Advances in Treatment of Bipolar Disorders

Mental illnesses with onset during adolescence and early adulthood often are associated with suicide, drug use and abuse, developmental and functional losses, as well as kindling, with its deleterious effects on recovery reserve. Early diagnosis and prevention of mood episodes can confound even the experienced clinician, and it remains all too common to first diagnose bipolar disorders after a patient has suffered significantly, with preventable hospitalizations, legal problems, and relationship failures. For patients to live well with bipolar disorder, 2 factors are necessary: (1) the development of insight (ie, signs and symptoms of exacerbation), and (2) the exercise of good judgment—often, to seek timely clinical evaluation. The provider’s contribution then is astute specification of the disorder’s presentation in each individual patient, and the choice of best-fit treatment. This requires recognition of the co-occurrence of severe depression, anxiety, or psychosis, and consideration of the patient’s age, sex, and treatment experience. In this volume, the editor expects diagnostic acumen on the part of the clinician. He provides an excellent review of tailored treatment options toward effective secondary prevention and early intervention strategies along the range of the bipolar disorders.

Terence A. Ketter, MD, is straightforward about the book’s purpose: an overview of recent advances in treatment of bipolar disorder since the publication of the *Handbook of Diagnosis and Treatment of Bipolar Disorders* (2010). The review is impressive and addresses both the import of diagnostic changes in DSM-5 and the 2013 consensus report of the International Society for Bipolar Disorders’ task force on antidepressant use in bipolar disorders. Although broad in scope, great care is taken to distinguish FDA-approved therapies from those emerging from current and novel research, including evidence-based psychoeducational interventions.


The manual includes updates on the tiered approach to treatment decisions introduced in its 2010 predecessor: 5 tiers each for acute bipolar depression treatment (Chapter 2) and for acute mania (Chapter 3) and 4 tiers for preventive treatment (Chapter 4). Throughout the book, the familiar metrics of number needed to treat, number needed to harm (NNH), and the subsequent likelihood to help or harm ratio are emphasized. The manual’s inferred reliance on these metrics renders the text formulaic and repetitive. The reader may benefit from a more thorough discussion of the NNH metric and its limitations because some forms of “harm” are more serious than others. Patient tolerability and preference are mentioned, and a schematic to inform individualized treatment decisions is offered in Chapter 2.

Although he included second and third authors in all but the last chapter, Dr. Ketter kept tight editorial control in this volume. The structure of each chapter is the same, and at times the reader may notice repetition of content from a previous chapter. Although there is overlap among chapters, it is minimal.

With an emphasis on evidence-based, clinical decision-making, this text serves as a useful manual.
Schizophrenia: Recent Advances in Diagnosis and Treatment

Schizophrenia has been the Holy Grail of many psychiatrists, if not the entire field. It is a complex, difficult to understand, and difficult to treat disorder. The concept of schizophrenia continues to evolve as demonstrated by the changes of its descriptive diagnosis in different editions of DSM. The broad scope of the disorder and difficulties with its entire concept is characterized by the description provided by the editors of this volume: “Schizophrenia is a heterogeneous disorder with a broad range of symptoms and a variable course. It typically afflicts younger individuals, often leading to lifelong disability. The most dramatic aspect of this disease is the periodic episodes of psychotic symptoms (e.g., auditory hallucinations, paranoid delusions) which at times require emergent interventions to protect the individual and others. This illness, however, also includes more persistent impairment in multiple areas of cognition, substantial deficits in interpersonal relationships, and depressed mood, at times predisposing individuals to a heightened risk of suicide. The culmination of these symptoms may be a marked diminution in the ability to function adequately (e.g., socially, occupationally), as well as a greatly diminished quality of life” (p 3). We have been expanding our ability to detect various genetic and environmental factors impacting schizophrenia and our knowledge has been growing exponentially. From time to time, it is important to summarize this growing body of knowledge. This volume is such a summary of the advances in the field of schizophrenia.

The book consists of 5 parts: I. Overview; II. Recent research into the pathophysiology of schizophrenia; III. Medical management of schizophrenia; IV. Management of schizophrenia and its long-term complications; and V. Future directions and implications.

