

Overview of the Institutional Treatment Team and Their Role in Treating Patients With Schizophrenia and Bipolar Disorder

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Disclosure Statement

Employee Of	Massachusetts General Hospital
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Stockholder In	Appliance Computing, Inc. (MindSite); Brain Cells, Inc., Medavante
Grant Support From	AFSP, AHRQ, BBRF, Bristol-Myers Squibb, Cederroth, Cyberonics, Forest Pharmaceuticals, GlaxoSmithKline, Janssen Pharmaceutica, Lichtwer Pharma, Eli Lilly, NARSAD, NIMH, PCORI, Pfizer, Shire, Stanley Foundation, Wyeth-Ayerst
Honoraria From	MGH Psychiatry Academy in the past 3 years (Prior to 3 years ago, honoraria from Bristol-Myers Squibb, Cyberonics, Forest Pharmaceuticals, GlaxoSmithKline, Eli Lilly,, Shire, Wyeth-Ayerst), No speaker bureaus since 2003

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Other Income	MBL Publishing for past services as Editor-in-chief of CNS Spectrums; Slack Inc. for services as Associate Editor of Psychiatric Annals; Editorial Board, Mind Mood Memory, Belvior Publications
Patents and Copyrights	Copyright joint ownership with MGH for Structured Clinical Interview for MADRS and Clinical Positive Affect Scale
Additional Honoraria	ADURS, Brain and Behavior Research Foundation Colvin Prize, University of :Pisa, University of Wisconsin at Madison, University Texas Southwest at Dallas, Health New England and Harold Grinspoon Charitable Foundation and Eli Lilly and AstraZeneca, American Society for Clinical Psychopharmacology and Zucker Hillside Hospital and Forest and Janssen, Brandeis University, International Society for Bipolar Disorder

Outline



- Institutional Treatment Team
- Treatment settings
- Phases of Illness
 - Schizophrenia
 - Bipolar Disorder
- Staging of Illness
 - Schizophrenia
 - Bipolar Disorder
- Transitions

Institutional Treatment Team



- Psychiatrist and patient
 - Trusting relationship
 - Manage meds
 - Provide psychiatric care
 - Coordinate care
- Psychologist
 - Expert psychosocial treatments
- Primary Care Physician
- Case Manager
- Inpatient team

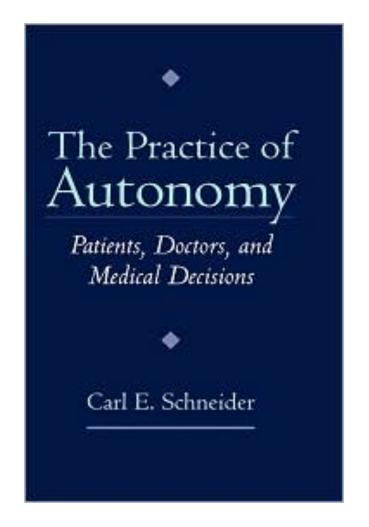


". . . For the secret of the care of the patient is in caring for the patient."

Lecture by Francis W. Peabody to Harvard students on October 21, 1925



Patient Autonomy vs. Physician Authority

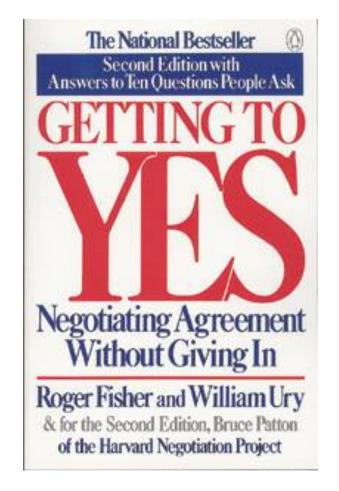




Majority of treatment is outside of the treatment settings.



