



Psicosi
tra
Pathos & Logos

Siracusa | Hotel Villa Politi
11 | 12 | 13 Giugno 2015

**Disturbo bipolare e disturbo
ossessivo-compulsivo**

Filippo Bogetto Andrea Aguglia

The shift from an obsession to a delusion may take either:



an affective form



delusional guilt to have contaminated others



a paranoid form

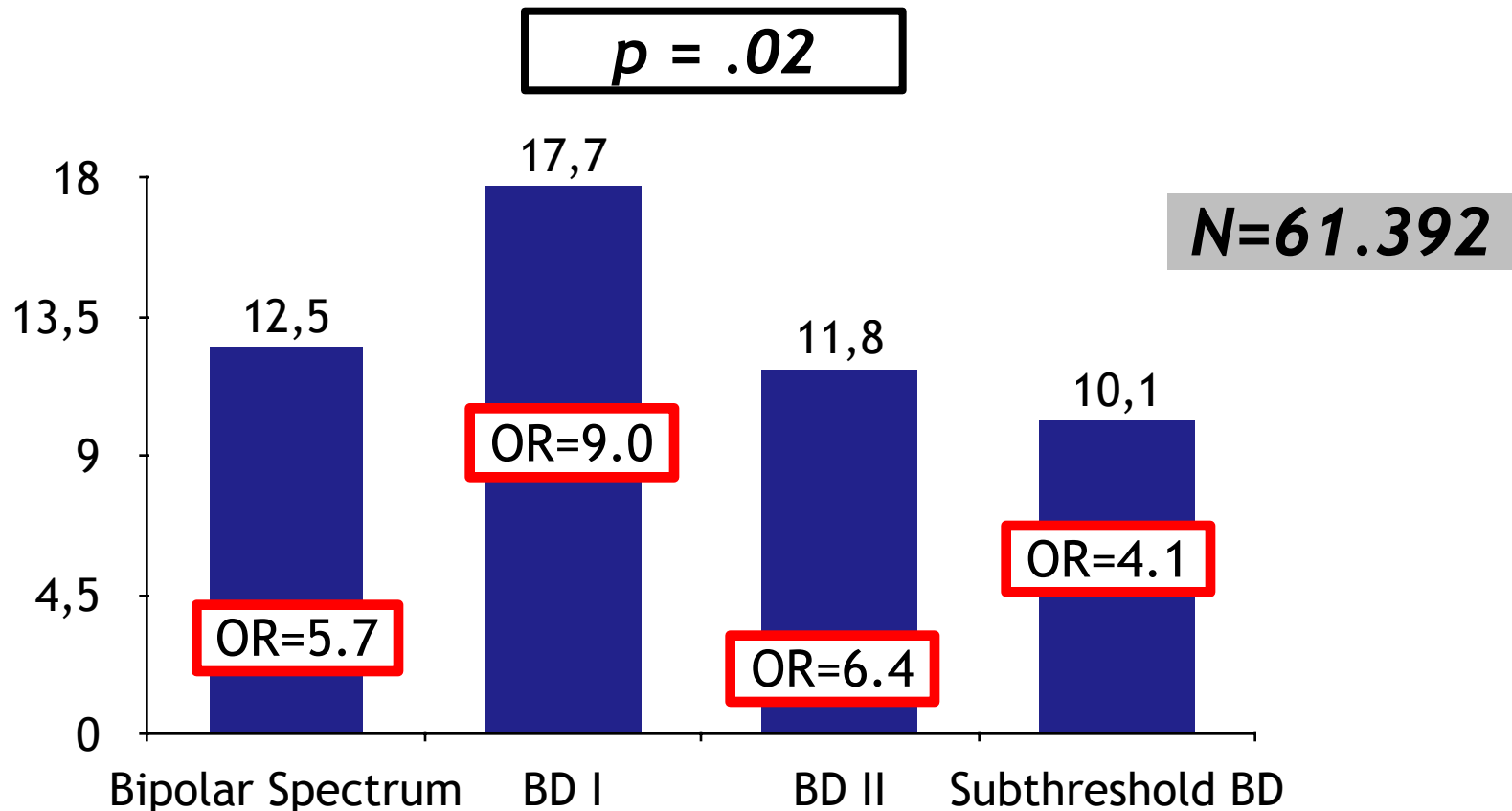


delusion to be persecuted as if one had actually committed some reprehensible act

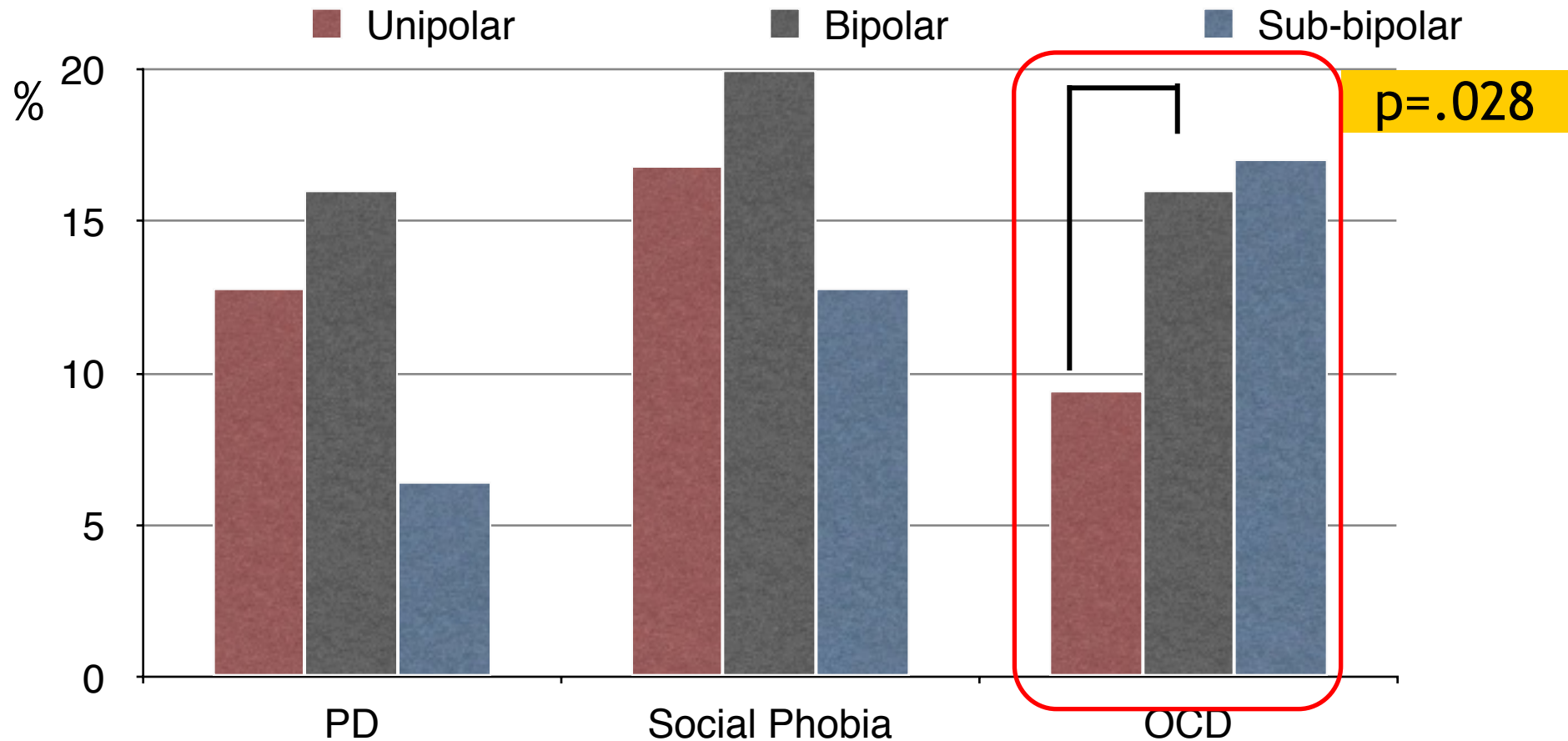
Il paziente con disturbo bipolare e disturbo ossessivo-compulsivo

- 1. Prevalenza**
- 2. Impatto clinico**
- 3. Implicazioni terapeutiche**

Prevalence and Correlates of Bipolar Spectrum Disorder in the World Mental Health Survey Initiative



Lifetime comorbidity for anxiety disorders in bipolar, sub threshold bipolar and unipolar disorder: the Sesto Fiorentino study



