

# The Burden of Bipolar Disorder

## Medicines in Mental Health Ltd

- Home
- About MMH
- Services
- Education
- Treatment adherence
- Adherence reports
- Patient Information
- Research
- Contact
- Useful links

### Improving the use of medicines in severe mental illness

Medicines in Mental Health Ltd offers a range of services designed to obtain maximum benefit from medicines in the treatment of severe mental illness.



**John Donoghue**  
**Liverpool**

# Objectives

- To review the burden of illness in bipolar disorder
- To discuss the burden of treatment in bipolar disorder

# **Bipolar disorder: The burden of illness**

# What is bipolar disorder?

- Cyclical chronic mood disorder
- Periods of profound mood disruption
  - Mania (Bipolar 1)
  - Hypomania (Bipolar 2)
  - Depression
  - Mixed states
- Interspersed with periods of symptomatic remission

National Collaborating Centre for Mental Health

Bipolar disorder: the management of bipolar disorder in adults, children and adolescents, in primary and secondary care.

National Clinical Practice Guideline Number 38, Full Guideline

The British Psychological Society & The Royal College of Psychiatrists, London, 2006.

# The components of the burden of bipolar disorder

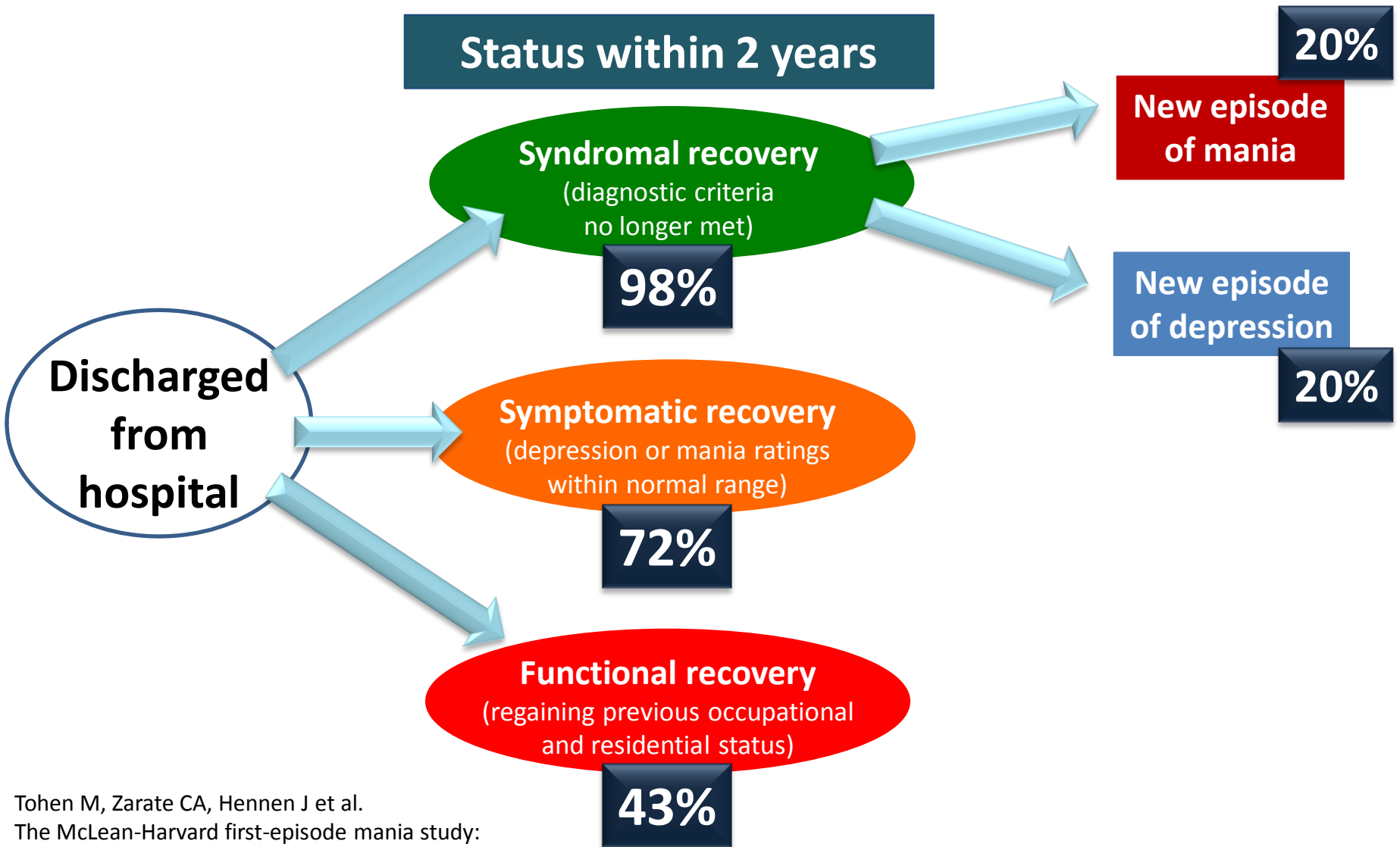
- Burden of illness to the individual
  - Employment
  - Financial
  - Relationships
  - Family & care providers
  - NHS
  - Wider society

# What is the burden of bipolar disorder to the individual affected?

Consider:

- Time spent ill
- Impact of mania / hypomania / depression
- Difficulty in normal activities
  - Family / work / employment
- Disability
- Premature death

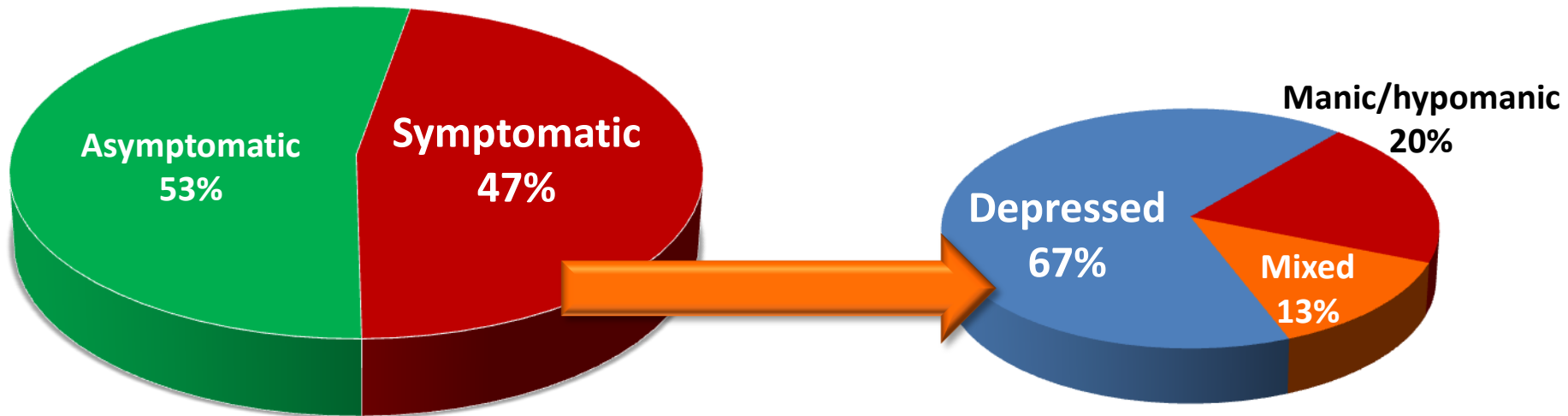
# Outcomes after first episode of mania



Tohen M, Zarate CA, Hennen J et al.  
The McLean-Harvard first-episode mania study:  
Prediction of recovery and first recurrence.  
Am J Psychiatry 2003;160:2099-2107

# Long-term symptomatic status

## Bipolar-1



Judd LL, Akiskal HS, Schettler PJ et al.

