

# Assessment of Current Clinical Practices in Recognizing and Treating Bipolar Disorder

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## BACKGROUND

The majority of patients who are eventually diagnosed with bipolar disorder are misdiagnosed with unipolar depression and inappropriately and ineffectively treated, often with antidepressants. Even when an accurate diagnosis is established, the treatment of bipolar disorder remains suboptimal, and patients with the disorder often fail to receive any care or evidence-based care. New data support a future role for long-acting injectable (LAI) second-generation antipsychotics (SGA) in bipolar disorder,[Calabrese 2017; Fornaro 2017] but physicians' attitudinal barriers, their struggle to keep upto-date with trial data, and a lack of competence in the application of clinical trial results may impede their appropriate use.[Brissos 2014; Kane 2014]

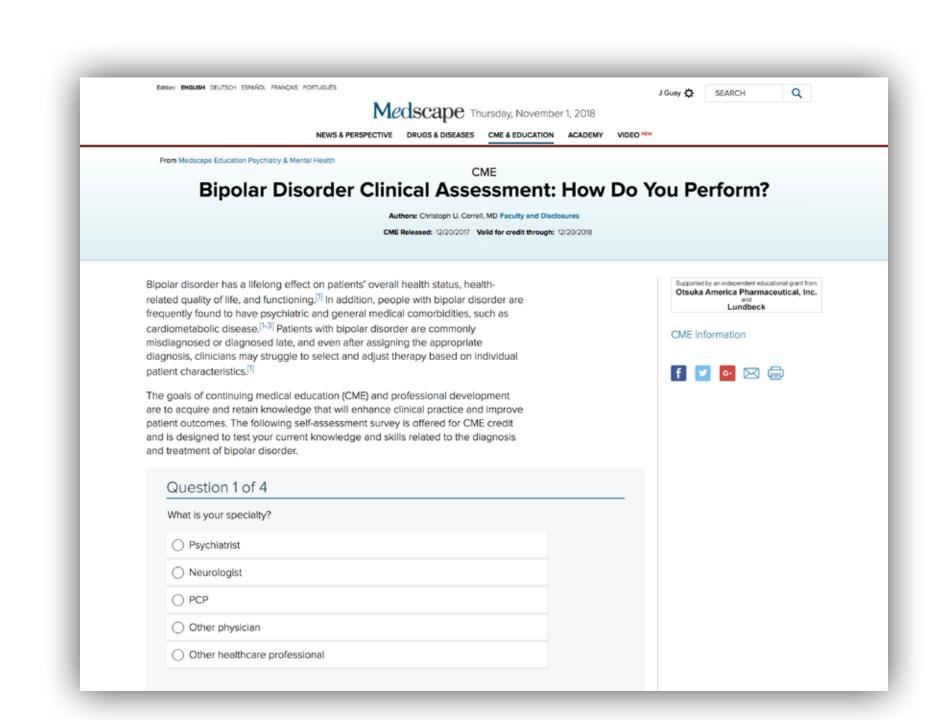
### METHODS

Psychiatrists
(n=1123)

Primary Care Physicians
(PCPs) (n=305)

A continuing medical education (CME)-certified 25-item, multiple choice clinical practice assessment survey was developed to assess recognition and treatment of bipolar disorder, specifically, the use of LAIs in these patients.

The survey included knowledge- and case-based multiple-choice questions completed confidentially online. The survey was launched on December 20, 2017 and hosted on the Medscape Education website. Participant responses were collected through January 31, 2018. Confidentiality was maintained, and responses were de-identified and aggregated before analyses.