In addition to the Introduction, Part I includes a chapter on the evolving nosology of schizophrenia and its relevance to treatment. This chapter discusses DSM-5 changes in characteristic symptoms required for diagnosis in the active phase of the illness—elimination of special treatment of bizarre delusions and other Schneiderian first-rank symptoms and that at least 1 of the 2 required symptoms to meet criterion A be delusions, hallucinations, or disorganized thinking. The text also mentions the eliminations of classic subtypes of schizophrenia and the future inclusion of attenuated psychosis syndrome in diagnostic systems (so far included in Section 3 of DSM-5).

Part II consists of 4 chapters on neurobiology, pathophysiology, genetics, and neuroimaging biomarkers of schizophrenia. These chapters are solid, yet a bit too specialized, and, at times, hard-to-read reviews of their topics. The chapter on neurobiol-
ogy makes several important points: (a) categorizing illnesses by reliably identifying collections of symptoms based on longitudinal observations may be counterproductive (the pathophysiology of different persons with the same disorder may be completely different); (b) very few neurobiological findings in schizophrenia have been replicated; (c) schizophrenia is a heterogeneous disorder; and (d) the vast majority of studies compare a group of patients with a group of healthy individuals (finding a difference does not necessarily mean pathology) (p 28).

The chapters of Part III review clinically important issues, including acute management of schizophrenia, therapeutic neuromodulation for treating schizophrenia, pharmacogenetics in the treatment of schizophrenia, management of comorbid medical conditions, management of water imbalance in schizophrenia, and management of medication-related adverse effects. Most of the chapters in this part are well written and clinically useful, with the exception of the chapter on pharmacogenetics. The chapter on neuromodulation presents some interesting data on using transcranial magnetic stimulation in schizophrenia. The chapter on management of comorbid medical conditions emphasizes that patients with schizophrenia have a 20% shortened life expectancy compared with those without the disorder, with most of this excess mortality attributable to coronary artery disease and suicide (suicide accounts for approximately 10% to 15%). The chapter on management of adverse effects includes an important discussion of sudden death associated with antipsychotics.

Part IV includes 2 important chapters on long-term pharmacological management of schizophrenia and psychosocial rehabilitation and psychotherapy approaches. The discussion of pharmacological management points out that long-acting injectable antipsychotics assure drug delivery in patients who are unreliable pill takers, provide a mechanism for monitoring adherence, and treat patients with lower and more stable plasma concentrations than oral medications. A valuable inclusion also is the discussion of olanzapine pamoate, available only through a system, which requires registration of the patient, the prescriber, the facility, and the pharmacy. The chapter on psychosocial rehabilitation discusses skills training, assertive community treatment, cognitive remediation, social cognition training, peer-implemented services, family-based services, and cognitive-behavioral therapy.

Part V is just a superfluous conclusion.

As pointed out in the Preface to this book, the body of our knowledge summarized here “sets the stage for the future progress in:

- Parsing out the heterogeneity associated with the umbrella term ‘schizophrenia,’ allowing for subgroups to emerge with major implications for more effective treatment approaches.
- Early identification of at-risk individuals who may be prophylactically treated to prevent or attenuate the disease process.
- Developing therapies which are more targeted and less deleterious in terms of unwanted effects.
- Translating symptom reduction into improved functionality and quality of life” (p vii).

This great summary of the present state of knowledge about schizophrenia also makes one realize how much and, at the same time, how little we really know about schizophrenia. Nevertheless, the book will be enjoyed by all who are interested in this complex disorder or set of disorders. Clinicians could probably get by without Part II. The book could serve as a teaching text in a course on schizophrenia. The only (relative) barrier for a “buy” recommendation is the book’s hefty price.

