Clinician’s Guide to Bipolar Disorder: Integrating Pharmacology and Psychotherapy


Clinician’s guides” and “manuals” have been mushrooming lately, and one may ask, even before starting to read this one, what could be interesting about yet another one. Well, first, this is a comprehensive guide focused on a difficult-to-treat disorder. Second, it is written by 2 well-known experts in the area of bipolar disorder, whose expertise encompasses research and vast clinical experience. Third, the authors present “a clinically useful integration of pharmacology and psychotherapy as the foundation for treatment” (p 6) because these 2 areas are reflective of their expertise (David Miklowitz, PhD, psychotherapy; Michael Gitlin, MD, psychopharmacology).

The authors outline the objectives of the book in the first chapter, “An integrated approach to bipolar disorder.” Key themes of the book are: (1) “the treatment of bipolar disorder must be individualized in an ongoing collaboration with each patient” (p 3); (2) treatment is a moving target; “there is a need to continually reevaluate a patient’s situation—his symptoms, level of improvement, and functional capacity—such that treatment plans can be adjusted accordingly” (p 4); and (3) “family members are integral members of the treatment team.” The main structural feature of the book is that it is “organized by illness phases in which clinicians typically encounter patients with bipolar disorder, with both pharmacological and psychological advice to consider at every phase” (p 9). The authors base their recommendations for clinical diagnosis and treatment on research whenever possible—as we know, research results are not always available, especially from solid studies of maintenance treatment.

The second chapter, “Bipolar disorder: The basics,” reviews the core symptomatology of bipolar disorder (mentioning that increased energy is a new core symptom in DSM-5), classification of bipolar disorder subtypes (emphasizing that in DSM-5, manic or hypomanic episodes that emerge during antidepressant treatment are considered a disorder only if a full manic/hypomanic syndrome persists beyond the physiological effect of the treatment); differential diagnosis of bipolar disorder (good discussion of attention-deficit/hyperactivity disorder vs bipolar disorder); genetics and natural history of the illness; impact of stress on the course of illness; and functional outcomes of patients with bipolar disorder. The authors point out that although bipolar disorder has a better long-term prognosis than schizophrenia, it is “a far more virulent disorder than the earlier caricature would suggest. Compared to those with no major psychiatric disorders, bipolar individuals have marked, long-term functional impairment. These impairments can be seen in all areas of functioning, including work, family interactions, self-reported quality of life, and social relationships” (p 34). The following chapter, “The intake evaluation” presents a solid outline and discussion of evaluating a patient with bipolar disorder. It emphasizes the importance of involving collateral informants in the diagnostic interview. Good features of this chapter include examples of interviews focused on obtaining various pieces of information.

Chapter 4, “Treatment of acute mania and hypomania,” starts with the discussion of the clinical setting for treatment (hospitalization vs outpatient treatment). The factors one should consider in hospitalizing manic individuals include destructive behavior (eg, aggressiveness at work,
inappropriate sexual behavior, driving recklessly, drug and/or alcohol use, suicidality, or homicidality), psychosis, degree of insight, willingness to adhere to treatment, quality of social network, and legal considerations regarding involuntary hospitalization (which vary from state to state). The authors then delineate strategies for prescribing medications and for managing side effects. I liked the note that the risk of QT prolongation with ziprasidone was overstated and not confirmed in post-marketing studies. The following chapter, “Pharmacological treatment of bipolar depression,” tackles this difficult topic skillfully and with good clinical recommendations. The general treatment principles for bipolar depression include distinguishing between bipolar I and bipolar II depression; clinical urgency; considering psychotherapy regardless whether new pharmacotherapies are instituted; patient preferences; treating to full remission if possible (even mild depressive symptoms have clinical consequences), and suicide risk. Important suggestions for addressing breakthrough depression are increasing the mood stabilizer dosage (unknown efficacy, but logical suggestion); considering potential triggers (poor adherence to medication, substance abuse); and inclusion of psychotherapy (helpful in addressing issues such as losses, family conflicts, financial problems). Very thoughtful is the discussion of using antidepressants for bipolar disorder. Here the authors end with a careful recommendation of judicious use in selected patients (in some bipolar disorder patients, antidepressants are helpful, and antidepressants should not be considered a unitary class of medications that all trigger a switch to mania with the same frequency). Another useful part of this chapter reviews treatment-resistant bipolar depression (suggesting that stimulants and modafinil/armodafinil could be used).