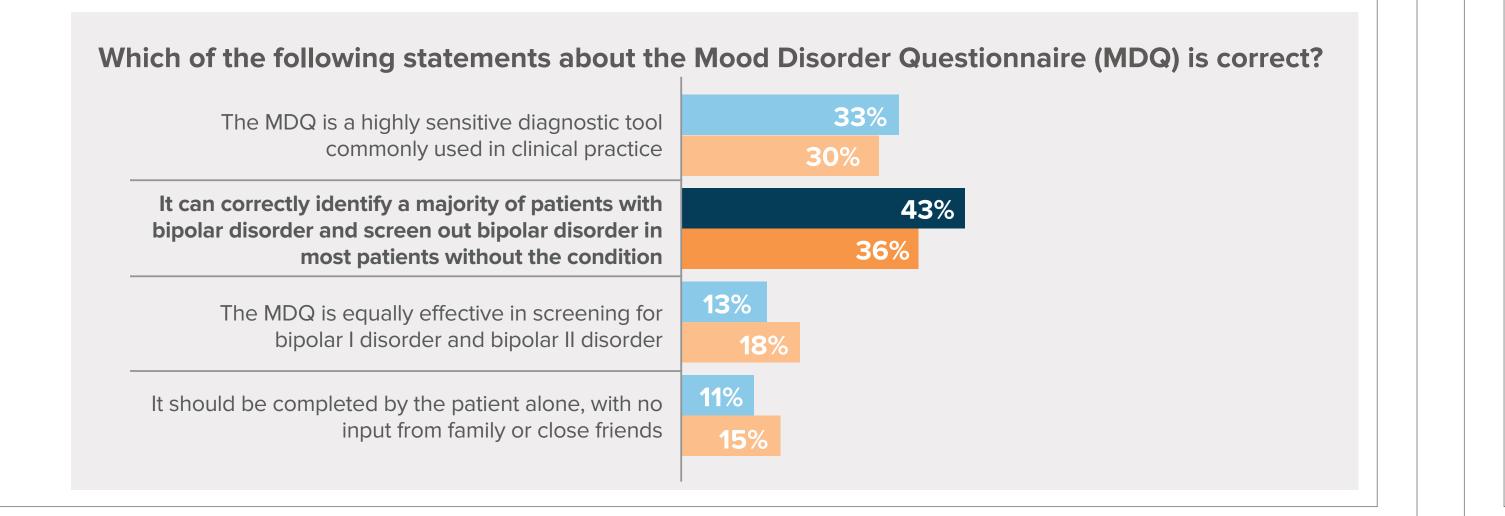


## RESULTS

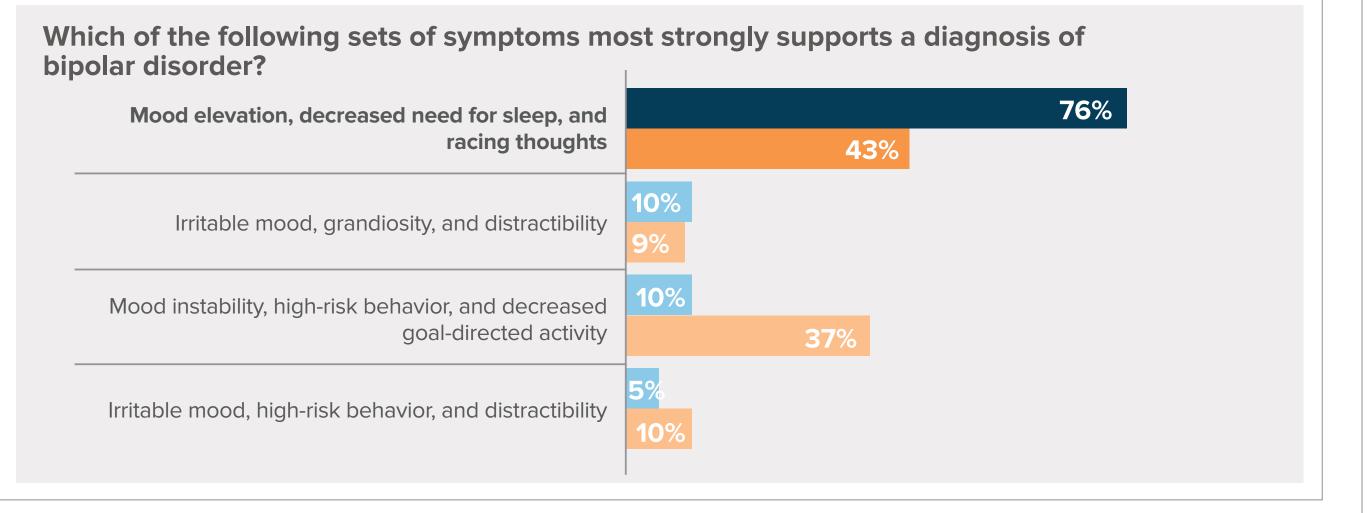
#### RECOGNITION, DIAGNOSIS, AND ASSESSMENT OF BIPOLAR DISORDER

When surveyed about the recognition, diagnosis, and assessment of bipolar disorder, the following resulted:

