

Oral presentation

Polypharmacy in bipolar disorder: does it make sense?

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Bipolar disorders represent an illness not easily treated by monotherapy. Approximately 2/3 of patients are not adequately responsive to lithium monotherapy and the great majority of patients require (and get) additional medication: additional mood stabilizers [1], antipsychotics [2], antidepressants, antimanic and/or hypnotic substances [3,4]. These traditional additional drugs are associated with potential problems. Antidepressants may precipitate mixed states or mania and/or cause cycle acceleration and rapid cycling. Conventional neuroleptics are associated with switching into depression, and clearly increase the individual risk of extrapyramidal symptoms, such as tardive dyskinesia. Polypharmacy is associated with the risk of unwanted pharmacological interactions: specific risks in antibipolar treatment are discussed.

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