Chapter 6, “Pharmacological maintenance treatment,” brings up an interesting point—that “It is ironic that even though depression is the dominant and most impairing pole of bipolar disorder, the focus of research has been the prevention of manias” (p 113). The text emphasizes the goals of maintenance treatment, (1) abolishing mood episodes and reducing mood swings; (2) decreasing the number, intensity, and length of episodes; (3) achieving greater mood stability between episodes; and (4) enhancing functioning. The discussion of lithium maintenance is good, except that not everybody would wait to treat lithium-induced hypothyroidism until thyroid-stimulating hormone is “clearly high (>10 mIU/L). The chapter also provides good guidance on maintenance approaches to treatment-resistant bipolar disorder. Chapter 7, “Psychosocial treatment for recovery and maintenance” presents the objectives of psychotherapy during the continuation phase: developing a working alliance with the patient and caregiver(s); educating patients and families about the early warning signs of recurrence; developing a relapse prevention plan; encouraging patients to track their moods daily; stabilizing sleep-wake rhythm; using behavioral activation (ie, pleasant events scheduling for depressed patient); minimizing the role of drug or alcohol abuse; and maintaining consistent medication regimens. Interpersonal and social rhythm therapy and behavioral activation discussions are most helpful clinically. The authors emphasize the importance of repairing and enhancing interpersonal relationships damaged during the latest mood episode.

Chapter 8, “Dealing with medication nonadherence” is another clinically useful chapter, that discusses reasons for nonadherence, detecting nonadherence, practical approaches to nonadherence (eg, adjusting dose frequencies), and exploratory treatment approaches addressing underlying issues (eg, enjoying being high, worries that medication will interfere with creativity). Included are good examples of interviews focused on nonadherence.

The last 3 chapters, “Bipolar disorder, pregnancy, and postpartum period,” “Bipolar disorder and suicide,” and “Strategic interventions in challenging situations: comorbidity and the use of split treatment” address topics not necessarily connected to a phase of illness, but frequently complicating the treatment of bipolar disorder. The chapter on suicide mentions 2 particularly relevant factors: the genetic risk for disorders that are associated with suicide, and that impulsive/aggressive behaviors and personality traits are potentially heritable and cut across diagnostic categories. The chapter on challenging situations is most useful in its discussion of management of comorbid bipolar disorder and attention-deficit/hyperactivity disorder, and addressing the split treatment (psychopharmacologist vs psychotherapist) problems.

The 2 appendices summarize “A: Resources for clinicians and
patients” (suicide hotlines, psychiatrist and therapist referrals, bipolar disorder specialty clinics, national and international organizations, Internet resources, and books on bipolar disorder including first-person accounts) and “B: Medication names and classes.”

This is a clinically useful volume, filled with case discussions, examples of interviews, and a solid summary of the literature. It is well-written and reader-friendly. I would welcome more personal tips/wisdom in areas where research evidence is lacking, but the authors’ reluctance to offer personal advice is understandable. Finally, compared with many books today, this volume is relatively inexpensive. It is definitely a good buy, especially for starting clinicians.

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Masquerading Symptoms: Uncovering Physical Illnesses That Present as Psychological Problems


Unlike most neuropsychiatry textbooks, this one makes few assumptions about the reader’s previous training. As Dr. Schildkrout writes in her introduction, “…this book emphasizes data needed for making a diagnosis that can be learned during an interview while sitting across the office from a patient—information that comes from establishing a therapeutic relationship with the patient, taking a history, performing a mental status exam, and making careful observations” (pp xii). Her focus is on symptoms that can be observed as part of a strong psychotherapeutic alliance, something frequently neglected in this often technical, neuroanatomically and pathophysiologically focused field.

