

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
Consultant For	Abbott Laboratories, Astra Zeneca, Basilea, BrainCells Inc., Bristol-Myers Squibb, Cephalon, Clintara, Corcept, Eli Lilly & Co., Forest, Genaissance, Genentech, GlaxoSmithKline, Innapharma, Janssen Pharmaceutica, Jazz Pharmaceuticals, Lundbeck, Medavante, Merck, Novartis, PamLabs, PGx Health, Pfizer, Roche, Sepracor, Schering-Plough, Shire, Somerset, Sunovion, Takeda, Targacept, Teva
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Disclosure Statement

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Outline

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

Institutional Treatment Team



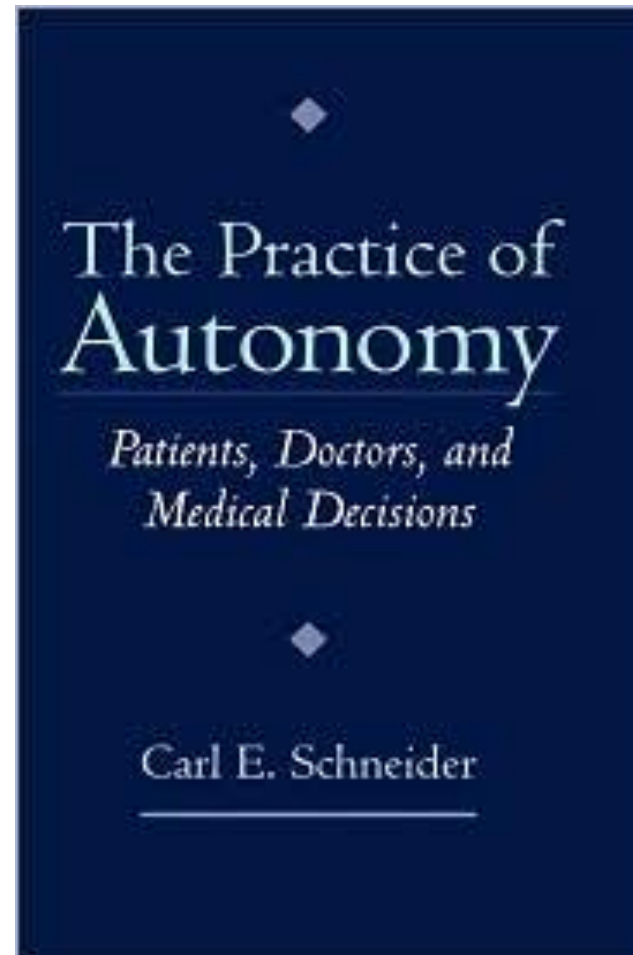
- Psychiatrist and patient
 - Trusting relationship
 - Manage meds
 - Provide psychiatric care
 - Coordinate care
- Psychologist
 - Expert psychosocial treatments
- Primary Care Physician
- Case Manager
- Inpatient team



“... For the secret of the care of the patient is in caring for the patient.”

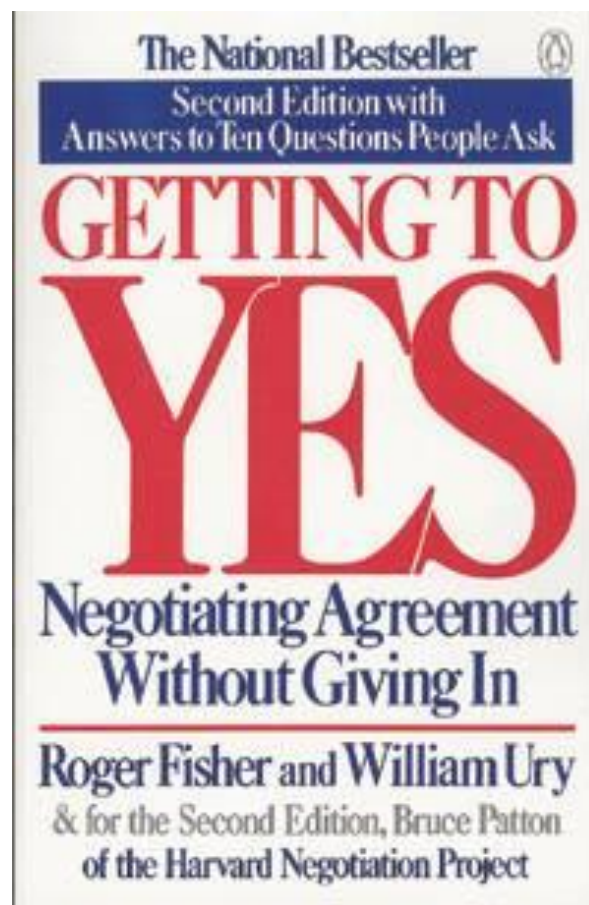
Lecture by Francis W. Peabody to Harvard students on October 21, 1925

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

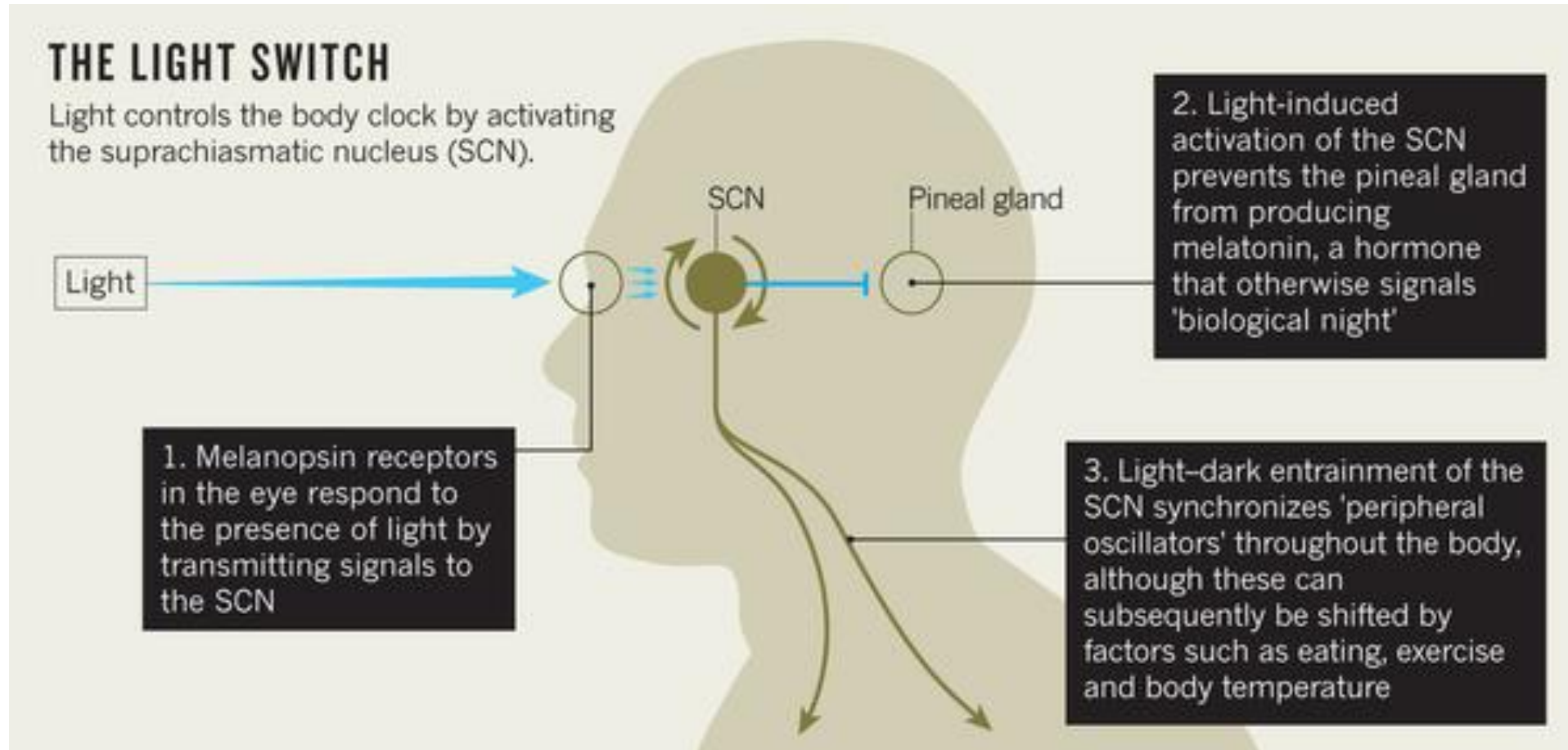


Your mother was right.



