

Journal of Lisbon Symposium on Bipolar Disorders (5-6 May)
and International Review of Bipolar Disorders (6-8 May)

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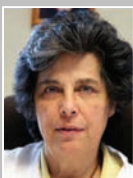
news

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Lisbon receives views of the whole world on bipolar disorders

Between May 5 to 8, the Lisbon Symposium on Bipolar Disorders and the International Review on Bipolar Disorders (IRBD) gather forces to encourage a scientific and international discussion around this field of Psychiatry. The IRBD has up to 60 distinguished speakers and around 1500 participants, being held for the first time in Portugal. All this is due to bipolar disorder having to be faced globally, according to the experts.

Executive and Honorary Presidents' perspectives



The current prevalence of bipolar disorders may reach 6 to 8%, worldwide. Late diagnoses, despite the use of the best pharmacological associations, and stigmata don't contribute to reduce those figures, according to the opinion of Professor Maria Luísa Figueira, the Executive President of the IRBD 2009 and the Lisbon Symposium on Bipolar Disorders (interview on page 3).



At the same time, the Honorary President for both meetings, Prof. Hagop Akiskal (interview on page 12), says «the most important problem in diagnosis of the bipolar spectrum is this: severe manic-depressive illness is often misdiagnosed as schizophrenia».

Concerns on the management of bipolar disorders

The role of biological rhythms, genetics, neurophysiology, aetiology and computerized life management systems in bipolar depression are the subjects of the interactive sessions that take place Friday, 8th May, at 11 a.m.. Here are some of the issues explored.

Treating bipolar depressed patients with a combination of sleep deprivation, light therapy and mood stabilizing medications. This is the proposal of Joseph Deltito, psychiatrist and professor at the New York Medical College, in the United States, who is going to deliver a paper on the 8th of May, at 11 a.m., during the interactive session «Biological Clocks/Rhythms» – shared by Doctor R. McCarthy, also from the USA.

Issues related with psychotherapy which may be particularly helpful to those patients will also be explored by the specialist. According to him, an «expanding field of chronotherapeutics is emerging which capitalizes on instructing and treating patients with such modalities as sleep deprivation and high intensity light therapy for the purposes of bringing about desired clinical outcomes».

«Bright light therapy, which has been found to be particularly useful in Seasonal Affective Disorder Patients, also appears to have consistently good outcomes», he says, «when used in non-

seasonally depressed bipolar patients», proceeds the specialist.

Professor Deltito notes that «the very nature and defining quality of a bipolar disorder is its longitudinal periodicity and disturbed biological rhythms». Changes in sleep/wake patterns and activity levels define, «in part, the clinical nature of a depressive, hypomanic or manic state». Environmental factors such as exposure to ambient light, disruptions of daily routines and disturbance or lack of sleep can have, he says, «profound effects on the phenotypic presentation of an individual with an underlying bipolar genotype».

COMPUTERIZED LIFE MANAGEMENT SYSTEMS

While there is medication for depression and bipolar disorder (anti-anxiety, sedatives, antidepressants, antipsychotics, mood stabilizers), the way these drugs help patients suffering from depression and bipolar disorder is not completely understood on a patient-by-patient basis, and the prescribed medication regimen is not



Benjamin F. McGraw

always effective or loses its effectiveness.

This, in turn, forces the patients, their beloved ones, as well as the mental health-care providers to constantly monitor every aspect of the patient's life on a day-by-day basis so as to identify any cause for concern. This constitutes a tremendous burden both for the patient and the support team. As a result, there is an unmet need for additional methods – other than medication and talk therapy – to manage depression and bipolar disorder.

Benjamin McGraw, President & Chief Executive Officer of McGraw Systems LLC, in the United States, talks about the groundbreaking work that has been developed around a comprehensive computerized life management system, named bStable™, and developed by his company. This «is used by patients diagnosed with depression and/or bipolar disorder, their beloved ones, psychiatrists, and psychologists to aid in the

effective management of the patient's disorder».

The specialist sustains that bStable™ «provides patients and their support team this much needed and powerful mechanism, necessary to effectively manage the patient's life».

During the interactive session about «Computerized Life Management Systems», anonymized patient data are presented in the form of case-studies, demonstrating how particular patients in the volunteer study suffering from severe forms of depression and bipolar disorder are successful in managing their disorders and leading happier and more productive lives by using bStable™.

«This session will also cover how the bStable™ technology has been extended in order to include support for psychotherapeutic approaches such as cognitive behavioral therapy (CBT) as there is a natural transition from a personal life management system into cognitive behavioral therapy», notes Benjamin McGraw.

Besides this presentation, Doctor Andreas Erfurth, from the Department of General Medical Psychiatry, University of Vienna (Austria), also participates in this session. The third interactive session, that takes place at the same hour, is about «Genetic, Neurophysiology and Aetiology» and is presented by Professor J. Kelsoe, from the United States. ●

An update on pediatric bipolar disorder

Opinion

Elizabeth B. Weller

Professor of Psychiatry and Pediatrics at the University of Pennsylvania and the Children's Hospital of Philadelphia, USA

Pediatric bipolar disorder (PBD) has significant psychosocial morbidity and mortality. It was rarely diagnosed in children and adolescents prior to 1986. The frequency of PBD has increased in children since 1996. Some believe there has been overdiagnosis of PBD during this time period.

The risk of overdiagnosing PBD includes unnecessary medication exposure. The risk of underdiagnosing PBD is

only providing medical and psychosocial services to the most severely ill patients. More than one-third of patients with PBD have one or more comorbid psychiatric disorders.

Attention deficit hyperactivity disorder (ADHD) is one of the most commonly diagnosed comorbid disorders. The majority of patients with PBD have comorbid attention-deficit hyperactivity disorder. In this presentation, recent lit-

erature and relevant findings to differentiate between pediatric bipolar disorder and attention-deficit hyperactivity disorder will be reviewed.

A comprehensive and structured clinical diagnostic process will be presented to emphasize differences in clinical manifestations of PBD and ADHD in children. At the completion of this presentation, the audience will be able to differentiate between PBD and ADHD.

NOTE: The presentation of Doctor Elisabeth Weller takes place Friday, 8 May, at 14 p.m., in the interactive session «Adolescent and Children». The other two speakers are Doctors G. Faedda and E. Youngstrom, from the United States.