The book is divided into 2 sections. The first section, “Signs and symptoms,” outlines the neuropsychiatric mental status examination and carefully discusses its many salient aspects in depth. In each section there are sub-sections outlining particular components of these categories and for each one, details are provided on the normal examination, crucial vocabulary, and potential pathologies associated with each aspect of the examination. This is fantastic for trainees. Dr. Schildkrout then lists diseases that can cause specific mental
status derangements with reference numbers to lead the reader to details on the suspected conditions in Part II of the text. In this way, it can be utilized as a reference, a kind of “chose your own adventure” book, as one starts by looking up symptoms that may apply to one’s patient, and then follow the different options in the text to a wealth of ensuing information.

In the second section, “The Diseases,” 71 conditions (arranged alphabetically from acromegaly to Wilson’s disease) are described in detail. Included for each condition is a section on background, clinical descriptions, basics of presentation, clinical course, epidemiology, pathophysiology, and initial work-up, as well as referral recommendations and other details. Important questions to ask the patient are provided in plain language to facilitate inquiry.

The gems of Part II may be the clinical vignettes. These are cases scoured from neuropsychiatric literature from over the past century. Dr. Schildkrout tries, whenever possible, to provide cases that put the disease sufferers in a human, not just clinical, context. In doing so, she reaches beyond what often can feel like voyeuristic illustrations of the profoundly unusual. She also emphasizes cases where symptoms were obfuscated because of symptom attribution to primary psychiatric conditions. There are even a few first-person accounts that help us recall that disease is not an entity outside of the individual who experiences it. Contrary to much of medical education, the illness does not come first and the person second, and these sometimes heartbreaking accounts illustrate this fact. This is where Dr. Schildkrout’s position as a psychotherapist and neuropsychiatrist is advantageous, making this book much more than a dry list of diseases and descriptions.

What the book omits, it does so thoughtfully; as a result, as with any text, this means that the book will not match every need of all audiences at all times. Dr. Schildkrout is clear in her introduction: this is not an anatomy text nor an exhaustive differential list of all psychiatric-medical overlap. If one needs greater technical depth on a given diagnosis or workup, there are a wealth of textbooks available that are written with that goal in mind. This simply is not the intent of the book.

Conversely, for some, the book may feel over-inclusive in certain domains. This is because the book is meant to make neuropsychiatry accessible to readers who may have little experience in the, often necessary, medical background. Such a plain-language review of medicine may feel unnecessary to a medically trained clinician; but, they must remember, a cursory discussion of basic medical pathophysiology is needed to educate often unfamiliar readers on ailments that touch on derangements of hormonal, anatomical, immune, etc. systems. For many physicians, this review will be exceptionally helpful: great attention is paid to medical details and clear descriptions, and readers of all backgrounds might not miss the medical jargon. For the trainee and practitioner, the text contains crisp explications on a range of crucial neuropsychiatric terminology—a crucial but often overlooked necessity. Given the breadth represented in the book’s intended audience, Dr. Schildkrout does an admirable job in catering to the entire range.

While going through the book, I could not help but revisit diagnoses I have given. The child with anger outbursts and recent behavioral changes: could he have been having seizures? Or the woman with intractable psychotic depression, didn’t she complain of recurrent aphthous ulcers and a handful of other physical symptoms? Could she actually have been suffering from neuro-Behcets? This is not to imply that the book recommends that one call every horse a zebra and chase every rabbit down the rabbit hole; but, it does force one to rethink assumptions, ruminante more, and be more willing to forget that we are part of a system that assumes division between the mental and physical. This book not only reminds the practitioner not to give up searching but also provides an exquisite survey of how to approach the pursuit.

For the patient and family, who also are the intended audience of this book, Dr. Schildkrout opens a world of under-discussed, rarely considered diagnoses that they can use to aid self-understanding, advocacy, and clinical workup. All too often, we miscategorize an individual’s illness as a primary mental health condition and stop watching for signs and symptoms of medical illness, leaving the patient and family to advocate for themselves; with this book, they have gained a powerful tool for knowledge and advocacy.