Lifetime prevalence rates of OCD in bipolar patients: clinical studies

Adults: 1.8% - 35.1%

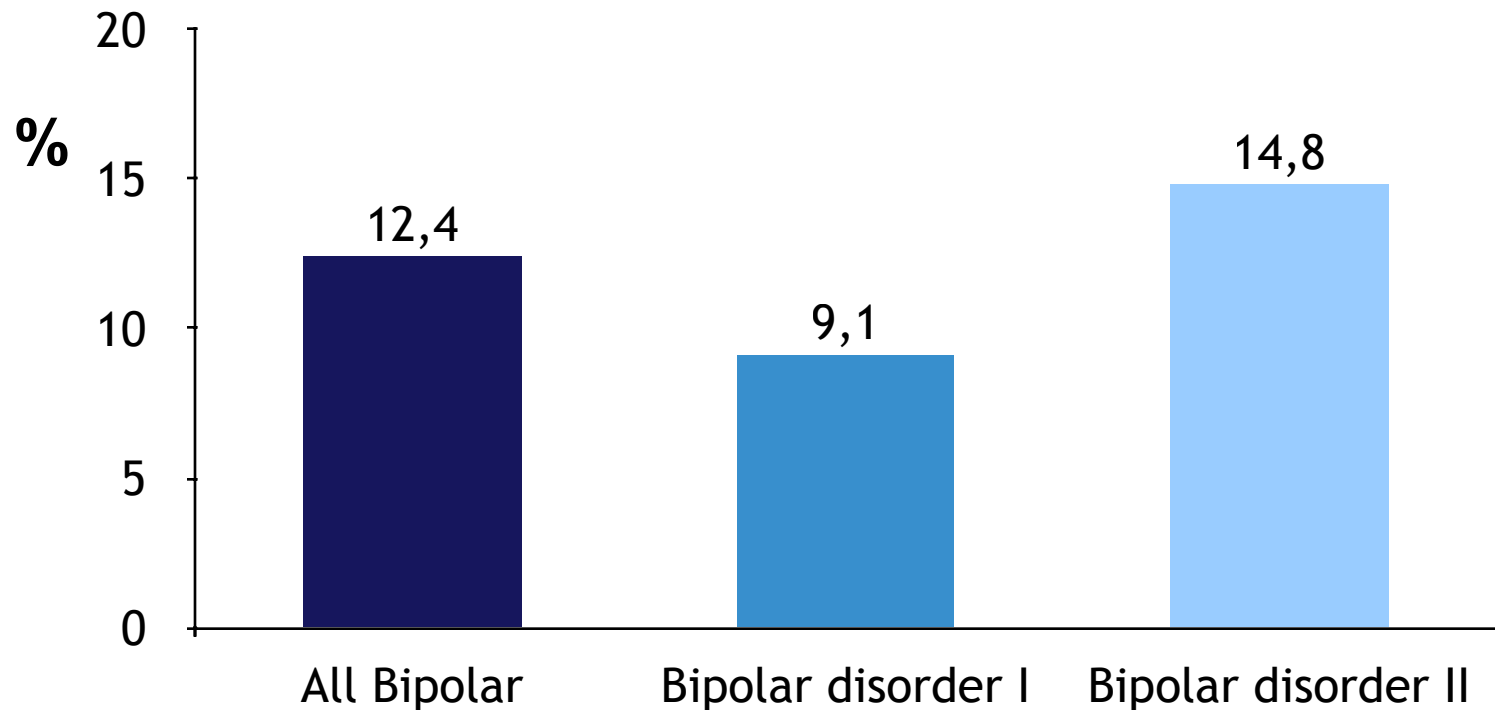
Children and adolescents: 20.7% - 48.5%

Sample size greater than 250 patients: 3% – 13.6%

OCD in Bipolar Disorder during euthymic phase

Umberto Albert, Gianluca Rosso, Giuseppe Maina *, Filippo Bogetto

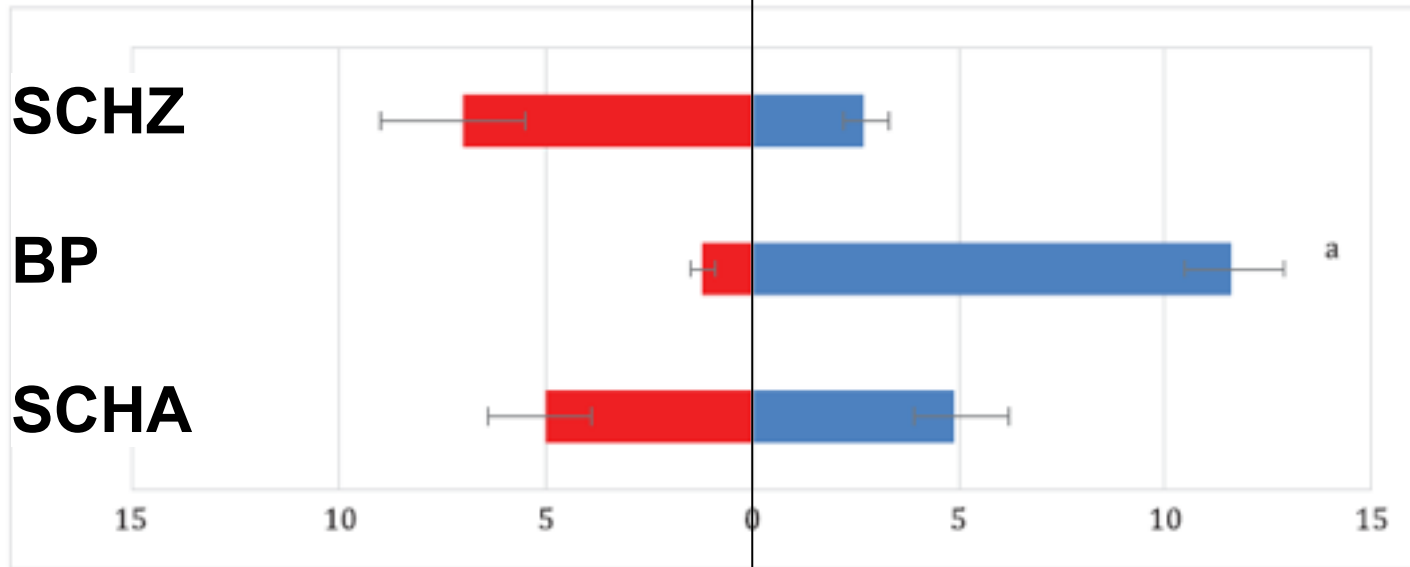
Current OCD comorbidity



Obsessive-Compulsive Disorder, Psychosis, and Bipolarity: A Longitudinal Cohort and Multigenerational Family Study

OCD=19.814, BD=48.180, SCHZ=58.336, SCHA=14.904

Initial diagnosis of OCD → Risk to develop BD or SCHZ or SCHA



Risk to develop OCD ← Initial diagnosis of BD or SCHZ or SCHA

Predictors for Switch From Unipolar Major Depressive Disorder to Bipolar Disorder Type I or II: A 5-Year Prospective Study

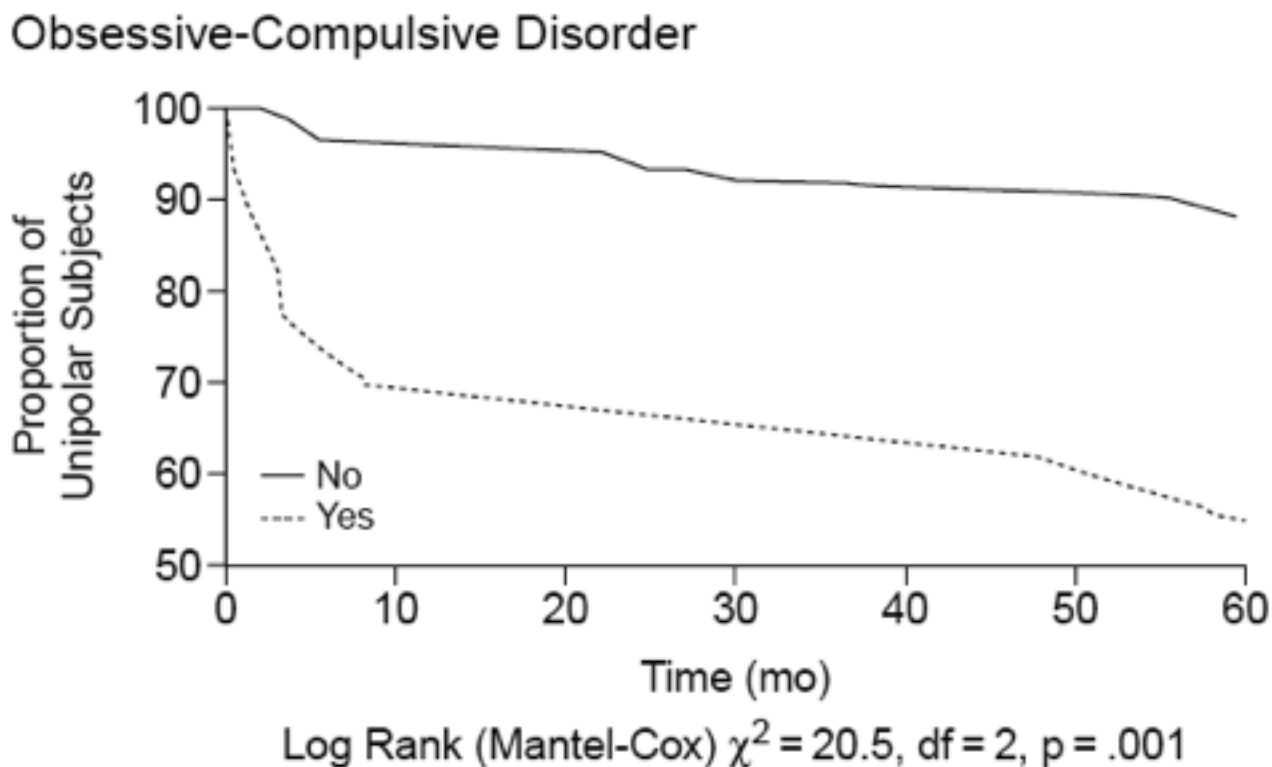
Predictor at Entry	Hazard Ratio	95% CI	p
Severity of unipolar MDD (HAM-D)	1.08	1.00 to 1.15	.036
Obsessive-compulsive disorder	5.00	2.04 to 12.5	< .001
Social phobia	2.33	1.00 to 5.26	.050
Large no. of cluster B personality disorder symptoms	1.10	1.02 to 1.20	.022

^aCox proportional hazards models; all analyses controlled for age and gender.

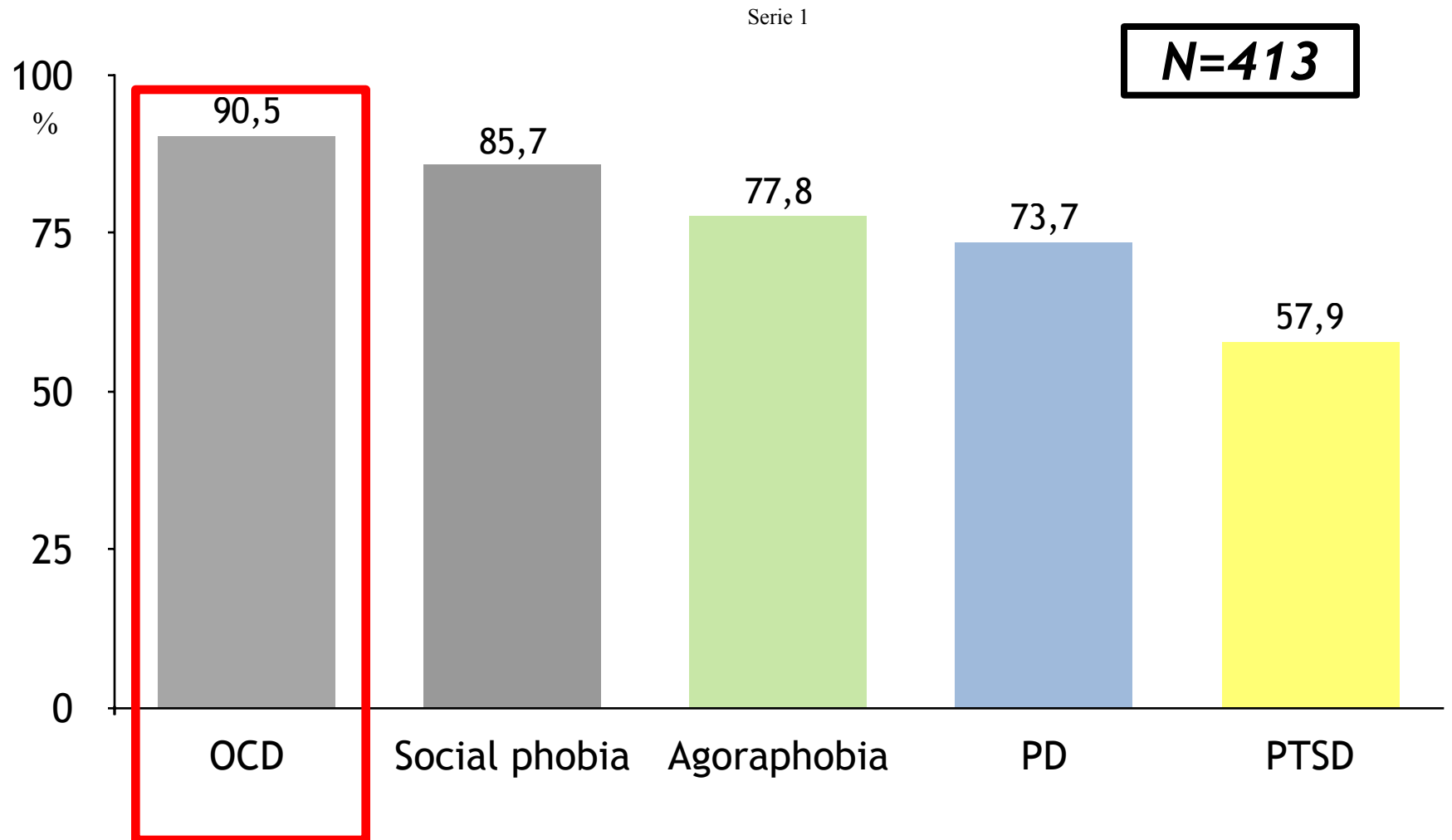
Abbreviations: HAM-D = Hamilton Rating Scale for Depression, MDD = major depressive disorder.

Predictors for Switch From Unipolar Major Depressive Disorder to Bipolar Disorder Type I or II: A 5-Year Prospective Study

Survival curve of time to diagnostic switch from
unipolar depression to bipolar disorder



Persistence of anxiety disorders in youth bipolar patients: a five-years follow-up



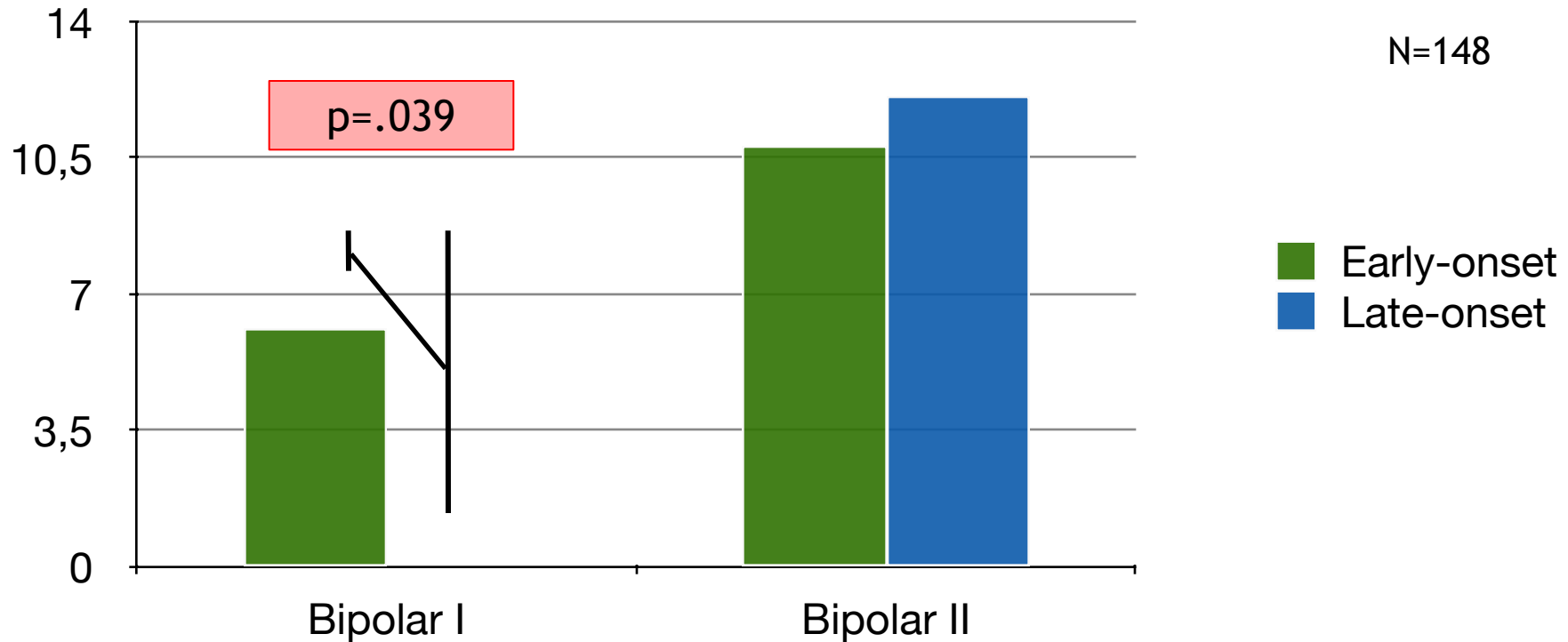
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Early onset for Bipolar - OCD

