



## NORTHWEST AIDS EDUCATION AND TRAINING CENTER

# Bipolar disorder and HIV

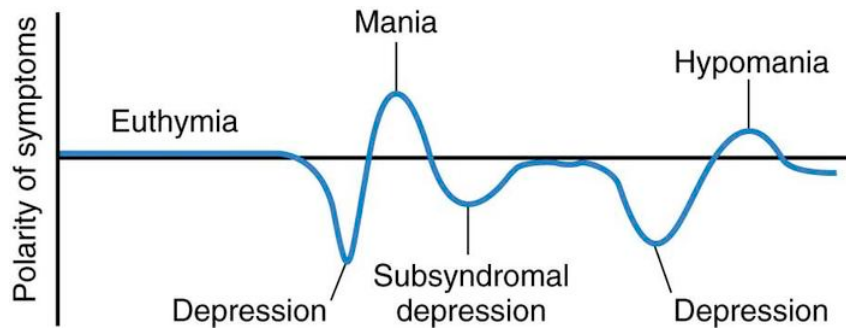
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# Overview

- Misconceptions & actual numbers
- DSM-5 changes
- Occult bipolar disorder and red flags
- The MDQ
- The antidepressant controversy
- Choosing a mood stabilizer
- Bipolar and HIV





from Judd LL et al, *Arch Gen Psych* 2002, 59:530  
 & Judd LL et al, *Arch Gen Psych* 2003, 60:261

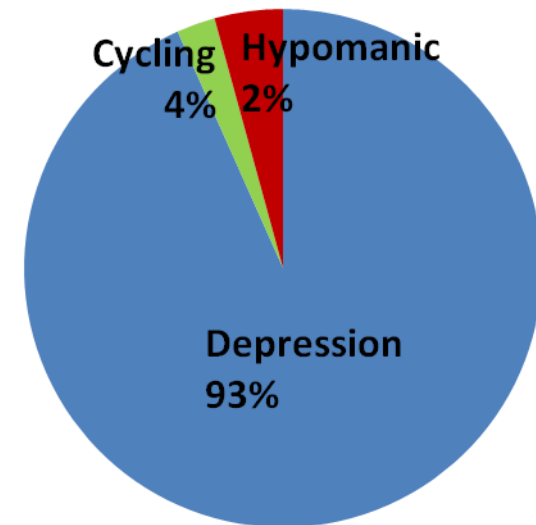
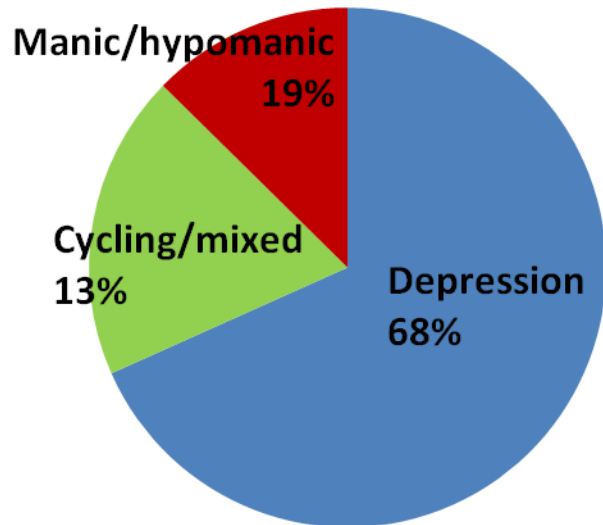
# Most of bipolar disorder is depression

