PSYCHOTIC MOOD DISORDERS

DR. CHLOE LEON, MD, FRCPC

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Project ECHO®

ECHO Ontario Mental Health at CAMH & the University of Toronto

camh Centre for Addiction and Mental Health / Centre de toxicomanie et de santé mentale

UNIVERSITY OF TORONTO

FACULTY/PRESENTER DISCLOSURE

» Presenter: Dr. Chloe Leon

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LEARNING OBJECTIVES

AT THE END OF THIS SESSION, PARTICIPANTS WILL BE ABLE TO:

1. Differentiate primary psychotic disorders from psychotic mood disorders
2. Understand prevalence/age of onset/disease burden of Bipolar I Disorder in particular
3. Adapt NAVIGATE to work with individuals with psychotic mood disorders

OUTLINE

- 1. Discuss diagnostic challenges in patients presenting with psychosis
- 2. Review prevalence, age of onset, and disease burden of Bipolar I Disorder
- 3. Understand evidence-based approach to treatment of Bipolar I Disorder
- 4. Discuss how NAVIGATE can be applied to patients with bipolar disorder/psychotic mood disordres
- 5. Overview of challenges in treatment including comorbidities

WHAT ARE PSYCHOTIC MOOD DISORDERS (AFFECTIVE PSYCHOSIS)

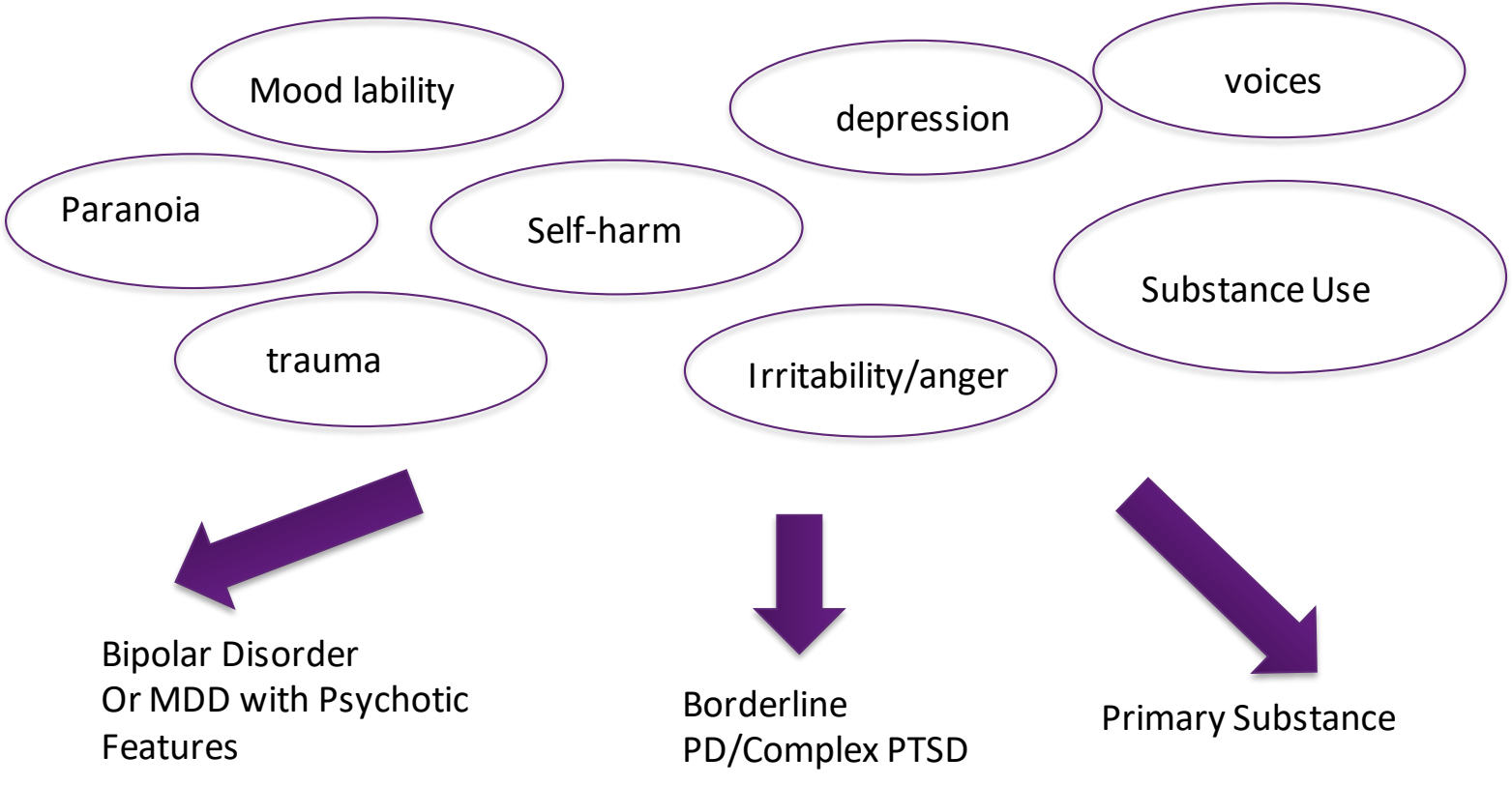
» Bipolar I Disorder (BD):
  - depressed with psychotic features
  - manic with psychotic features

