

Thérapeutique des troubles bipolaires chez le sujet âgé

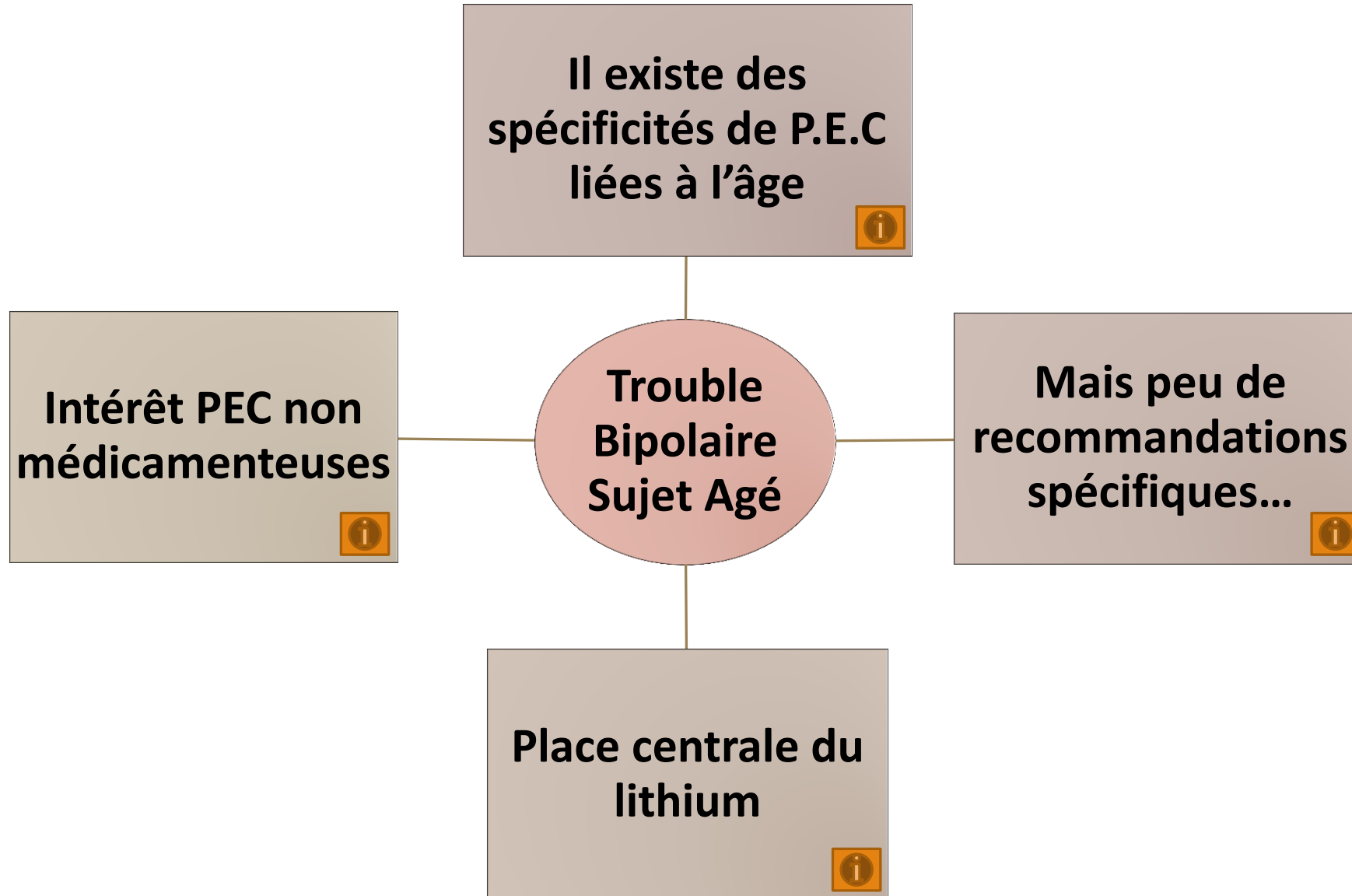
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FERREPSY 23/3/2018

Troubles bipolaires chez le sujet âgé

- ❑ Prévalence : 1% après 60 ans en pop générale ⁽¹⁾
- ❑ Distribution bimodale
 - 8 à 9 % après 60 ans ⁽²⁾ : L.O.B.D (Late Onset Bipolar Disorder) versus E.O.B.D (Early Onset)
 - Formes tardives ⁽²⁾ :
 - Plus de femmes ?
 - Moins d'ATCD familiaux de bipolarité
 - Plus de lésion cérébrales vasculaires?
- ❑ Histoire naturelle: accélération des cycles

Points clefs



Conférences de consensus ?

