

LATE ONSET BIPOLAR DISORDER: CHALLENGES IN DIAGNOSIS AND TREATMENT

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Introduction: Mania has been estimated to represent the cause of 4.6% to 18.5% of all geriatric psychiatric admissions and 10% of new-onset mania cases have been found to occur in individuals over the age of 50. Age of onset can have a significant impact on the nature and course of bipolar illness.

Objectives: Review the current literature of pharmacologic management of late-life bipolar disorder and discuss the differential diagnosis.

Aims: Brief literature review.

Methods: Case report and literature review.

Results: We describe a case of a 76-years-old female with elevated mood, verbosity, distractibility, irritability, inadequate social behavior, reduced requirement of sleep, increased physical activity, impulsive business investments. Several tests were made: analytical study, CT scan and neuropsychological evaluation, none with significant alterations. She was treated with an antipsychotic drug with improvement of symptoms.

Conclusion: There is a limited evidence base for treatment of bipolar disorder in the elderly and further controlled studies are needed. Current data suggest that valproate and lamotrigine may be better tolerated as mood stabilizers than lithium.

Preliminary reports suggest a role for the use of atypical antipsychotic in older adults with bipolar disorder although potential benefit must be balanced against the potential risks of treatment. In treating elderly bipolar patients, one has to keep in mind that pharmacokinetic and pharmacodynamic changes that occur with ageing, associated with frequent concomitant medical illnesses and their treatments, are likely to increase the risk of adverse events and drug interactions.