Get a good night's sleep.



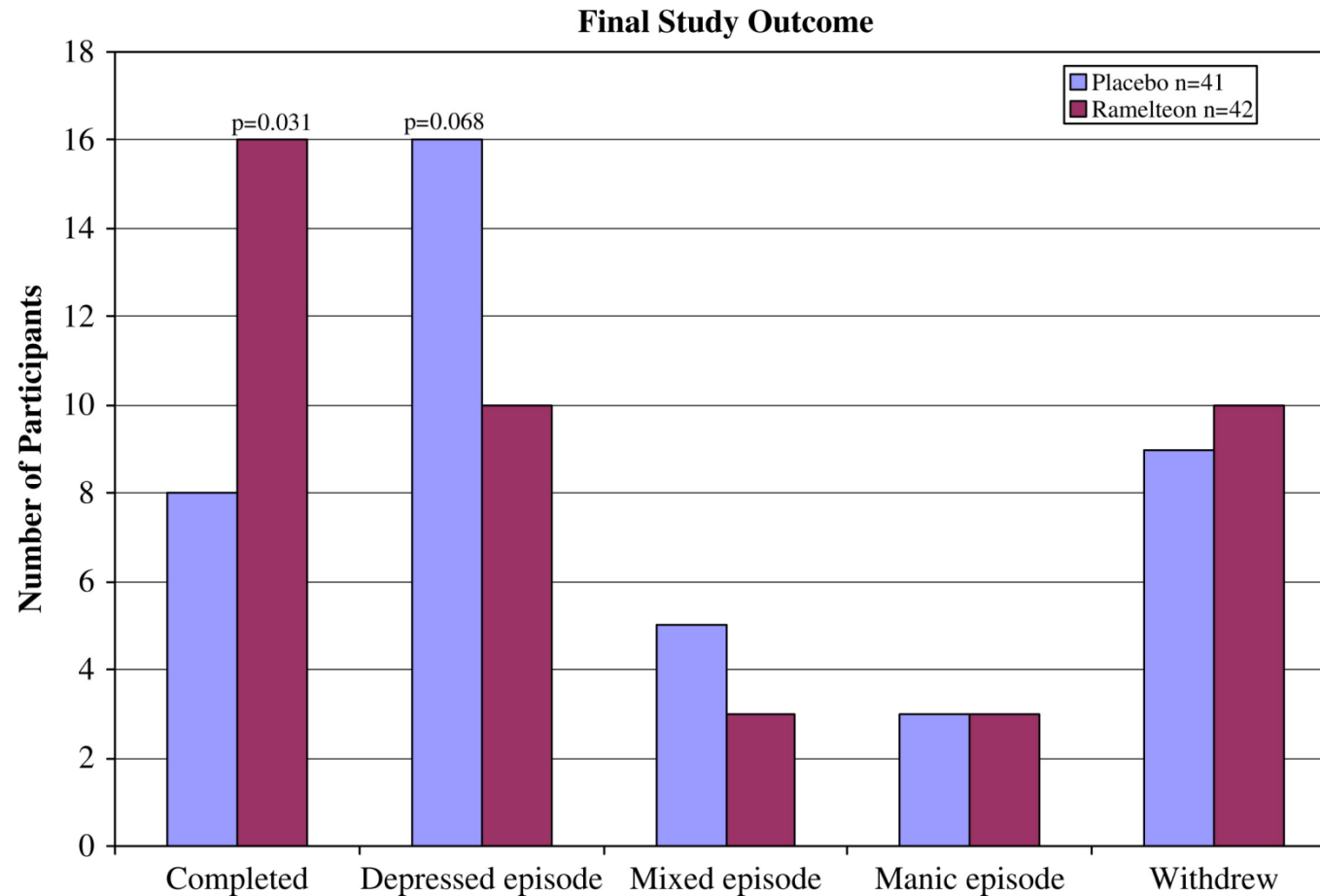


Sleep Hygiene

- 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?

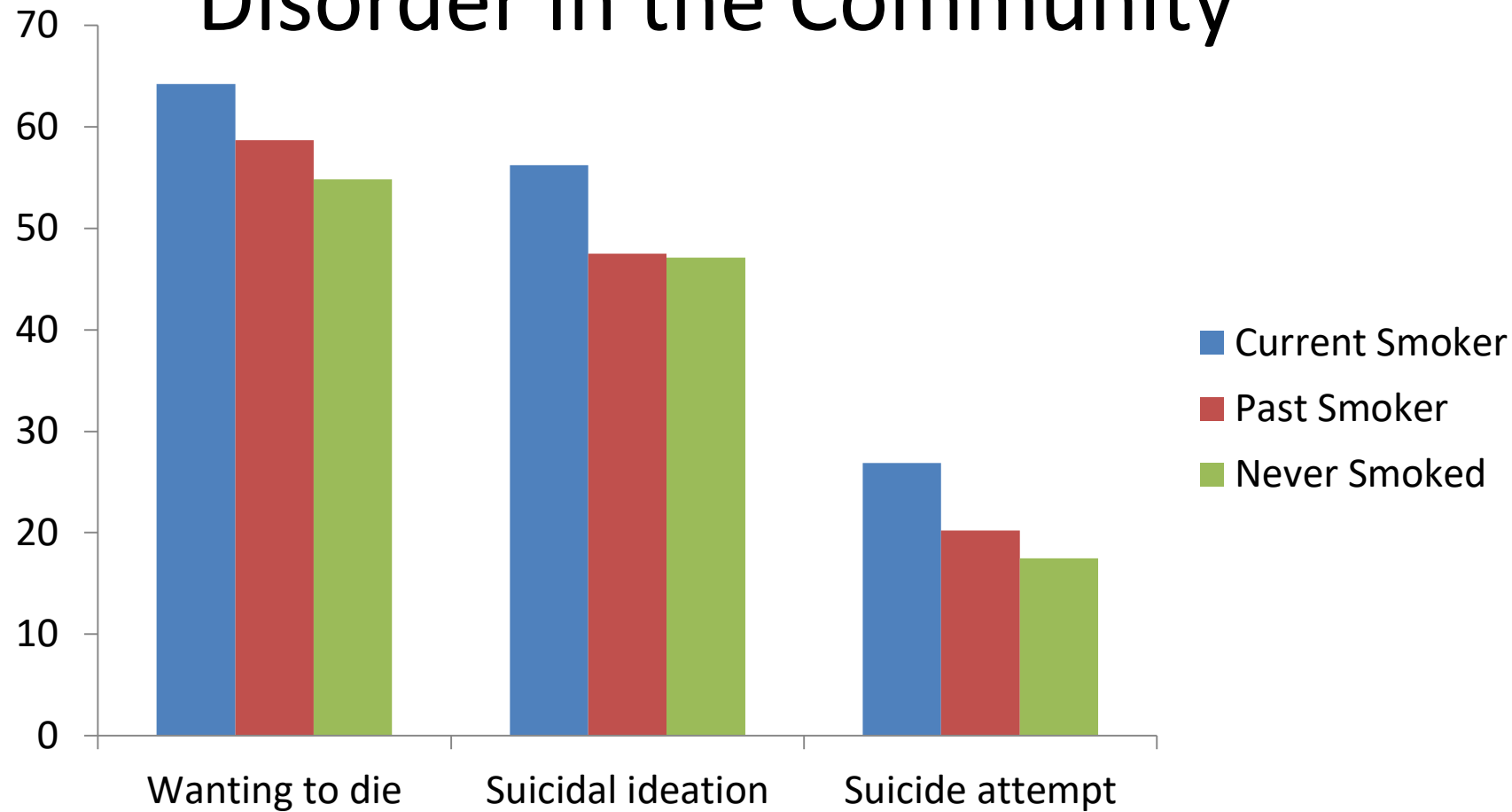


Don't smoke.