Conclusions: There is a lack of emphasis of OABD-specific issues in existing guidelines. Given the substantial clinical heterogeneity in BD across the life span, along with the rapidly expanding population of older individuals worldwide, and limited mental health workforce with geriatric expertise, it is critical that additional effort and resources be devoted to studying treatment interventions specific to OABD and that treatment guidelines reflect research findings. Copyright © 2016 John Wiley & Sons, Ltd.

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Table 4.2 Studies of lithium in OABD

	N	Age (range)	Design	Dose-concentration	Duration (weeks)	Results (outcome measure)
Van der Velde [26]	12	67 (60–74)	R	Unknown	2–156	33 % recovery of mania (global rating scale)
Himmelhoch et al. [27]	81	63.3 (55–88)	R	Unknown	3–8	69 % response of depressive or manic symptoms (scale for clinical efficacy)
Abou-Saleh and Coppen [25]	7	57.1	P	Unknown	52	43 % remission of mania and depression (affective morbidity index)
Murray et al. [33]	25	(60–78)	P	Unknown	104	Compared to younger patients clinical effect on maintenance treatment was independent of age
Schaffer et al. [28]	14	69 (65–77)	P	900 mg–0.58 mEq/ml	>2	10 patients (71 %) had clinical improvement of manic symptoms
Stone [34]	48	70.3 (65–82)	R	Unknown	26	40 % had no relapse after 6 months, no difference in recovery of mania between lithium users ($n = 48$) and non-lithium users ($n = 44$)
Sharma et al. [29]	4	68.5 (66–71)	P	300–600 mg/day	40–78	Response in all rapid-cycling patients, 2/4 had a substantial recovery of depressive or manic symptoms
Sanderson [30]	41 (72)	67.2	R	Unknown	5	Duration of admission (mania and depression) was equal for lithium users ($n = 41$), valproate users ($n = 20$) and carbamazepine users ($n = 11$)

(continued)

Table 4.2 (continued)

	N	Age (range)	Design	Dose-concentration	Duration (weeks)	Results (outcome measure)
Chen et al. [31]	30	69.4 (>55)	R	Unknown	2.3	Mania improved in 67 % of lithium users ($n = 30$) versus 35 % of valproate users ($n = 29$). At therapeutic serum levels 83 % of lithium users improved (>0.8 mmol/l) versus 75 % of valproate users (65–90 micro g/l)
Goldberg et al. [32]	2	76; 71	P	600 mg/day–0.63 mmol/l; 900 mg/day–0.43 mmol/l	3	Remission of depressive and manic episodes after re-introduction of lithium following toxicity
Samtsov et al. [35]	34	60.1 (55–82)	RCT	750 mg/day 0.8–1.1 mmol/l	76	Lithium ($n = 34$) is more effective than placebo ($n = 31$) in prevention of relapse into (hypo)mania, 29 % dropped out
Winters et al. [36]	27	(>53)	P	0.4–1.0 mmol/l	104	Lithium is as effective ($n = 27$) as the combination lithium–valproate ($n = 22$) and more effective than valproate alone ($n = 31$) in preventing relapse

R retrospective, P prospective, RCT randomized controlled trial



Spécificités de prise en charge (1/2)

Pharmacologie

PHARMACODYNAMIQUE

- Incidence ↗ des effets Indésir.⁽¹⁾
 - Acide Valproïque et hyperamoniémie
 - ISRS: saignements, hyponatrémie..
 - Antipsychotiques et AVC
- Possible délai de réponse (ISRS) ⁽²⁾

PHARMACOCINETIQUE

- Distribution +++
 - Ex: ∇ albumine et ↗ acide valproïque libre
- Excrétion +++
 - Ex: ∇ fonction rénale et accumulation lithium

GO SLOW, START LOW...