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The Behavioral Addictions

Many behaviors in their extreme, eg, exercise, surfing the Internet, shopping, or gambling, lately have been called “addictive” as they display characteristics similar to addiction to substances of abuse. As Stuart Gitlow, MD, MPH, MBA (President of the American Society of Addiction Medicine) in praise to this volume on Behavioral Addictions points out, “... addiction is a disease defined symptomatically by the discomfort experienced by an individual in the absence of a particular substrate and ... the substrate may be more than simply a substance that can produce physiologic dependence. The substrate can include emotional states, activities, and pastimes.” The editors of this book, Michael Ascher, MD, and Petros Levounis, MD, MA, put together a book that would help clinicians recognize, understand, and possibly manage such “addictive behaviors” not clearly delineated in our diagnostic systems.

The first part of the book includes 2 chapters: one that briefly introduces the identification and treatment of behavioral addictions and the second one reviewing the forensic implications of behavioral addictions. The discussion of forensic implications points out that the natural history of behavioral addictions is similar to that of substance addictions: they both share similar age of onset and exhibit a chronic, relapsing pattern, with many people recovering on their own without formal treatment (p 11). Phenomenologically, behavioral addictions are characterized by a craving state or urge prior to initiating the behavior ... and are accompanied by a positive mood state or “high,” both similar to substance abuse and intoxication. Financial and marital problems also are common to both. Yet, “foremost experts do not agree on what particular disorders qualify as behavioral addictions” (p 10). The authors also warn that the definition of behavioral addictions should not really be used in the legal and forensic arena, or should be used cautiously. They cite DSM-IV-TR cautionary statement: “It is to be understood that inclusion here, for clinical and research purposes, of a diagnostic category such as Pathological Gambling or Pedophilia does not imply that the condition meets legal or other non-medical criteria for what constitutes a mental disease, mental disorder, or mental disability” (p xxxvii). The authors add another cautionary quotation, this time from DSM-5 that, “Nonclinical decision makers should also be cautioned that a diagnosis does not carry any necessary implications regarding the etiology or causes of the individual’s mental disorder or the individual’s degree of control over behaviors that may be associated with the disorder. Even when diminished control over one’s behavior is a feature of a disorder, having the diagnosis in itself does not demonstrate that a particular individual is (or was) unable to control his or her behavior at a particular time” (p 25). Thus, we have to approach this area of possible pathology with great caution.

The second part of the book consists of 12 chapters reviewing the behavioral addictions: problematic exercise; food addiction; gambling disorder; Internet gaming disorder; Internet addiction; texting and e-mail problems; kleptomania; sex addiction; love addiction; shopping addiction; tanning addiction; and work addiction. The chapters include discussion of the specific behavioral addiction, clinical case illustrations, treatment options (pharmacological and psychotherapy), key points, references, and multiple-choice questions with a brief discussion of the correct answers. The chapters are mostly well written, informative, and entertaining; some of them include lot of interesting facts. The book also is accompanied by 6 video vignettes (available at www.appi.org/Ascher), which are “set out to briefly capture a clinical encounter in which patient and clinician are exploring different
behavioral addictions” (p xv). These include diagnosing food addiction; introductory therapist-patient exchange; establishing rapport and assessing for Internet gaming disorder; kleptomania: getting the history; addressing motivation to change in sexual addiction; and power of therapeutic alliance, all of which are played by volunteer actors.

There are many interesting “pearls” throughout the book. The discussion of food addiction mentions that research has shown that brains of obese persons and those with drug dependence are strikingly similar. “Most notably, the brains of these individuals were shown to have fewer dopamine receptors, and dopamine is the neurotransmitter most associated with pleasure and reward. While it is unclear if these persons were born with fewer receptors or if they were lost as a result of compulsive overeating, this may result in the person seeking greater quantities of highly palatable food to achieve the same brain reward as an individual with a normal amount of dopamine receptors” (p 49). The treatment part of this chapter mentions, as do almost all chapters, that naltrexone (and to a certain degree selective serotonin reuptake inhibitors) may help, but discusses other medications, such as lorcaserin, the combination of phentermine and topiramate; naltrexone and baclofen; and naltrexone and buproprion. The chapter on gambling disorder discusses a number of therapy strategies, including a schedule of 8 sessions for cognitive-behavioral therapy. An Internet gaming glossary (eg, Avatar, clans, first-person shooter) is included, and there is a table of assessment instruments for online gaming and Internet use in the chapter on Internet gaming disorder. Similarly, the chapter on texting and e-mail problem use lists interesting example criteria of problem e-mailing and texting behavior. The chapter on (possible) love addiction emphasizes that “Love addiction has also been imprecisely defined and inconsistently applied, reflecting conceptual confusion and raising doubts about both the term and the nature of the disorder” (p 153).