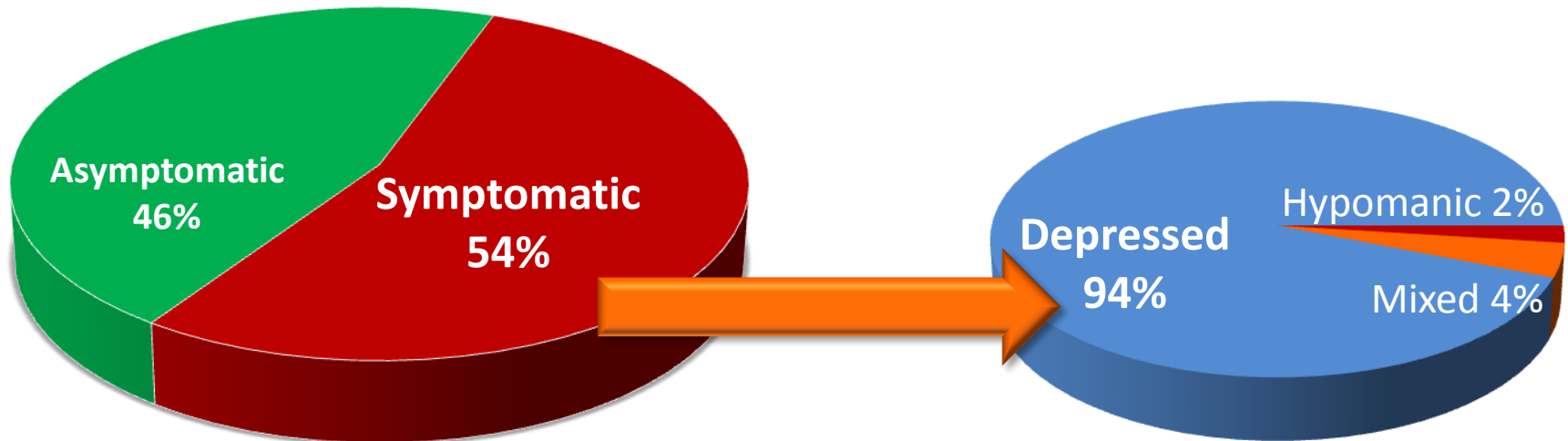
The long-term natural history of the weekly symptomatic status of Bipolar I Disorder

Arch Gen Psychiatry 2002;59:530-37



# Long-term symptomatic status

## Bipolar-2



Judd LL, Akiskal HS, Schettler PJ et al.

A prospective investigation of the natural history of the long-term weekly symptomatic status of Bipolar II Disorder  
Arch Gen Psychiatry 2003;60:261-269

# Premature death

- Standardised mortality ratio in bipolar disorder for death by natural causes
  - Males = 1.9
  - Females = 2.1

**The highest suicide risk of any mental illness<sup>2</sup>**

## SUICIDE

- Bipolar 1
  - About 17% of sufferers will attempt suicide
- Bipolar 2
  - About 24% of sufferers will attempt suicide
- Standardised mortality ratio
  - 15 for men
  - 22.4 for women

National Collaborating Centre for Mental Health  
Bipolar disorder: the management of bipolar disorder in adults, children and adolescents, in primary and secondary care.  
National Clinical Practice Guideline Number 38, Full Guideline  
The British Psychological Society & The Royal College of Psychiatrists, London, 2006.

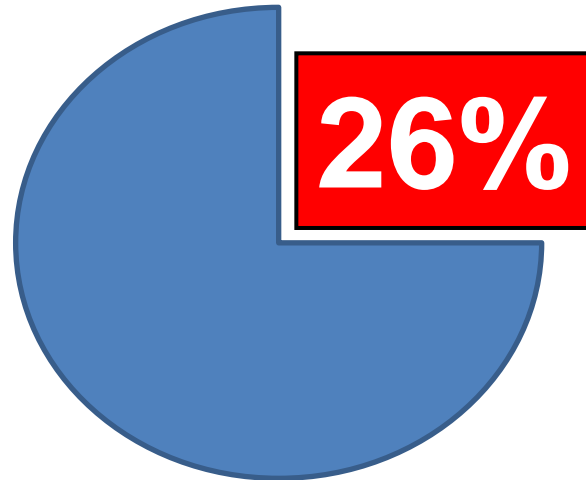
2. Rihmer Z, Kiss K. Bipolar disorders and suicidal behaviour.  
Bipolar Disord. 2002; 4 Suppl 1:21-5

# The components of the burden of bipolar disorder

- Burden of illness to the individual
- Employment
- Financial
- Relationships
- Family & care providers
- NHS
- Wider society

# High unemployment

- Out of an estimated 297,000 people in UK with BPD (year 1999/2000)
- **Excess** unemployment estimated at 76,500



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# The components of the burden of bipolar disorder

- Burden of illness to the individual
- Employment
- Financial
- Relationships
- Family & care providers
- NHS
- Wider society

# What impact does bipolar disorder have on relationships / families?

Consider:

- Day to day living with the illness
  - Mania / hypomania / depression
- Behaviour
- Disability
- Emotional strain
- Money

# Impact on relationships

“Bipolar disorder can take a terrible toll on those who care for people with the condition and other family members. Most carers are partners, not parents, and the high rate of divorce among couples in which one spouse has bipolar disorder is a reflection of the emotional damage the illness can have on long-term relationships.”

“Excessive spending, infidelity, offensive, abusive or domineering behaviour and talking incoherently are just a few of the symptoms of mania that can cause distress to carers.”

National Collaborating Centre for Mental Health  
Bipolar disorder: the management of bipolar disorder in adults, children and adolescents, in primary and secondary care.  
National Clinical Practice Guideline Number 38, Full Guideline  
The British Psychological Society & The Royal College of Psychiatrists, London, 2006.

# Impact on relationships

“Depression takes a toll in a different way. The patient can seem ‘cut off’ from their family and friends, isolated in their own misery. Their loss of interest and any enthusiasm in life makes it hard to get on with life as normal.”

“Family members and carers may also live with the fear that their relative or friend will attempt suicide. During depressive episodes carers said they felt less able to talk to their partner about how they were being affected by the illness. This difficulty in sharing their worries and concerns with their partners when they were depressed affected their ability to cope with the situation.”



# The components of the burden of bipolar disorder

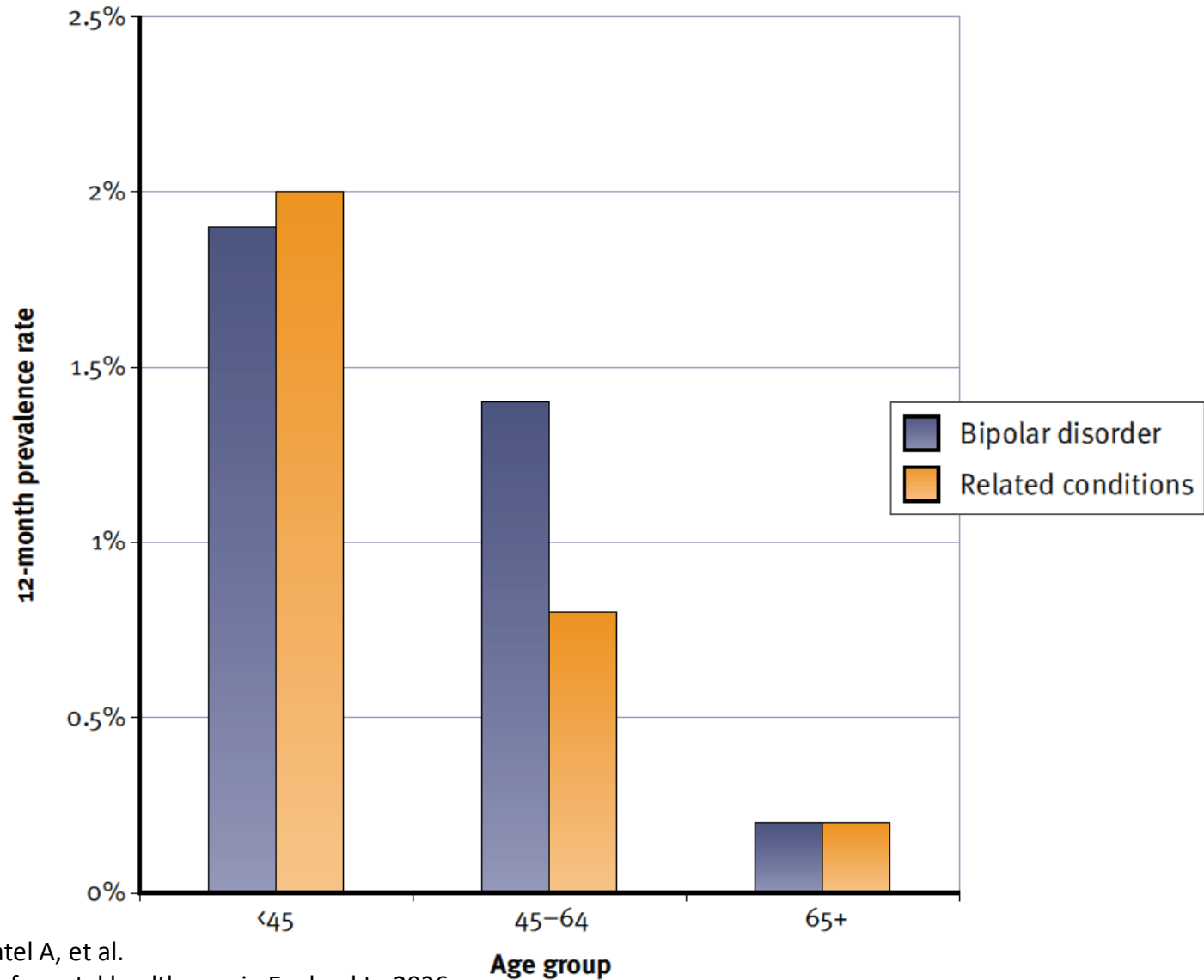
- Burden of illness to the individual
  - Employment
  - Financial
  - Relationships
  - Family & care providers
- NHS
  - Wider society