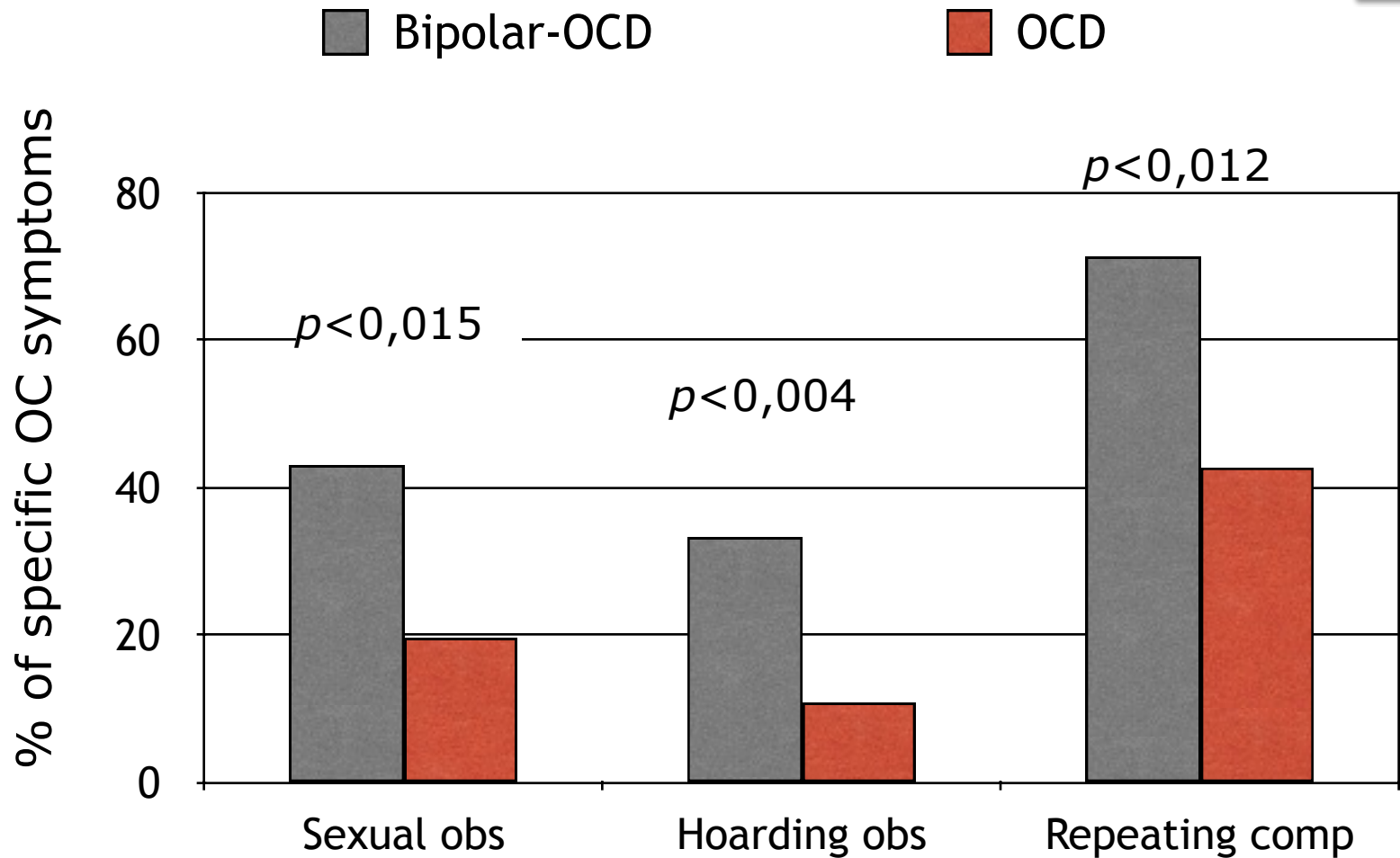
Early-onset obsessive-compulsive disorder and personality disorders in adulthood

Giuseppe Maina *, Umberto Albert, Virginio Salvi, Enrico Pessina, Filippo Bogetto