Interestingly, a number of case vignettes used in this volume mention either comorbidity of or history of substance abuse or other mental disorders. Thus, the issue of comorbidity of behavioral addictions with substance abuse and other disorders deserves more attention.

This book is an interesting and clinically entertaining read on the emerging area of behavioral addictions. However, the topic and its discussion raise more questions than provide answers. One of the important questions we have to ask is, “How far we are going to go in pathologizing various behaviors and labeling them as disorders”? What significance would it have for our patients, the public, the courts of law, and our profession’s image? Nevertheless, most clinicians will find this volume informative and useful for their practice.

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REFERENCES
Youth Substance Abuse and Co-occurring Disorders

The importance of addressing youth substance abuse and its co-occurrence with other mental disorders becomes more obvious with the information presented in the preface and initial chapters of this book: “... the period spanning puberty onset to adult brain maturation sets the stage for substance use experimentation and progression to SUD [substance use disorder]. When the person reaches age 30, the modal lifetime period of risk for developing SUD has passed, coinciding with completion of prefrontal cortex maturation” (p 2), and that “… it is the rule rather than the exception that the majority (70-80%) of adolescents with the diagnosis of SUD manifest comorbid psychopathology, known also as co-occurring disorders or dual diagnosis—that is, the presence of one or more comorbid psychiatric disorders in addition to SUD. Psychiatric disorders in childhood, including disruptive behavior and mood and anxiety disorders, increase risk for the development of SUD in adolescence” (p xv). “These comorbid disorders present considerable public health and clinical challenges associated with increased severity and poorer response to treatment especially when treatment focuses exclusively on one disorder but not on other” (p 21).

Youth are more vulnerable than the adults to any exposure to substances of abuse, and young people suffering from mental disorder(s) and exposed to substances of abuse are at an even larger risk of developing lifelong serious problems. The goal of this volume is “Improved understanding of the relationship between SUD and psychiatric comorbidity among youth, including how the respective courses of SUD and psychiatric disorders are related, how changes occur across different types of disorders, and how trajectories of change affect the clinical course of recovery from SUD …” (p xvi).

The book includes 14 chapters. The first 3 chapters discuss general issues and the remaining 11 chapters focus on individual mental illnesses and their co-occurrence with SUDs. Chapter 1 reviews the developmental pathways to SUD and co-occurring psychiatric disorders in adolescents. It points out that synaptic connections are formed and eliminated throughout and that during the protracted period of neumaturation of approximately 30 years after birth, “neural circuitry is genetically programmed and fine-tuned by numerous factors, including experience, the environment, and sex hormones” (p 2). Importantly, “… pubertal changes in neumaturination are associated with amplified motivation for reward and sensation seeking, evinced in many youth as substance use” (p 2). Many young people are exposed to potentially neurotoxic substances (experimentation), which can exacerbate vulnerabilities and progress gradually to substance use disorder. As already mentioned the chance of developing SUD passes by the age of 30. The text also mentions that “… the vulnerability to SUD consists of a heritable neumaturational disorder having primarily prefrontal cortex localization that is overly manifested as psychological dysregulation” (p 3). Psychological dysregulation consisting of low executive cognitive capacities, poor modulation of emotions, and poor behavior control are the main features of transmissible (intergenerational) risk for SUD (p 13). The chapter further discusses the connection of SUD liability to clinical outcome and the understanding of the origins and patterns of psychiatric disorders occurring with SUD. It really is a good introduction and a foundation for the chapters focused on individual disorders and their connection to SUD. The second chapter focuses on the relationship between SUDs and psychiatric comorbidity and its implication for integrated health care, including barriers to integration of treatment services (eg, managed care).
and the way to integrate those services into models that work. The chapter raises many unanswered questions (eg, about using anti-addiction medications for youths, relapse prevention using medications, etc.). The text emphasizes that in an integrated care, “... the psychiatrist should be expected to direct the care in a close collaboration, not only knowing what happens in the therapy but also leading it and taking responsibility for it” (p 32). The chapter also provides a useful summary of clinical practice approaches for treating comorbid SUD and mental disorder(s), starting with the recommendations that simultaneous rather than sequential treatment of SUDs and other psychiatric disorders should be used, that the delivery of care should be done by a single integrated team, and that standard psychiatric medications should be used for co-occurring psychiatric conditions despite ongoing active substance use as it is generally safe. The third “general chapter” reviews screening, assessment, and treatment options for youths with a SUD in general terms. It is, again, comprehensive and clinically useful.

