

# Current Issues and Expected Challenges in Identification of Depression As a Cardinal Symptom within Bipolar Disorder

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## Background

- Bipolar disorder (BD) is a serious, chronic, and disabling mental illness with a lifetime prevalence of 4.4% in the US.
- Depression is the predominant clinical manifestation in Bipolar disorder with severe levels of depressive symptoms reported in 75% of the patients.
- Bipolar disorder is the second leading cause of disability among common mental and physical conditions worldwide, and about 87% of patients report severe impairment due to depressive episodes
- The clinical presentation of depressive symptoms in Bipolar Depression is similar to that observed in Major Depressive Disorder (MDD) – distinguishing the two disorders is a critical step in accurately diagnosing the patient with MDD. Between 50% to 60% of patients with Bipolar disorder initially present with a depressive episode, which commonly results in a misdiagnosis.
- A primary care–based collaborative model has been identified as a potential strategy for effective management of chronic mental health conditions such as bipolar disorder. However, this collaborative treatment model is not widely available – many patients with bipolar disorder are treated solely by their primary care provider.

## Objectives

The overall objective was to outline the expected challenges in identification of depression as a cardinal symptom within Bipolar disorder, including current standard of care (SoC), unmet needs, and pipeline therapies

## Methodology

Secondary research was limited to English publications from the US over the last 10 years.

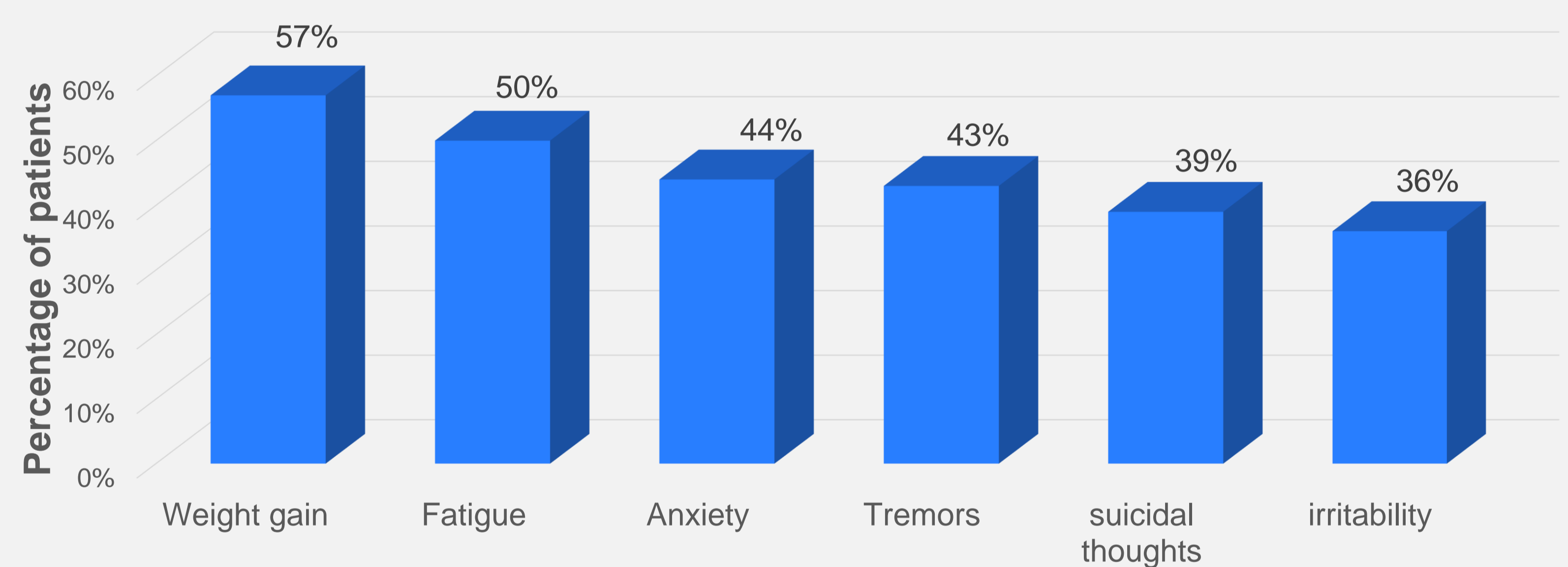
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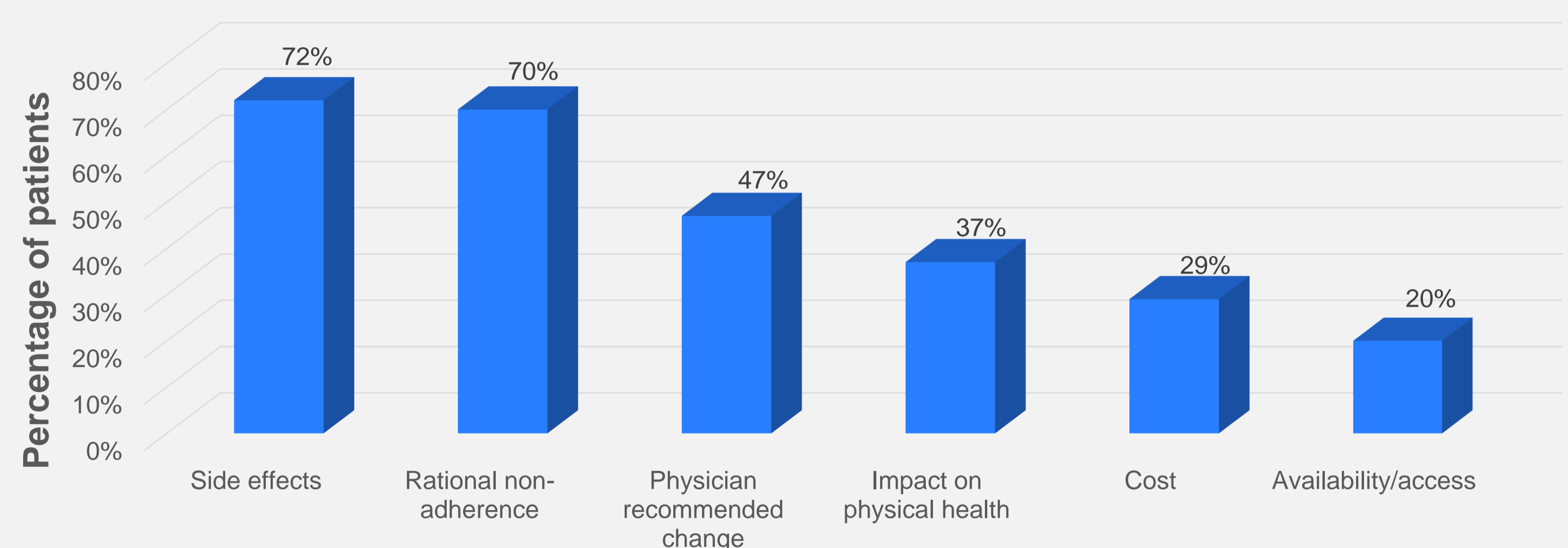
## Findings

