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Recurrence as the Rule: BD Symptoms Persist and Cycle

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Dr. Rubio:
This is CE on GLC Education. Hello, my name is Jose Rubio, and here with me today is Dr. Tang.

So we are here to talk about the recurrence of mood symptoms in bipolar disorder. Bipolar disorder, of course, is characterized by manic and hypomanic episodes as well as major depressive episodes, which often recur. What is the course of illness, and how does it differentiate from other conditions like depression or psychosis?

Dr. Tang:
Well, so if you look at the DSM definition, you see that bipolar I disorder requires just a single manic episode, and the definition for bipolar II requires just one hypomanic episode and one major depressive episode. But if we look at the natural course of illness and what most patients experience, it usually involves many more recurrent mood episodes.

So, for example, there was a naturalistic study done a few years ago by Judd et al, and they observed patients with bipolar disorders over 3 years, and they found that people were actually symptomatic 47% of the weeks during this follow-up period. And the predominance of episodes were depressive, so people were experiencing depressive symptoms around 32% of the follow-up weeks, manic or hypomanic symptoms about 9% of the follow-up weeks, and cycling or mixed symptoms around 6% of those follow-up weeks.

And contrary to the popular kind of conception that bipolar II is somehow milder or less debilitating than bipolar I, it doesn't seem like that's really the case. There's actually a greater chronicity for the depressive episodes in bipolar II disorder with higher rates of rapid cycling, which can be really impairing for patients. We also see higher rates of mixed features in bipolar II and comparable or sometimes even higher rates of suicide attempts compared to bipolar I disorder, also higher rates of psychiatric comorbidities like anxiety disorders in particular.

So overall, in bipolar disorder, we see that 40% to 60% of patients who appear clinically stable after an acute episode will actually experience relapse within 2 years. And if we compare this, then, to schizophrenia spectrum disorder, as you mentioned, and major depressive disorders, we see that interepisode functioning and the proportion of symptomatic time is maybe somewhat intermediate, so somewhere in between, similar to but slightly less severe than schizophrenia spectrum disorder in terms of the severity of functional impairments and in terms of the symptomatic time, but more severe on average than major depressive disorders.

Dr. Rubio:
So with bipolar disorder, we're talking about an illness where there is substantial morbidity due to the recurrence of mood episodes, but there's individual variability. What are some predictors of relapse in bipolar disorder?

Dr. Tang:
Yeah, so absolutely, there's a lot of individual variability in bipolar disorders, and one of the strongest predictors that we see are those residual and subsyndromal symptoms between episodes, and that's the strongest predictor of relapse that we've seen in the literature and the research.

Some other factors include medication nonadherence, which is estimated at 20% to 60% of patients with bipolar disorder. We also see that risks are elevated when there's comorbid substance use or anxiety disorders, if there's a rapid-cycling pattern, so that's 4 or more episodes per year, or mixed features in episodes. So that's when people have mood episodes with both manic as well as depressive features. And in terms of psychiatric history, there's greater risk of relapse when there's an earlier age of onset for the bipolar disorder, a history of psychotic features, and psychosocially, if there's poor social support or other stressful life events.

So in my lab, we actually use natural language processing and automated methods to extract signals for psychiatric symptoms, and I think that's one area that would be interesting to explore if we're able to pick up on some of these subsyndromal symptoms and better prevent relapse by acting at just the right times.

Dr. Rubio:
Very interesting. So there's a lot of unmet need, but at the same time there's a lot of exciting research happening in this area. Thanks a lot, Dr. Tang, for the discussion. That was very interesting, and that's all for Episode 1. Thank you.

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