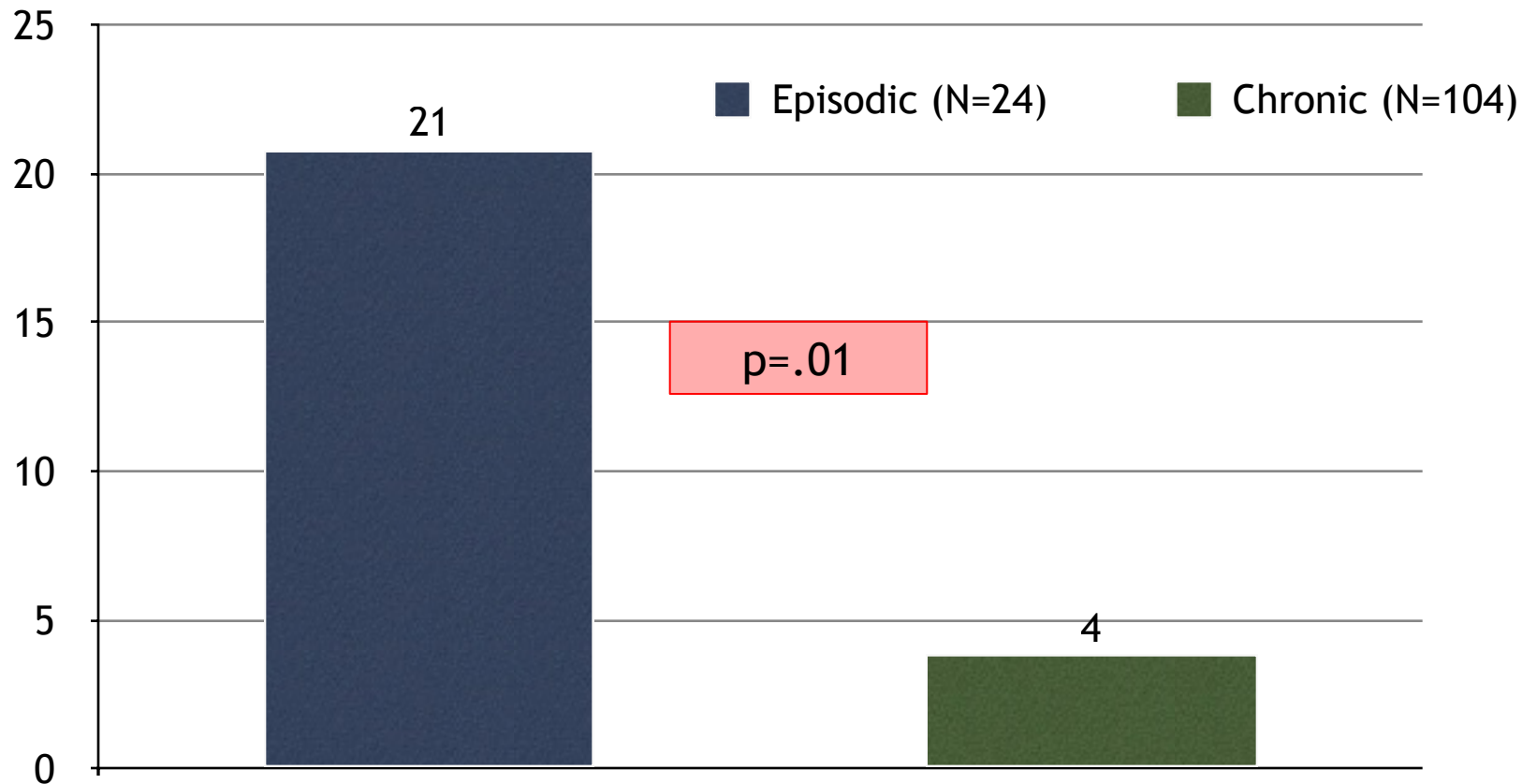
OC symptoms and bipolar disorder

N=204



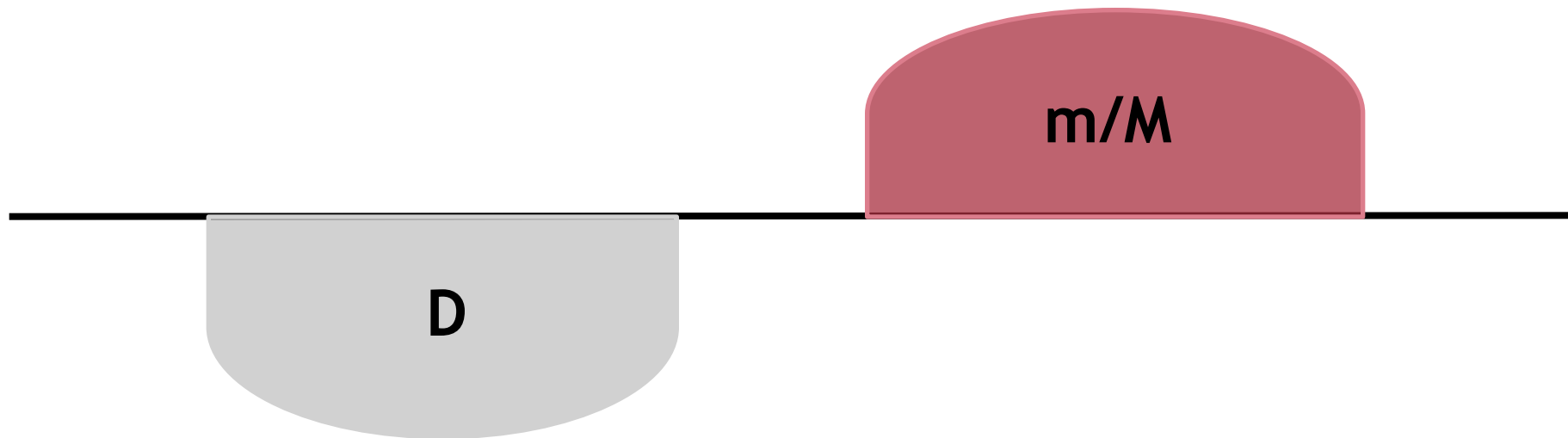
Episodic course of OCD

Comparison of percentage of Bipolar disorder
in episodic and chronic OCD



Bipolar and nonbipolar obsessive-compulsive disorder: a clinical exploration

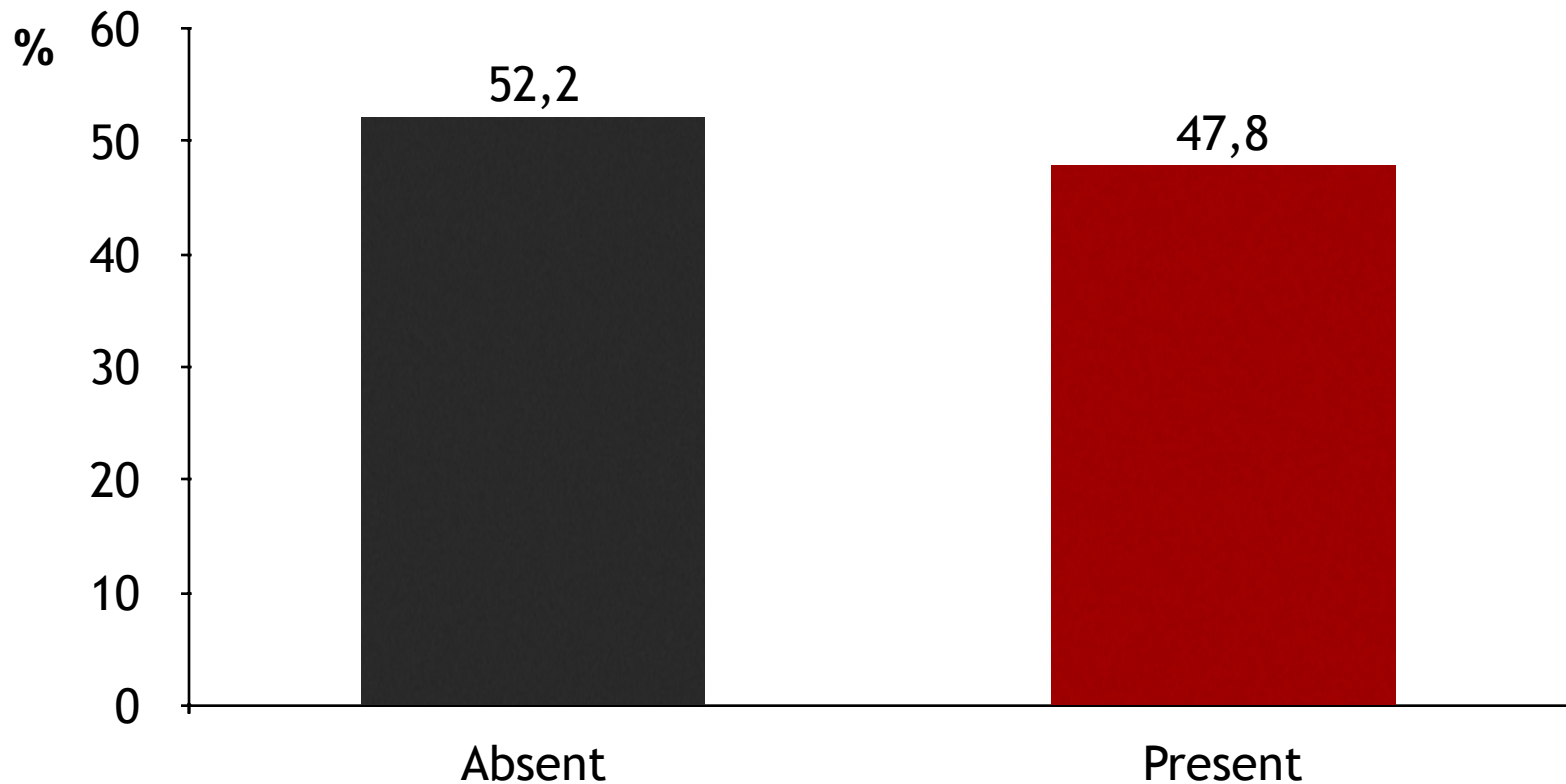
improvement of **OC** symptoms
in 64% of patients



worsening of **OC** symptoms
in 78% of patients

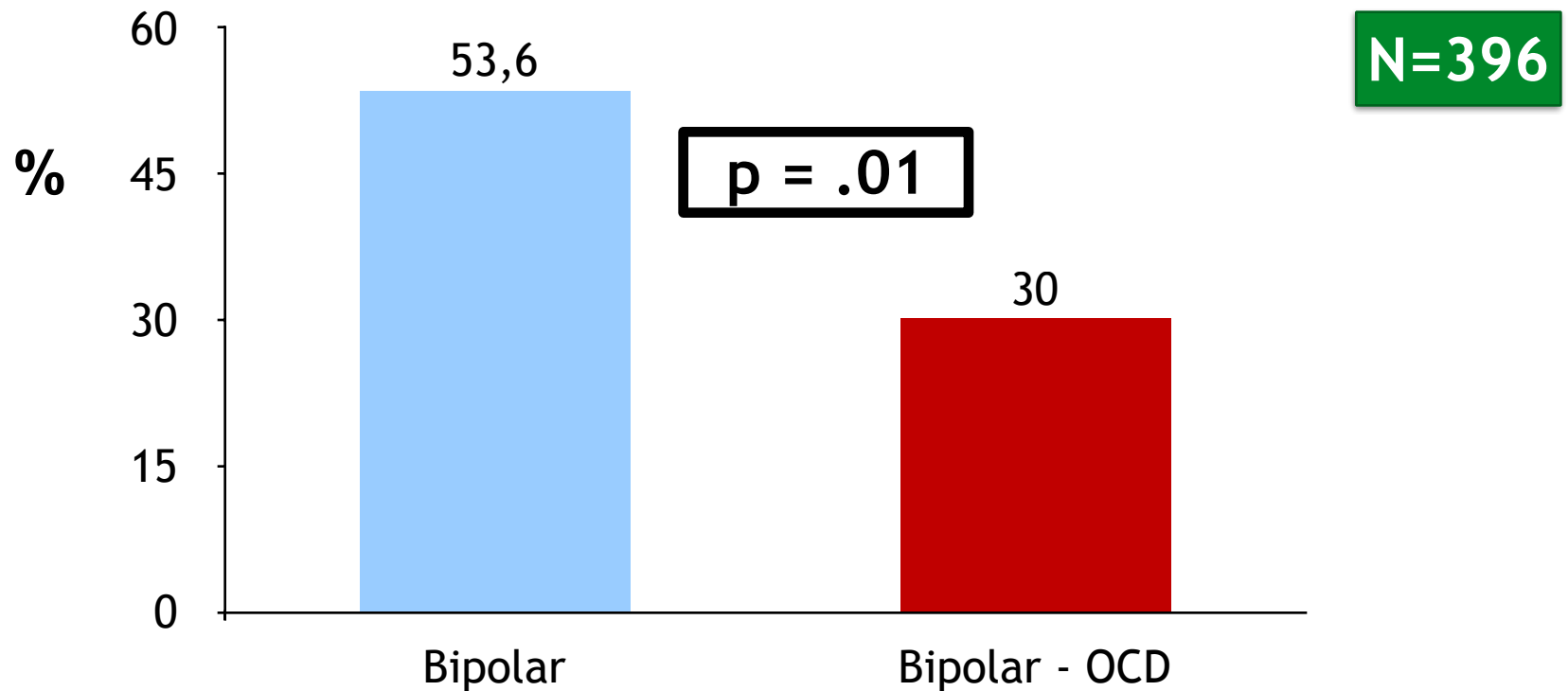
The temporal relationship between anxiety disorders and (hypo)mania: a retrospective examination of 63 panic, social phobic and obsessive–compulsive patients with comorbid bipolar disorder

Obsessive-compulsive disorder (N=54)



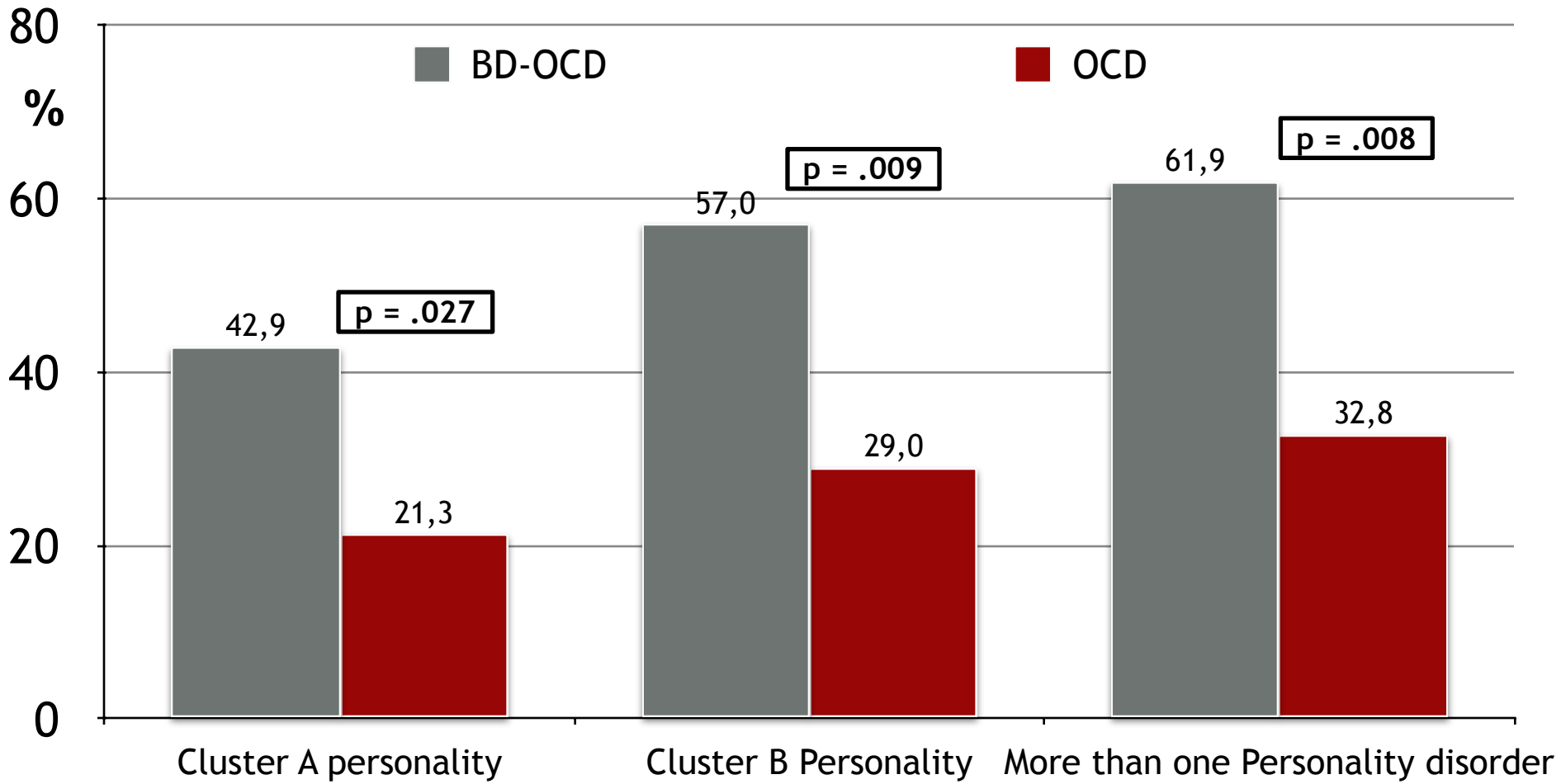
Comorbid obsessive compulsive disorder in patients with bipolar-I disorder