# What is the burden of bipolar disorder on the NHS and society?

Consider:

- Prevalence
- Disability
- Premature death
- Cost of management / treatment
- Societal costs
  - Disability / loss of productivity / unemployment

# 12-month prevalence of bipolar disorder and related conditions



McCrone P, Dhanasiri S, Patel A, et al.  
Paying the price: the cost of mental health care in England to 2026  
London, King's Fund, 2006

# Bipolar Disorder: Severe Disability

Using estimates of

- Years of life lost
- Years lived with disability

BPD ranked by WHO as **6<sup>th</sup> leading cause of disability** worldwide

# PAYING THE PRICE

The cost of mental health care in England to 2026

Paul McCrone  
Sujith Dhanasiri  
Anita Patel  
Martin Knapp  
Simon Lawton-Smith

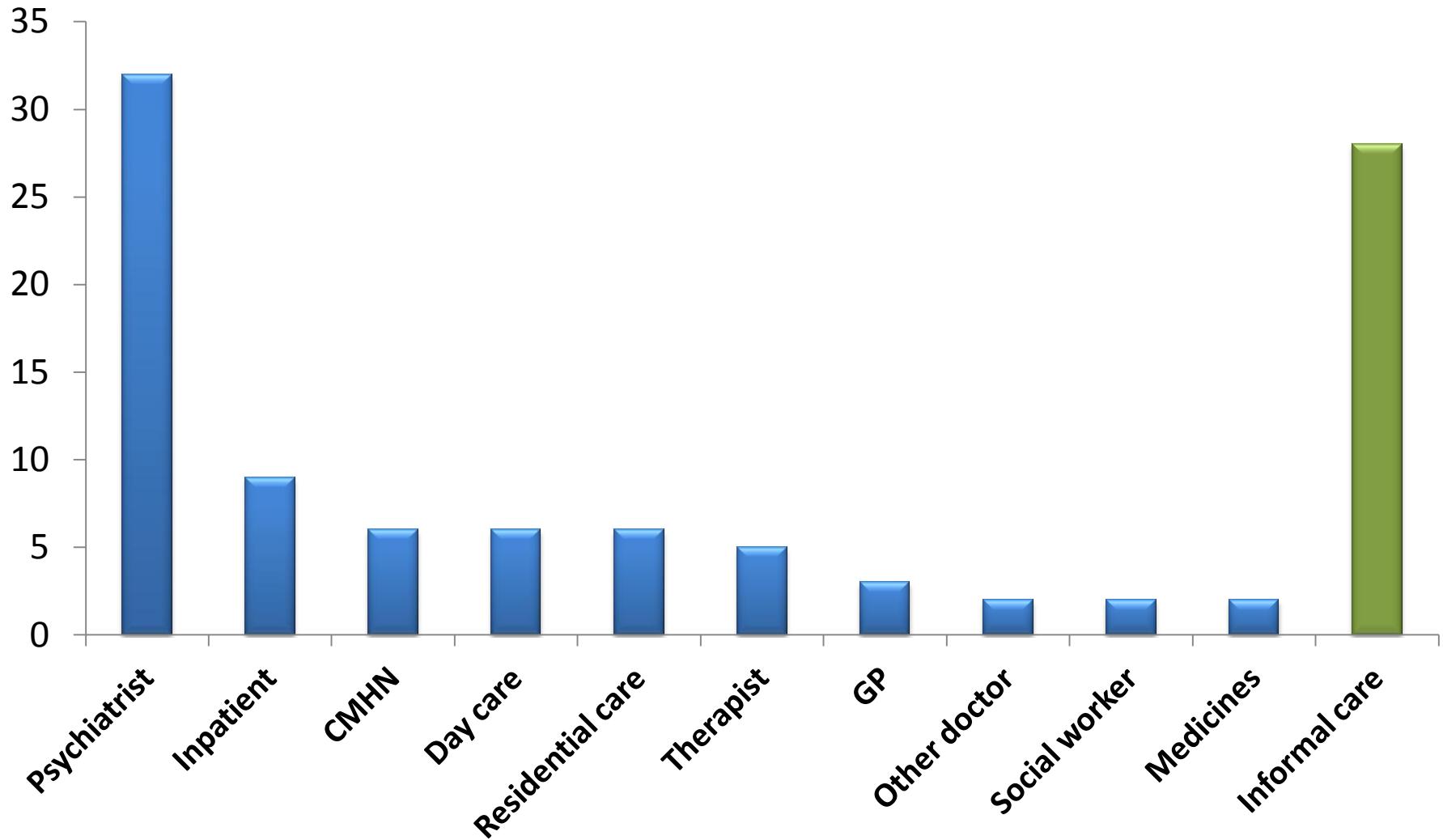
*King's* Fund

# Costs of BPD

- Annual cost to UK economy **£5.2 billion** (2006 prices)
- Greatest costs associated with unemployment & loss of productivity
- NHS costs approx **£1.6 billion**

# Bipolar Disorder: Cost of Care

% of total



# **Bipolar disorder: The burden of treatment**

# Treatment options

- Consider:
  - Antipsychotics
  - Mood stabilisers / anticonvulsants
  - Antidepressants
  - Benzodiazepines



# What do treatment Guidelines tell us?

  
**National Institute for  
Health and Clinical Excellence**

Issue date: July 2006

## Bipolar disorder

**The management of bipolar disorder in  
adults, children and adolescents, in  
primary and secondary care**

NICE clinical guideline 38  
Developed by the National Collaborating Centre for Mental Health

### BAP Guidelines

  
Psychopharm

## Evidence-based guidelines for treating bipolar disorder: revised second edition—recommendations from the British Association for Psychopharmacology

*Journal of Psychopharmacology*  
00(00) (2009) 1–43  
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journalsPermissions.nav](http://www.sagepub.co.uk/journalsPermissions.nav)  
ISSN 0269-8811  
10.1177/0269881109102919

GM Goodwin *University Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX, UK.*  
Consensus Group of the British Association for Psychopharmacology

### Abstract

The British Association for Psychopharmacology guidelines specify the scope and target of treatment for bipolar disorder. The second version, like the first, is based explicitly on the available evidence and presented, like previous Clinical Practice guidelines, as recommendations to aid clinical decision making for practitioners: they may also serve as a source of information for patients and carers. The recommendations are presented together with a more detailed but selective qualitative review of the available evidence. A consensus meeting, involving experts in bipolar disorder and its treatment, reviewed key areas and considered the strength of evidence and clinical implications. The guidelines were drawn up after

extensive feedback from participants and interested parties. The strength of supporting evidence was rated. The guidelines cover the diagnosis of bipolar disorder, clinical management, and strategies for the use of medicines in treatment of episodes, relapse prevention and stopping treatment.

### Key words

antidepressants; antipsychotics; bipolar disorder; CBT; depression; evidence-based guidelines; lithium; mood stabilizers; treatment

## Drug treatment for acute mania for people not taking antimanic medication

1.4.2.3 If a patient develops acute mania when not taking antimanic medication, treatment options include starting an antipsychotic, valproate or lithium. When making the choice, prescribers should take into account preferences for future prophylactic use, the side-effect profile, and consider:

- prescribing an antipsychotic if there are severe manic symptoms or marked behavioural disturbance as part of the syndrome of mania
- prescribing valproate or lithium if symptoms have responded to these drugs before, and the person has shown good compliance
- avoiding valproate in women of child-bearing potential
- using lithium only if symptoms are not severe because it has a slower onset of action than antipsychotics and valproate.

Issue date: July

### Bipolar

The management of acute mania in adults, children and young people

## BAP Guidelines

# Evidence-based guidelines for bipolar disorder: revised second edition—recommendations from the British Association of Psychopharmacology

GM Goodwin *University Department of Psychiatry, Warneford Hospital, Oxford OX3 7JX, UK*  
Consensus Group of the British Association for Psychopharmacology

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extensive feedback of supporting evidence for bipolar disorder medicines in treatment.

