online at the journal, *Current Medical Research and Opinion*. For access to this and other episodes addressing the characteristics and unmet needs of bipolar depression, visit ReachMD.com. This is ReachMD. Be part of the knowledge. Thank you for listening.

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