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ONCE AGAIN ABOUT THE THERAPY OF THE BIPOLAR AFFECTIVE DISORDER

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SUMMARY:

This paper describes the clinical picture of bipolar affective disorder and major approaches to its treatment. The effectiveness of the drug in the treatment of Lamotrin BAD.

Key words: bipolar affective disorder, clinical picture, therapy, Lamotrin.

ЕЩЕ РАЗ О ТЕРАПИИ БИПОЛЯРНОГО АФФЕКТИВНОГО РАССТРОЙСТВА

А.М.Кожина, Ц.Б.Абдряхимова

РЕЗЮМЕ:

В работе описана клиническая картина биполярного аффективного расстройства и основные подходы к его терапии. Доказана эффективность применения препарата Ламотрин в лечении БАР.

Ключевые слова: Биполярное аффективное расстройство, клиническая картина, терапия, Ламотрин

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The issues of diagnosis and therapy of bipolar affective disorder (BAD) in recent years are one of the most widely discussed medical problems, both due to the high prevalence of this disease, as well as due to the difficulties in its diagnosis and therapy [1 – 5].

Nowadays, BAD is recognized as widespread and leading to significant social and economic consequences disease. According to WHO, 130 million people in the world suffer from bipolar affective disorder, and more than 16 million people under the age of 60 every year lose their ability to work due to unipolar and bipolar depression [6 – 9].

Given the chronic nature of BAD with the formation of various psychopathological formations at different periods of the disease, it is obvious that only complex pharmacotherapy with a flexible dynamic approach to the choice of therapeutic tactics, depending on the existing clinical stage of the disease, can ensure the stabilization of the condition and the preservation of social adaptation of this contingent of patients [8].

Bipolar affective disorder – a disease that occurs in the form of affective phases, separated by intermissions, which does not lead to a change in the structure of person and the formation of a defect, even with prolonged flow with multiple relapses.

The main manifestations of BAD are depressive and manic phases of different structures. Typical affective states are, first of all, classical circular depression and mania. Their characteristic feature is sufficient harmony of the manifestation of the affective triad of symptoms (depression - depressed mood, motor and ideator inhibition, with mania - elevated mood, ideator and motor excitement). According to clinical manifestations BAD is divided into I, II and III type. It type I, there are various manifestations and duration, but clearly defined manic and depressive episodes. In type II, instead of typical manic episodes, a hypomanic condition and depressive episodes are noted. Type III is characterized by cyclothymic states.

Classical circular depression is characterized, in addition to the affective triad, by a sense of anguish and anxiety, by ideas of self-accusation, self-abasement, sinfulness, depressive anesthesia, suicidal thoughts and attempts, diurnal mood swings, somatovegetative manifestations (sleep, appetite, violation of the menstrual cycle, constipation, etc.). Depressive states occur 6-8 times more often than manic ones. By severity of symptoms distinguish light, moderate and severe depressionы with nonpsychotic and psychotic symptoms.

Circular manias, in addition to manifestations of the affective triad, are characterized by ideas of revaluation or grandeur, disinhibition of drives, distraction of attention, sleep disturbance, increased appetite, etc. At the same time, reactive emotions are shallow and unstable, the pace of thinking is accelerated, attention is unstable, hypermnesis is noted, criticism is reduced. Patients are sociable, talkative, discovering a heightened interest in activities begin in one thing, throw it, go on to another, quickly distracted, constantly somewhere in a hurry. In terms of severity of psychopathological symptoms, light manic states are distinguished - hypomania, mania without psychotic symptoms, mania with psychotic symptoms. The BAD flow can be unipolar, that is, in the form of phases of one type, and bipolar, when the depressive and manic phases are combined in different ways. The phases of the BAD flow can be strictly delineated, that is, terminated with inter-missions. However, quite often there is a current

in the form of "double", "built" phases, when depressive and manic states change each other without light intervals.

Currently, a comprehensive approach is used in BAD therapy, including the use of normotimics, antipsychotics, antidepressants, as well as intensive psychotherapeutic and psychoeducational activities. The main therapeutic tasks include treating the current acute episode and providing the greatest possible long-term remission (interruption of the cyclicity of the process).

The drugs of the first choice line in BAD, regardless of the phase and stage of the disease, include normotimics, which should be prescribed already at the initial stages of the disease with their subsequent long use. This group includes traditionally used lithium carbonate, valproate, and lamotrigine.

Lamotrigine is a modern anticonvulsant, has long been successfully used in the treatment of epilepsy, and now it is also registered as a drug of choice in bipolar disorder. It should be noted that today lamotrigine is the only normotimic, whose effectiveness, incl. patients with "rapid phase change", has been proven in methodologically well-planned blind placebo and lithium-controlled studies [10, 11].

Since the main objective of our study was the selection of the optimal therapy for both phases of BAD in our work we used Lamotrin (lamotrigine drug that is produced in accordance with GMP requirements).