Dr. Schildkrout takes aim against the factionalizing dualism inherent in our modern mode of psychiatric thought. Psychiatry, she reminds us, is not the stuff left over once the medical is ruled out. Far from it! With
There are many therapies and therapy schools and their number continues to grow, so the reader may ask about solution-focused therapy: What, yet another therapy? What can be new or useful about it? Well, there is something “relatively” new about solution-focused therapy. Most therapies deal, at least in part, with past problems and failings and their contribution to the present issues. Solution-focused therapy, on the other hand, “focuses on the patient’s strengths and prior successes....and directs patients toward their preferred future and strengths” (p 1). It is rooted in positive psychology that “emphasizes well-being and optimal functioning instead of pathology and etiology. Positive psychology is the scientific study of positive experiences, positive individual traits, and the institutions that facilitate their development; it is a discipline concerned with well-being and optimal functioning. Positive psychology differs from the pathology-focused and etiology-focused medical models in that it focuses instead on resources and strengths and “Solution-focused therapy focuses on the specifics of how to put this into practice” (p 1). This therapy, as the author Dr. Anne Bodmer Lutz emphasizes, “...provides an additive dimension to the problem-focused techniques taught within medicine, and psychiatry in particular, in which there is an expectation that change can occur only through the understanding and exploration of problems” (p 1). Solution-focused therapy uses the idea that “there is not a necessary connection between problem and solution” (p 2). The techniques used in this therapy “help to guide patients toward creating greater awareness of what they want to be different in their lives and what they can do differently to accomplish their desired goals” (p 3).

The book that aims to teach us about this therapy and explains how to do it consists of 13 chapters and an Appendix with 2 rating scales to be used in therapy. The main feature of this book is captured in part of its title, An illustrated guide. The chapters are richly illustrated with 30 video vignettes by different clinicians demonstrating key skills and numerous written case illustrations (the videos are available online at http://www.appi.org/Lutz). Seven chapters cover various solution-focused therapy specific topics (“Introduction to solution-focused therapy”; “Beginning with strengths and resources”; “The yes-set”; “Language skills in solution-focused therapy”; “Scaling questions and the miracle question”; “Solution-focused goal negotiation”; “Other useful solution-focused ques-
BOOK REVIEWS

The Introduction, in addition to what has been said about solution-focused therapy above, proposes that solution-focused therapy “...when done well...can be integrated with other treatment approaches that all work toward promoting effective treatment and helping patients attain their goals” (p 4). The emphasis is on solution building rather than problem solving. The text then summarizes the solution-focused therapy assumptions. The author points out the importance of language, writing that the solution-focused clinician is a conversational artist (p 14) and that “Mastering fluency in the core solution-focused questions requires some memorization and practice, much as proficiency and expertise must be attained when one is learning a new language or learning diagnostic categories and symptom constellations” (p 16). This is followed by a comprehensive list of core solution-focused questions and an interview example using many of these concepts. The second chapter starts with an important statement about an area slowly disappearing—if not gone—from contemporary psychiatry: “At the heart of all therapy lies the human relationship.” The author then reviews various ways to build a relationship, such as starting with problem-free talk (not a social chit-chat), thanking patients (helps to promote solutions), using compliments, discussing the most important people in the patient’s life, diagnosing, and amplifying positive differences and paying attention to them. The “Yes-set” chapter is expanding on conversational skills: “The yes-set is a solution-focused skill that involves creating a conversation in which both the clinician and patient say yes and agree on as many aspects of the conversation as possible” (p 49). The yes-set skills include verbal and nonverbal responses. The next 2 chapters delve into language and language skills even more, providing examples on how to integrate the patient’s language into solution-focused questions (eg, “What do you mean by self-esteem?” “Suppose you had all the self-esteem you need what would you be doing differently?” [p 61]) and recommends taking a nonassuming stance. In one of the key points the author emphasizes that “Creating a shared dialect with patients requires meticulously paying attention to key words patients use, incorporating these words within solution-focused questions, and exploring what is meant by particular words spoken” (p 69). Another key point suggests “A solution-focused follow-up session begins by asking ‘What’s better?’” (p 120).

