

Real-World Treatment Patterns in Bipolar Disorder

Bipolar I disorder (BP-1) is a chronic psychiatric condition characterized by alternating or overlapping phases of mania or hypomania and depression with periods of mood stability.¹ Despite clinical practice guidelines recommending the use of atypical antipsychotics, mood stabilizers, or adjunctive therapy as first-line treatments for BP-1, there is evidence that many patients are initiated on antidepressant monotherapy.¹ Real-world data on treatment patterns have remained limited.^{1,2}

This retrospective study aimed to assess real-world treatment patterns among newly diagnosed patients with BP and determine the degree to which they align with clinical practice guidelines.¹

Study Design

Population: 40,345 newly diagnosed adults with BP identified using the IBM® MarketScan® Commercial Claims database (2015 to 2018)¹

Inclusion criteria: International Classification of Diseases, Tenth Edition (ICD-10) BP diagnosis + continuous enrollment (12-month baseline, 6-month follow-up)¹

Analysis: Treatment patterns by episode type and lines of therapy (LOTs)¹

- Total patients
- Number of regimens
- Percentage of prescriptions accounted for by the top 10 most prescribed regimens
- Top three most prescribed regimens and percentage of prescriptions
- Concordance of treatment received with the Florida Medicaid treatment guidelines

Medication classes included in the analysis¹:

- Atypical antipsychotics
- Typical antipsychotics
- Mood stabilizers
- Benzodiazepines
- Antidepressants
- Stimulants
- Others

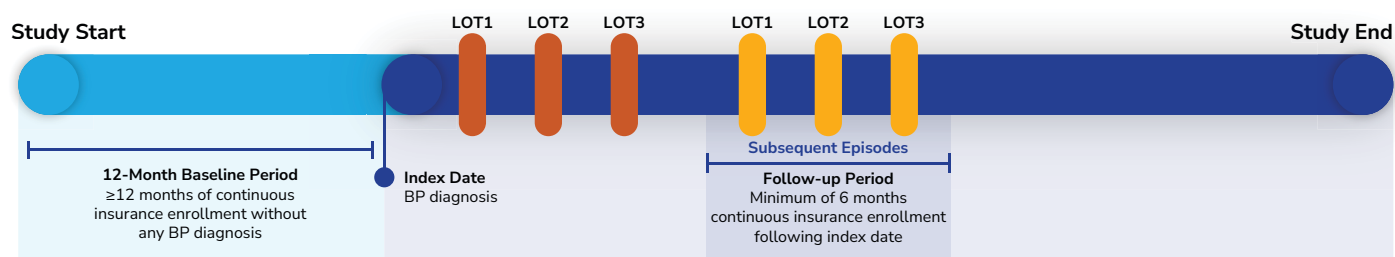


Figure 1. Study overview.¹ Adapted from Jain R, et al. Adv Ther. 2022;39(6):2578-2595. LOT = line of therapy.

Key Results

Among 40,345 patients with BP-1, initial episodes of BP-1 depression, BP-1 mania, and BP-1 mixed features were reported at rates of **29.8%**, **12.8%**, and **12%**, respectively.¹

Approximately **90%** of the patients received at least one LOT, and approximately **80%** received at least two LOTs.¹

For all episode types, antidepressants, benzodiazepines, and mood stabilizers were among the most common treatments.¹

The rates of antidepressant monotherapy for LOT1 in all patients, patients with BP-1 depression, and patients with BP-1 mania were **12.9%**, **14.5%**, and **12.4%**, respectively (Table 1).¹

	All	BP-1 Depression	BP-1 Mania	BP-1 Mixed
Total patients, N (%)	36,587 (90.7%)	11,005 (91.4%)	4,503	4,424
No. of regimens	2,067	1,141	637	666
Top 10 regimens, %	43%	42.50%	43.5%	40.7%
Top 3 regimens	Mood stabilizer (9.6%)	SSRI monotherapy (7.7%)	Benzodiazepines (8.8%)	Mood stabilizer monotherapy (7.7%)
	SSRIs (6.9%)	Mood stabilizer (7.5%)	SSRIs (7.6%)	Benzodiazepines (6.8%)
	Benzodiazepines (6.9%)	Benzodiazepines (7.3%)	Mood stabilizer (6.2%)	SSRIs (6%)
% treated with AD monotherapy	12.9%	14.5%	12.4%	40.2% (mono or combination)

Table 1. Treatment patterns during first episodes for all patients, patients with BP-1 depression, BP-1 mania, or BP-1 mixed episodes.¹ AD = antidepressant, SSRI = selective serotonin reuptake inhibitor.