current psychotic symptoms



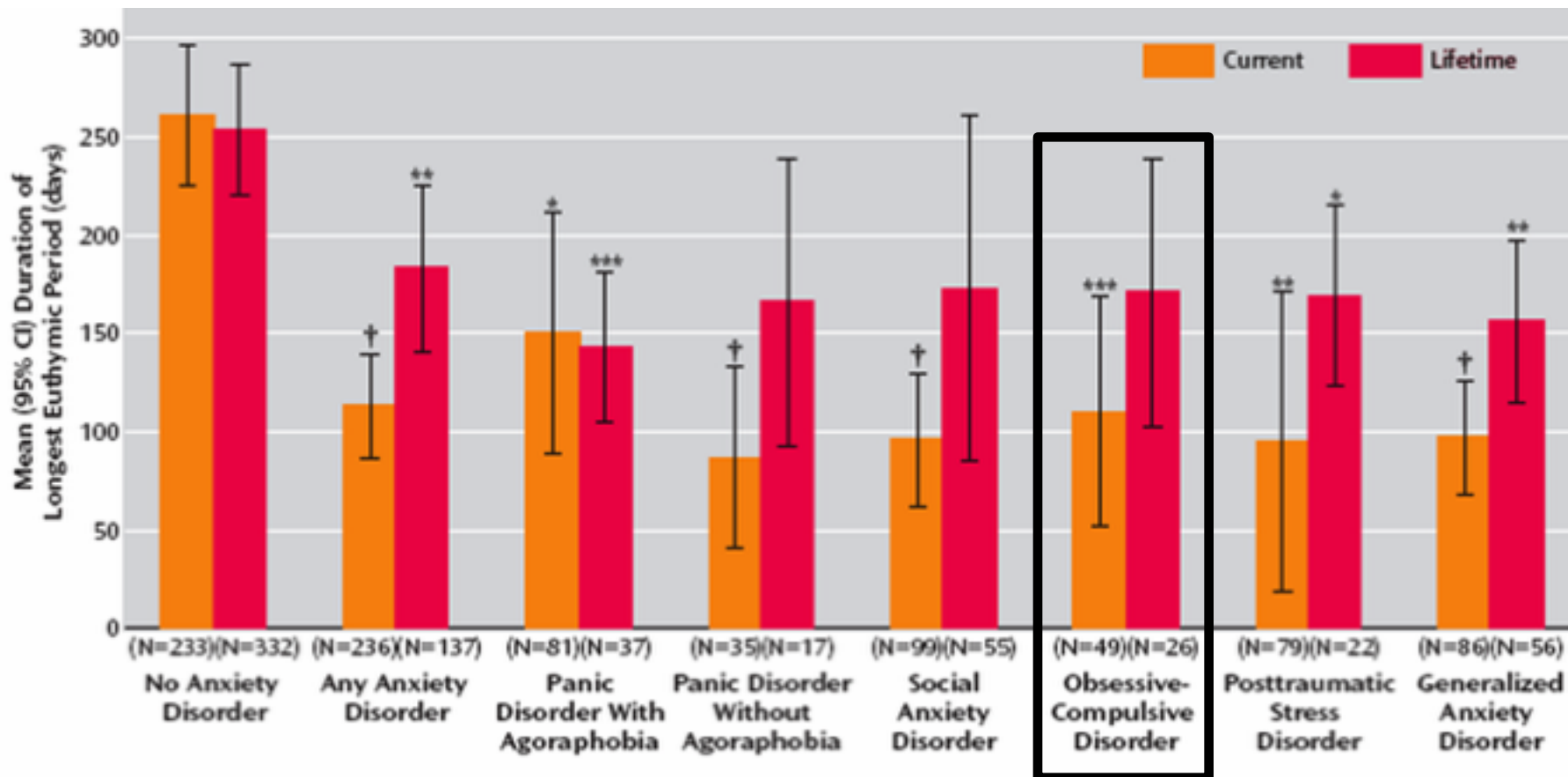
Bipolar obsessive-compulsive disorder and personality disorders

N=204



OCD comorbid reduces euthymic period

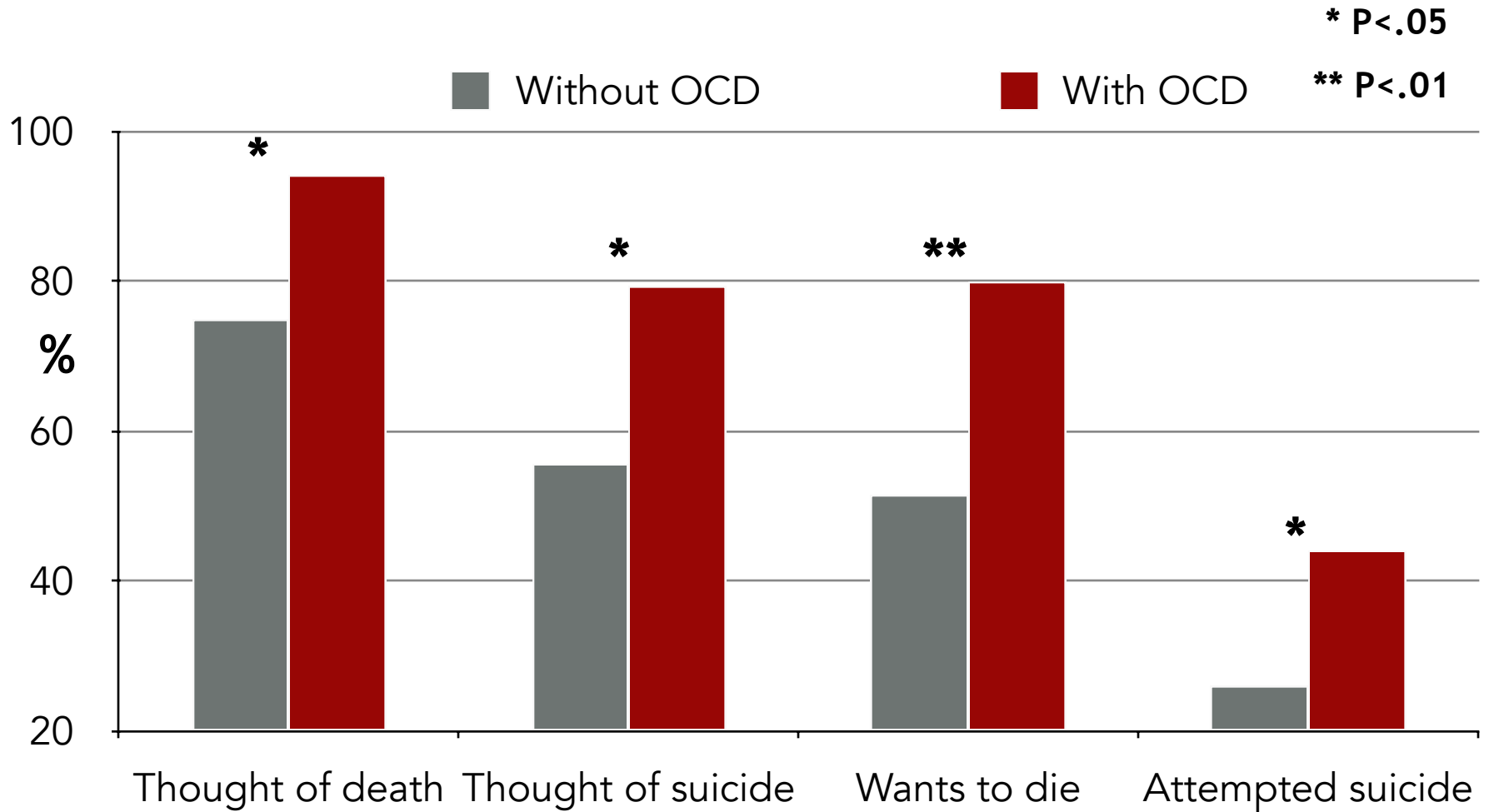
Results from STEP-BD



^a Analyses of difference are for each diagnosis versus no anxiety disorder diagnosis.

* $p < 0.05$. ** $p < 0.01$. *** $p < 0.001$. † $p < 0.0001$.

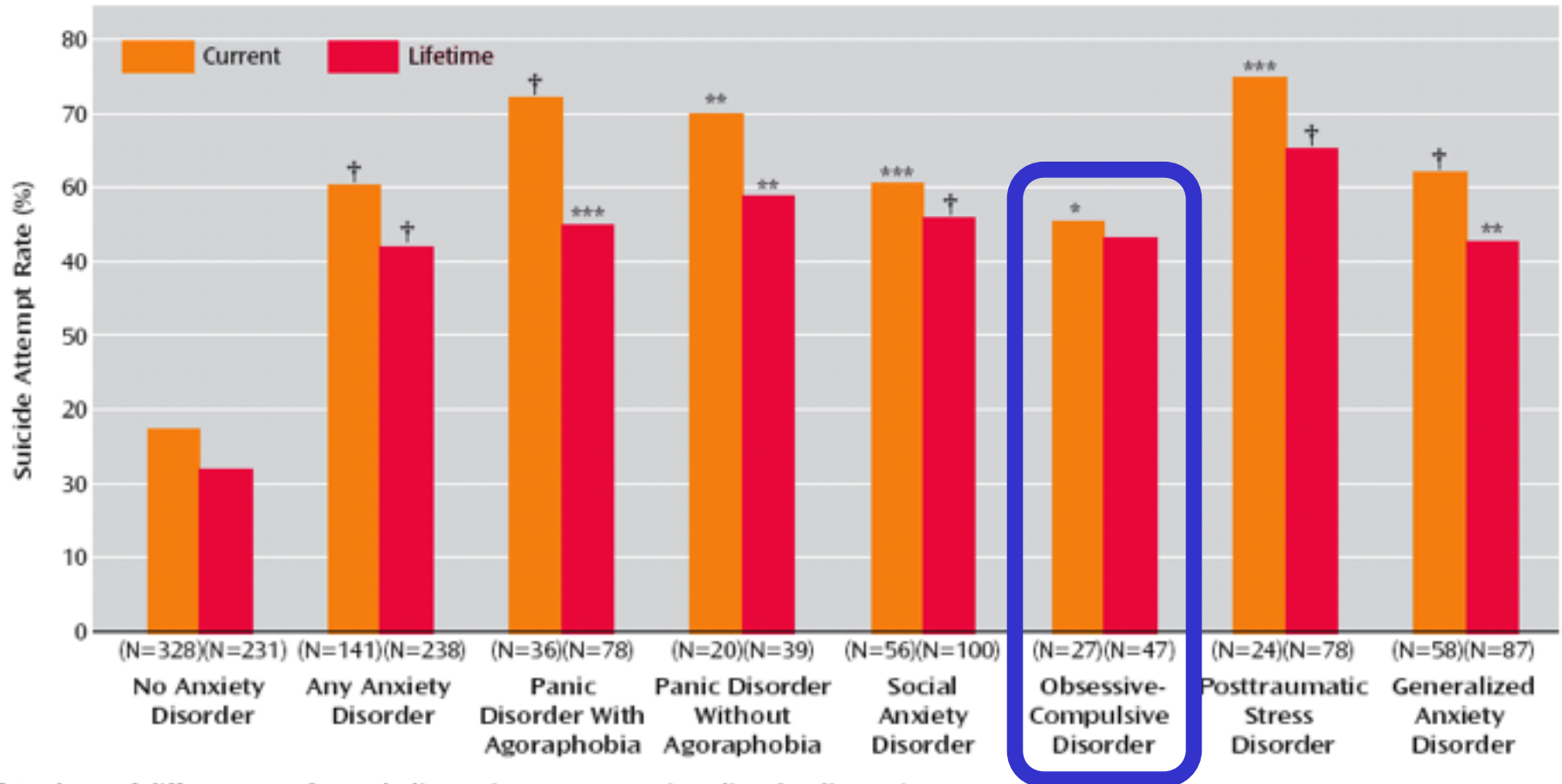
OCD comorbid increases suicidality



OCD comorbid increases suicidality

Results from STEP-BD

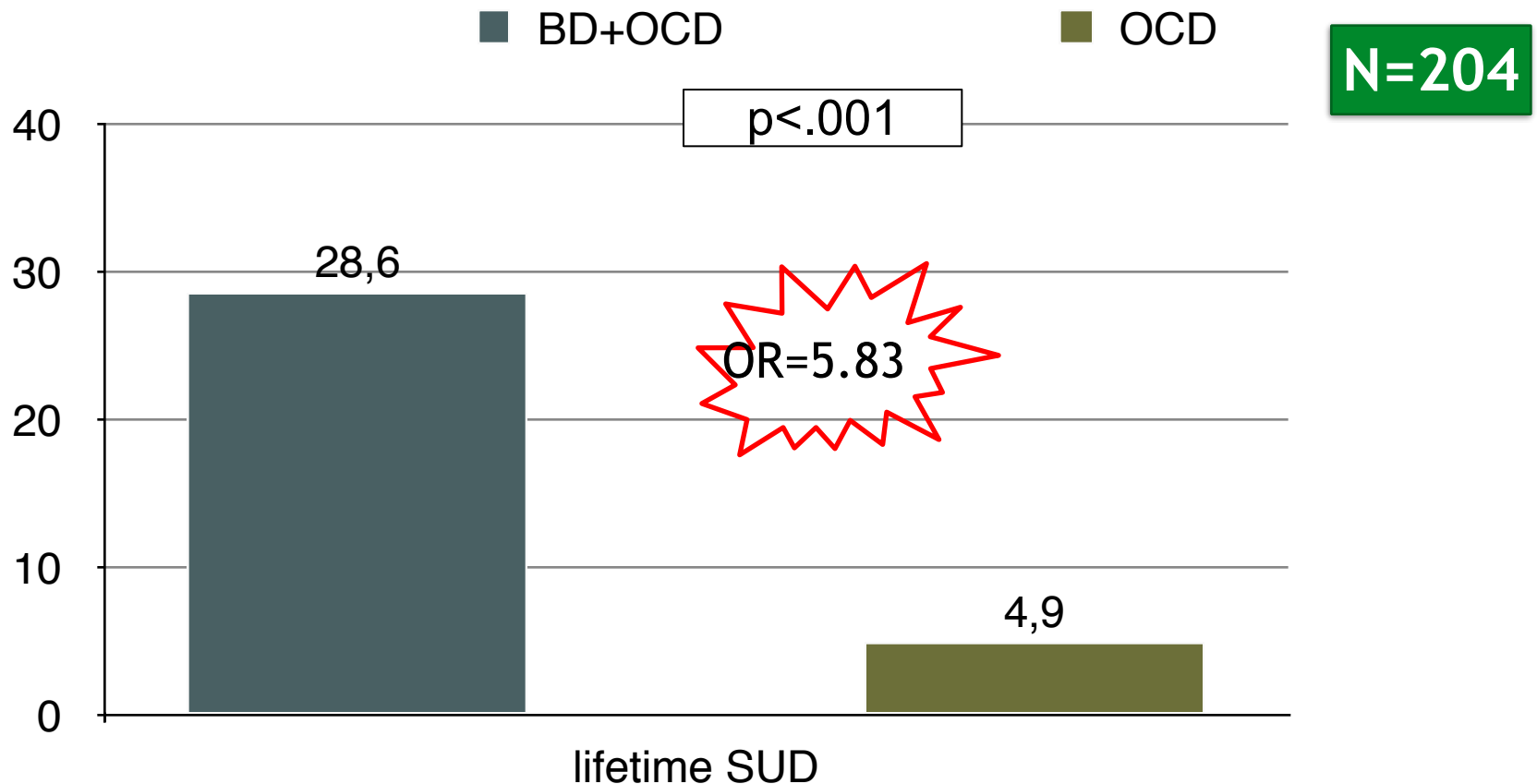
FIGURE 2. History of Suicide Attempts in 469 Bipolar Disorder Patients Enrolled in the Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD), by Comorbid Anxiety Diagnosis^a