» Major Depressive Disorder (MDD) with psychotic features

» Schizoaffective Disorder

** depression in early psychosis as covered in a previous ECHO lecture is not considered an affective psychosis

DIAGNOSTIC CHALLENGES



RISK FACTORS FOR BIPOLARITY

- 'Atypical' depressive symptoms (oversleeping, overeating, rejection sensitivity, "leaden paralysis")
- Depression with mixed features (symptoms of mania)
- Depression with Psychotic Features
- Comorbid Disorders (substance use disorders, GAD, panic disorder)
- Early onset of depression (< age 25)
- Multiple prior episodes of depression (>=5)
- Family History of Bipolar Disorder or completed suicide

PREVALENCE

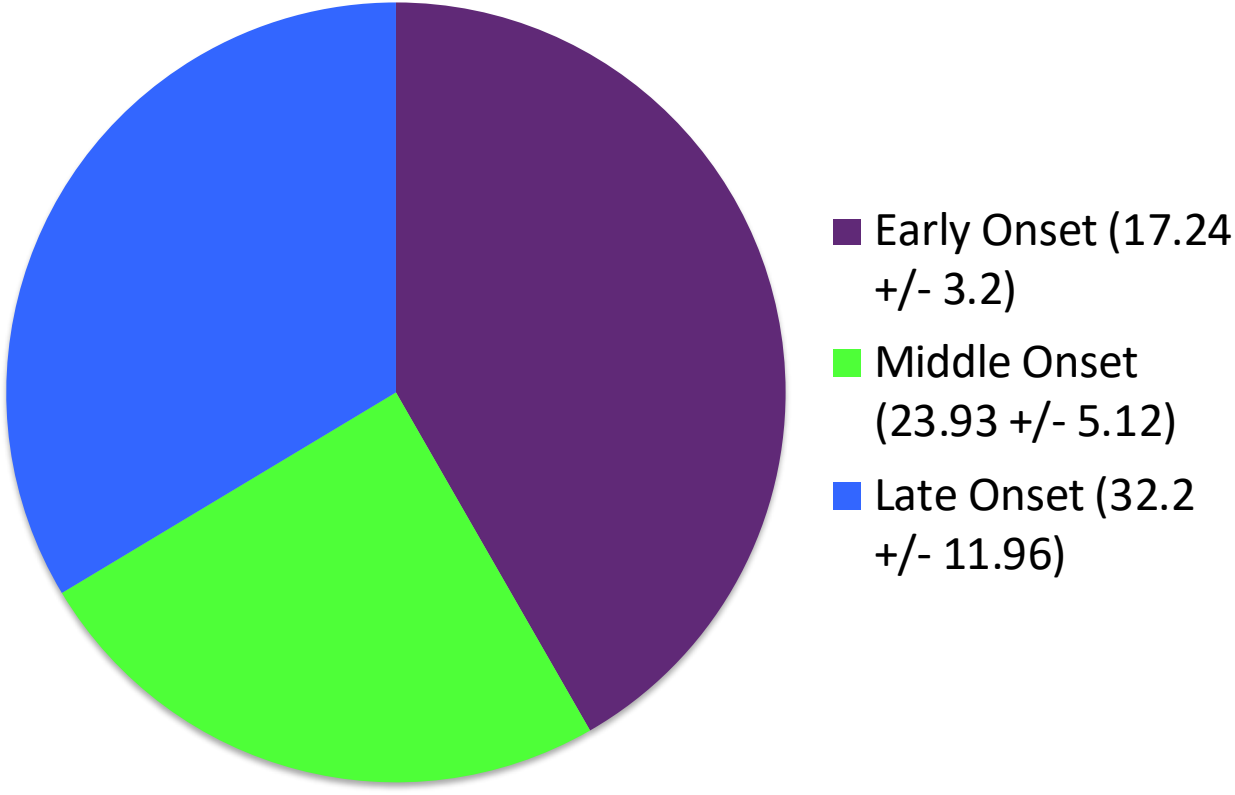
- 'WHO Lifetime (and 12-month) prevalence estimates of Bipolar Disorder (BD):
  - Bipolar I: 0.6 (0.4%)
  - Bipolar II: 0.4% (0.3%)
  - Subthreshold BD: 1.4% (0.8%)