Among all patients, the medication classes used most frequently in LOT1 were mood stabilizers and antidepressants (Figure 2).¹ In both patients with BP-1 depression and patients with BP-1 mania, the rate of antidepressant monotherapy use was approximately 10%.¹

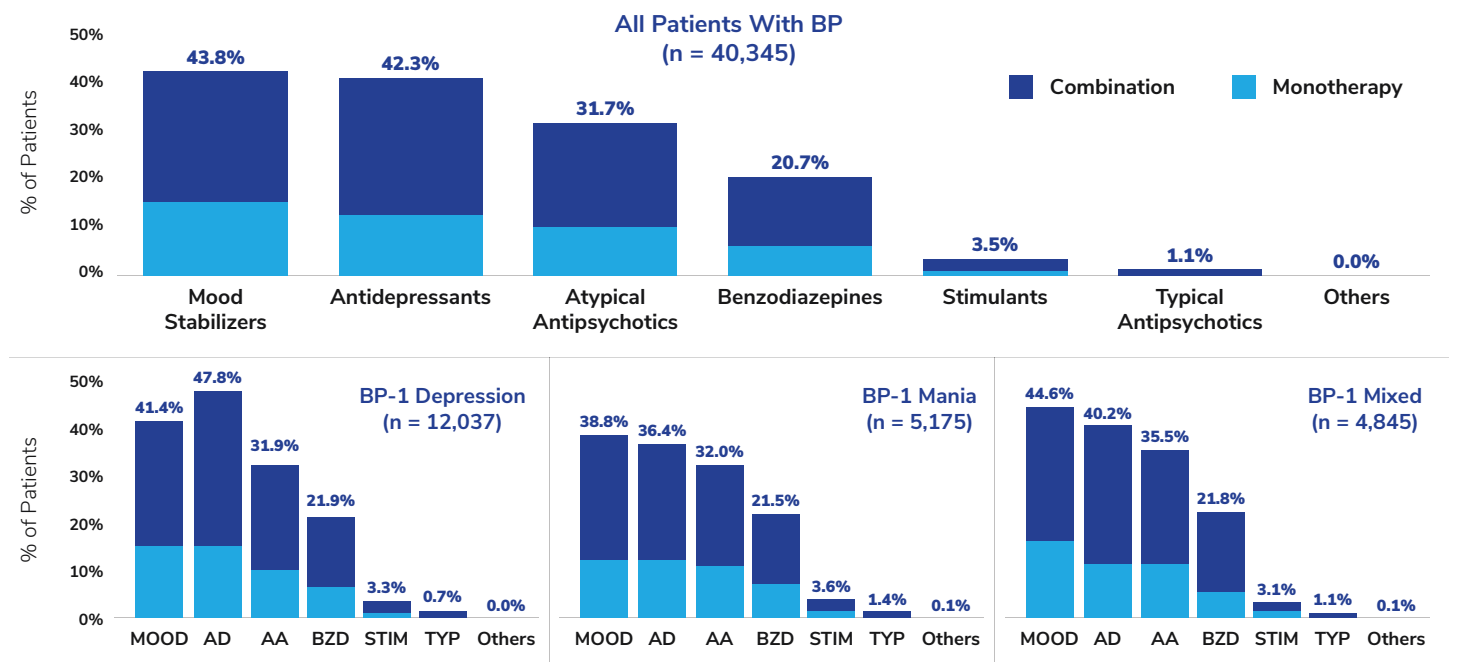


Figure 2. LOT1 mono and combination therapy medications during first episodes for all patients.¹ Adapted from Jain R, et al. *Adv Ther.* 2022;39(6):2578-2595. AA = atypical antipsychotics, AD = antidepressants, BZD = benzodiazepines, MOOD = mood stabilizers, STIM = stimulants, TYP = typical antipsychotics.