Negotiate, collaborate, reach concordance, and share decisions





Self-management of chronic illness

Listen to Your Mother





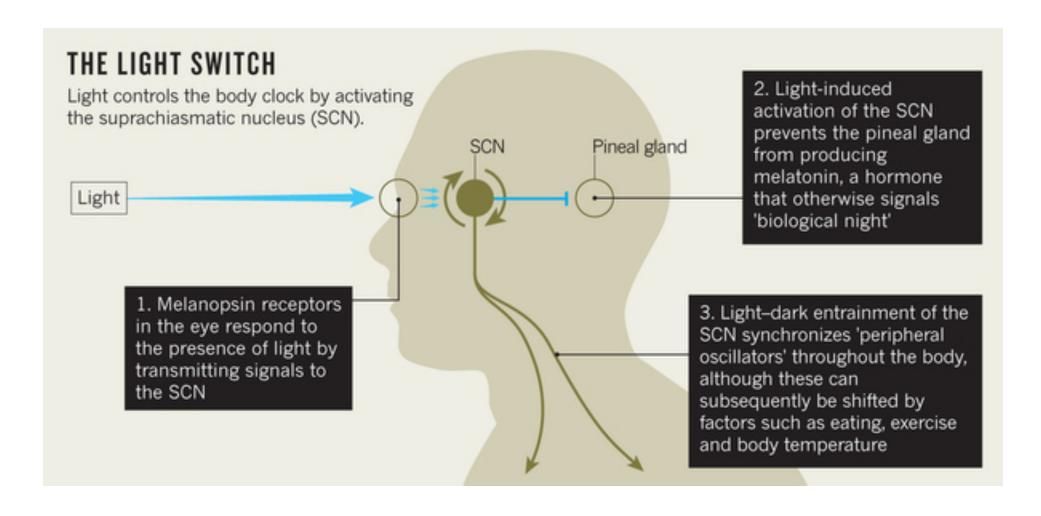


Your mother was right.



Get a good night's sleep.





Sleep Hygiene

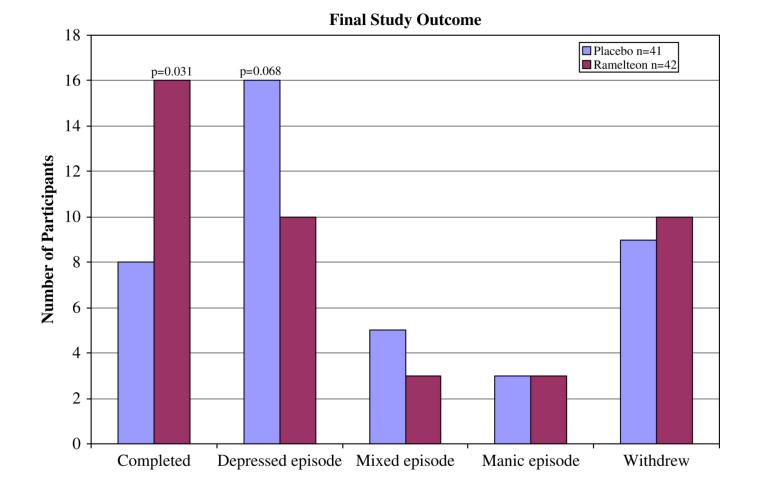


- Use the bed and bedroom only for sleeping
- Go to bed only when feeling tired
- Get out of bed and leave bedroom when unable to fall asleep within 30 minutes
- Return to bed when tired
- Wake up and get out of bed at the same time every day



Ramelteon for Insomnia in Euthymic Bipolar Disorder

- 8 mg
- 24 weeks





"Eat food. Not too much. Mostly plants."

Michael Pollen. Food Rules: An Eater's Manual 2009



People with bipolar disorder eat a less healthy diet.

- Higher glycemic index
- Higher "Western Diet"
- Higher "Modern Diet"
- Lower "Traditional Diet"
- Associative or causal?
- Source of increased inflammatory load?
- Will a better diet lead to better outcomes?