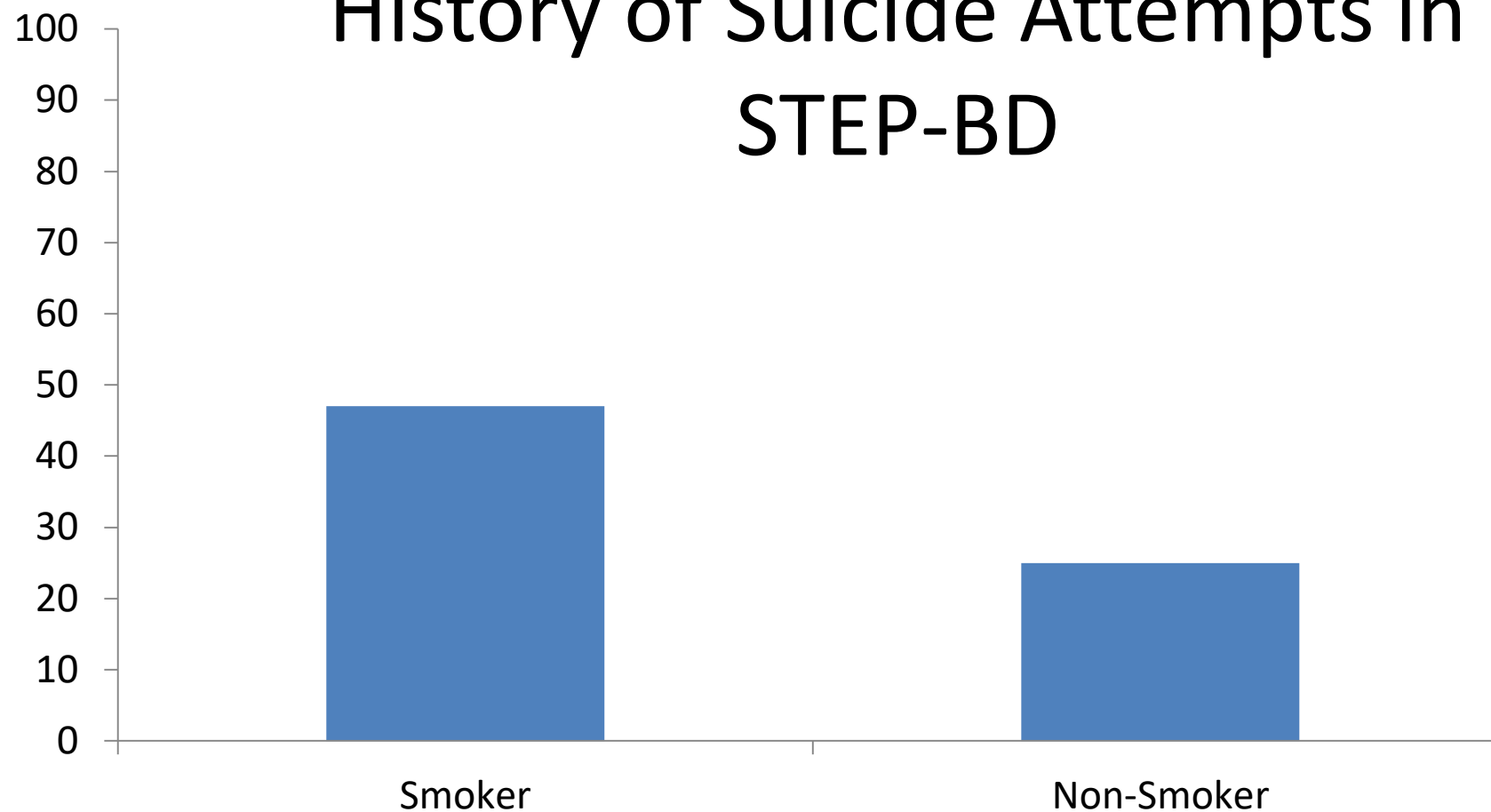
Smoking increases inflammation

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

Smoking Associated with Increased Suicide in Bipolar Disorder in the Community

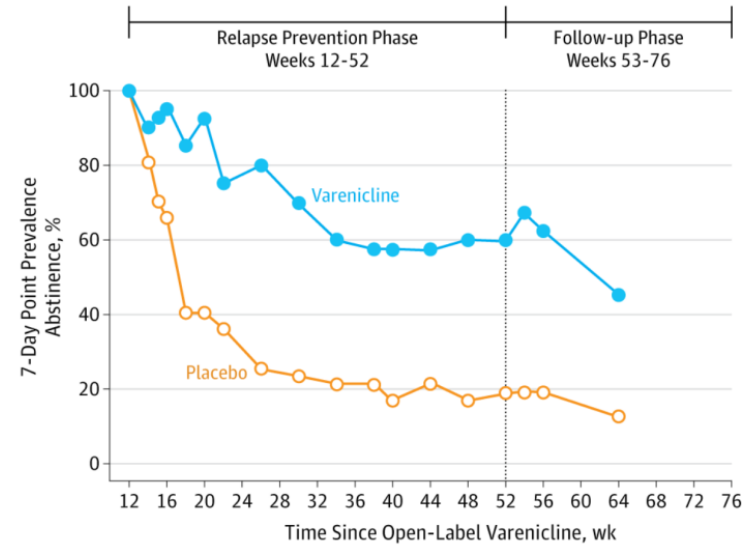
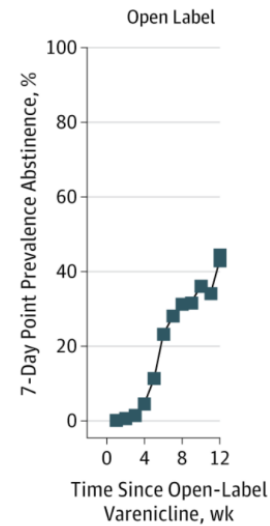


Smoking with Higher Lifetime History of Suicide Attempts in STEP-BD

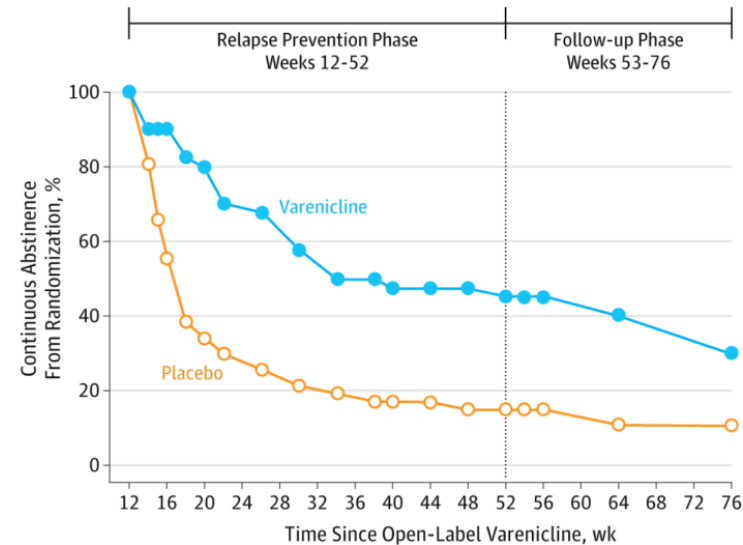


Varenicline helps stop smoking.