The chapter on solution-focused assessment reviews areas such as solution-focused review of systems; solution-focused mood assessment; solution-focused assessment of relationship health; solution-focused assessment of anger; solution-focused assessment of safety; and solution-focused assessment of other areas such as attention-deficit/hyperactivity disorder, anxiety, trauma, substance abuse, eating disorders, development, family history, and also mentions solution-focused rating scales. The chapter on psychopharmacotherapy focuses on paying attention to the patient’s hopes and concerns about medications, providing examples of questions and illustrations of psychopharmacotherapy sessions. The chapter on therapy with addiction reviews goal negotiation and amplifying ambivalence in addiction, again with examples of questions (eg, How helpful are drugs to you? How else are they helpful to you? How much do you want to stay sober from 1-10? How much do you need to stay sober from 1-10?). Other areas covered in this chapter are empathizing and addiction, normalizing and education in addiction, solution-focused therapy for those in recovery, and solution-focused therapy and relapse. The author recommends that rather than confronting the patient about his/her denial, asking for their “good reasons” for using drugs and “how drugs are helpful for them” helps to better explore their motivation for using drugs (p 179). The chapters on supervision and consultation, again, present the key aspects in terms of solution-focused therapy and its theory.

It is hard to conceive that most psychiatrists would be able to use solution-focused therapy as much as the author has. (She is the Director of Training for the Institute for Solution-Focused Therapy). Therefore, the reader may ask, What is in this book for me? Well, there is something in it for many. First, it brings a new angle on how to look at and approach therapy. Second, it teaches us a bit
The landscape of substance abuse keeps changing, with new drugs appearing, some drugs of abuse becoming more or less “popular,” diagnostic criteria changing (DSM-5), and new generation of substance abuse experts/researchers arriving. To keep up with all these changes, one needs a simple, yet comprehensive and informative, clinically oriented text reviewing the latest and most relevant developments in substance abuse. The Addiction Casebook, edited by Petros Levounis, MD, MA, and Abigail J. Herron, DO, and written by a group of mostly young authors, clearly aspires to be such a text.

The book consists of 4 parts: I. Introduction; II. Substance-related disorders; III. Non-substance-related disorder; and IV. Condition for further study. The sole chapter of the first part, “DSM-5 criteria for substance use disorders: recommendation and rationale” is really—I am sorry to say—not worth reading, because it is dry and not useful. However, that is not the case with the remaining 12 chapters. Those are readable and informative. They are similarly organized around a detailed clinical case, with an introduction; a list of the DSM-5 criteria for a particular substance use disorder; a discussion of the particular case; review of treatment; key points; references; and several questions related to the topic of each chapter including an explanation of correct answers.

The second part includes 10 chapters: “Alcohol: Conundrum of co-occurring disorders”; “Caffeine: The ins and outs of caffeine”; “Cannabis: A natural dilemma”; “Hallucinogens: The mind field of Oswald”; “Inhalants: Just say N₂O”; “Opioids: Finding the off switch”; “Sedatives, hypnotics, or anxiolytics”; “Stimulants: Sex, drugs and techno: Gay men and crystal methamphetamine; “Tobacco: From social norm to modern day faux pas”; “Other (or unknown) substances: The brave new world of bath salts and other synthetic drugs”. The third part includes a chapter on an addition to the DSM-5 substance-related and addictive disorders category: gambling. The fourth part consists of a chapter called “Internet: Why are drug addicts and people who use the Internet both called ‘users?’”

Some chapters are filled with interesting information and are informative; some are less informative and uninteresting. The chapter on caffeine points out many important facts about caffeine use, abuse, and its consequences. People who consume ≥4 cups of coffee a day are considered heavy users (p 33). The author of this chapter points out the changing trends, “Historically, colas were caffeinated and non-cola sodas were not. Today, many non-cola drinks, such as root beer, orange soda, and cream soda, contain caffeine in amounts similar to those in cola drinks. Some, but not all, coffee ice creams and yogurts contain a significant amount of caffeine. Most chocolate milk, cocoa, and milk chocolate contain small amounts of caffeine, and a serving of dark chocolate candy may contain about 30 mg of caffeine, reaching the threshold of noticeable effects” (p 37).
(Although, it is nothing compared to Starbucks grande coffee, 330 mg of caffeine). There are >500 energy drinks available in North America, many medications (Alka-Seltzer Wake-up Call, Anacin, Excedrin) and other products contain caffeine. (One Swedish company developed a condom that contains caffeine in the lubricant.) Many college students mix caffeine with alcohol; caffeine may mask the effects of alcohol and can reduce the perception of alcohol intoxication (p 41). Caffeine is almost a way of life. However, sequelae of heavy caffeine use are significant. In 2011, >20,000 U.S. emergency department visits were related to the use of energy drinks. Caffeine provokes anxiety; disturbs sleep; and increases gastric acid secretion (and because it also relaxes the smooth muscles, it allows gastric content to flow up into the esophagus). Caffeine has some beneficial effects (eg, helps in relieving tension-type and migraine headache), although headache is a part of caffeine withdrawal.