Don't smoke.

Smoking increases inflammation

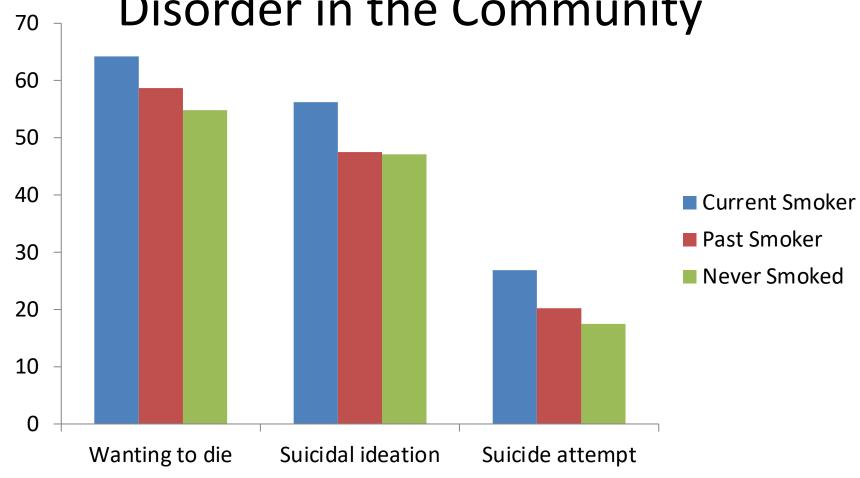


- increased levels of acute phase proteins
 - CRP
 - pro-inflammatory cytokines
 - IL-1β, IL-6 and TNF– α ,
- direct effects in activation of microglia and astrocytes