A 7-Day point prevalence abstinence



B Continuous abstinence





Get organized.

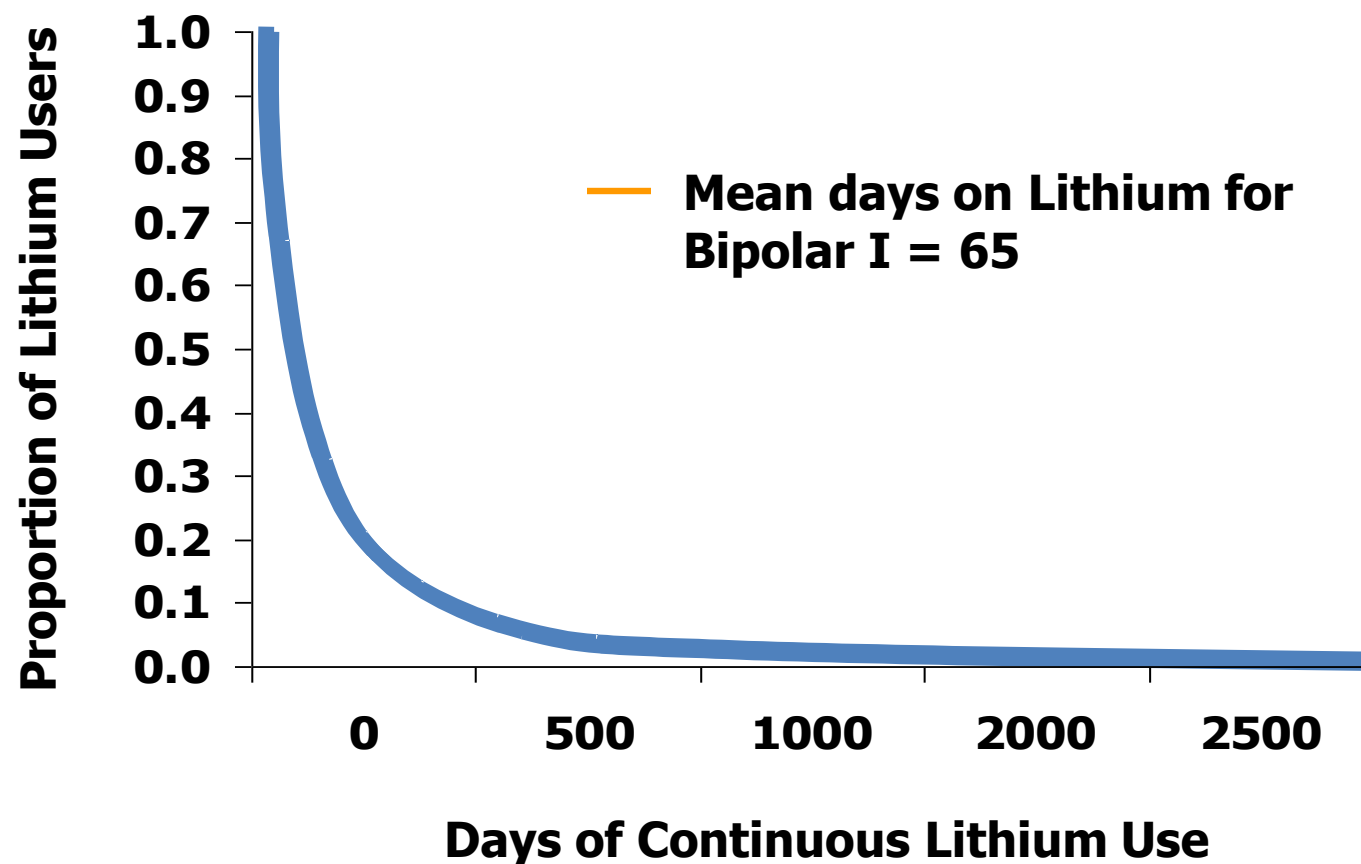
- Tasks done at work to improve performance
 - Organization
 - Time management
 - Priorities
- Improved
 - Presenteeism
 - Total lost work days
 - Executive functioning

Drink moderately.

Don't abuse drugs.

Listen to your doctor and take your
medicine.

Time on Lithium Following Initial Prescription



Johnson JG et al, *Am J Psychiatry* 1995

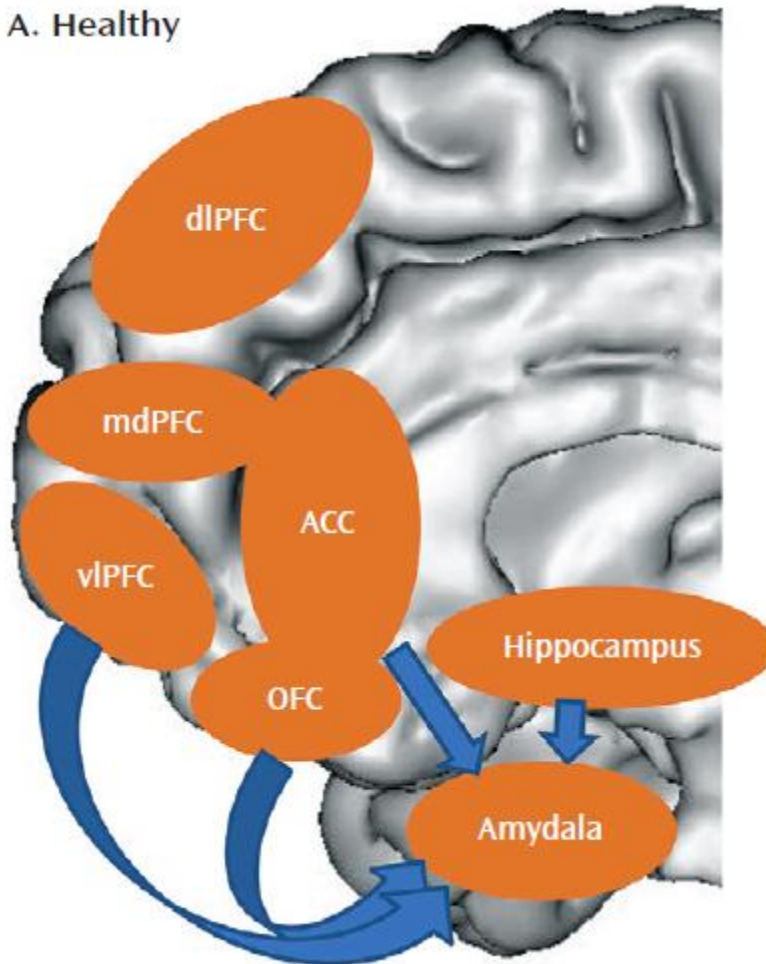
Count to 10 before you get angry.