The remaining chapters review specific disorders or conditions and their co-occurrence with SUD(s): conduct disorder and delinquency; attention-deficit/hyperactivity disorder (ADHD); depressive disorders; bipolar disorders; anxiety disorders; posttraumatic stress disorder; suicidal and non-suicidal self-harm behaviors; schizophrenia; eating disorders; youth gambling problems; and pathological preoccupation with the Internet. The chapters are mostly clinically useful, although case-vignettes would probably make them livelier. The chapter on conduct disorder points out that conduct disorder—especially aggression—is a known precursor of SUDs and summarizes the treatment options for comorbid conduct disorder and SUD, including contingency management and drug courts. The chapter on ADHD notes that, although children with ADHD are at elevated risk for developing an SUD compared with their peers without ADHD and have an earlier onset and more chronic path, research shows that stimulant treatment for ADHD significantly reduces later substance abuse problems. The discussion covers the role of psychotherapy and the diversion and misuse of stimulants. The chapter on suicidal and nonsuicidal self-harm behavior and SUD is a clinically important topic that is not always covered in other texts. The chapter suggests that substances, suicidal behavior, and nonsuicidal self-injury may be used to escape negative and significant distress (p 247). The chapter on eating disorders and SUD reminds us that “Laxatives, diuretics, diet pills, emetics, unregulated supplements, and anabolic steroids are all potentially abused by individuals with eating disorders and carry significant health risks that may be amplified in those who also abuse alcohol or other drugs” (p 279). Finally, the editor writes in the Preface (p xvi) chapters on youth gambling problems and pathological preoccupation with the Internet are included “because they represent important emerging non-substance-related addictive disorders;” though “there is a limited review of co-occurring disorders because the literature is still lagging behind in publications on substance-related disorders” (p xvi).

This book will be welcomed by child and adolescent psychiatrists because it addresses an important topic in a fairly comprehensive way. Other psychiatrists (who see young patients, too), therapists, counselors, and even policy makers also will find it useful. It is a good, thoughtfully conceived volume appearing at an important time when substance abuse is not only becoming a growing problem but is finally recognized as a major problem facing this nation. It provides many thoughts and ideas for changing our policies for the treatment of SUDs in youth and introducing novel treatment and prevention programs.

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BOOKS RECEIVED

The following books have been received or otherwise obtained and will be reviewed by selected individuals, the courtesy of the sender is acknowledged by this listing.


When Breath Becomes Air.

Learning to Lead in the Academic Medical Centers: A Practical Guide.

Dreamland: The True Tale of America’s Opiate Epidemics.

Learning to Lead in the Academic Medical Centers: A Practical Guide.

Do you wrestle with the intractable and disabling problems of your patients with schizophrenia?

Then visit the CURRENT PSYCHIATRY Schizophrenia & Other Psychotic Disorders Resource Page at CurrentPsychiatry.com

Here, find collected CURRENT PSYCHIATRY Pearls, audiocasts, video interviews, and evidence-based review articles—such as an approach to treating schizophrenia prodrome by Vishal Madaan, MD, and colleagues.

Visit the Schizophrenia & Other Psychotic Disorders Resource page at: www.currentpsychiatry.com/topics/schizophrenia-other-psychotic-disorders/landing.html

Providing psychiatrists with peer-reviewed, practical, and up-to-date advice by leading authorities on common clinical challenges.