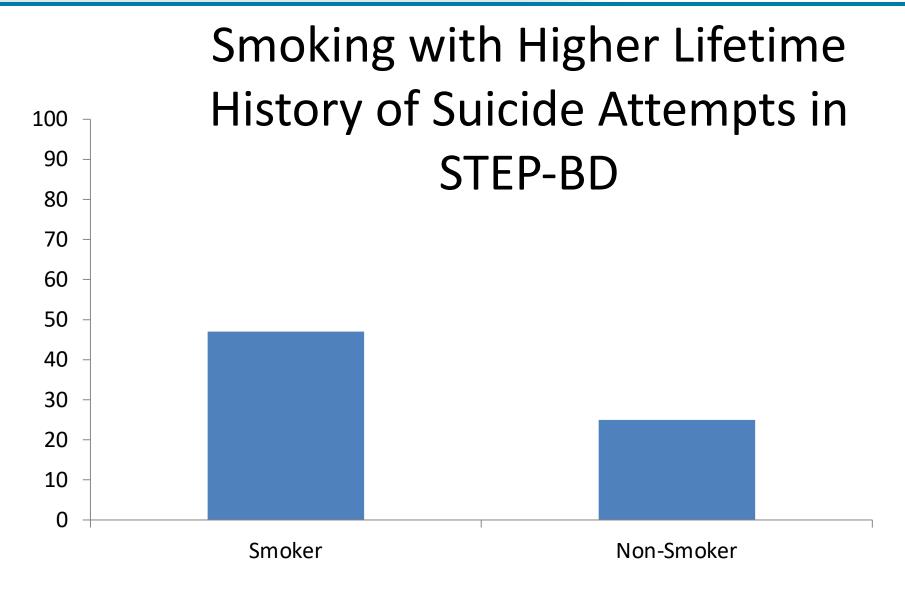
Smoking Associated with



Increased Suicide in Bipolar Disorder in the Community





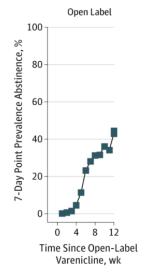


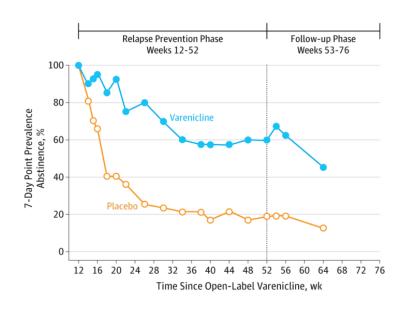
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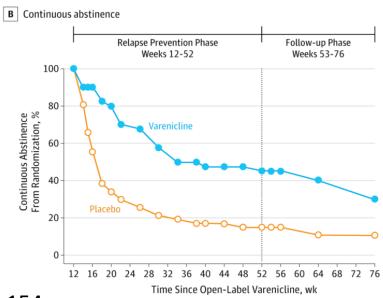
Varenicline helps stop smoking.













Get organized.

Cognitive Rehabilitation



- Tasks done at work to improve performance
 - Organization
 - Time management
 - Priorities
- Improved
 - Presenteeism
 - Total lost work days
 - Executive functioning



Drink moderately.



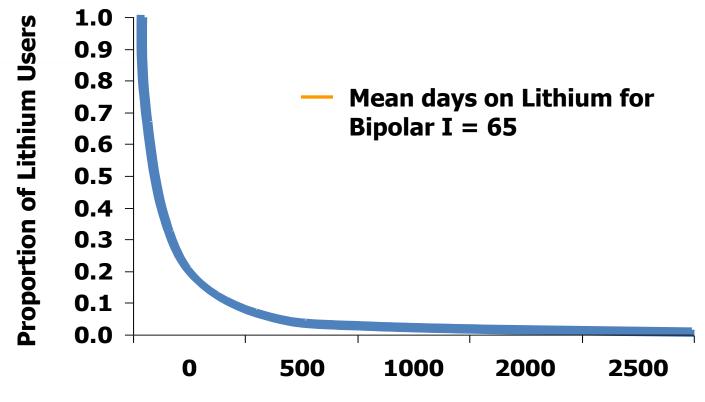
Don't abuse drugs.



Listen to your doctor and take your medicine.



Time on Lithium Following Initial Prescription



Days of Continuous Lithium Use

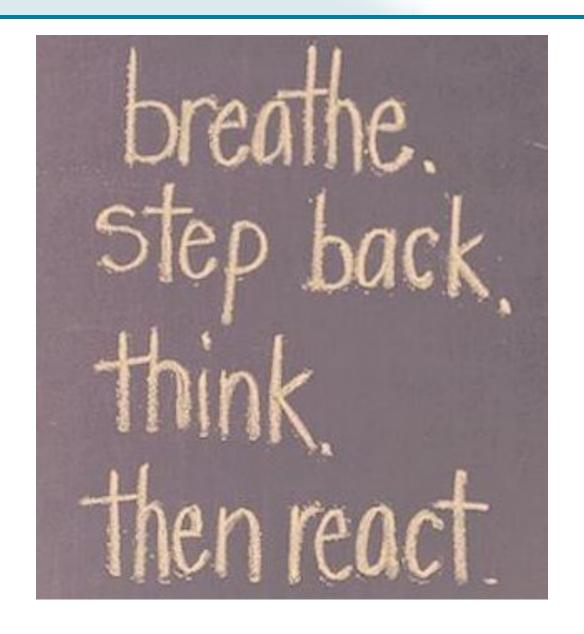


Count to 10 before you get angry.