**Key words**  
antidepressants  
evidence-based

## Diagnosis

## Assessment

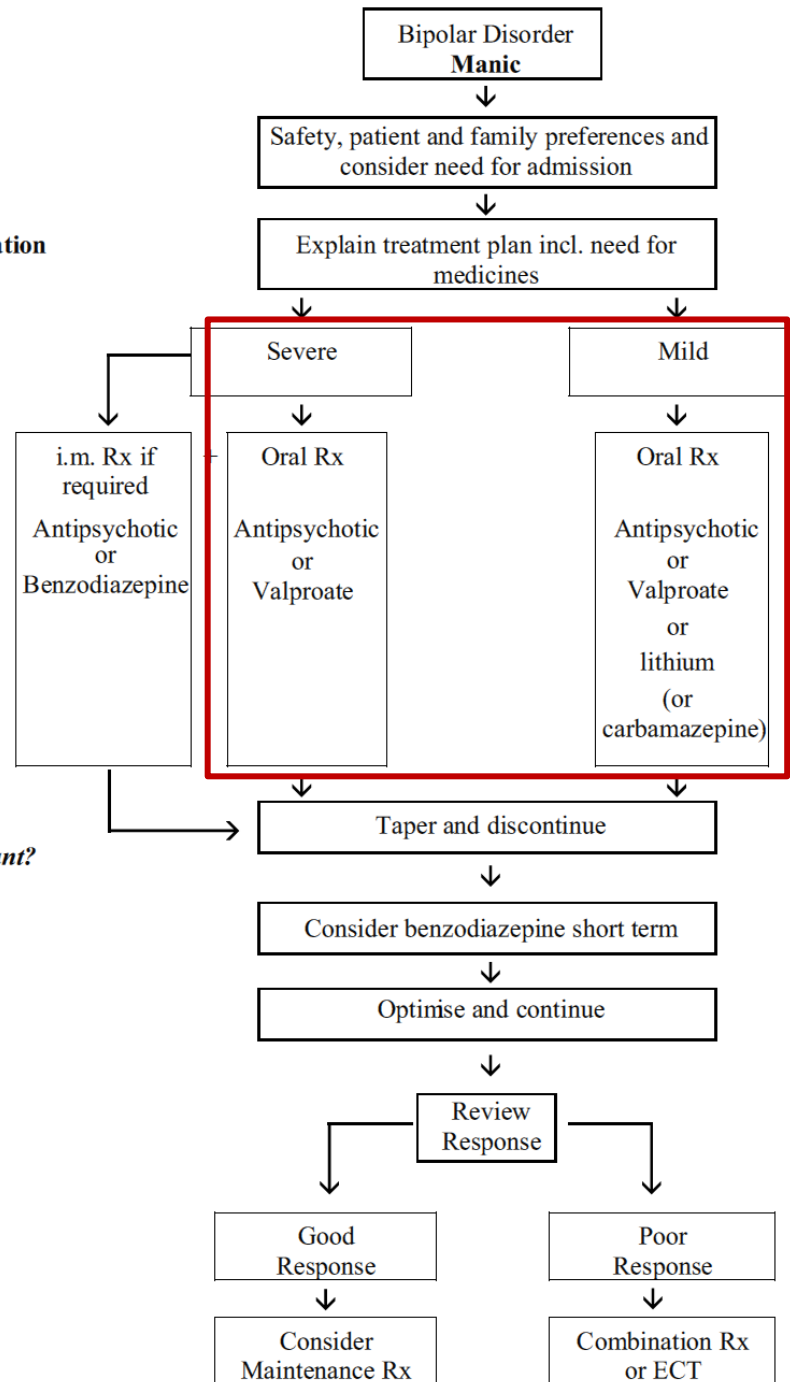
## Communication

## Severity

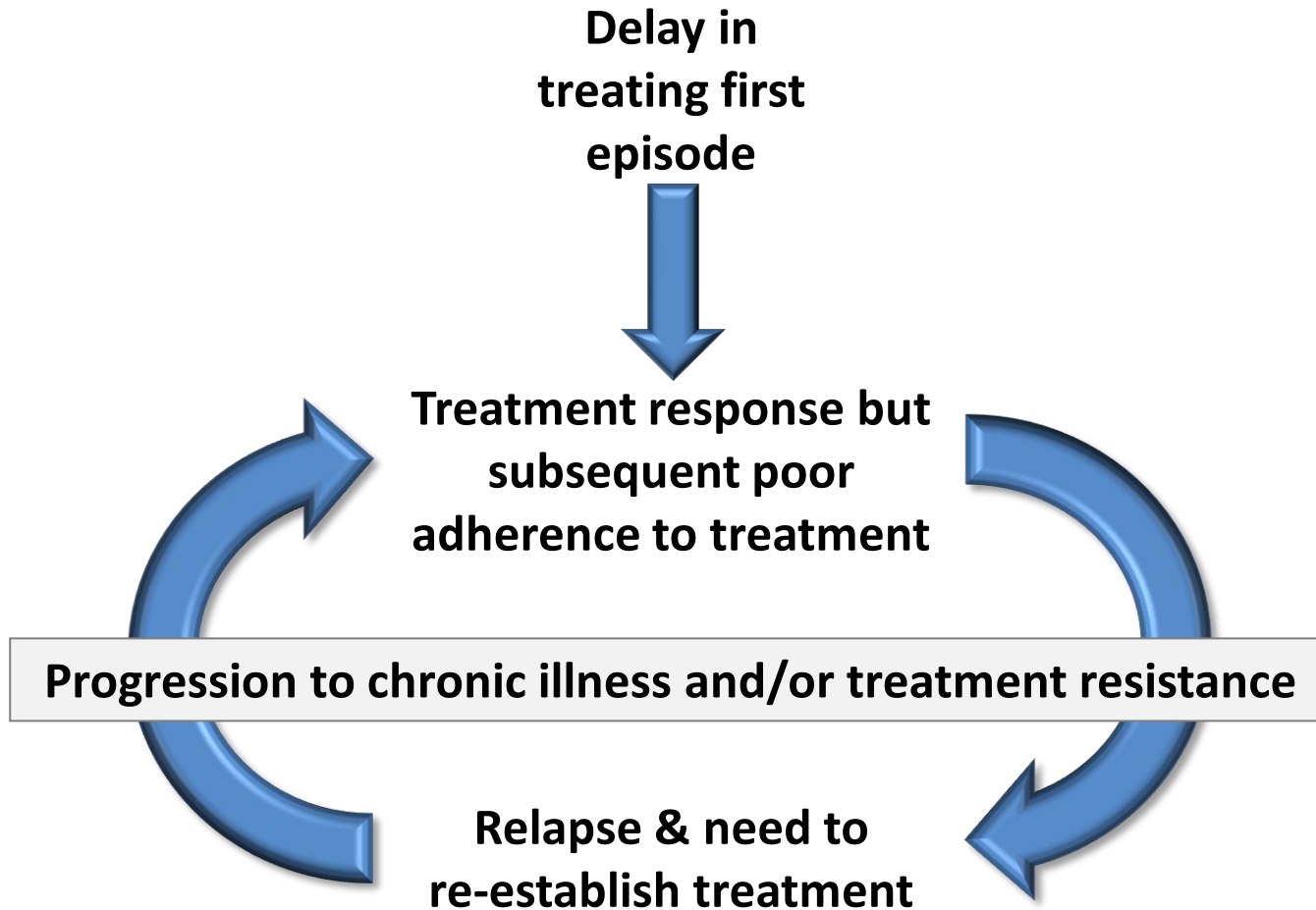
*On antidepressant?*

