MAYO CLINIC

Pharmacological Strategies for Bipolar Depression in different care settings

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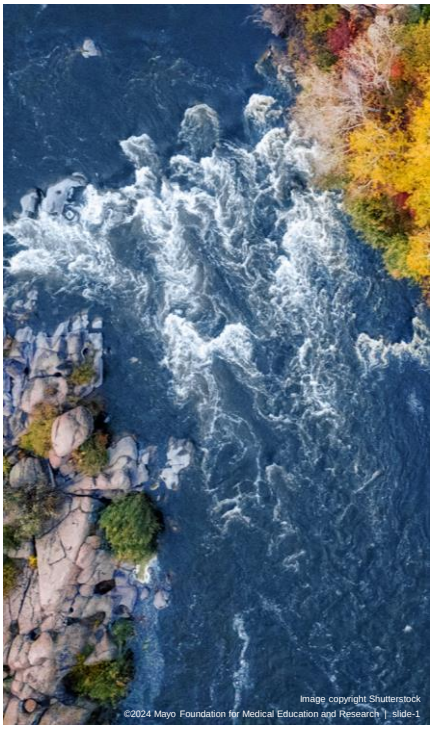

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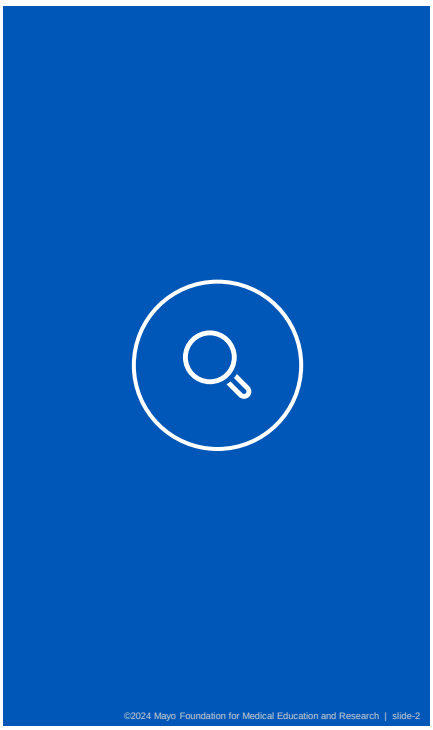
LEARNING OBJECTIVES

1. Recognize the **discrepancies** in the delivery of evidence-based treatments for acute bipolar depression across different care settings

2. Identify **opportunities** for optimizing care for acute bipolar depression in primary care settings through education and fostering a conducive environment

3. Explore potential **benefits** of implementing collaborative care models for bipolar depression to enhance treatment outcomes



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BACKGROUND

Limited evidence of using antidepressants in bipolar disorder (BD)[1]

Different settings including primary care clinic, integrated behavioral health program, and specialty care clinic

Collaborative care established for depression in primary care setting, yet its uncertainty in BD[2]

Aim of study - examine pharmacological strategies / patterns for bipolar depression within different care settings.

1. Rhee TG, et al. Am J Psychiatry. 2020;177(8):706-715.
2. Katon W, et al. JAMA. 1995 Apr 5;273(13):1026-31.

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METHODS (1)

1. Retrospective study in 2020 (IRB 22-003795)
2. Depressive episode captured based on DSM criteria, ICD codes, or symptom burden (PHQ-9 >=10)
3. **Pharmacological strategies** initial encounter
    1) Continue current regimen
    2) Increase dose of current treatment
    3) Augmentation
    4) Switch to monotherapy of an antidepressant, mood stabilizer, or atypical antipsychotic
    5) Combination of the above

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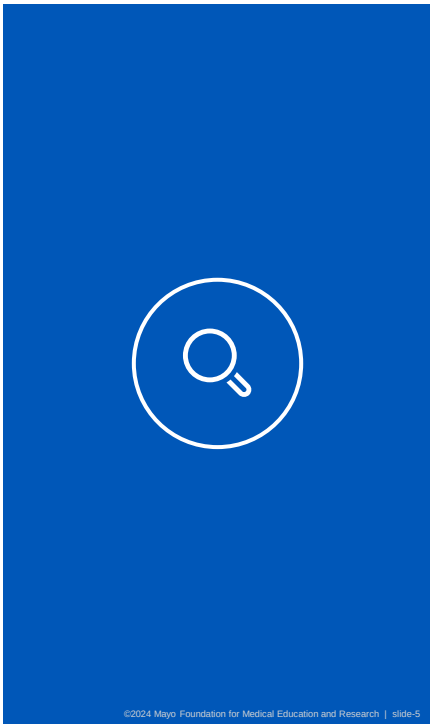
METHODS (2)

