The challenge of conventional bipolar treatment in Hong Kong is partly due to misdiagnosis of bipolar disorder as major depressive disorder by inexperienced doctors. Bipolar disorder patients who receive antidepressants alone as monotherapy are likely to exacerbate hypo-manic symptoms. Moreover, the prolonged time in reaching the correct diagnosis leads to delayed treatment which renders cerebral deterioration. Another challenge is poor drug compliance of patients. This may be partly contributed by patients' self-determining wrongly that they have recovered from bipolar disorder and partly due to stopping medication because of intolerance to drug adverse effects.

When choosing treatment, it is essential to manage patients for the long haul. Therefore, doctors must choose treatment very differently in maintenance therapy where long-term safety and tolerability should be taken into consideration to balance against efficacy. Aripiprazole once-monthly has a unique partial agonistic property in treating bipolar disorder. It can inhibit excessive activation of dopaminergic receptors that leads to manic episodes, as well as up-regulating dopaminergic receptors for improving depressive symptoms. As compared to other antipsychotics, it has a well-tolerated safety profile which can contribute towards better patient compliance.

Dr. Mak Ki Yan, Daniel
SABAD Member

A major challenge in bipolar affective disorder is for the patients and family members to have adequate understanding of the illness. Without better understanding, patients may stop medication abruptly when they feel the symptoms have disappeared. With poor drug compliance this can lead to brain deterioration that not only affects executive function but renders each relapse to be more frequent while each episode to be longer. It is not unusual for family members of patients to eventually turn into patients themselves due to the stress taking care of the patients.

Aripiprazole once-monthly is a breakthrough for treating bipolar affective disorder as it possesses the ability to both activate and inhibit dopaminergic receptors to act on depressive and manic symptoms. Using this long-acting injectable early is a good strategy as opposed to saving it to last resort since it can preserve brain function by preventing relapse. Thus, this should be especially beneficial for young and high functioning patients. Though in the short term using a long-acting injectable for bipolar affective disorder may look comparatively costly especially compared to 1st generation injectable or oral medication, in the long term this can reduce overall cost through less hospitalisation and enabling patients' functioning in society through productive work and getting on with friends and family.

Dr. Wong Ming Cheuk, Michael
SABAD Council Member

AOM 400 = aripiprazole once-monthly 400 mg. CI = confidence interval. HR = hazard ratio. LAI = long-acting injectable. MDD = major depressive disorder.

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SABAD Symposium Highlight

Long-Acting Injectable in Bipolar Treatment

Over the years, there has been an increasing realisation that a substantial part of patients suffering from bipolar disorders do not respond well to traditional pharmacological management, and that therapeutic alternatives are needed.[1] Recently, next-generation antipsychotics and other therapeutic agents have been examined as potential treatments for bipolar disorder.[1] At a recent scientific symposium in May 2019, the Society for Advancement of Bipolar Affective Disorder was honoured to have Prof. Siegfried KASPER from the Medical University of Vienna in Austria to discuss the new advancements in the management of bipolar disorder.

Prof. Siegfried Kasper M.D.
Professor of Psychiatry and Chair, Department of Psychiatry and Psychotherapy,
Medical University of Vienna, Austria

"49% of bipolar patients were misdiagnosed as MDD. Doctors should always look for the presence of bipolar features, such as mood swing"

Bipolar Disorder: An Overview

Bipolar disorder is a highly prevalent psychiatric illness, with an equal gender ratio in bipolar I disorder and a greater female representation in bipolar II disorder.[2] Its disease onset is slightly earlier in males compared with that in females, with 48% of males having disease onset before 25 years old while only 33% of females having disease onset before the age of 25.[2] Prof. Kasper emphasised that "Whenever a young adult patient shows up and presents with depressive symptoms, we should always look for the presence of bipolar features as well, such as mood swings". Among bipolar patients, the mean age of early onset is around 26 years.[3]

Diagnostic Challenges in Bipolar Disorder

Bipolar disorder is oftentimes under-recognised and under-diagnosed. According to the findings from the U.S. Mood Disorder Questionnaire, only 19.8% of bipolar patients were correctly diagnosed with bipolar disorder, while 49.0% of the patients were undiagnosed.[4] Bipolar disorder frequently begins with a depressive episode, and hence is most often misdiagnosed as MDD, with 31.2% of patients being misdiagnosed.[4] Misdiagnosis is a serious management issue in bipolar disorder, as it could lead to delay in recognition of true underlying illness, and the misdiagnosed patients are also more likely to receive inappropriate treatment than those correctly diagnosed.[2,5,6]

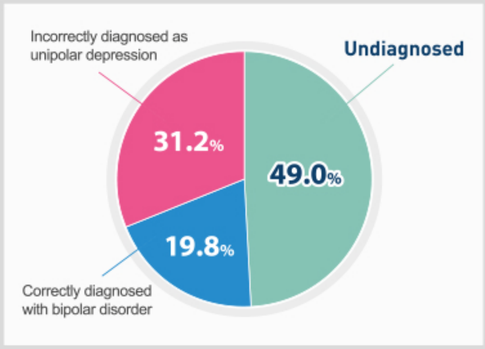

Figure 1. Diagnostic status of U.S. adult population with positive screens for bipolar I or II disorders using Mood Disorder Questionnaire (MDQ).[4]