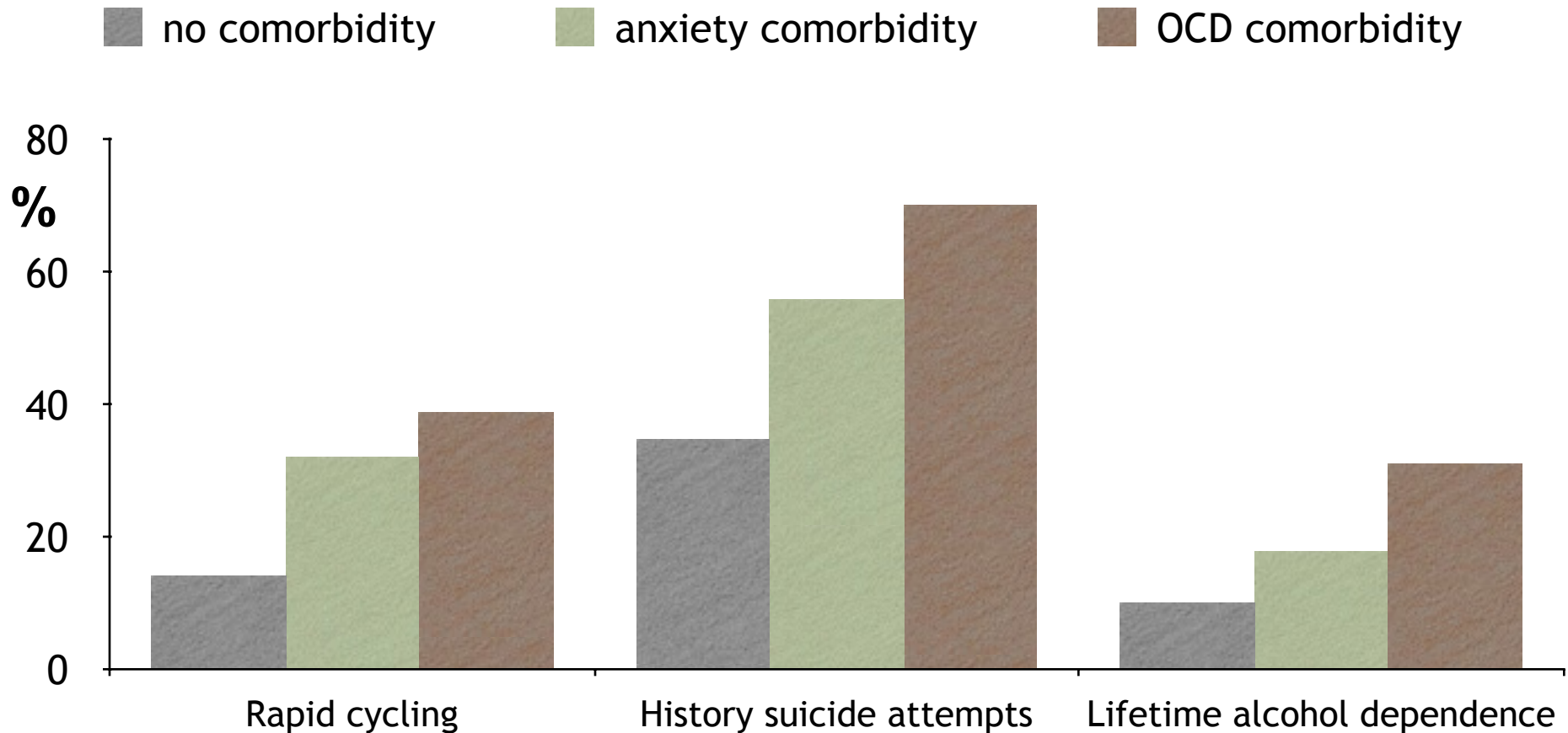
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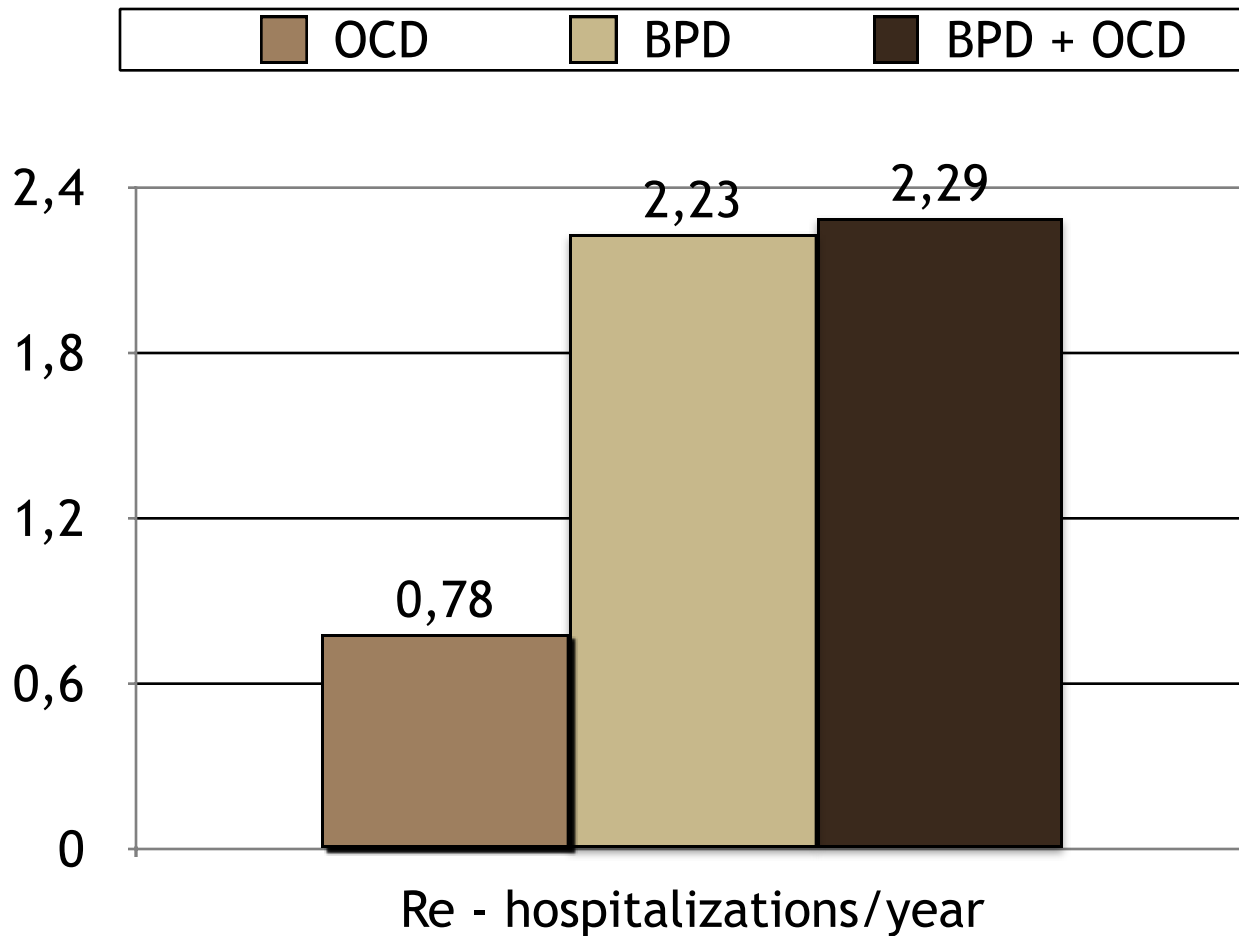
OCD-BD increases Substance use disorders



Correlates and impact of obsessive-compulsive comorbidity in bipolar disorder

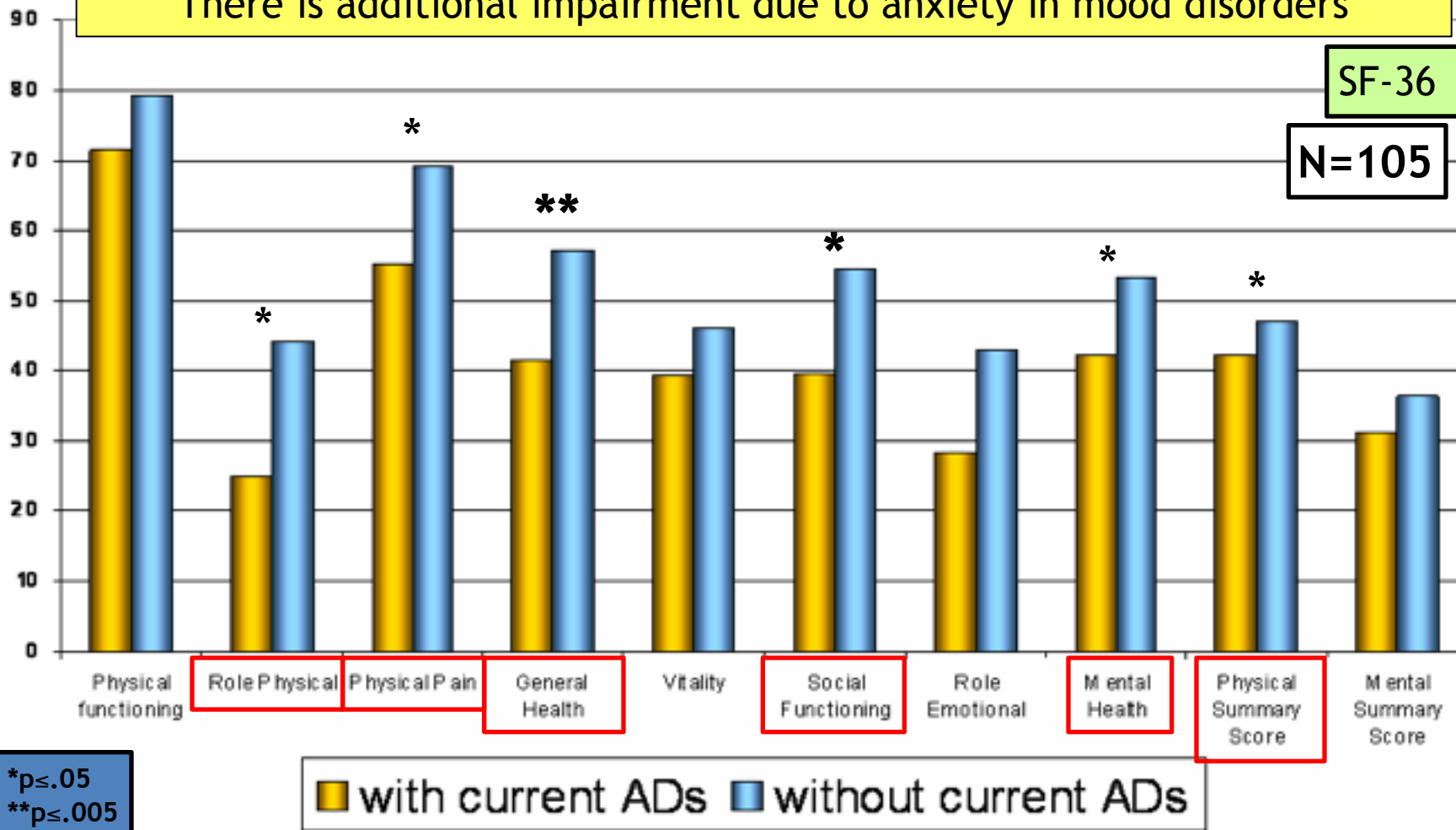


Clinical outcome in patients with bipolar I disorder, obsessive compulsive disorder or both