The chapter on Cannabis is revealing at times. Up to 42% of Americans age >16 have tried Cannabis at least once, and 9% will meet the criteria for Cannabis use disorder at some time in their lives (p 51). Cannabis use is frequently comorbid with severe mental disorders (schizophrenia 31%; mania 30%; dysthymia 22%). Sequela of Cannabis use also could be—probably a surprise to many—not negligible. Many know about the amotivational syndrome. However, not everybody knows that a large prospective study testing the association between persistent Cannabis use and long-term neurological decline showed a significant decrease in IQ points, even after controlling for education levels (p 56)! Let’s hope the people of Colorado and Washington state know about this.

Similarly interesting is the chapter on hallucinogens, putting their use into cultural context and discussing issues such as whether user have any vulnerabilities (their use may be problematic in those with psychiatric vulnerabilities or during substantial stress); what hallucinogens were used (clinical implications) and what were the circumstances of their use (the increasingly popular ayahuasca ceremony); and what the acute and persistent effects of the hallucinogens are (flashback). The chapter on inhalants is understandably short (not much literature available), but again informative, listing the classification of inhalants (volatile alkyl nitrites, nitrous oxide, volatile solvents, fuels, and anesthetics); their adverse effects (multiple organs); and ways of using them (sniffing, bagging, huffing).

The chapter on opioids points out that, “the efficacy of ‘detox’ is often hindered by failure to follow through with recommended aftercare and high relapse rates. The measure of successful detoxification should not be treatment completion but rather successful linkage to the next level of care” (p 112). The chapter on sedatives, hypnotics, and benzodiazepines points out that these drugs should be avoided in treating insomnia in geriatric patients, and, in my opinion, focuses too much on benzodiazepines. The chapter on stimulants is again interesting, but too narrowly focused on methamphetamine use among gay men. Methamphetamine abuse certainly is a wider problem. The author makes 2 very important points, though: (1) “Often, drug treatment focuses on the cessation of drug use without truly understanding the role of the substance in the client’s life” (p 135) and (2) “Unfortunately, besides using an antidepressants for some methamphetamine users, there are no approved chemical interventions to manage cravings or withdrawal for stimulant users” (p 143).

The discussion of tobacco use is a solid standard treatise. However, one wishes the authors would touch on the ethics of banning smokers from some employments (eg, some medical centers are not hiring smokers). The chapter on bath salts and other synthetic drugs is a brief introduction to this new area. New drugs with new names constantly are being synthesized in this category (interestingly, bath salts are synthetic variants of cathinone, the main substance isolated from khat).

The last 2 chapters, on gambling and Internet use, are standard texts, not so information-filled as the rest of the book.

This small book is a definite read for those interested in substance abuse and involved in treatment of substance use disorders. Other clinicians will enjoy reading it too, because it is practical, easy to read, and filled with information relevant to the clinical practice of general psychiatry. The book also could be used as a good teaching text for residents and fellows.

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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.


On the Edge of Life. Diary of a Medical Intensive Care Unit. Edited by Mikkael A. Sekeres and Theodore A. Stern; Boston, Massachusetts; Massachusetts General Hospital Psychiatry Academy; 2014; ISBN 978-095531829; pp 184; $14.95 (paperback).


Managing Bipolar Depression: An Evidence-Based Approach

Learn about developments in the identification and management of bipolar depression that will put you on the path to evidence-based diagnosis and care of this debilitating condition—including the importance of individualizing therapy.

Free CME credit available

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