Published in final edited form as:

J Geriatr Psychiatry Neurol. 2012 March ; 25(1): 4–5. doi:10.1177/0891988712439691.

Late-Life Bipolar Disorder: Advances in Treatment, Conceptualization, and Research Methodology

Martha Sajatovic Dr., MD,

Department of Psychiatry, Case Western Reserve University School of Medicine, University Hospitals Cleveland Medical Center, Cleveland OH

Ariel Gildengers Dr., MD,

Department of Psychiatry, University of Pittsburgh School of Medicine, Western Psychiatric Institute and Clinic, Pittsburgh PA.

Robert C. Young Dr., MD

Department of Psychiatry, Weill Cornell Medical College and New York-Presbyterian Hospital, White Plains NY

As our society ages, it is critical that we expand our understanding of how best to provide care and services for the growing population of elderly patients with bipolar disorder (BD). For many years, there was a dearth of publications focused on the topic of late-life BD. Indeed, the current literature base on geriatric BD is still insufficient to address critical questions regarding etiology, assessment, treatment, and prognosis. In this special issue, we focus on BD in later life and present a series of articles that we believe will be of interest to clinicians and researchers.

In the first article, Al Jurdi and colleagues used data from the National Institute of Mental Health-funded Systematic Treatment Enhancement Program for BD (STEP-BD) and compared the presence and severity of acute mood elevation (mania and hypomania) and acute depression symptoms between younger (20–59 years old) and older individuals (≥ 60 years old). With the exception of distractibility, all acute depression symptoms presented with comparable frequency and severity between younger and older individuals.

Huang and colleagues examined the rate of silent cerebral infarctions and risk factors for cerebral infarction in 43 elderly patients with BD using whole-brain magnetic resonance imaging. Their analyses focus on the relationships between cerebral vascular disease, metabolic illness, and bipolarity. Their analyses support the understanding that there are shared neuroprogressive pathways that underlie vascular medical comorbidity, cognitive dysfunction, and mood dysregulation in BD.

Lala and Sajatovic summarize the literature on comorbidity in bipolar adults aged >50 years. Psychiatric comorbidity rates appear lower than in younger BD populations, with the most common concurrent illnesses being anxiety and substance use disorders. While older adults

Declaration of Conflicting Interests

The authors declared no conflicts of interest with respect to the research, authorship, and/or publication of this article.

with BD have on average of 3 to 4 medical comorbid conditions, medical condition rates appear similar among geriatric patients with and without BD.

Avari and Young present a case report of BD in a patient with antiphospholipid syndrome (APS). They present this case in the context of one previous case report and literature linking APS-related immune markers to various neuropsychiatric disorders. They discuss potential vascular and direct mechanisms pertinent to an association of APS with BD, if demonstrated. They encourage additional case descriptions and suggest possible systematic studies.

Bhalerao and colleagues report on mortality risk with use of atypical antipsychotics in geriatric BD. US national data from the Department of Veterans Affairs included registry information on 4717 patients 65 years and identified 6-month mortality rates with a new start of an atypical antipsychotic or valproic acid and derivatives during fiscal years 2001 to 2008. The authors report differences in mortality risks among individual antipsychotic agents, a finding that clearly demonstrates the need for continued investigation on currently used psychotropic agents in bipolar elders.

Gildengers and colleagues present a secondary analysis from clinical trial data on correlates of treatment response in depressed older adults with BD. They are interested in whether an agent such as lamotrigine that appears to reduce oxidative stress is particularly effective in patients with high vascular medical comorbidity in the context of depressive illness. They present an approach to target treatment to those individuals who may respond most robustly to this type of intervention.

Using a novel imaging technique, phosphorus magnetic resonance spectroscopy, Forester and colleagues examine bioenergetic pathways related to bipolar depression in older adults. They look at whether the forward rate constant of creatine kinase (k_{for}) is altered in older adults with bipolar depression and whether CoEnzyme Q 10, known to have properties that enhance mitochondrial function, increases k_{for} in older bipolar individuals compared with untreated age- and sex-matched controls. Their study builds on the growing interest in dysfunctional mitochondrial energy metabolism in BD.

Rej and Shulman present a systematic review of all studies pertaining to the effects of lithium on the kidney in older adults. They note that age-specific studies are few and conclude that there is no compelling evidence for general avoidance of use of lithium in elderly individuals based on concerns about renal effects. They suggest guidelines for the approach to lithium management in elderly individuals.

Finally, Al Jurdi and colleagues conducted a secondary analysis based upon the baseline data from 100 bipolar elderly individuals participating in a pharmacologic treatment study for mania and assessed ambulatory and inpatient services utilization. Ethnicity, past pharmacologic treatment, and current symptom severity appear closely associated with treatment in inpatient settings. The author suggests that clinicians and researchers should investigate whether closer monitoring of persons with well-validated predisposing characteristics might potentially lead to treatment in less costly but equally effective ambulatory rather than inpatient settings.

Taken together, the articles in this special issue demonstrate the growing research in this field. However, as is often the case with research reports, the findings underscore the multiple areas that need further investigation and attention. It is clear that BD does not “burn out” over time or resolve as individuals age. There is a need for continued health care treatment that is often complicated by comorbidity and reduced tolerance to pharmacotherapies. We hope that this special issue will be of use to clinicians who provide care for older adults with BDs and help spur additional research in this increasingly important area.

Acknowledgments

Funding

Martha Sajatovic received research grants from AstraZeneca, Pfizer, Merck, and Ortho-McNeil Janssen; is a consultant for Cognition Group and United BioSource Corporation (Bracket); and receives royalties from Springer Press, Johns Hopkins University Press, and Oxford Press.