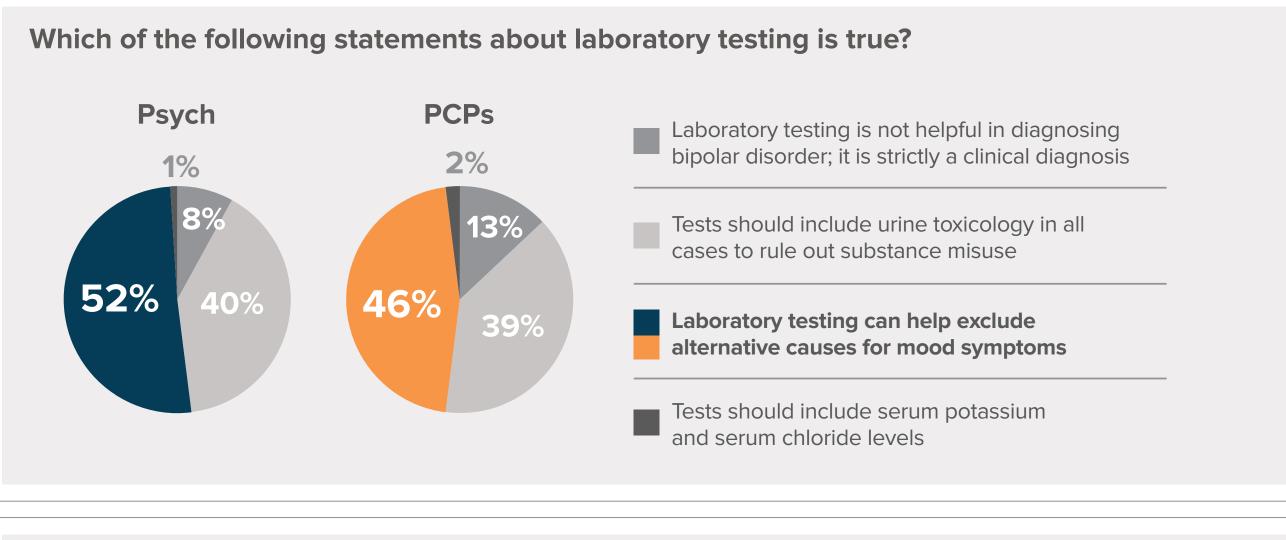
Only 43% of psychiatrists and 36% of PCPs could identify the correct use of the MDQ screening instrument, while only 64% of psychiatrists and 51% of PCPs knew that the use of the MDQ can improve recognition of bipolar disorder in patients with depression