## Bipolar I disorder

**3:1**, depressive to manic

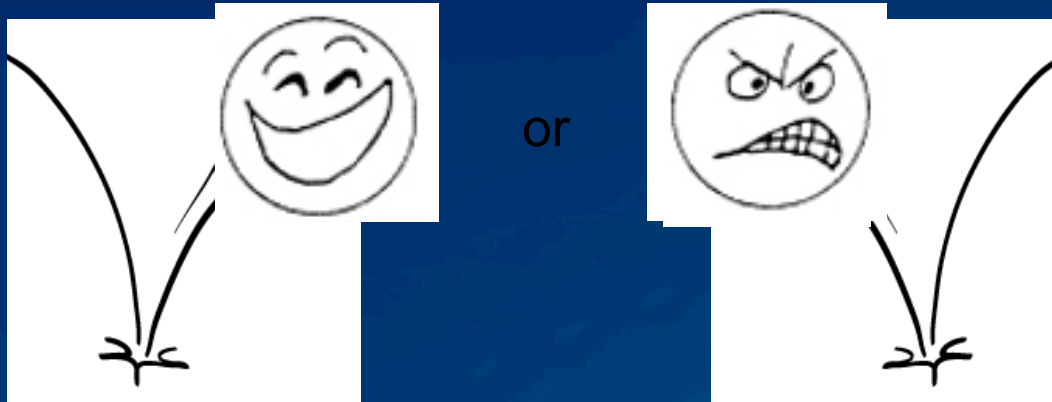
## Bipolar II disorder

**39:1**, depressive to hypomanic



from Judd LL et al, *Arch Gen Psych* 2002, 59:530  
& Judd LL et al, *Arch Gen Psych* 2003, 60:261

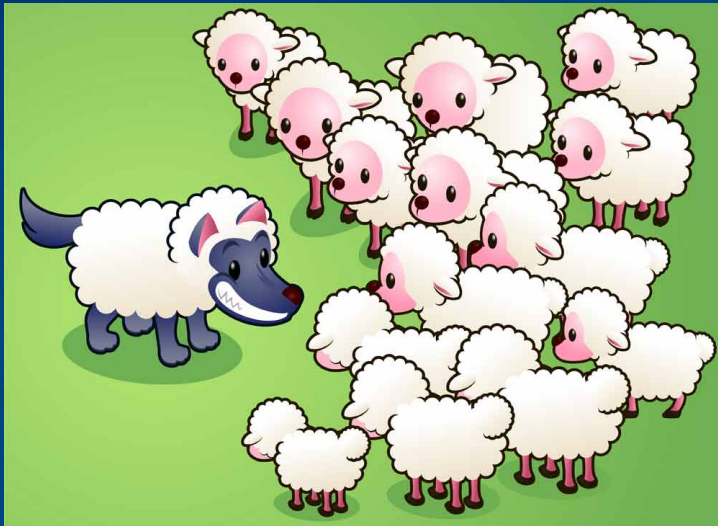
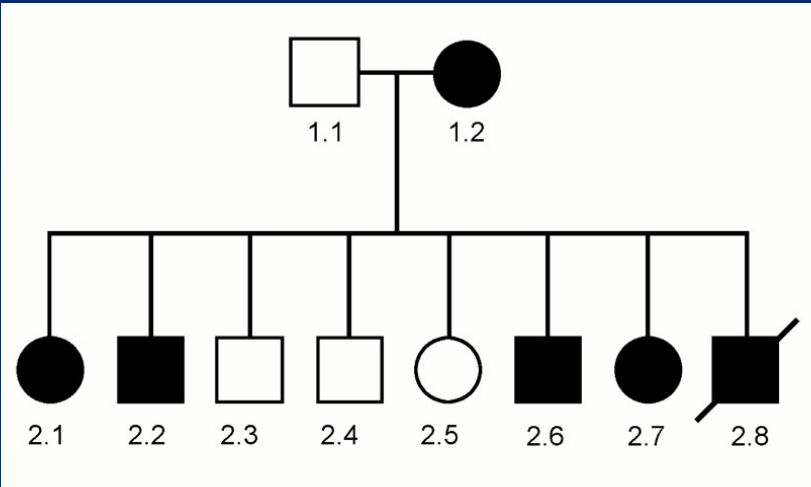
# DSM-5 changes



Distractibility  
Insomnia  
Grandiosity

Flight of ideas  
Activity  
Sexual  
Talkative







# DSM-5 changes (cont'd)

episode	symptoms	duration	impairment
<b>manic</b>	3 if euphoric; 4 if irritable	≥1wk (sooner if hospitalized)	severe
<b>hypomanic</b>	(same)	≥4 days	not significant; <u>no</u> psychosis



“mixed features” = +3 symptoms from the *opposite* pole

# THE MOOD DISORDER QUESTIONNAIRE

**Instructions:** Please answer each question to the best of your ability.

	YES	NO
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input checked="" type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input checked="" type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input checked="" type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="radio"/>	<input checked="" type="radio"/>
...you were much more talkative or spoke much faster than usual?	<input type="radio"/>	<input checked="" type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input checked="" type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input checked="" type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input type="radio"/>	<input checked="" type="radio"/>
...you were much more active or did many more things than usual?	<input checked="" type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input checked="" type="radio"/>	<input type="radio"/>
...you were much more interested in sex than usual?	<input checked="" type="radio"/>	<input type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input checked="" type="radio"/>
...spending money got you or your family into trouble?	<input type="radio"/>	<input checked="" type="radio"/>



## Mood Disorders Questionnaire (cont'd)

2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?