Medical and Psychiatric Comorbidities Among Elderly Individuals With Bipolar Disorder: A Literature Review

Journal of Geriatric Psychiatry
and Neurology
25(1) 20-25
© The Author(s) 2012

Sonali V. Lala, BA¹, and Martha Sajatovic, MD^{1,2}

COMORBIDITÉS SOMATIQUES

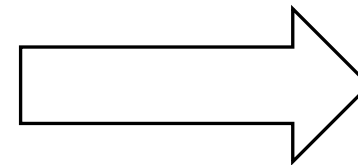
Trouble	Fréquence (%)	≠ Pop générale
HTA	45,2 - 68,8	NS
Diabete	17,8 - 31,3	NS
Resp dt BPCO	APA ?	NS
Tb. Coronariens	≈ 25	NS
Démences ⁽¹⁾	Li : 5 Li : 33	

COMORBIDITÉS PSYCHIATRIQUES

⇒ Risque X3 pour OH

⇒ Risque X10 pour anxiété généralisée

⇒ Risque X6 pour trouble panique



Intérêt du réseau !



Lithium et épisode maniaque: étude GERI-BD (1/3)

GERI-BD: A Randomized Double-Blind Controlled Trial of Lithium and Divalproex in the Treatment of Mania in Older Patients With Bipolar Disorder

Robert C. Young, M.D., Benoit H. Mulsant, M.D., M.S., Martha Sajatovic, M.D., Ariel G. Gildengers, M.D., Laszlo Gyulai, M.D., Rayan K. Al Jurdi, M.D., John Beyer, M.D., Jovier Evans, Ph.D., Samprit Banerjee, Ph.D., Rebecca Greenberg, M.S., Patricia Marino, Ph.D., Mark E. Kunik, M.D., Peijun Chen, M.D., Ph.D., Marna Barrett, Ph.D., Herbert C. Schulberg, Ph.D., Martha L. Bruce, Ph.D., M.P.H, Charles F. Reynolds III, M.D., George S. Alexopoulos, M.D., for the GERI-BD Study Group

[Am J Psychiatry](#). 2017 Nov 1;174(11):1086-1093

Lithium et épisode maniaque: étude GERI-BD (2/3)

➤ Patients

- N= 224 patients, âge > 60 ans
- Comorbidités somatiques stables acceptées. Démence: critère exclusion
- Pas de dépendance active
- Manie, hypomanie, mixte. Exclusion cycles rapides