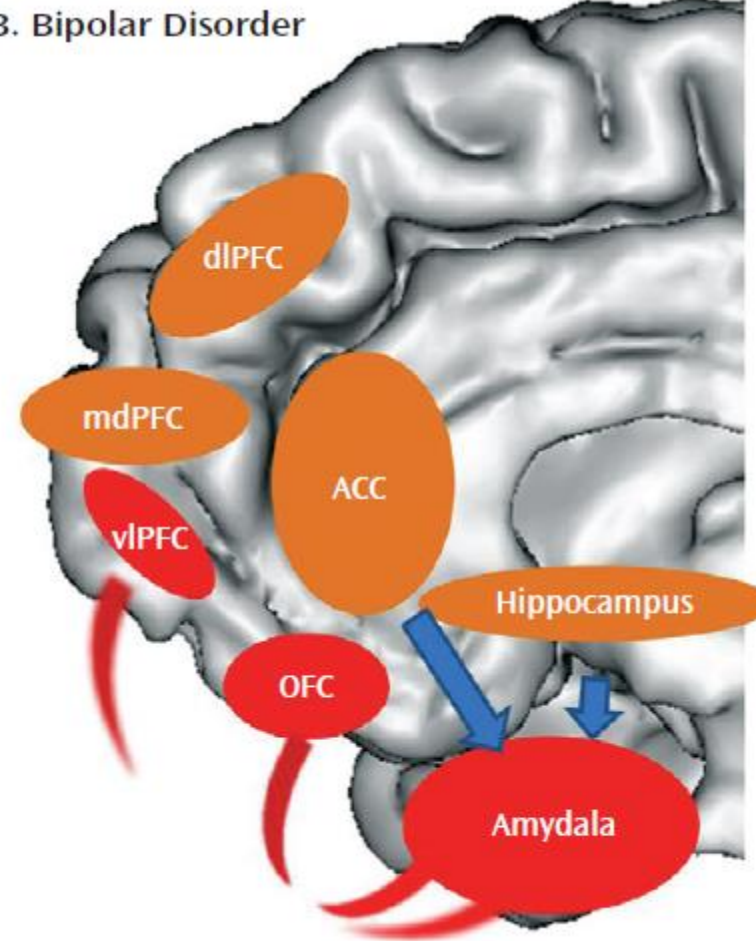
breathe.
step back,
think.
then react.