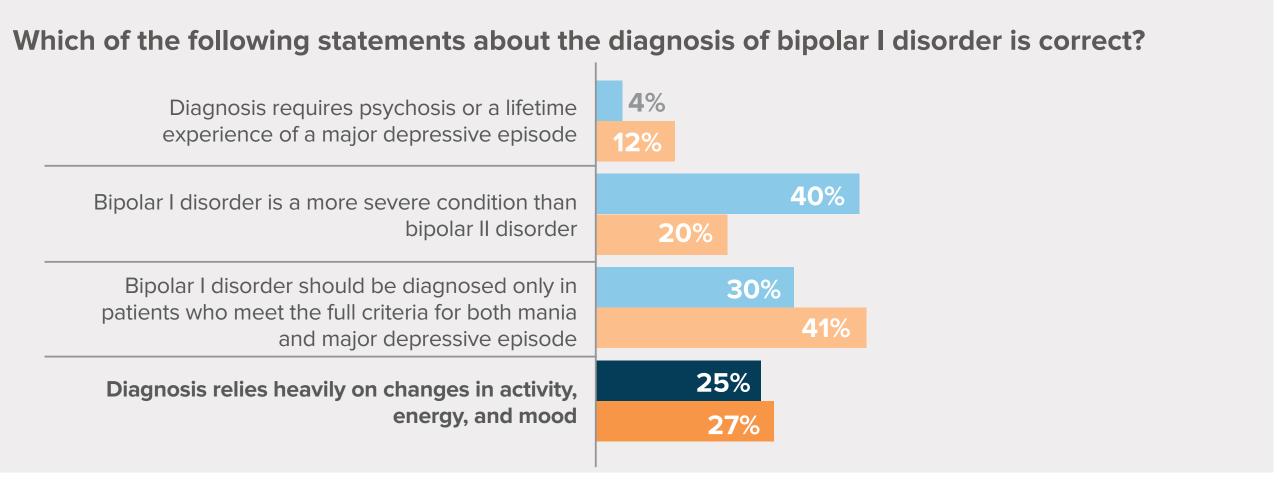
Psychiatrists were more likely to correctly identify the symptoms that most strongly support a diagnosis of bipolar disorder compared to PCPs (76% vs 43%, respectively)



52% of psychiatrists and 46% of PCPs knew that laboratory testing can help exclude alternative causes for mood symptoms



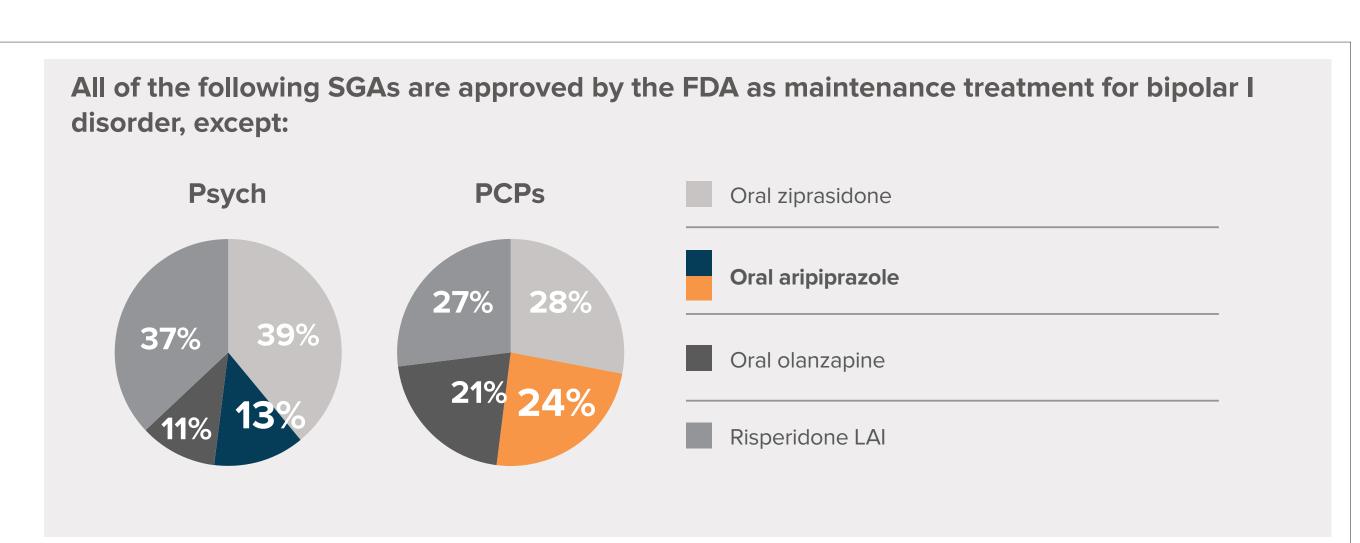
The majority of both healthcare professionals (73% to 75%) did not know that diagnosis of bipolar I disorder relies heavily on changes in activity, energy, and mood