*Sleep deprived?*

*Already on long term treatment?*

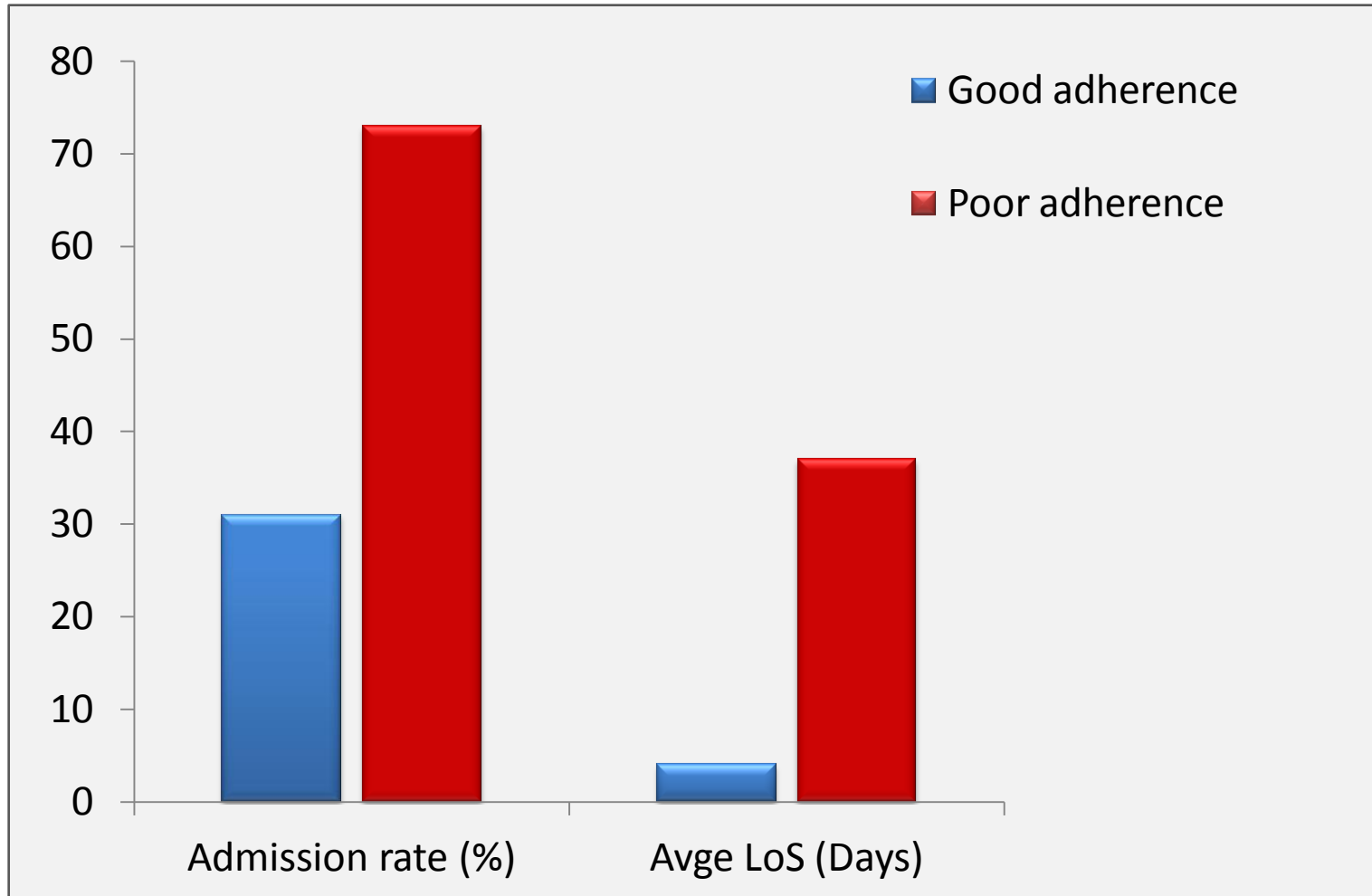


# Revolving door = vicious cycle

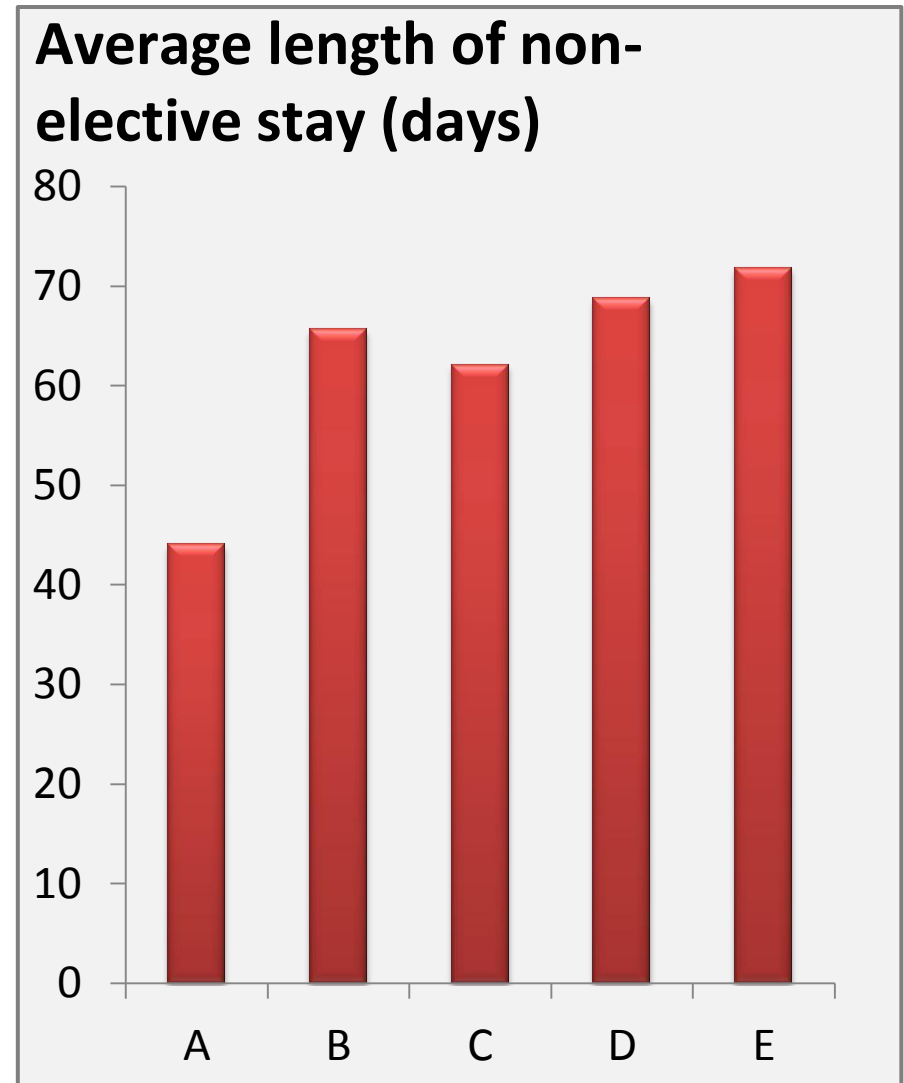
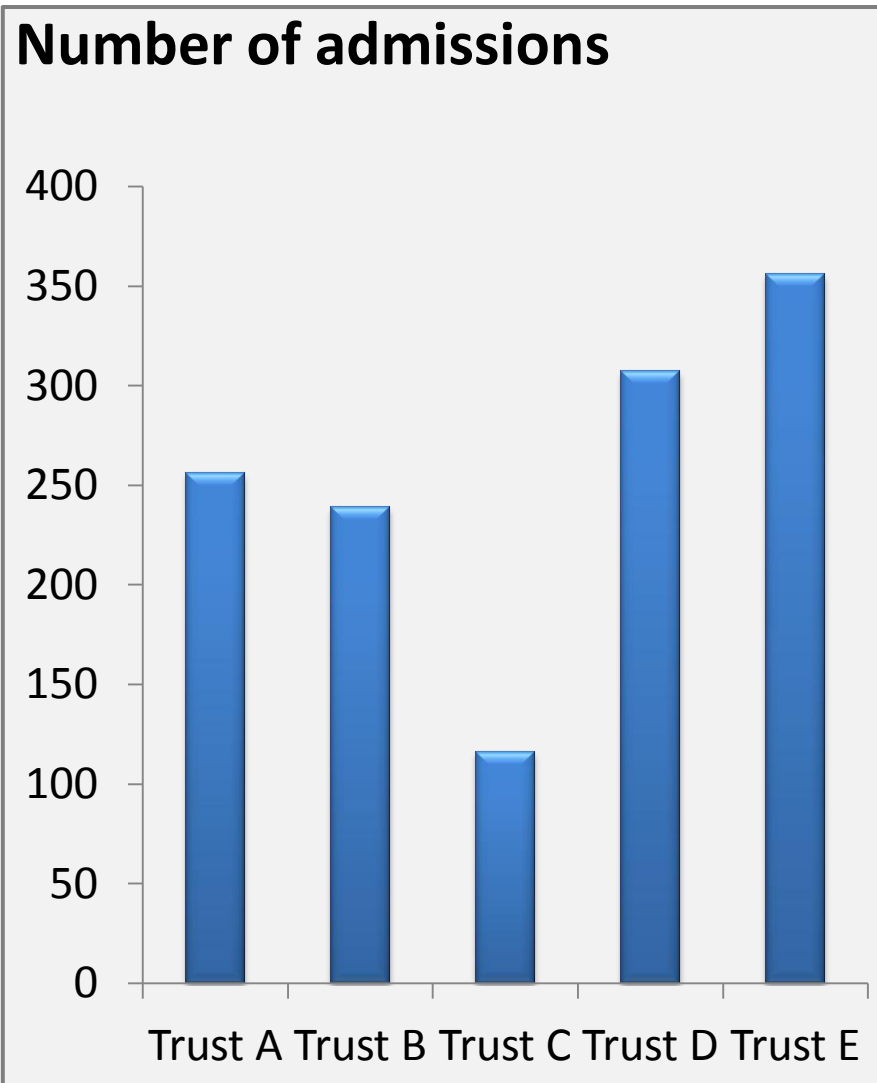