- Canadian Community Health – Lifetime prevalence:
  - Bipolar I: 0.87%
  - Bipolar II: 0.67%

* 75% of bipolar spectrum disorders are comorbid with at least 1 other disorder (especially Anxiety Disorders)

Merikangas KR, et al. Arch Gen Psychiatry. 2011;68(3):241-251

AGE OF ONSET – BIPOLAR DISORDER



Bauer, M., et al. European Psychiatry. 2015; 30: 99-105

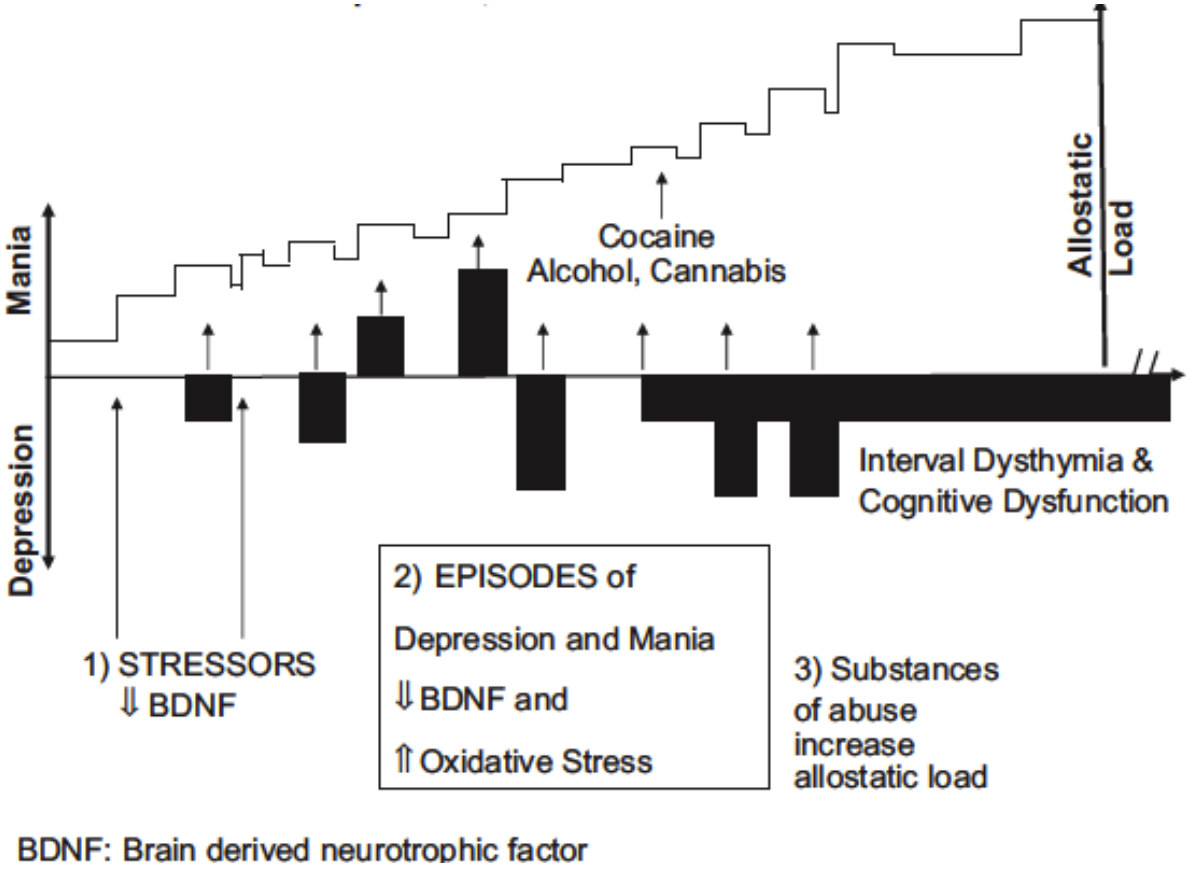
DISEASE BURDEN

Table 10: Leading global causes of YLD by sex, 2004

	Males				Females		
	Cause	YLD (millions)	Per cent of total YLD		Cause	YLD (millions)	Per cent of total YLD
1	Unipolar depressive disorders	24.3	8.3	1	Unipolar depressive disorders	41.0	13.4
2	Alcohol use disorders	19.9	6.8	2	Refractive errors	14.0	4.6
3	Hearing loss, adult onset	14.1	4.8	3	Hearing loss, adult onset	13.3	4.3
4	Refractive errors	13.8	4.7	4	Cataracts	9.9	3.2
5	Schizophrenia	8.3	2.8	5	Osteoarthritis	9.5	3.1
6	Cataracts	7.9	2.7	6	Schizophrenia	8.0	2.6
7	Bipolar disorder	7.3	2.5	7	Anaemia	7.4	2.4
8	COPD	6.9	2.4	8	Bipolar disorder	7.1	2.3
9	Asthma	6.6	2.2	9	Birth asphyxia and birth trauma	6.9	2.3
10	Falls	6.3	2.2	10	Alzheimer and other dementias	5.8	1.9

Ranking of Global Burden of Years Lost Due to Disability, 2004. WHO

MOOD DISORDERS ARE PROGRESSIVE



Kapczinski, *Neurosci. Biobehav. Rev.*, 2008

TREATMENT OF BIPOLAR DISORDER

Long-term multidisciplinary approach to management is recommended

- primary care provider (physical health)
- psychiatrist (psychoeducation, monitoring, medications)
- other health care professional for regular monitoring
- psychosocial interventions (e.g. CBT, IPSRT, FFT)