3. **Prescription patterns** measured by use of
   1) antidepressants
   2) mood stabilizers
   3) atypical antipsychotics
4. Multinomial logistic regression to examine association **between clinic settings** and **initial pharmacological strategies** by measuring marginal effect
   1) Generalized estimating equations implementation of logistic regression with an exchangeable correlation structure to
   2) examine the association **between clinic settings** and **prescription patterns** by measuring marginal effect



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RESULTS (1)

- 217 encounters (32 in PC, 53 in IBH, 132 in SC)
- Age = 39.4 years (SD: 14.39)
- Sex ratio (M:F) = 75:142
- 91.7 % of Caucasian
- History of suicide attempt = 31.6%
- History of psychiatric hospitalization = 64.5%
- Psychiatric ED visit in the same year = 9.2%
- PHQ-9 = 17.5 (SD: 4.65)
- GAD-7 = 13.5 (SD: 5.21)
- Bipolar type (I, II, NOS) = 32%, 59%, 9%

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RESULTS (2)

	Setting	Continue current regimen	Increase dose	Augmentation	Switch to monotherapy	Combination
Counts	PC	22 (69%)	4 (13%)	3 (9%)	2 (6%)	1 (3%)
	IBH	6 (11%)	14 (26%)	15 (28%)	8 (15%)	10 (19%)
	SC	6 (5%)	46 (35%)	19 (14%)	20 (15%)	41 (31%)
Marginal Effect (Percentage Point Change)	PC	-	-	-	-	-
		-	-	-	-	-
	IBH	**-57.43%*** **	13.92%	**18.93%***	8.84%	**15.74%***
		(-75.92,-38.94)	(-3.81,31.64)	(3.71,34.14)	(-2.71,20.39)	(3.14,28.34)
	SC	**-64.20%*** **	**22.35%** **	5.02%	8.90%	**27.94%*** **
		(-80.70,-47.70)	(8.29,36.41)	(-6.74,16.78)	(-1.50,19.30)	(17.96,37.91)

PC: Primary care setting, IBH: Integrative behavioral health program, SC: Specialty care setting
* p<0.05, ** p<0.01, *** p<0.001

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RESULTS (3)

	Setting	AD Use	MS Use	AP Use
Counts	PC	9 (28%)	19 (59%)	15 (47%)
	IBH	16 (30%)	45 (85%)	39 (74%)
	SC	58 (44%)	114 (86%)	82 (62%)
Marginal Effect (Percentage Point Change)	PC	-	-	-
		-	-	-
	IBH	-2.18%	**26.35%*** **	**25.51%** **
		(-14.38,10.01)	(12.20,40.51)	(9.39,41.63)
	SC	13.39%	**26.13%** **	14.74%
		(-1.95,28.73)	(9.99,42.27)	(-3.06,32.54)

PC: Primary care setting, IBH: Integrative behavioral health program, SC: Specialty care setting
* p<0.05, ** p<0.01, *** p<0.001

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DISCUSSION

- Strengths
  - First study in a single center
- Limitations
  - Single tertiary academic center
  - Limited sample size
  - Impact of COVID-19 in 2020
- Opportunity to educate primary care providers
  - Potential for PCPs to expand their utilization of mood stabilizers and atypical antipsychotics
- Explore implementing collaborative care model in BD

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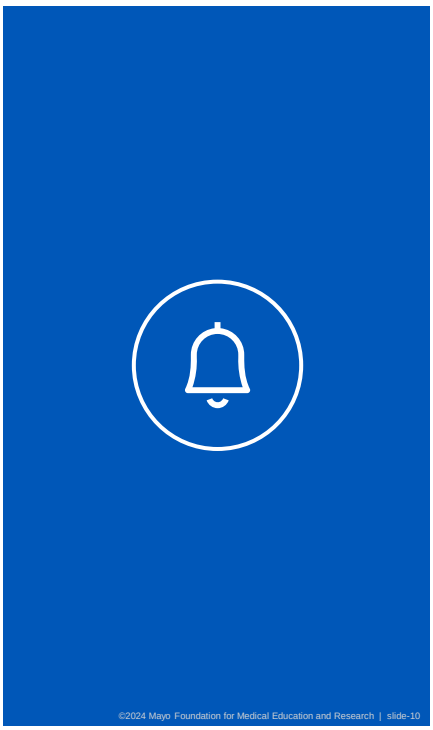
CONCLUSIONS

- Evidence of disparities in pharmacological strategies for BD
- Highlight the need and potential benefit of collaborative care model for BD depression



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THANK YOU!

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QUESTIONS & ANSWERS

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