Key Nodes Emotional Processing

A. Healthy

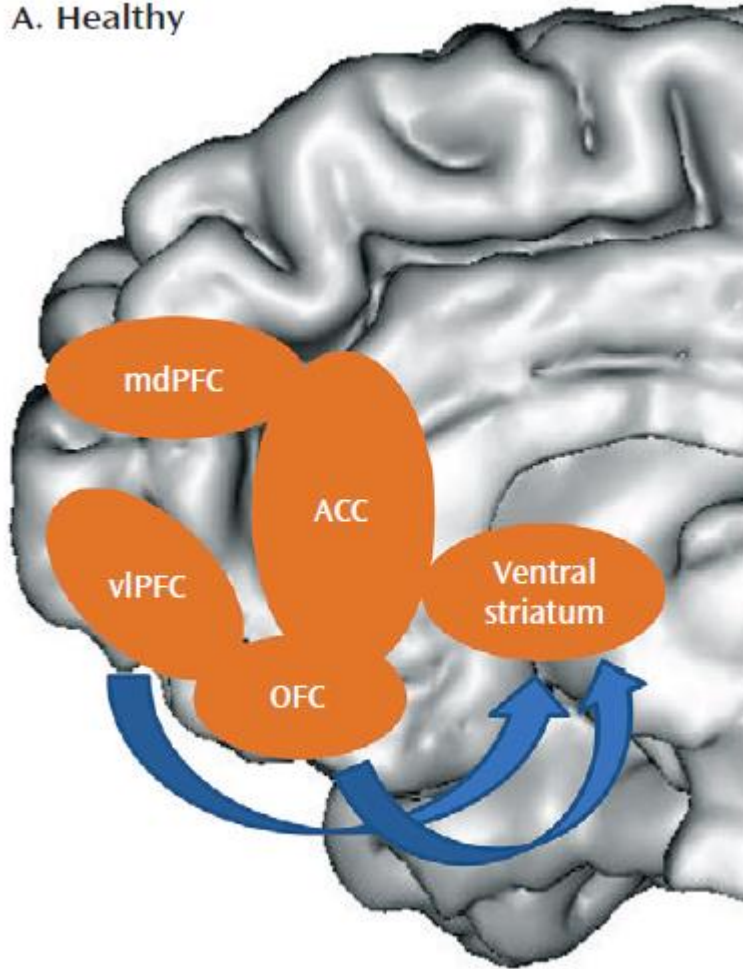


B. Bipolar Disorder

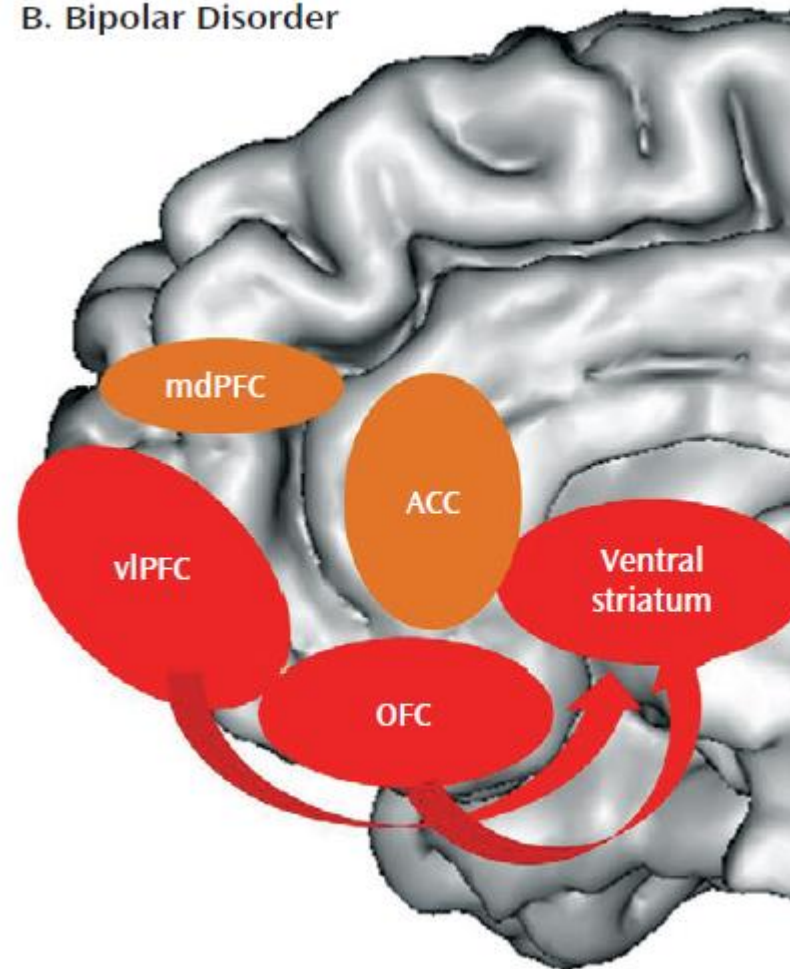


Key Nodes in Reward Processing

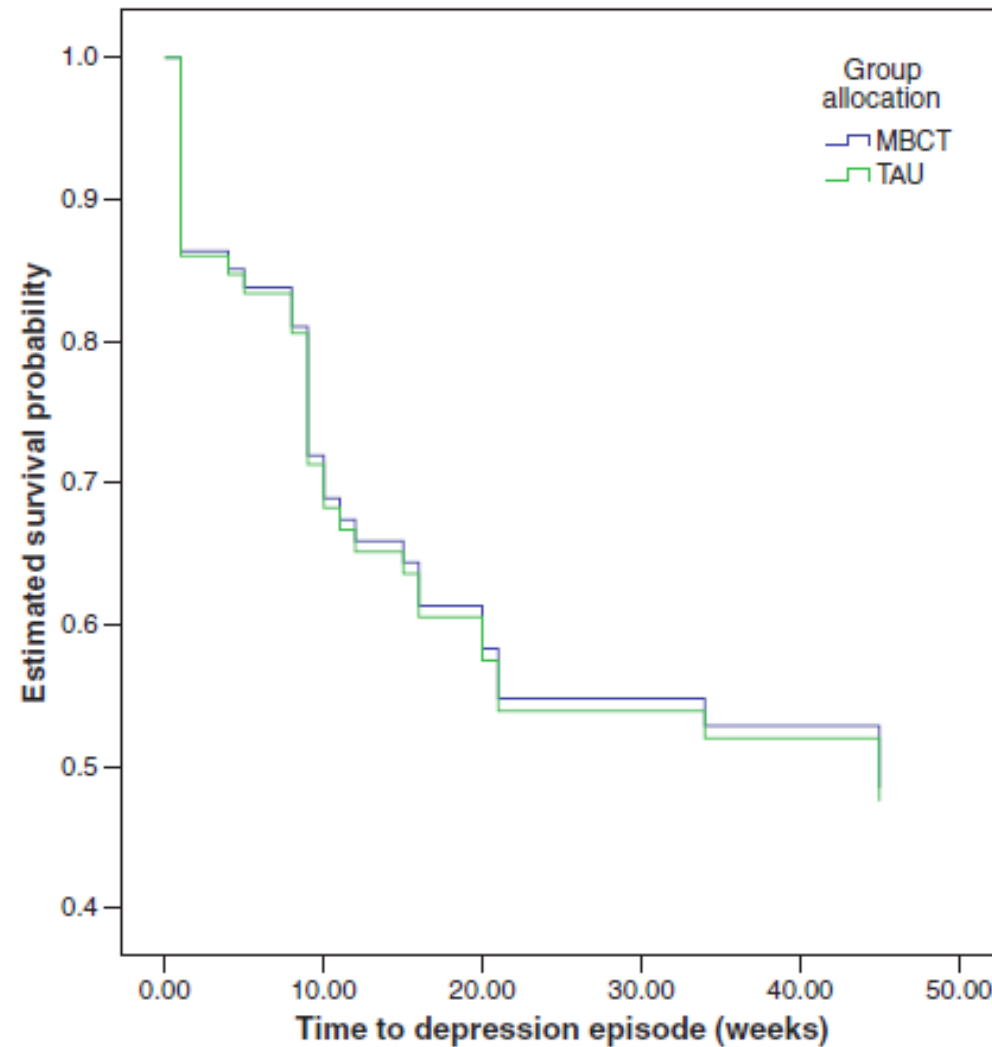
A. Healthy



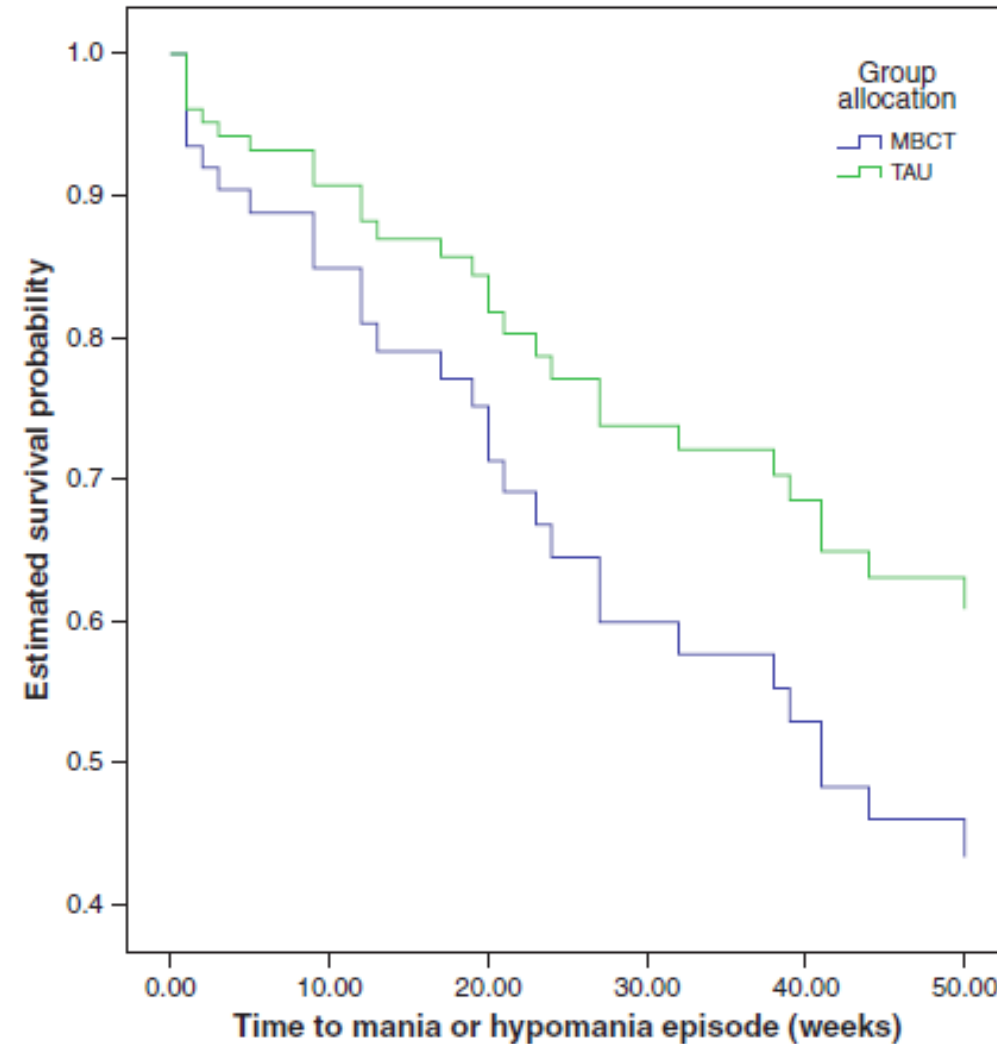
B. Bipolar Disorder



Mindfulness CBT for Bipolar Disorder: Depressive Relapse