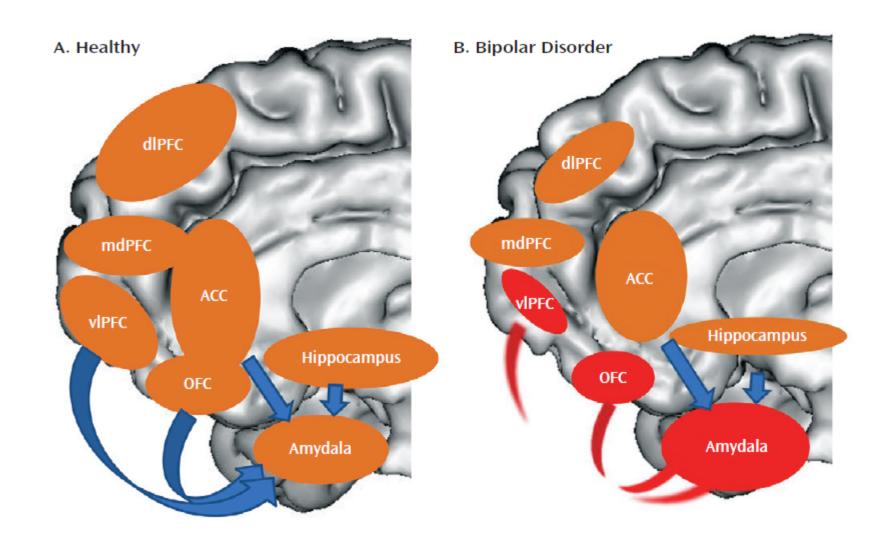
http://jtmoore.org/mindfulness-for-children-at-jtm/





