

Study finds apparent benefits of addition of adjunctive antidepressants to mood stabilizers for bipolar disorder

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Credit: Tel Aviv University

Bipolar disorder patients, who comprise 1-4 percent of the population, suffer from chronic mood swings that alternate between "manic" episodes, characterized by inflated energy, self-esteem and risky behavior, and depression, which can take a suicidal turn.

A new Tel Aviv University study finds that antidepressant [therapy](#) minimizes the incidence of rehospitalization from bipolar depression.

"This study provides hope for [bipolar disorder patients](#) by supporting the

efficacy and safety of antidepressant therapy use for bipolar depression, which has always been considered a 'treatment-resistant' disabling state," says Dr. Eldar Hochman of TAU's Sackler Faculty of Medicine and Geha Mental Health Center, who led the research for the study. It was published in *European Neuropsychopharmacology*.

"Our study suggests that adding antidepressant therapy to mood stabilizers or atypical antipsychotics after hospitalization for bipolar depression can prevent rehospitalization in the short- and long-term. Adding the antidepressant therapy doesn't increase the risk of [manic episodes](#)," Dr. Hochman says.

"Our results are immediately relevant to clinical practice and should encourage clinicians to prescribe [antidepressant therapy](#) to bipolar disorder depression in patients with adequate mood stabilization."

New scientific evidence to support therapy

Antidepressants are widely used to manage bipolar depression, but there has been little evidence to support their effectiveness until now. "Our study supports a positive risk-benefit ratio for the use of antidepressants in treating the depression of 'real-world' bipolar disorder patients," says Dr. Hochman.

In the study, 98 patients with bipolar disorder were retrospectively observed for six-month and one-year rehospitalization rates. They had been hospitalized with a depressive episode between 2005 and 2013 at Geha Mental Health Center in Israel.

"We used a retrospective chart review to compare six-month and one-year rehospitalization rates of bipolar disorder patients hospitalized with a depressive episode. They were treated at discharge with mood stabilizers and/or [atypical antipsychotics](#) with or without

antidepressants," says Dr. Hochman. "We wanted to track their treatment at discharge—with or without antidepressants—and used multivariable survival models adjusted for variations known to influence rehospitalization."

The research found that, within one year following discharge, 81.7% of the patients who were treated with antidepressants in addition to mood stabilizers avoided rehospitalization, versus 57.6% of the patients who did not undergo the same combination.

Avoiding antidepressant treatment alone

"Antidepressant treatment pursued alone, without an additional mood stabilizing therapy, should be avoided in bipolar [depression](#) due to an increased risk for manic episodes," Dr. Hochman says.

The researchers are currently studying the socio-demographic and clinical prognostic factors affecting bipolar disorder course outcomes. "We hope that our data will help to develop a disease staging system that will allow individuals to reclaim control of their lives," Dr. Hochman concludes.

Provided by Tel Aviv University

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