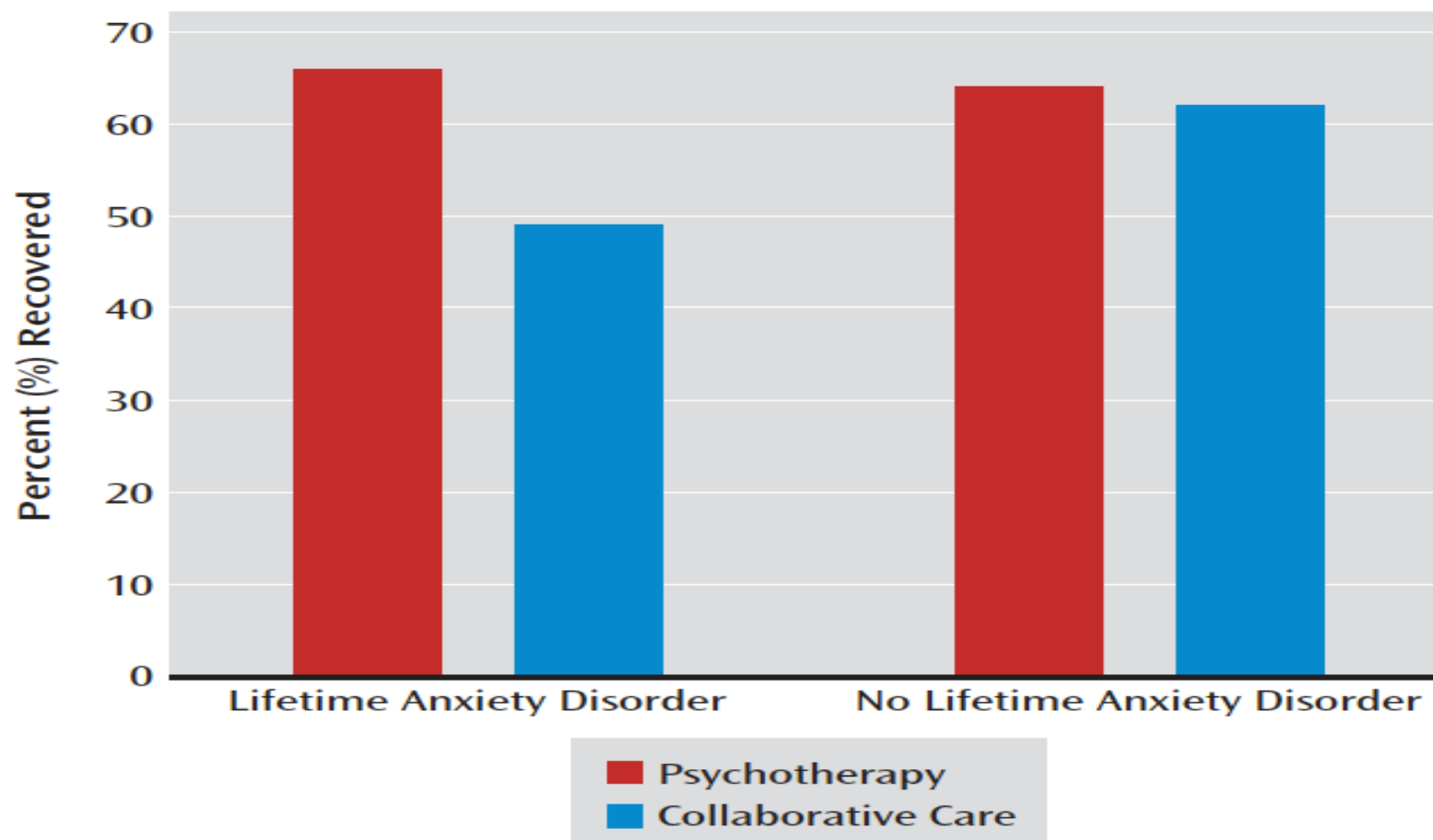
Mindfulness CBT for Bipolar Disorder: Manic or Hypomanic Relapse





Don't be so nervous.

Intensive psychotherapy better than psychoeducation *only* if bipolar patients have comorbid anxiety.





Send thank you notes.

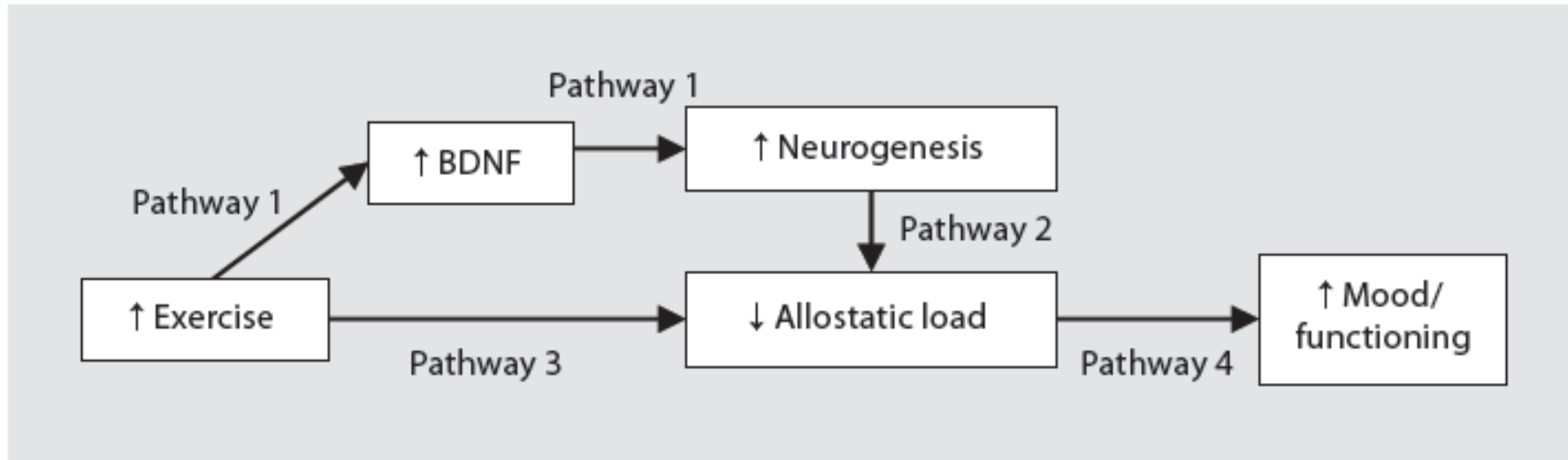


Be kind.