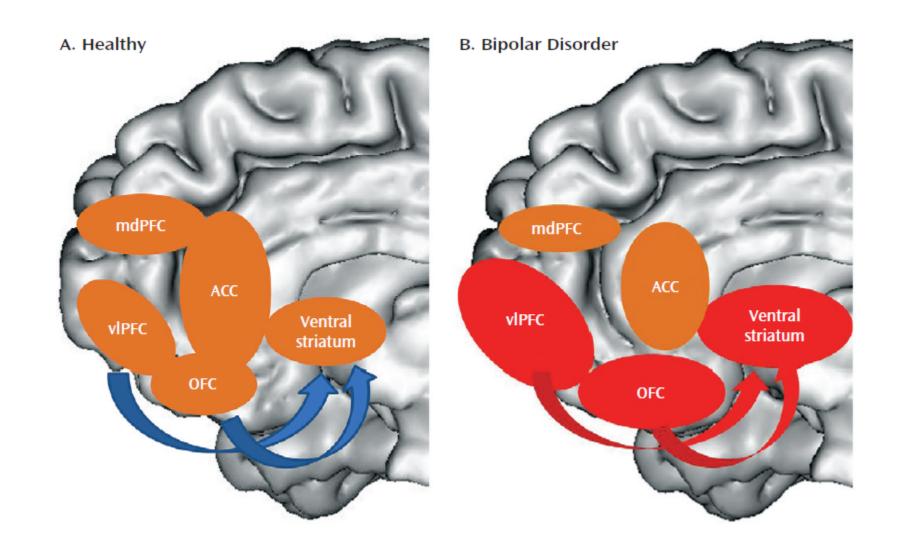
Key Nodes Emotional Processing



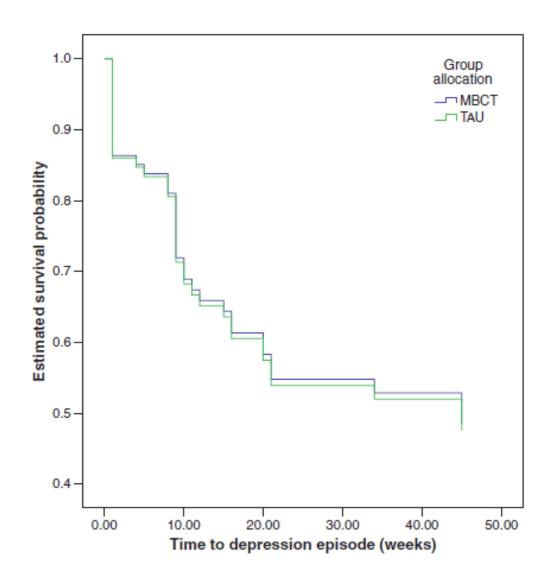


Key Nodes in Reward Processing



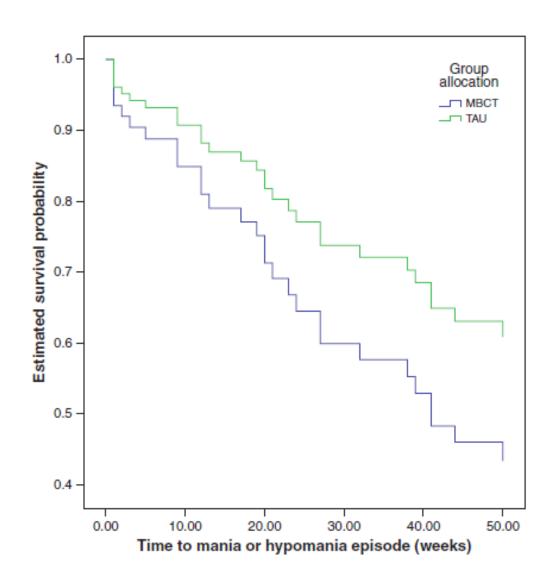


Mindfulness CBT for Bipolar Disorder: Depressive Relapse



Mindfulness CBT for Bipolar Disorder: Manic or Hypomanic Relspse





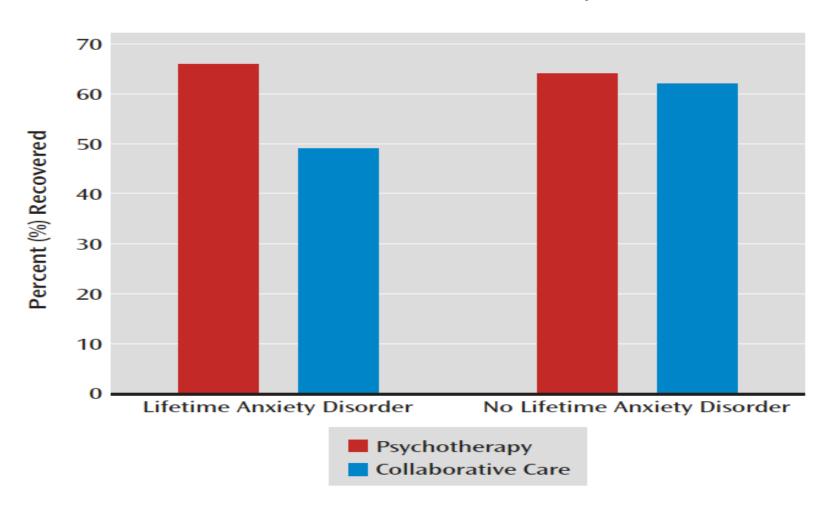


Don't be so nervous.



Intensive psychotherapy better than

psychoeducation *only* if bipolar patients have comorbid anxiety.





Send thank you notes.



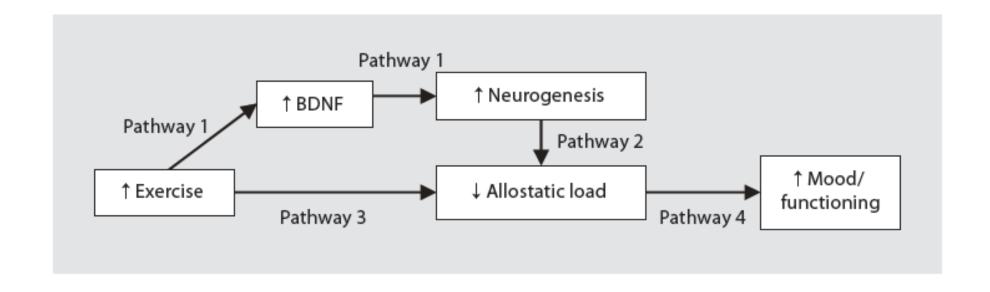
Be kind.