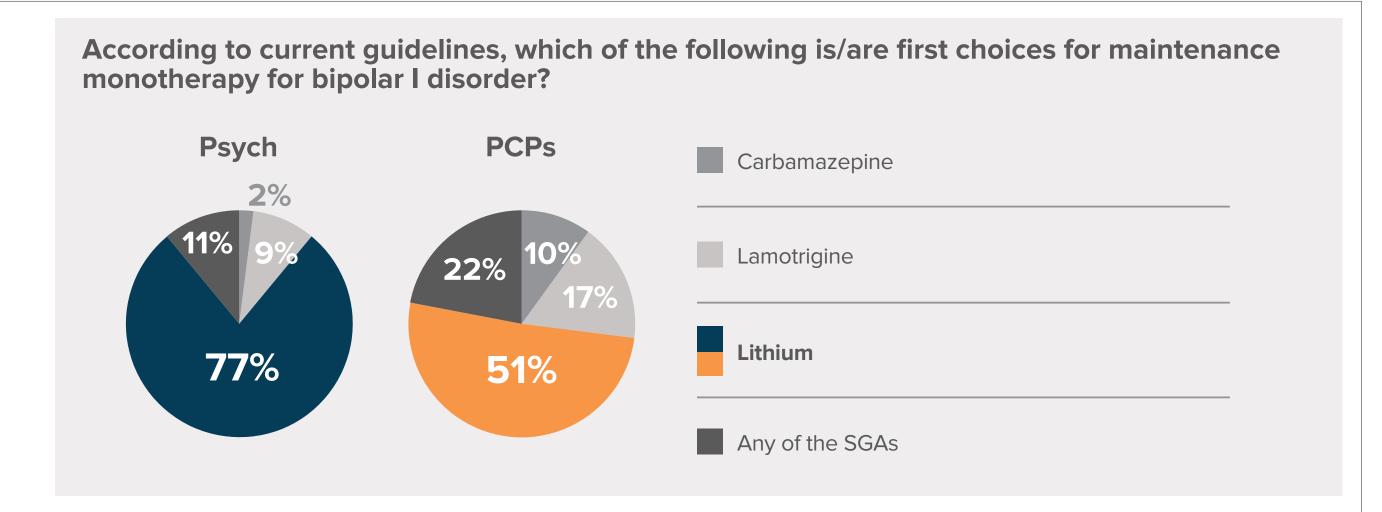
#### TREATMENT AND THE USE OF LAIS FOR BIPOLAR DISORDER

When surveyed about the treatment and the use of LAIs for bipolar disorder, the following resulted:

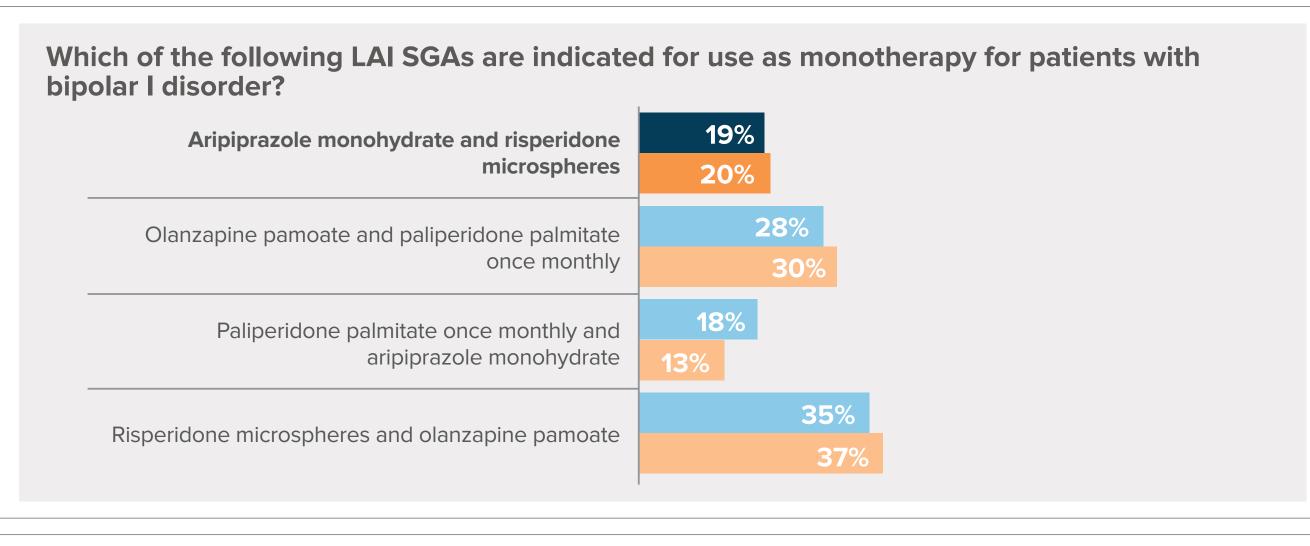
87% of psychiatrists and 76% of PCPs did not identify oral aripiprazole as the only SGA not approved by the FDA for the maintenance treatment of bipolar I disorder