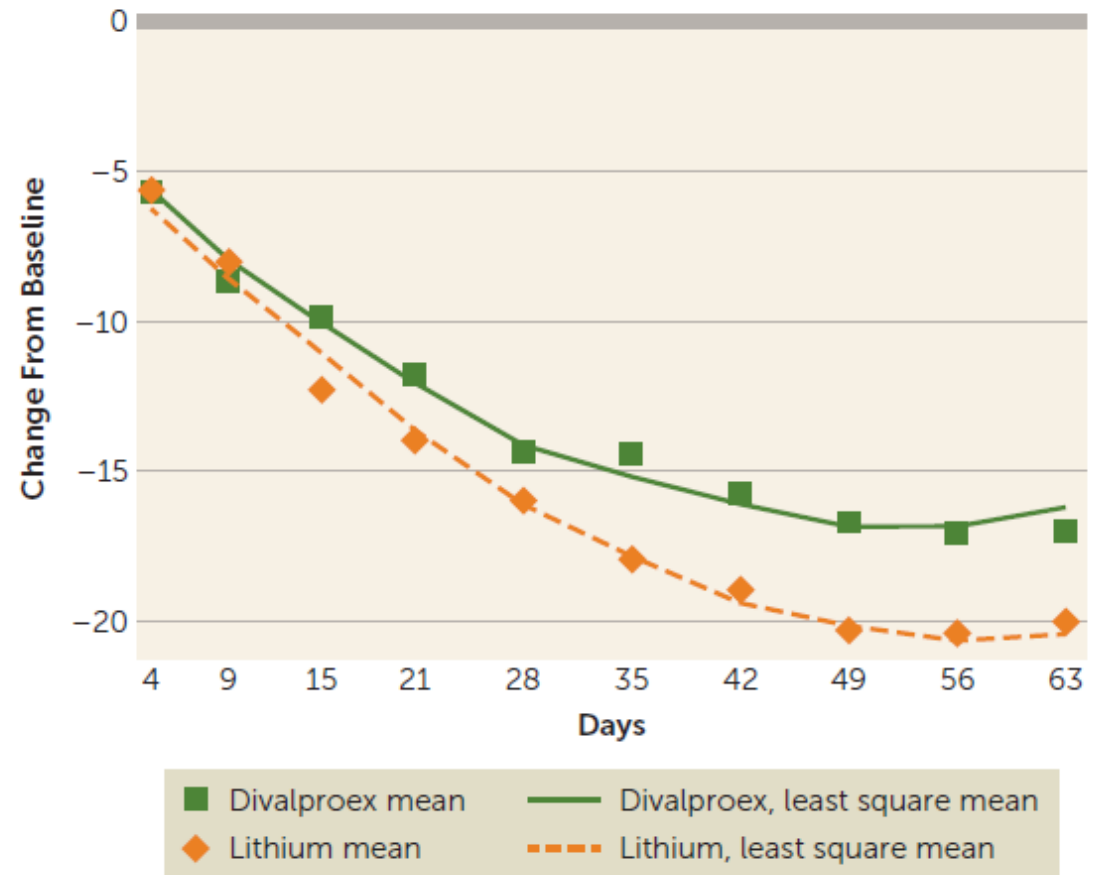
➤ Format

- Ambulatoires/hospitalisés, 9 semaines

➤ Valproate 80-99 µg/ml, Lithium 0,8-0,99 Meq/l

Lithium et épisode maniaque: étude GERI-BD (3/3)

FIGURE 2. Change From Baseline in Young Mania Rating Scale Score in a Trial of Lithium and Divalproex for the Treatment of Mania in Older Patients With Bipolar Disorder^a



^a Least square means are from mixed models of change from baseline in YMRS score.

Acceptabilité du lithium

A COURT TERME: ÉTUDE GERI-BD

Effets secondaires	Différence (p) (semaine 9)
Sédation	NS
Nausées	NS
Tremblements	0,01
Prise de poids	NS

A LONG TERME

- ❖ Effet néphrotoxique ⁽¹⁾ ?
 - Risque d'IRC majoré (X3) si diabète insipide préalable
 - Contrôle FR et Li trimestriel, annuel/osm urinaire)
 - Tx plasm. minimaux, libération immédiate privilégiée.
- ❖ Effet thyroïdien
 - Risque stable
- ❖ Neutre: cardio-vasculaire ?
- ❖ Protecteur : démence ? AVC⁽²⁾ ? Diabète⁽¹⁾ ??

Autres molécules ?

VALPROATE

- La plus étudiée après le lithium...
- Efficace en ajout / formes résistantes ⁽¹⁾ ?
- Taux plasmatiques ⇔ adultes

ANTIPSYCHOTIQUES

- Les plus utilisés: quétiapine et olanzapine⁽¹⁾
- Majoration risque AVC⁽²⁾



Interventions non médicamenteuses

NEUROMODULATION (ECT)

- Peu d'études / OABD ⁽¹⁾
- Données suggèrent efficacité > / adulte jeune ⁽²⁾
- Placement unilatéral droit ⁽³⁾
- Très bonne tolérance cognitive ⁽³⁾