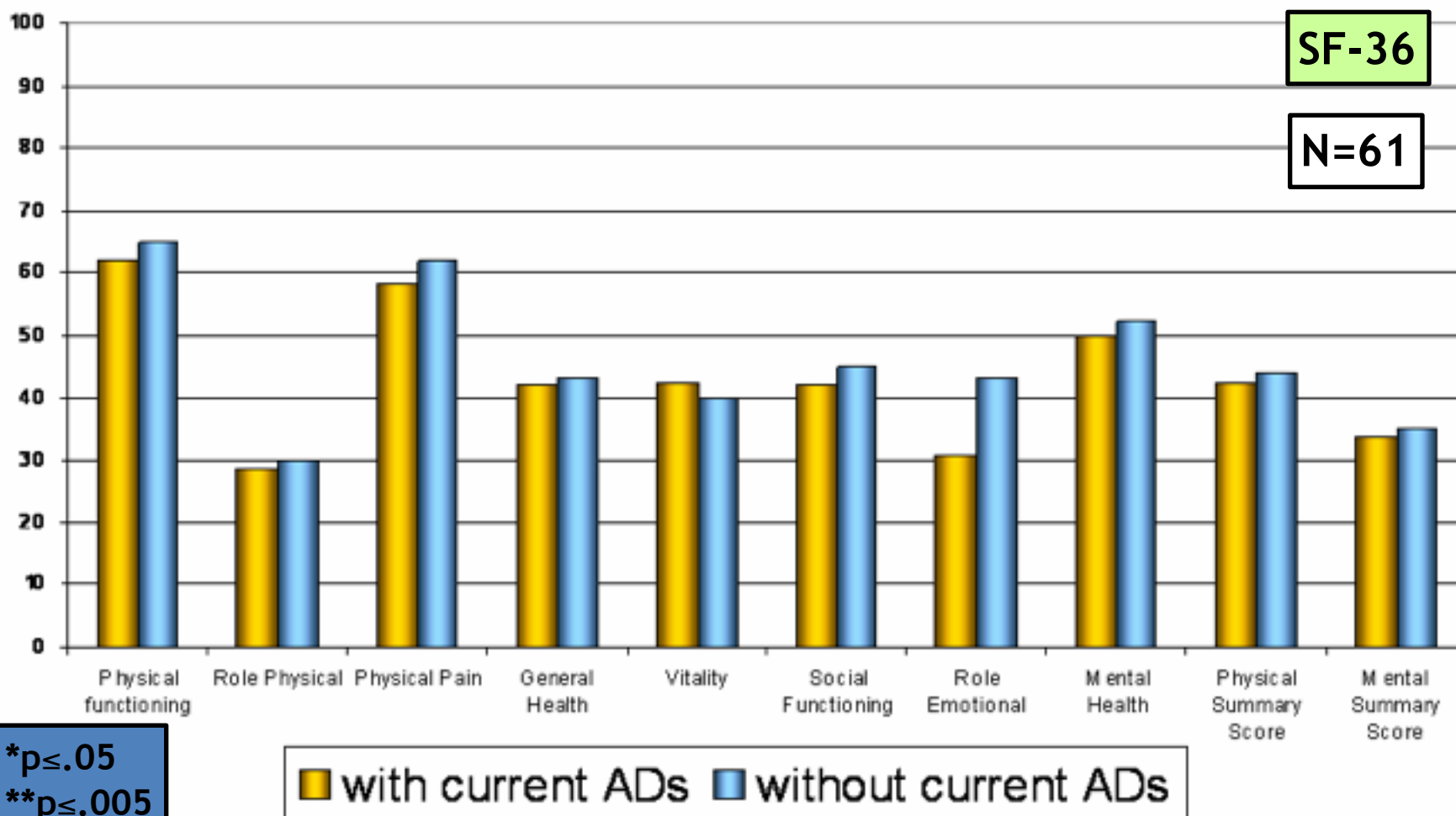


Impact of Anxiety Disorder comorbidity on Quality of Life in Euthymic Bipolar Disorder Patients: all bipolar

There is additional impairment due to anxiety in mood disorders



Impact of Anxiety Disorder comorbidity on Quality of Life in Euthymic Bipolar Disorder Patients: bipolar II



Il paziente con disturbo bipolare e disturbo ossessivo-compulsivo

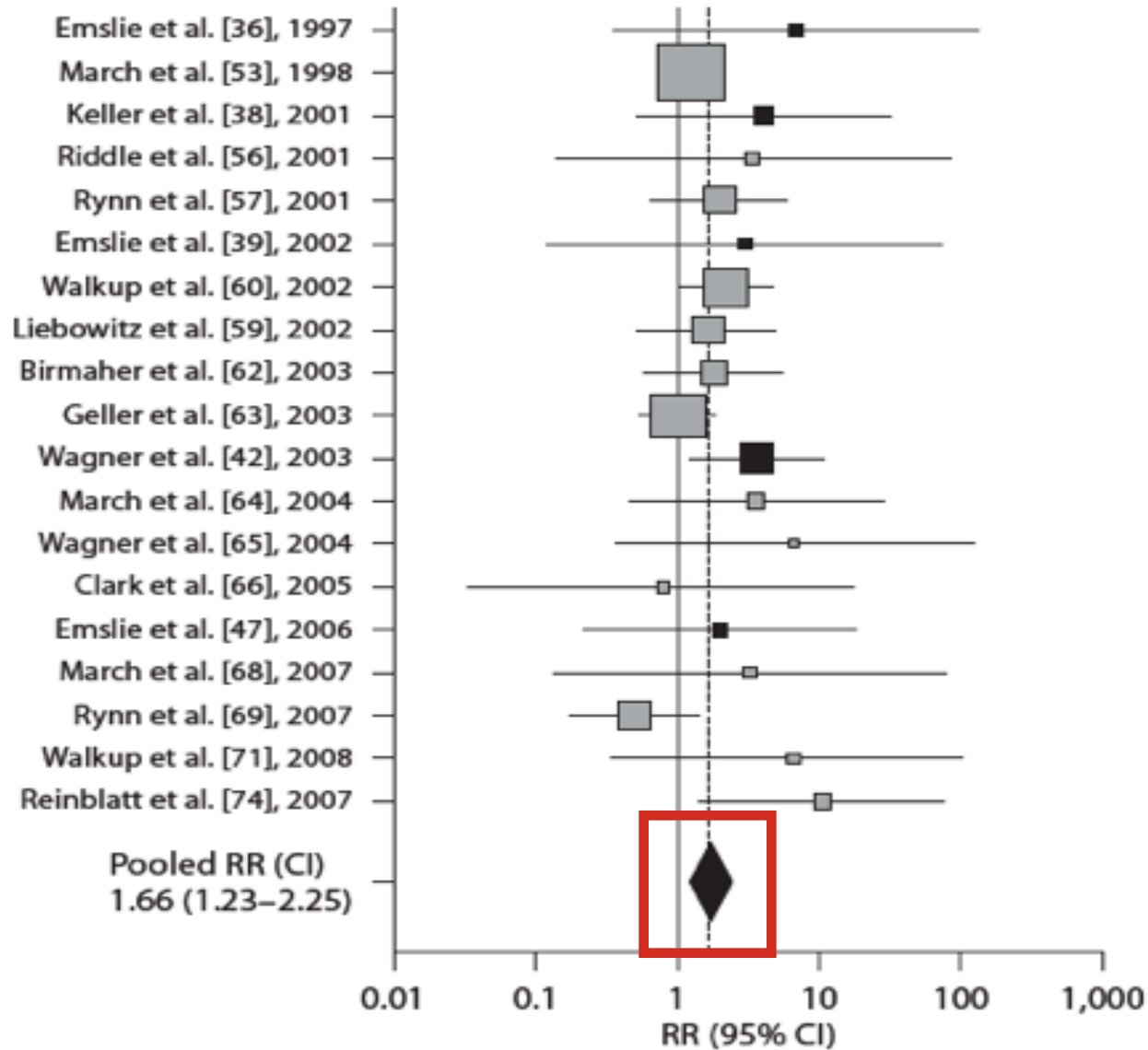
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Clinical management of obsessive-compulsive bipolar comorbidity: a case series

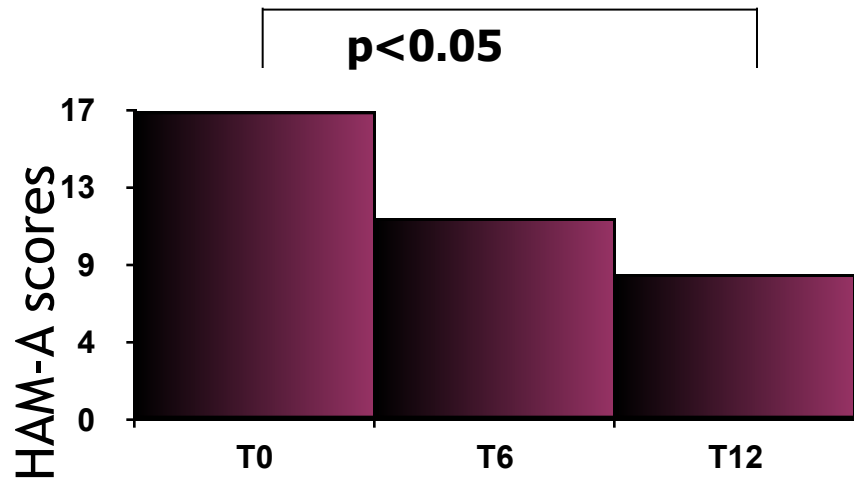
Current or past evidence of manic episodes or induction of (hypo)mania by antidepressants	Worsening of OCD symptoms with antidepressants	Improving of OCD symptoms with mood stabilizers or atypical antipsychotics
Yes	No	?
Yes	No	Yes
Yes	Yes	Yes
Yes	Yes	Yes
Yes	No	Yes
Yes	No	Yes
Yes	Yes	Yes
100%	42,8%	87,5%

These cases suggest herarchical priority to a bipolar disorder diagnosis

Excessive mood elevation and behavioural activation with antidepressant treatment of juvenile depressive and anxiety disorders: a systematic review

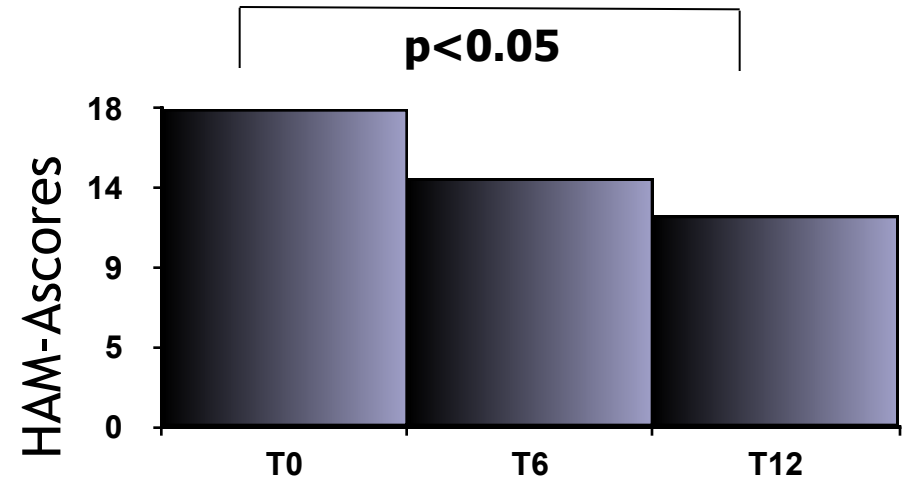


Olanzapine or Lamotrigine Addition to Lithium in Remitted Bipolar Disorder Patients With Anxiety Disorder Comorbidity: A Randomized, Single-Blind, Pilot Study