3. How much of a problem did any of these cause you – like being unable to work; having family, money or legal troubles; getting into arguments or fights?  
*Please circle one response only.*

No Problem

Minor Problem

Moderate Problem

Serious Problem

4. Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?

5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?

# Antidepressants (i.e., re-uptake blockers) are not generally appropriate in bipolar depression--

	Mood stabilizer + antidepressant (n=179)	Mood stabilizer + placebo (n=187)	P-value
8wks of euthymia	23.5%	27.3%	0.40
manic switch	10.1%	10.7%	0.84

mood stabilizer = primarily Li+, VPA, CBZ  
antidepressant = paroxetine or bupropion

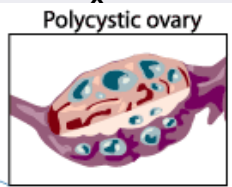
## Choosing a mood stabilizer...

- phase (current episode)
- preponderance of past episodes
- side effects, comorbidities, teratogenicity
- \$\$\$



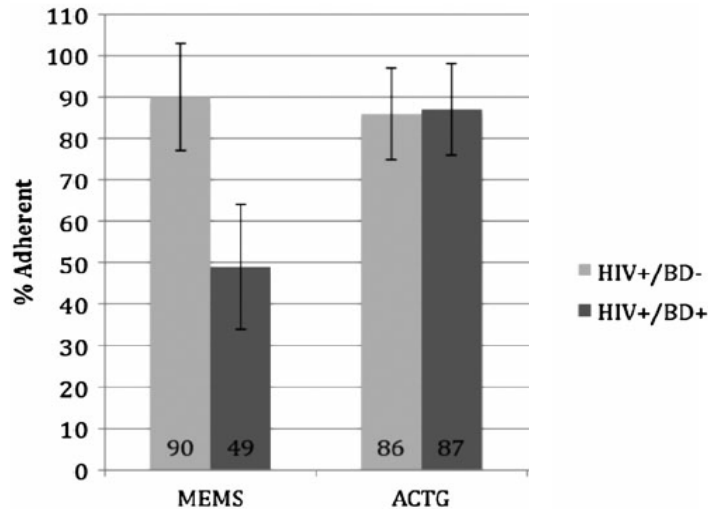
# Choosing a mood stabilizer...

Class	Generic name	Trade name	Bipolar mania	Bipolar depression	Bipolar maintenance
	lithium		x		x
<b>Anti-epileptics</b>	lamotrigine	LAMICTAL			x
	carbamazepine XR	EQUETRO	x		
	valproate	DEPAKOTE	x		
<b>Atypicals</b>	aripiprazole	ABILIFY	x		
	asenapine	SAPHRIS	x		
	lurasidone	LATUDA		x	
	olanzapine	ZYPREXA	x		x
	olanzapine-fluoxetine	SYMBYAX		x	
	paliperidone	INVEGA	x		
	quetiapine	SEROQUEL	x	x	(adjunct)
	risperidone	RISPERDAL	x		
	ziprasidone	GEODON	x		



# Relevance of BD to HIV

- Rx adherence is worse in HIV patients with comorbid BD (Badiee et al, 2012).



- $\Psi$  Rx adherence tends to be even worse than ART Rx adherence in HIV-BD patients (Moore DJ et al, 2012).
- HIV w/ BD has also been found to be assoc'd w/ riskier behaviors than HIV w/o BD—including unprotected sex (Meade CS et al, 2012).



# Summary

- Most of bipolar disorder is **depression**.
- **Always screen** for BD, even when you only suspect MDD. Good screening frequently entails getting a good social history.
- The MDQ is better for ruling-**out** (than ruling-in) BD.
- **Be wary of antidepressant use** in BD (with one notable exception).
- When Rx'ing for bipolar disorder, be mindful of the patient's current mood episode and (in maintenance) predominant tendencies.
- **DO NOT** Rx Depakote to young women (if possible).
- Untreated BD **undermines** good HIV health outcomes.