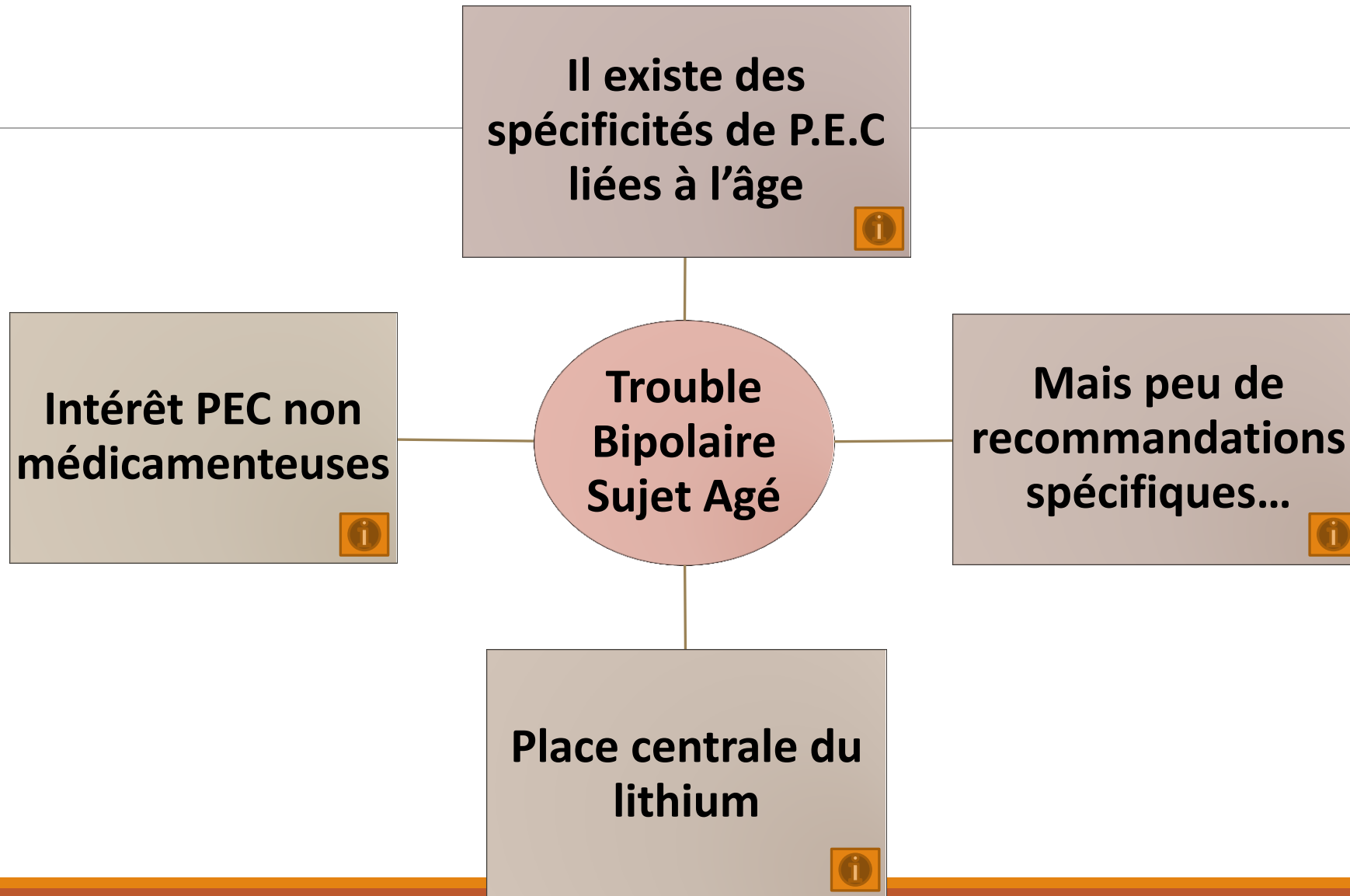
PSYCHOTHERAPIES

- Helping Older People Experience Success **(HOPES)**, Enhanced Clinical Intervention **(ECI)**, Bipolar Medical Care Model **(BMCM)**, Medication Adherence Skills Training for Bipolar Disorder **(MAST-BD)** +++
 - Efficacité sur qualité de vie, fonctionnement

(1) VAN SCHAİK, AM J GERIATR PSYCHIATRY 2012, 20(1) (2) TEW, AM J PSYCHIATRY 1999, 156 (12) (3) HERMIDA, BIPOLAR DISORDER IN OLDER AGE PATIENTS, SPRINGER 2017

(4) KIOSSES, BIPOLAR DISORDER IN OLDER AGE PATIENTS, SPRINGER 2017

Points clefs



Pour aller plus loin...

