Psychotherapeutic Treatment of Bipolar Depression

Kibby McMahon, BA[a], Nathaniel R. Herr, PhD[b], Noga Zerubavel, PhD[c], Nicolas Hoertel, MD, MPH[d,e,f], Andrada D. Neacsiu, PhD[c,*]

KEYWORDS

• Bipolar depression • Psychotherapy • Review • Clinical recommendations

KEY POINTS

- There are several evidence-based psychotherapy options for bipolar depression: cognitive-behavioral therapy, family focused therapy, interpersonal and social rhythms therapy, mindfulness-based cognitive therapy, and dialectical behavior therapy.
- There are promising additional psychotherapy options that are evidence-based for unipolar but need research for bipolar depression: behavioral activation, unified protocol, cognitive behavioral analysis system of psychotherapy, and others.
- Different psychotherapy approaches address different aspects of bipolar depression. Using evidence-based assessments, recommendations can be made for the most appropriate psychotherapy treatment of a particular patient.
- Psychotherapy for bipolar depression is intended as an adjunctive to medication management and should include several key elements, such as psychoeducation, increasing awareness of mood, establishing routines, and targeting medication adherence.

Disclosure statement: The authors have nothing to disclose.
[a] Cognitive-Behavioral Research and Treatment Program, Department of Psychology and Neuroscience, Duke University Medical Center, Duke University, 3026, 2213 Elba Street, Room 123, Durham, NC 27710, USA; [b] Department of Psychology, American University, 4400 Massachusetts Avenue Northwest, Washington, DC 20016, USA; [c] Cognitive-Behavioral Research and Treatment Program, Department of Psychiatry and Behavioral Science, Duke University Medical Center, 3026, 2213 Elba Street, Room 123, Durham, NC 27710, USA; [d] Department of Psychiatry, Corentin Celton Hospital, Assistance Publique-Hôpitaux de Paris (APHP), 4 parvis Corentin Celton, Issy-les-Moulineaux 92130, France; [e] INSERM UMR 894, Psychiatry and Neurosciences Center, 2 ter rue d'Alésia, Paris 75014, France; [f] PRES Sorbonne Paris Cité, Paris Descartes University, 12 Rue de l'École de Médecine, Paris 75006, France
* Corresponding author.
E-mail address: andrada.neacsiu@duke.edu

Psychiatr Clin N Am 39 (2016) 35–56
http://dx.doi.org/10.1016/j.psc.2015.09.005 **psych.theclinics.com**
0193-953X/16/$ – see front matter

OVERVIEW

Bipolar disorder is a debilitating and costly condition,[1] and most of the treatment research has focused on the manic or hypomanic episodes that occur in the course of the disorder.[2,3] However, depressive episodes within bipolar disorder, referred to as *bipolar depression*, occur with higher frequency than manic/hypomanic episodes[4,5] and are also associated with premature death,[6] elevated risk for suicidal behaviors,[7] and significant functional impairment.[8,9] Thus, bipolar depression, independent from mania and hypomania, is an important target of intervention.

Although there have been impressive breakthroughs in the treatment of bipolar disorder with psychiatric medication,[10] none of the available mood-stabilizing drugs show sufficient efficacy in treating bipolar depression.[11–13] The response rate of patients with bipolar disorder to these drugs is only about 50%, even in patients with low psychiatric comorbidity rates.[14] Furthermore, mood stabilizers can potentially cause serious long-term health problems, such as the development of metabolic and cardiovascular diseases. Even for those for whom medication is successful, evidence has found a high rate of noncompliance with medication (up to 50%)[15] and an elevated frequency of residual depressive symptoms outside major mood episodes.[16,17] Taken together, these findings suggest that current treatments need improvement to better address bipolar depression.

In addition to mood stabilizers, adjunctive psychotherapy can greatly improve treatment outcomes.[18] Evidence has accumulated that brief, manualized psychotherapies are as efficacious as medication in reducing acute unipolar depression severity, have fewer side effects, and may be more efficacious in preventing relapse.[19,20] In this review, the authors present several psychotherapy options with direct evidence for bipolar depression as well as some promising avenues for intervention that are in need of research with bipolar disorder.

ASSESSMENT OF BIPOLAR DEPRESSION

Existing psychotherapies conceptualize bipolar depression as a collection of problems that can be addressed in therapy; therefore, detailed assessment of such problems is a necessary step in developing a treatment plan and evaluating progress. When a patient reports a history of depression (**Table 1**), history of manic or hypomanic behaviors should be assessed using the Structural Clinical Interview for DSM Disorders[21] or the Mood Disorder Questionnaire.[22] A bipolar disorder diagnosis should indicate that the provider should consider initiating medication (if not already administered), providing psychoeducation about the disorder, and targeting medication adherence.

Once providers have assessed (major) depression, it is recommended to examine whether patients ever had a background of manic or hypomanic episodes (as defined in the *Diagnostic and Statistical Manual of Mental Disorders* [Fifth Edition] [*DSM-5*]). Indicators that should make the provider particularly prudent and make him or her assess carefully for past history of hypomanic or manic episodes are

1. A family history of bipolar[23]
2. Atypical features, such as presence of hypersomnia[24,25] or leaden paralysis[26]
3. Psychosis[27]
4. Melancholic features[28,29]
5. Psychomotor disturbance[17,25,30]
6. Early age of onset, particularly before 21 years of age[31]
7. High frequency of episodes[25]