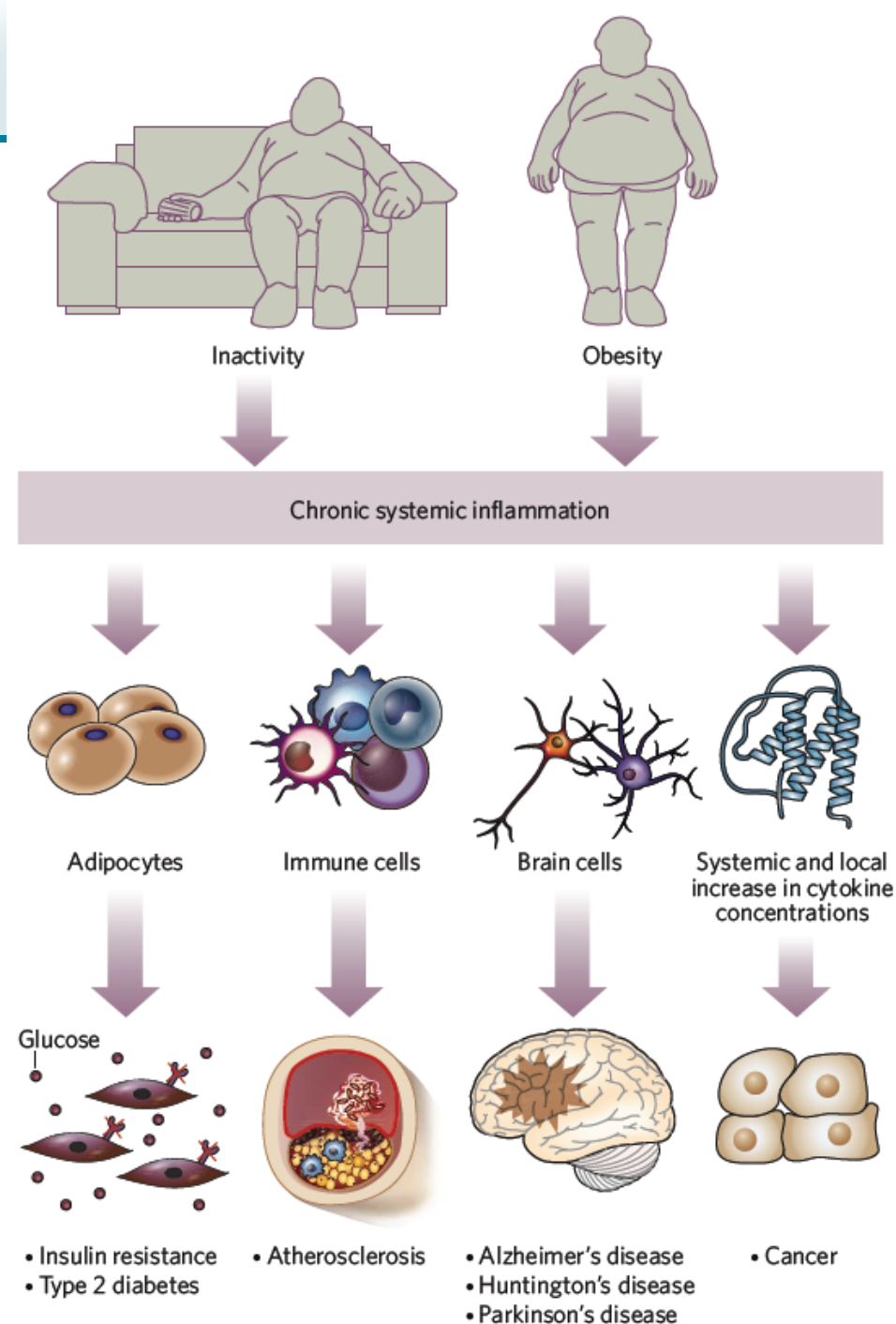


Exercise

Bipolar Disorder and Exercise

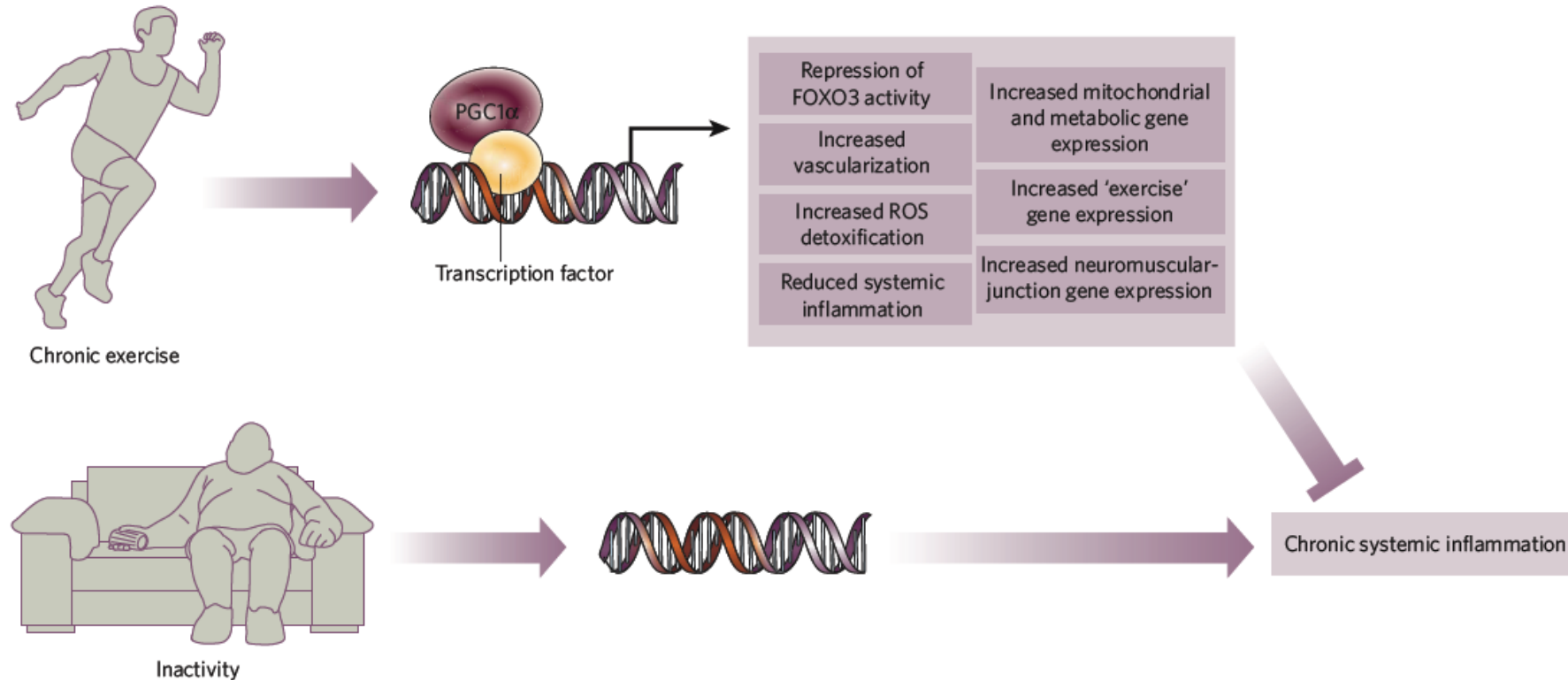


Inactivity increases inflammation

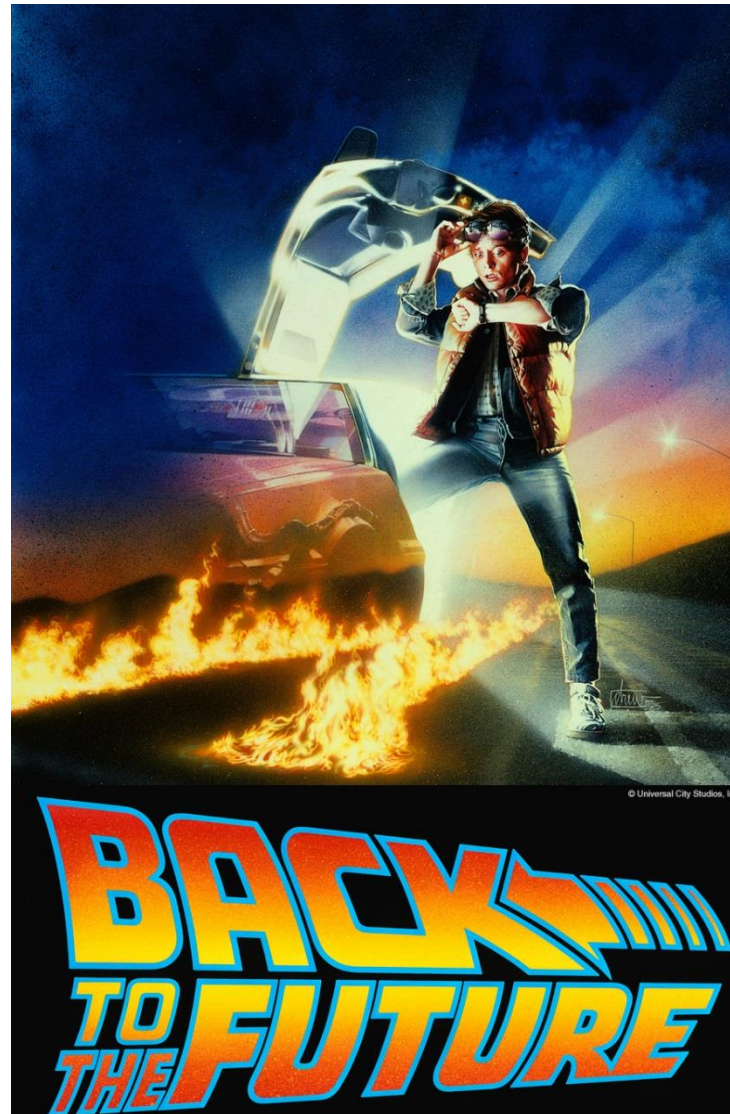


Handschin and Spiegelman.
NATURE | Vol 454 | 24 July 2008

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

Transitions

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

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