- Bipolar Depression is associated with excess morbidity & mortality from comorbidities, and very high suicide risk with a 20-fold increase compared to the general population.
- Misdiagnosis is one of the key challenges in Bipolar Depression, as roughly 2 out of 3 BD patients are incorrectly diagnosed with Major Depressive Disease (MDD).
- Antipsychotics make up the current foundation of treatment in bipolar depression. Utilization analysis of the oral branded antipsychotics demonstrated that Seroquel/XR® is the mostly commonly used, followed by Latuda, Vraylar®, and Symbax® within the branded market.
- Major reasons for discontinuing treatment are weight gain, feeling lethargic/sleepiness, anxiety, shaking/trembling, suicidal thoughts, and irritability
- Bipolar disorder patients are ill ~45% of the time. Bipolar patients commonly have psychiatric and medical comorbidities which were observed in ≥90% of patients and about 87% of patients reported severe impairment due to a depressive episode. Polymorbidity was observed in ~50% of individuals with bipolar disorder.
- Approximately 30 therapies indicated for Bipolar Depression are being studied in Phase III trials, and lumateperone is the leading compound with positive results compared to existing antipsychotics in the phase III trial.

Reasons for discontinuation of treatment



Reasons for changing treatment



## Conclusion

Depression is an intrinsic part of Bipolar disorder, making it difficult for providers to identify and resulting in misdiagnosis with other psychiatric disorders. The current standard of care is associated with limited efficacy and numerous adverse effects. With prevalence continuing to rise, it is incumbent for relevant stakeholders to develop methods to distinguish bipolar depression and manage the disease with increased efficacy and safety to reduce morbidity and mortality.