

50 - Rapid cycling bipolar affective disorder

Rapid-cycling bipolar affective disorder

316 The Maudsley® Prescribing Guidelines in Psychiatry CHAPTER 2 Rapid-cycling bipolar affective disorder Rapid-cycling bipolar affective disorder is usually defined as bipolar disorder in which four or more episodes of (hypo-)mania or depression (or four clear switches in polarity) occur in a 12-month period. It is generally considered to be less responsive to drug treatment than non-rapid-cycling bipolar illness¹ and entails considerable depressive morbidity and suicide risk.² Bipolar patients with rapid cycling have more depressive morbidity, a higher incidence of anxiety disorders, addiction, bulimia and borderline personality disorder, as well as atypical features during depression and symptoms such as irritability, risky behaviour, impulsivity and agitation. Rapid-cycling patients have poorer overall functioning, more obesity and are treated with a greater number of drugs.³ Drug doses tend to be somewhat higher in rapid-cycling than in other bipolar patients.⁴ Recent electroconvulsive therapy (ECT) treatment is associated with greater risk of rapid cycling.⁵ Table 2.8 outlines a treatment strategy for rapid cycling based on rather limited data and few direct comparisons of drugs.⁶ This strategy is broadly in line with the findings of published systematic reviews.^{7,8} NICE concluded that there is no evidence to support rapid-cycling illness being managed any differently from that with a more conventional course.⁹ There is no formal first choice agent or combination – prescribing depends partly on what treatments have already been used to prevent or treat mood episodes. Lithium is less likely to be effective in rapid cycling than in non-rapid cycling,¹⁰ a finding supported by psychiatrists' experiences.¹¹ In practice, response to treatment is sometimes idiosyncratic: individuals may show significant response to a particular drug. Spontaneous or treatment-related remissions occur in around a third of rapid cyclers¹² and rapid cycling may come and go in many patients.¹³

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