# Burden of poor treatment adherence

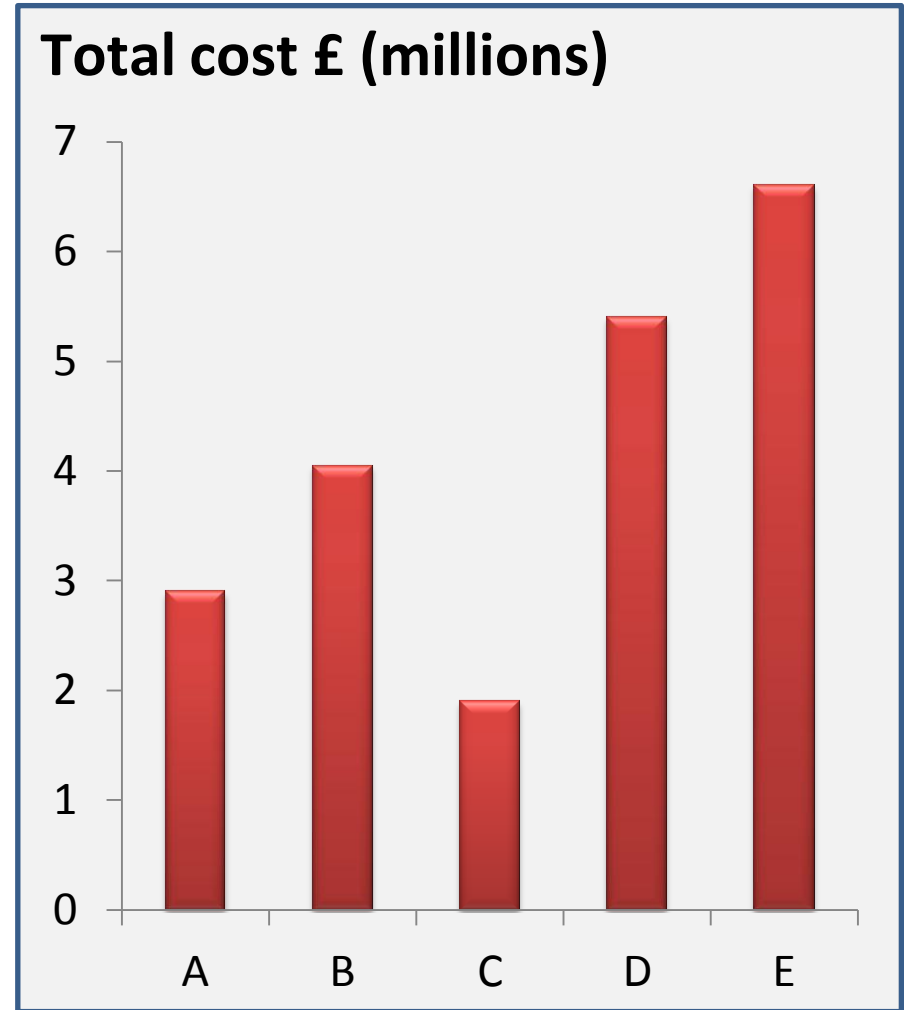
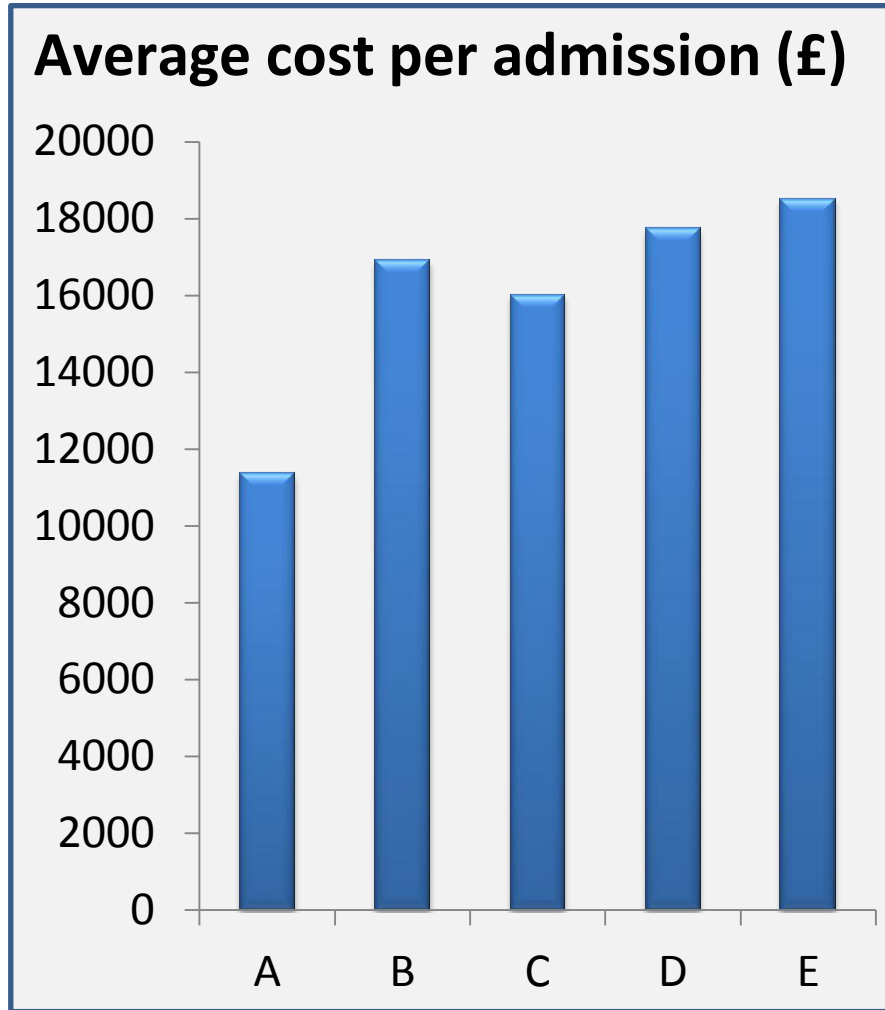
Rates of poor adherence range from 20%-60