The mechanism of lamotrin's is determined by the selective blockade of potential-dependent slow-inactivating sodium channels of neurons, as a result of which the release of excitatory amino acids, primarily glutamate, to synaptic cleft is inhibited. Lamotrin blocks potential-dependent calcium channels of the hippocampus neurons, as a result of which their pathological activity in the CA1 zone i.e. region responsible for the regulation of the emotional sphere, cognitive functions and subcortical-cortical relationships decreases. In addition, Lamotrina is characterized by a non-selective inhibition of reuptake of monoamines (including serotonin), monoamine oxidase blockade.

The program for monitoring the clinical effect of lamotrin was performed at 57 patients with different phases of BAD, 38 patients undergoing a depressive episode of moderate and severe degree and 19 - were diagnized with mania. 43 patients underwent monotherapy and 14 (resistant to monotherapy) - a combination of lamotrin and atypical antipsychotics.

During the work, we used Lamotrin in a therapeutic dosage of 200-300 mg / day. Assigned with a titration of a dose with a gradual increase: during 1st to 2d week of therapy, the daily dose was 25 mg once a day, at 3d week - 50 mg 1 or 2 times a day, with its further increase at week 4 (achieving a stabilizing daily dose) to 100 mg 1 or 2 times a day. The maximum daily dose was 200 mg. In a number of cases, the daily dose increased to 300 mg at week 6 of therapy.

The benefits of using Lamotrin in our study include: a wide range of clinical efficacy for all BAD phases, including effects on mixed states and fast cycles; rapid antimanic and antidepressant effect; favorable influence on cognitive functions and psycho-emotional sphere; appointment once or twice a day, which was minimally burdening for the patient, assurance of compliance with the treatment regime more reliably than with multiple appointments; no recurrence with a single use of the drug; safety and good tolerance.

Overall, lamotrin was effective in 91.9% of patients, 68.1% had a complete, and 23.8% partial relief of symptoms (Fig.). The initial clinical effect was noted from 4 to 6 weeks of the use of Lamotrin which is due to a gradual increase in the dose of the drug.

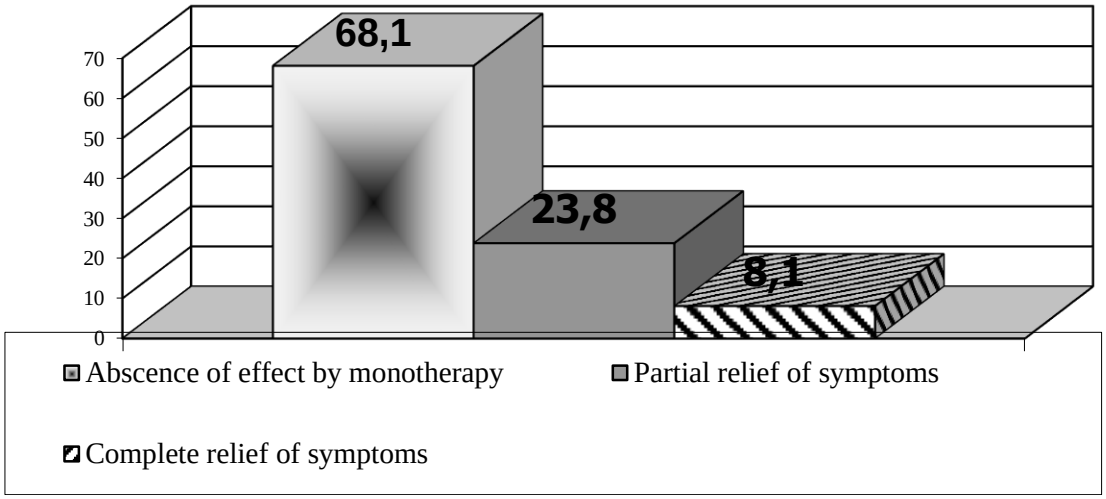

Fig. The effectiveness of the Lamotrin drug for patients with BAD

While using Lamotrin, we noted the reduction of affective symptoms, normalization of the mood background, stabilization of the vegetative status, normalization of the sleep-wake cycle. There was an increase in the psychophysical activity of patients, an increase in confidence in their own abilities and capabilities, which allowed them to expand contacts with others, to resume the familiar motor mode. By the end of the ninth week, cognitive performance improved dramatically. All of the above contributed to a more successful psychosocial adaptation of patients.

As a result of the study, a good tolerance of lamotrin was noted, a lower severity and frequency of side effects, especially in relation to higher mental

functions. Side effects of the drug were noted in 8.7% of patients and were dose-dependent. The most common side effects of Lamotrin was dizziness, headache, nausea, drowsiness, diplopia, and a skin rash of a maculopapular nature. In no case did this fact lead to the withdrawal of the drug. All other cases of side effects can be considered predictable (typical for this class of drugs) and, in general, quickly pass through the continuation of treatment and are available for rapid correction. However, the risk of side effects can be significantly reduced by minimizing the starting dose of the drug and observing the recommended dose titration schemes.

Thus, as the results of the study showed, Lamotrin is effective as a basic therapy for bipolar disorders, regardless of the polarity of the mood of the previous episode.

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