** Navigate can apply!

CANMAT guidelines, 2018

APPLYING NAVIGATE IN BD

Module 1 – Goal setting

Module 2 – Education about psychosis **

Module 3 – Healthy living *** SLEEP HYGIENE

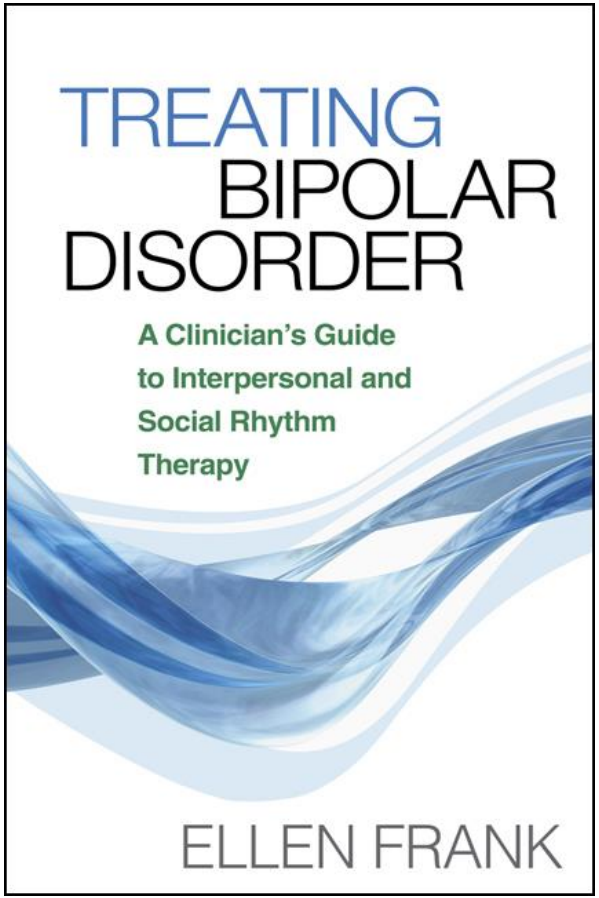
Module 4 – Wellness plan **

Module 9 – Dealing with negative feelings

Module 10 – Substance use

CANMAT guidelines, 2018

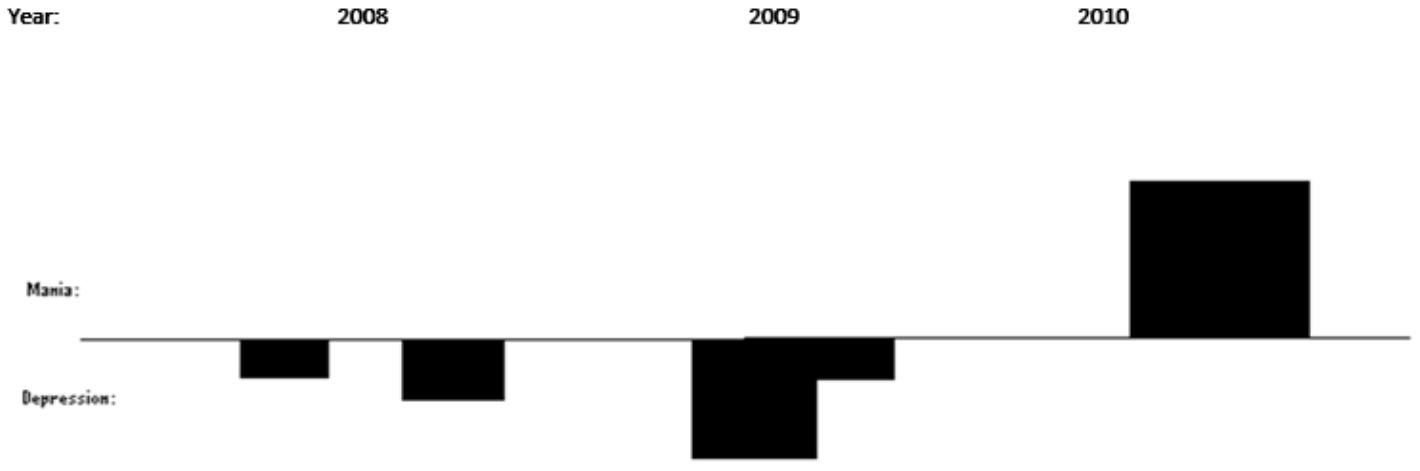
HELPFUL RESOURCES



IPSRT.org

HISTORY OF ILLNESS TIMELINE

(©ELLEN FRANK PHD, HOLLY SWARTZ MD)



Events:	High school Bullying Parents separated	Poor sleep Conflicts with Parents Preparing for University	Moved out of home First year University Sleep disruptions Cannabis use +++
Treatments:	None	Psychologist	Hospitalization on Form 1 Seroquel + Lithium
Functioning: (Work/school/ Volunteering, etc.)	Poor grades in school Quit Part time job	Poor grades Quit job	Not attending classes

SRM II – 5-BPII

Date (week of): _____

Directions:

- Write the **ideal** target time you would **like** to do these daily activities.
- Record the **time** you actually did the activity each day.
- Record the **people** involved in the activity: 0 = Alone; 1 = Others present; 2 = Others actively involved; 3 = Others very stimulating

Activity	Target Time	Time	People	Time	People	Time	People	Time	People	Time	People	Time	People	Time	People
Out of bed															
First contact with other person															
Start work/school/ Volunteer/family care															