# Burden of BPD in NW England is high: unplanned admissions 2010



# Burden of BPD in NW England is high: unplanned admissions 2010



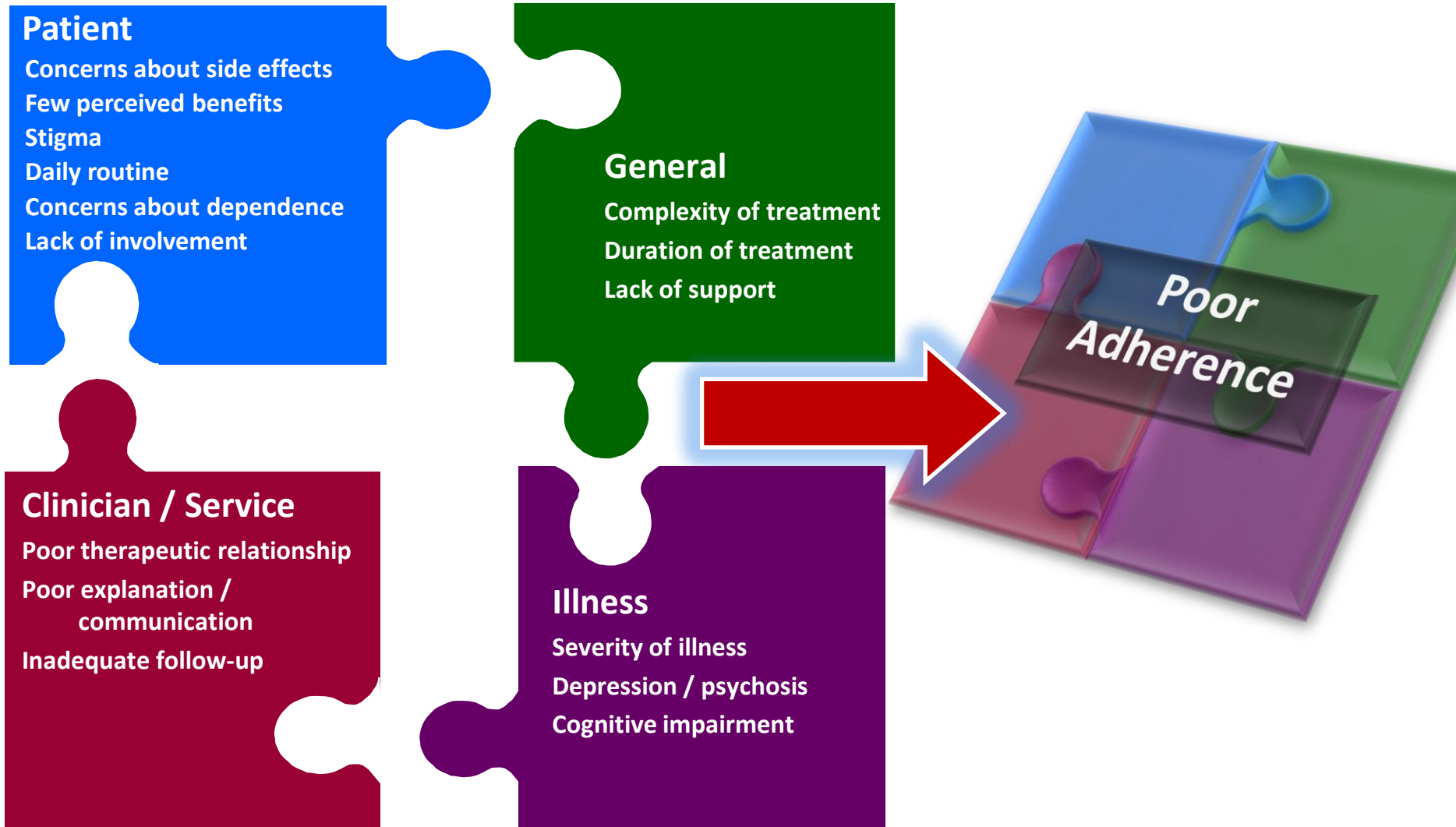
Cost calculations based on:

Byford S, Sharac J, Lloyd-Evans B, et al

Alternatives to standard acute in-patient care in England: readmissions, service use and cost after discharge

Br J Psychiatry 2010; 197: s20-s25

# Adherence is influenced by multiple factors

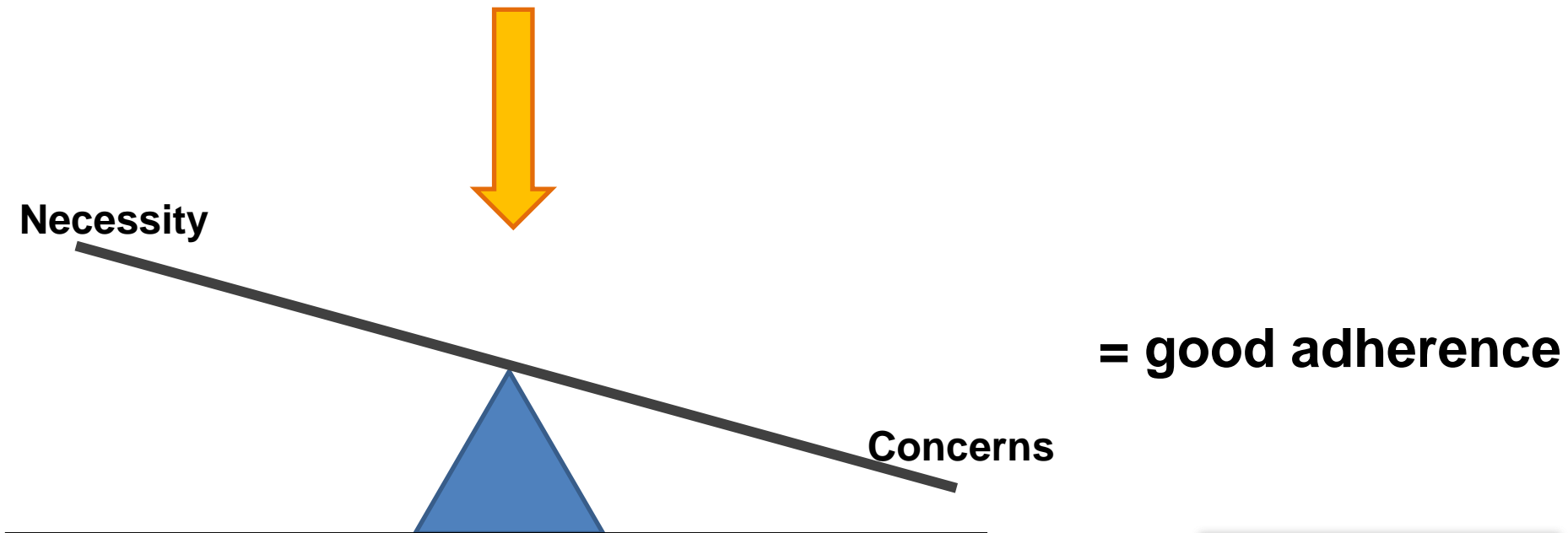
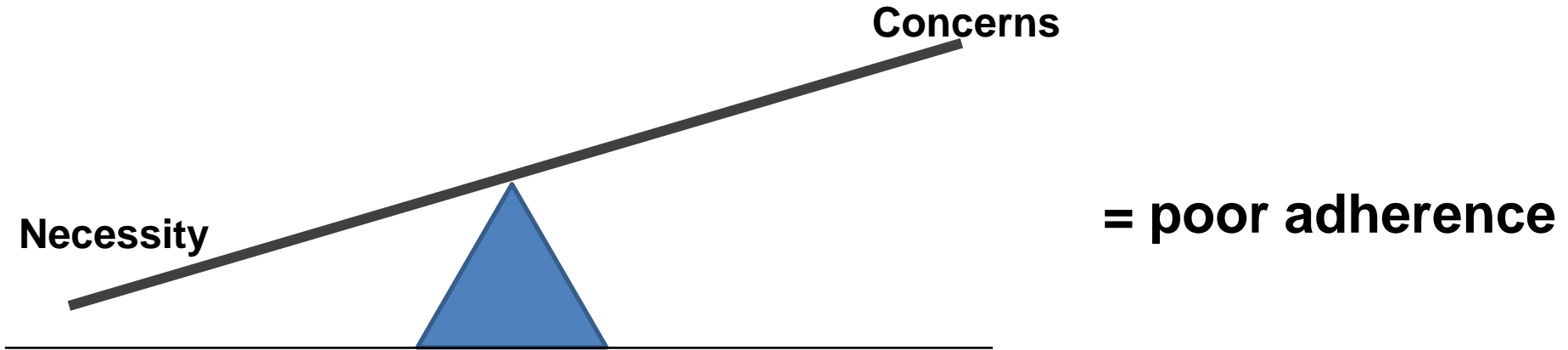




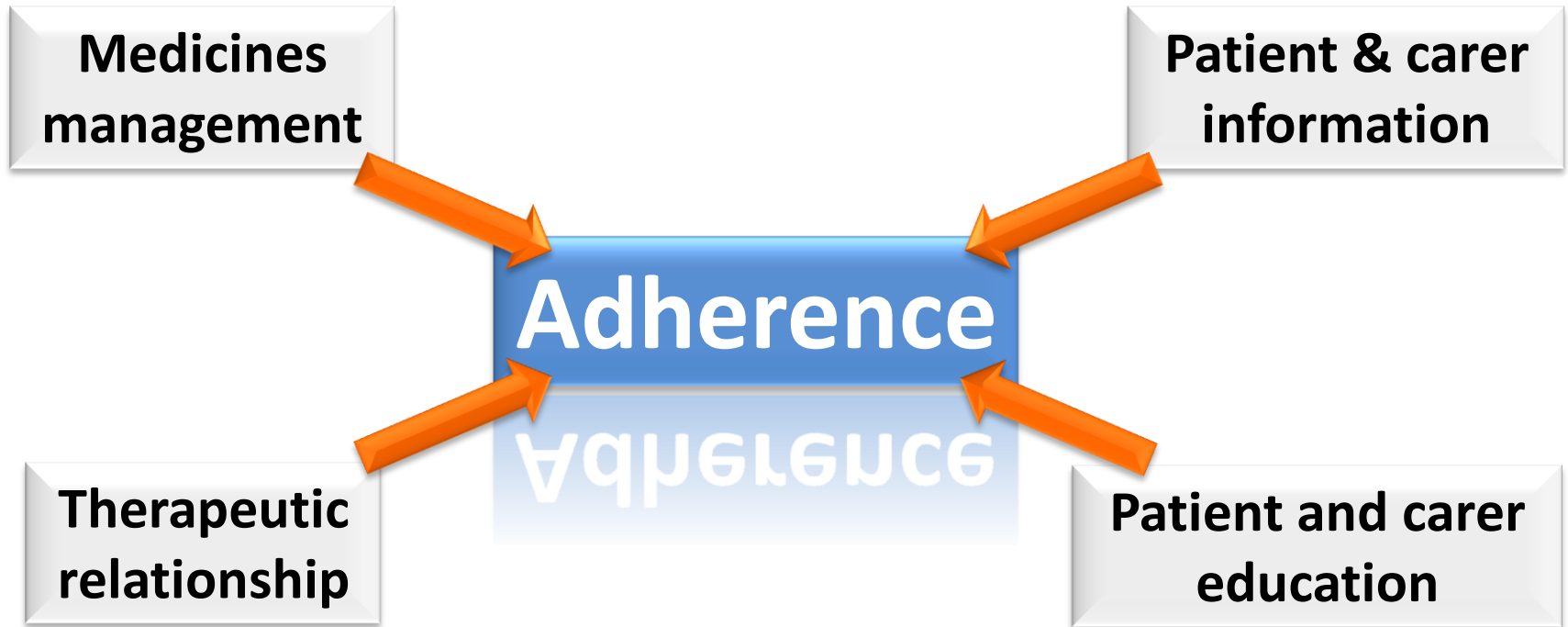
# Necessity / Concerns model for understanding adherence