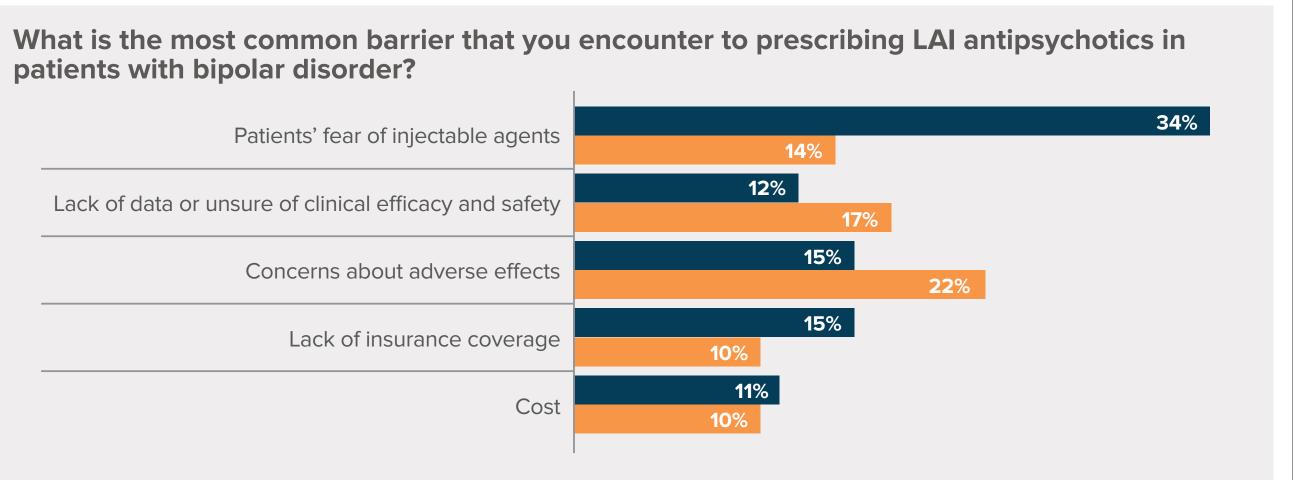
49% of PCPs did not recognize lithium as the first choice for maintenance monotherapy for bipolar I disorder according to the guidelines



Only 19% of psychiatrists and 20% of PCPs correctly chose aripiprazole monohydrate and risperidone microspheres as the LAI SGAs indicated for use as monotherapy for patients with bipolar I disorder



When asked what is the most common barrier to prescribing LAI antipsychotics in patients with bipolar disorder, 34% of psychiatrists selected "Patients' fear of injectables", while the majority of PCPs selected "Concerns about adverse effects"



## CONCLUSION

This educational research identified psychiatrists' and PCPs' current real-world clinical practices and gaps in the knowledge and competence of the diagnosis and assessment of bipolar disorder and the treatment options for this condition. Further educational efforts tailored to address identified gaps for each audience are warranted.

#### ACKNOWLEDGMENTS

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