■ Olanzapina

N = 24



■ Lamotrigina

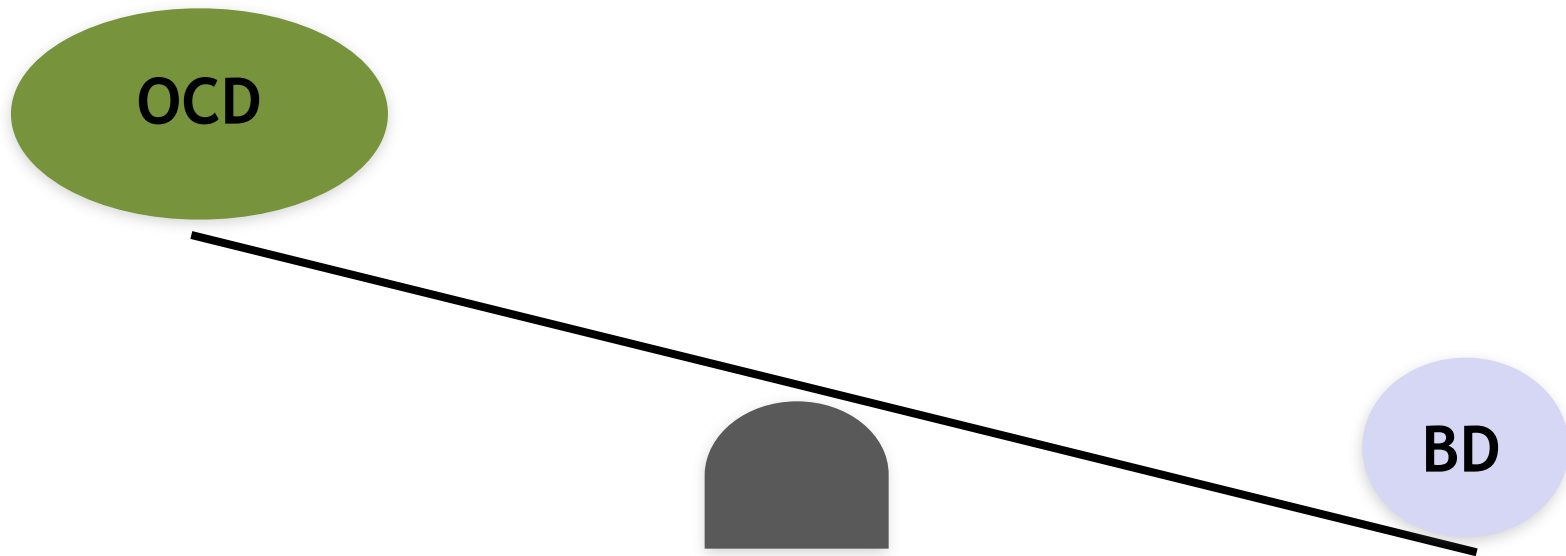
N = 23

The Canadian Network for Mood and Anxiety Treatments (CANMAT) task force recommendations for the management of patients with mood disorders and comorbid anxiety disorders

Level of evidence	Pharmacologic agent
Level 1 (≥ 2 RCTs or meta-analysis)	Quetiapine ^{a,b} Olanzapine ^{a,b}
Level 2 (1 RCT)	Divalproex sodium ^{a,b,c} Lamotrigine ^{a,b} Serotonergic antidepressants ^d Olanzapine-fluoxetine combination ^a
Level 3 (prospective open-label trial with $n \geq 10$)	Gabapentin ^a Lithium ^{a,b} Risperidone ^{b,e} Aripiprazole ^b
Level 4 (anecdotal data or expert opinion)	Benzodiazepines ^f Pregabalin ^f

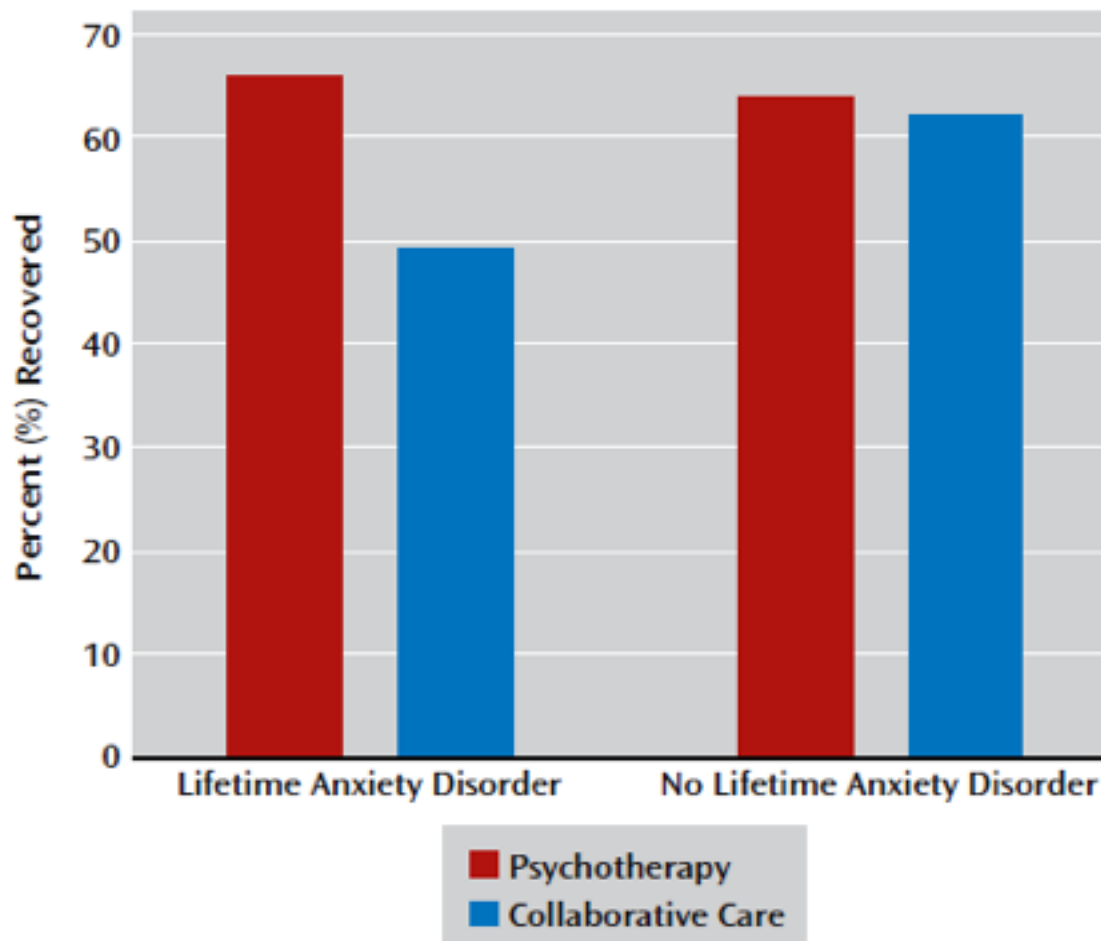
The initial goal of in pharmacologic management of patients with bipolar and co-occurring OCD is

mood stabilization



In a minority of BD patients with refractory OCD,
addition of low doses of antidepressants might also be considered
while strictly monitoring emerging symptoms of (hypo)mania

Do Comorbid Anxiety Disorders Moderate the Effects of Psychotherapy for Bipolar Disorder? Results From STEP-BD



Do Comorbid Anxiety Disorders Moderate the Effects of Psychotherapy for Bipolar Disorder? Results From STEP-BD

TABLE 3. Moderator Effects of Specific Anxiety Disorders on Collaborative Care and Psychotherapy for Bipolar Depression

	<u>Psychotherapy</u>			<u>Collaborative Care</u>			Number Needed to Treat	SE ^a	95% CI
	N	Number Recovered	Recovered (%)	N	Number Recovered	Recovered (%)			
Obsessive-compulsive disorder									
Obsessive-compulsive disorder									
Lifetime	21	15	71	18	11	61	10.00	15.10	-6 to 3
Current	10	7	70	13	7	54	6.25	20.00	-5 to 2

Conclusions

BD-OCD is a critical issue in psychiatry;

OC symptoms usually are manifestations of depressive or (hypo)manic mood episodes and persist during euthymic phase;

BD-OCD may respond better to mood stabilizers and atypical antipsychotic: antidepressants should be used only in a minority of refractory OCD.

Clinical stages in the evolution of bipolar disorder based on high risk studies

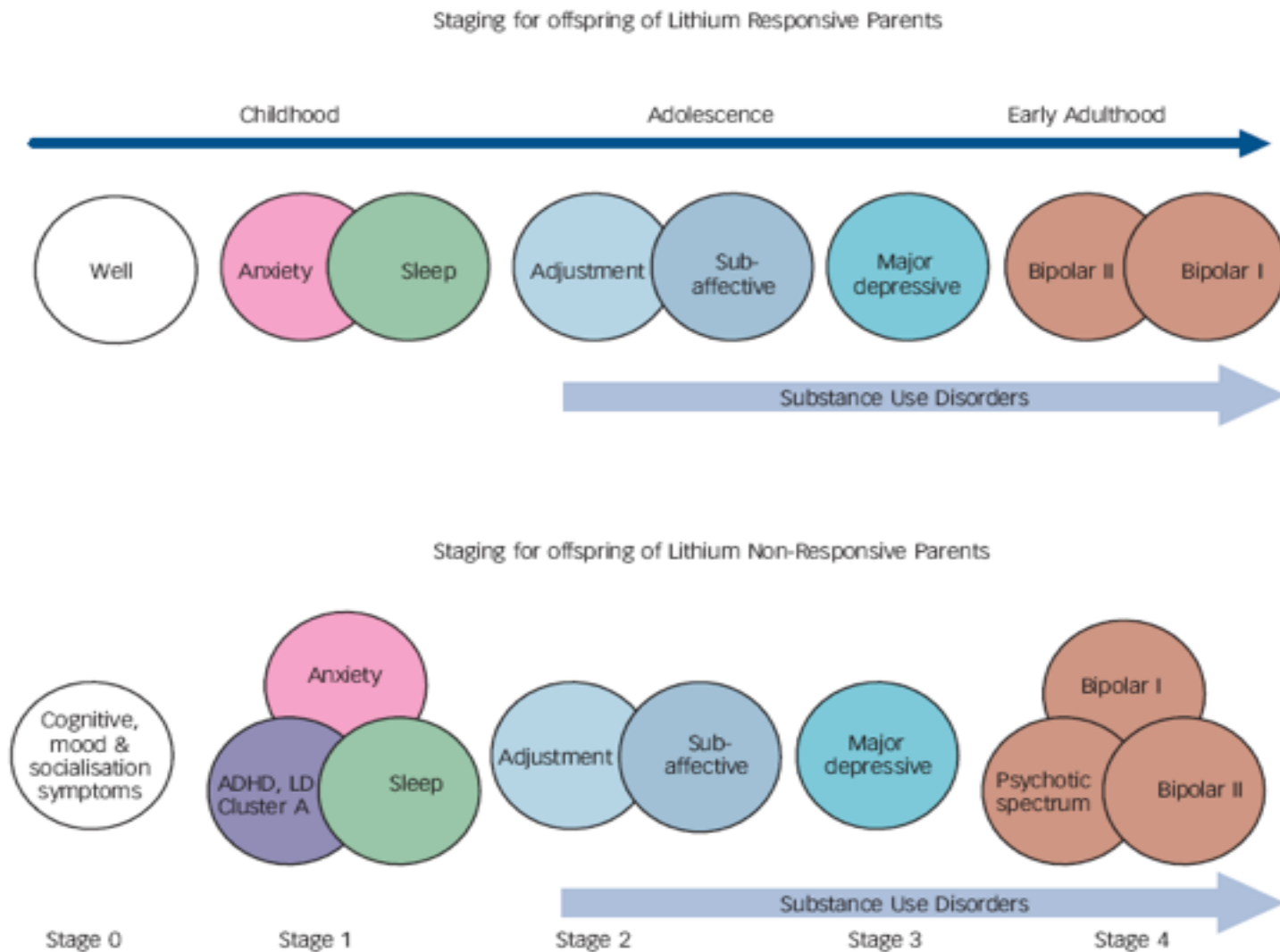


Fig. 2 Clinical staging model of bipolar disorder in high-risk offspring subgroups.