**Necessity = understanding and accepting necessity of treatment**

**Concerns = concerns about accepting treatment**



# Potential solutions



## Equity and excellence:

### Putting patients and public first

4. We will put patients at the heart of the NHS, through an information revolution and greater choice and control:
  - a. Shared decision-making will become the norm: no decision about me without me.
  - b. Patients will have access to the information they want, to make choices about their care. They will have increased control over their own care records.
  - c. Patients will have choice of any provider, choice of consultant-led team, choice of GP practice and choice of treatment. We will extend choice in maternity through new maternity networks.

# Mental Health in the Mainstream



## A good choice for mental health

**JENNIFER RANKIN**

WORKING PAPER **THREE**

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*“Choice varies according to who is choosing, what choices are on offer, and the extent to which the policy framework supports people in making choices.”*

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*King's* Fund



## Choice Literature Review

A Review of the Literature and Consultation on Choice and  
Decision-making for Users and Carers of Mental Health  
and Social Care Services

by

Lesley Warner  
Senior Researcher, Sainsbury Centre for Mental Health

Jeevi Mariathasan  
Senior Researcher, Sainsbury Centre for Mental Health

with  
King's Fund  
e  
ntre for Mental Health

July 2006

# Barriers to Choice

- **Lack of capacity of services to offer Choice** including
  - an apparent lack of a range of treatment options and
  - restrictions on local service provision that make choices meaningless
- **Lack of support from health professionals** including
  - a reluctance to support service users to make choices that might differ from their own
  - a reluctance to involve carers in decisions about treatment or care

Warner, L., Mariathan, J., Lawton-Smith, S. & Samele, C. Choice Literature Review.

London: The Sainsbury Centre for Mental Health and King's Fund 2006.

Rankin, J. A good choice for mental health: mental health in the mainstream; Working paper 3.

London: Institute for Public Policy Research 2005.



*Better information, better  
choices, better health*

Putting information at the centre of health

**Information** “. . . is fundamental to choice and making informed decisions. Without information there is no choice. Information helps knowledge and understanding. It gives patients the power and confidence to engage as partners with their health service.”

# Reaching agreement on the necessity for treatment

- Benefits of treatment vs no treatment
- How likely is it to work?
- How does it compare with other options?
- Risks associated with poor adherence to treatment

Welcome to the NHS Choices homepage - [learn more about it](#) and [leave feedback](#)

Customise this page



### All about your medicines

From this page you can find comprehensive information about medicines, including known possible side effects, interactions and dosages.

Use the A-Z listings above to look up medicines by name or by the conditions they treat. The information covers drugs you might be prescribed and over-the-counter (OTC) medicines you can buy without a prescription.

#### Health A-Z

Edit

##### Conditions and treatments

+ -

- Whooping cough
- Flu
- Depression
- Diabetes
- Norovirus



Browse all conditions

Health encyclopaedia

Check symptoms using NHS Direct

Symptom checkers

A-Z of medicines

Medicines information

#### Health services near you

- GP GPs
- H Hospitals
- Dentists

postcode, town or practice name

- Remember postcode
- Only show practices accepting new patients

Find practices

Anything from A&E, pharmacies and community services to long-term illness support

More services

#### Comments

Edit

Healthcare abroad and the EHIC card

- Prescription costs
- NHS services explained
- How to complain about the NHS
- AQP Map

#### Live Well

Edit

##### Healthy living

Hundreds of articles full of information on keeping you and your family healthy



#### Topics

+ -



# Zyprexa (Zyprexa 15mg tablets)

Share: [email] [twitter] [facebook] [people] Save: [print] [google] [circle]

- Overview
- About
- Side effects

## Overview

### Information specific to: Zyprexa 15mg tablets Disorder.

Zyprexa (Zy-prex-ar) is a medicine which is used in a mania. Zyprexa contains olanzapine.

The information in this leaflet is for the mania treated and the particular side effects.

### Your medicine

Zyprexa is used to treat the symptoms of mania. It has effects of certain chemicals in the brain which affect behaviour. It can help to control your behaviour.

### Other information about your medicine

- your prescriber

Do not share your medicine with other people.

The pharmacy label on your medicine tells you how to take your medicine. This is important. You should have agreed you should take. You should not change what you are told to do so by your prescriber.

If you feel that the medicine is making you unwell or if you have any other problems, talk to your prescriber.

### Whether this medicine is suitable for you

Zyprexa is not suitable for everyone and some people should only use it with special care. It is important that the prescriber knows your full medical history.

# Zyprexa (Zyprexa 15mg tablets)

Share: [email] [twitter] [facebook] [people] Save: [print] [google] [circle]

- Overview
- About
- Side effects

## About

### Information specific to: Zyprexa 15mg tablets when used in Mania and Bipolar Disorder.

Zyprexa (Zy-prex-ar) is a medicine which is used in a mania. Zyprexa contains olanzapine.

The information in this leaflet is for the mania treated and the particular side effects.

**NO INFORMATION ABOUT**

- Benefits of treatment vs no treatment
- How likely it is to work
- How it compares with other treatment options
- Risks associated with poor adherence to treatment

- hypromellose
- indigo carmine (E132)
- lactose monohydrate
- magnesium stearate
- microcrystalline cellulose
- olanzapine
- titanium dioxide (E171)
- triacetin

If you are not able to take any of the ingredients in your medicine, talk to your prescriber or pharmacist to see if they can suggest an alternative medicine. If you have reacted badly to Zyprexa before, do not take Zyprexa. Talk to your prescriber, pharmacist or nurse as soon as possible.

### This medicine is also available as:

- Zyprexa 10mg powder for injection vials
- Zyprexa 10mg tablets
- Zyprexa 10mg Velotabs
- Zyprexa 15mg Velotabs
- Zyprexa 2.5mg tablets
- Zyprexa 5mg tablets
- Zyprexa 5mg Velotabs
- Zyprexa 7.5mg tablets
- Zyprexa 20mg Velotabs
- Zyprexa 20mg tablets

### This medicine is also used for:

- [Mood Disorders](#)
- [Schizophrenia and Psychosis](#)

# Zyprexa (Zyprexa 15mg tablets)

Share:     Save:   

Overview

About

Side effects

## Side effects

Very common: More than 1 in 10 people who have Zyprexa

- abnormal gait
- abnormal laboratory test results
- appetite gain
- falls
- metabolic problems
- sedation including certain sleeping problems, lethargy, or sleepiness
- sleepiness
- worsening of parkinson's symptoms and hallucinations when given to people with Parkinson's disease

- abnormal gait
- abnormal laboratory test results
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- Mood Disorders
- Schizophrenia and Psychosis

# Conclusions

- Bipolar disorder is associated with a high burden of illness
- Burden of treatment is increased by
  - Poor adherence
  - Lack of choice
  - Lack of information

Home

About MMH

Services

Education

Treatment adherence

Adherence reports

Patient Information

Research

Contact

Useful links

## Improving the use of medicines in severe mental illness

Medicines in Mental Health Ltd offers a range of services designed to obtain maximum benefit from medicines in the treatment of severe mental illness.



# Thank you

[www.mentalmeds.co.uk](http://www.mentalmeds.co.uk)