Dinner															
To bed															
Rate MOOD each day from -5 to +5 - 5 = very depressed +5 = very elated															
Rate ENERGY LEVEL each day - 5 = very slowed, fatigued +5 = very energetic, active															

WELLNESS MAINTENANCE PLAN

1) What are my early symptoms of:

- Mania:
- Depression:
- Psychosis:

2) What are the triggers for a relapse

3) How do I recognize them?

5) What course of action do I take?

6) Contacts:
Family/ Friends ; Family doctor;
Treatment team

PSYCHOPHARMACOLOGY

Navigate psychopharm pathway is for patients presenting with a first episode of schizophrenia.

» For pts with Bipolar I Disorder:
  - CANMAT guidelines
  - treatment based on phase of illness (depression, mania, maintenance)
  - often includes mood stabilizers (lithium/divalproex) as well as certain antipsychotics (usually second generation

» For pts with MDD with psychosis:
  - Antidepressant + antipsychotic

» For pts with Schizoaffective disorder
  - Antipsychotic + antidepressant or mood stabilizer

CHALLENGES

- Depressive episodes are common in patients with Bipolar Disorder and hard to treat:
  - Helping patients remain hopeful and walking alongside them

- Comorbidities are common and often need more targeted treatment which can be outside of Navigate:
  - Borderline personality disorder
  - Severe anxiety disorders
  - ADHD
  - Substance Use

THANK YOU! QUESTIONS?