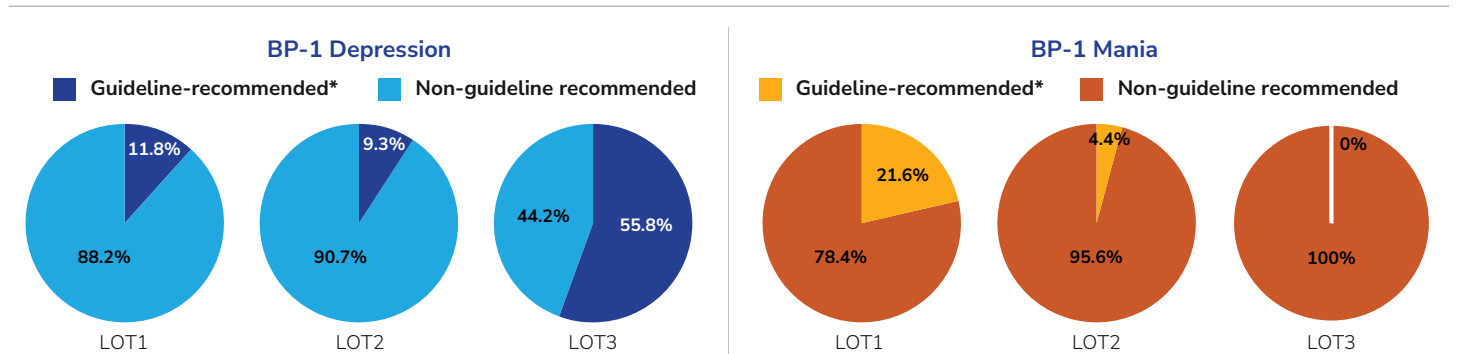


Figure 3. Percent of treated patients with BP-1 depression and BP-1 mania receiving therapy recommended by Florida Medicaid treatment guidelines* for LOTs 1-3.¹ Adapted from Jain R, et al. *Adv Ther.* 2022;39(6):2578-2595. LOT = line of therapy.

*Florida Medicaid Treatment Guidelines recommend atypical antipsychotics, mood stabilizers, or adjunctive therapy as initial treatments for BP-1 depression. For BP-1 mania, mood stabilizers and atypical antipsychotics as monotherapy or a combination of both for severe cases or those needing hospitalization, and electroconvulsive therapy for severe cases, are recommended.¹

Key Takeaways

Deviation from clinical practice guidelines: 11.8% of patients with BP-1 depression and 21.6% of those with BP-1 mania received the recommended first-line therapy.¹

Use of atypical antipsychotics: Approximately one in three patients received them despite clinical practice guideline recommendations.¹

Use of antidepressants: ~50% received antidepressants for BP-1 depression, and ~36% received antidepressants for BP-1 mania.¹ Antidepressant monotherapy, which is not recommended for BP-1 depression or mania due to the potential risks of affective switch,³ was prescribed to 12% to 15% of patients with BP-1 as their initial therapy.¹

Improving adherence to guideline-recommended treatment regimens can potentially help avoid inappropriate treatment and help improve patient outcomes.¹

Limitations

Limitations of the study relate to reliance on administrative claims data, which may lack clinical context or have coding and entry errors. The database was limited to commercially insured individuals, and the analysis did not capture unfilled prescriptions or inpatient medications. Lastly, some medications included in the analysis are used for multiple conditions, such that the diagnosis for which the medications were prescribed could not be precisely determined for all cases. Thus, it is possible that the antidepressants may not have been prescribed with the intent to treat BP-1 and were prescribed for other uses.¹

References

- Jain R, et al. *Adv Ther.* 2022;39(6):2578-2595.
- Gomes FA, et al. *J Affect Disord.* 2022;298(Pt A):565-576.
- Bobo WV. *Mayo Clin Proc.* 2017;92(10):1532-1551.