Exercise

Bipolar Disorder and Exercise





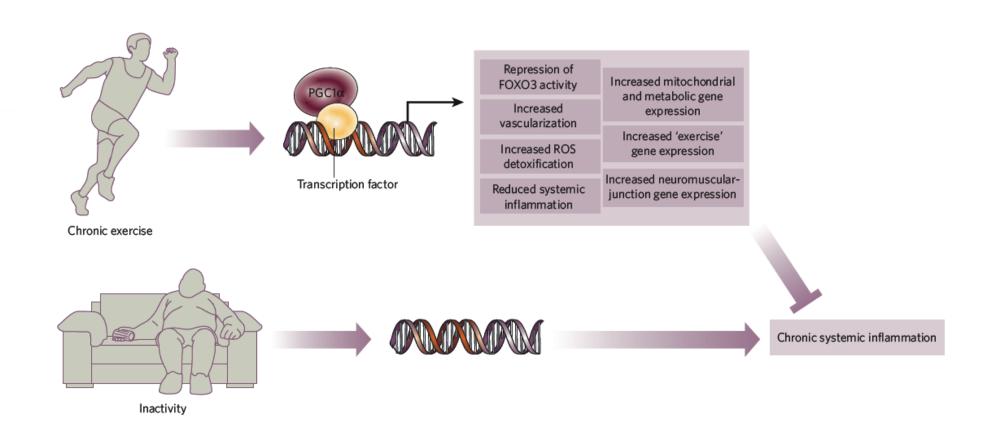
Inactivity increases inflammation

Inactivity Obesity Chronic systemic inflammation Adipocytes Immune cells Brain cells Systemic and local increase in cytokine concentrations Glucose Insulin resistance Atherosclerosis Alzheimer's disease Cancer • Type 2 diabetes · Huntington's disease · Parkinson's disease

Handschin and Spiegleman. NATURE | Vol 454 | 24 July 2008

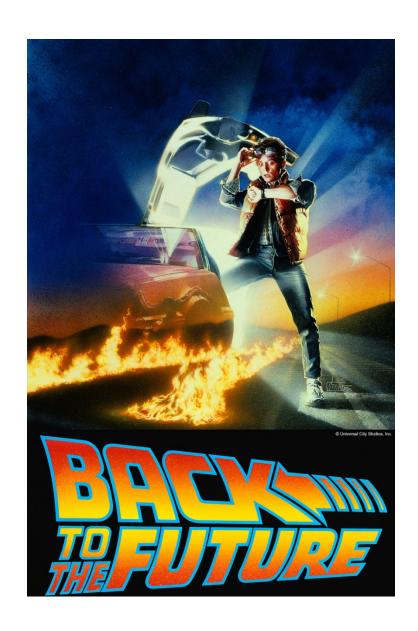
Exercise decreases inflammation.





A Memory of the Future







Phases of Illness

Phases of Illness



- Acute
 - Schizophrenia
 - Psychosis
 - Unable to care for self
 - Bipolar
 - Manic
 - Depressed
 - Mixed
 - With or without psychosis
 - Suicidal

Chronic and Subchronic



- Residual symptoms
- Functioning
 - Interpersonal
 - Work
 - Activities of daily living
 - Variable insight
- Salience of internal vs external stimuli
- Shared goals

Stages of Illness



- Prodromal
 - Nonspecific dysregulation
 - Time limited
 - Social difficulties
- Active
 - In full episode
 - Repeated episodes more chronic
- Residual
 - Subthreshold symptoms more dysfunction

McGorry The Canadian Journal of Psychiatry, Vol 58, No 1, January 2013

Transitions



- Living situation
- Emergency rooms
- Inpatient
- Outpatient
- Thresholds for transitions tailored

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