Canadian Network for Bipolar Disorder (CAN-BD): Preliminary Report on Data from the First 169 Patients

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INTRODUCTION

The Canadian Network for Bipolar Disorder (CAN-BD) began collecting prospective data about 16 months ago tracking treatment patterns, clinical outcomes, quality of life and resource utilization of bipolar patients treated at 14 centres across Canada. The main objective of the CAN-BD is to gather the effectiveness of various treatment interventions on symptomatic and functional outcome in patients with bipolar disorder. We present here the preliminary data collected as of March 2004.

METHOD

Patients diagnosed with bipolar I/II disorder who required a change in treatment within 3 months prior to enrollment were eligible. At baseline, data collected included demographics, clinical/medical history, psychiatric medications, life events, symptom rating scales such as the HAM-D 21, MADRS, YMRS, CGI, CGI-I, GAF, and side effect scales. Patients were managed under conditions of routine clinical practice and all behavioural scales were administered at least every 3 months. In addition, YMRS, MADRS and CGI were administered at each clinical visit. Data was collected primarily using a computer database designed for psychiatric disorders; some variables were collected using paper CRFs and monthly patient diaries.

RESULTS

As of March 2004, 225 patients had been enrolled across Canada. We present data on the first 169 (101 females and 68 males) patients here. The average age of these patients was 45±13.16. The majority of those enrolled had a diagnosis of bipolar I disorder (N=102); 52 were diagnosed with bipolar II and 14 with bipolar disorder NOS.

Of the patients currently enrolled, the majority (71%, N=120) had received an antipsychotic during the first year of the study. Patients receiving an antipsychotic showed a significant reduction in YMRS scores (mean=4.26±6.10 vs 2.30±5.09; $p<0.0129$) and MADRS scores (mean=12.38±9.52 vs 8.28±8.59; $p<0.0018$) between baseline and 12 months. Patients who did not receive an antipsychotic showed a significant reduction in MADRS scores only (mean=11.81±9.65 vs 5.88±8.75; $p<0.0216$) but not YMRS scores.

Relapse rates at 90 days and 180 days are depicted in Figure 1 for bipolar I and bipolar II patients. Fewer patients with bipolar I disorder relapsed at both 90 days (57 vs 71) ($p=0.004$) and 180 days (59 vs 77) ($p=0.02$) than patients with bipolar II disorder. Similarly, bipolar I patients had fewer relapses (mean # 1.54) compared with those with bipolar II disorder (mean # 2.68) ($p<0.05$). Relapse rates did not differ between patients who entered the study in a recent depressive episode and those that entered with a recent hypomanic/manic episode.

There were no differences in relapse rates at 90 or 180 days between bipolar I and bipolar II patients if they entered a study with a recent depressive episode. However, a greater proportion of bipolar II patients with a recent hypomanic episode relapsed both at 90 ($p=0.002$) and 180 days ($p=0.01$) compared with bipolar I patients who entered the study with a recent manic episode.

Relapse rates were lower at 90 days but not at 180 days in patients with recent manic/hypomanic episode that were on antipsychotics at study entry compared with those that were not on antipsychotics. Relapse rates were not different between those that were on antipsychotics and those that were not on antipsychotics if they entered the study with a recent depressive episode.

CONCLUSION

Patients with bipolar I disorder were shown to do better overall in terms of having numerically fewer relapses than patients with bipolar II disorder. Risk of relapse appears to be similar between bipolar I and bipolar II patients with a depressive index episode but risk is higher in bipolar II patients with an index hypomanic episode compared with bipolar I patients with an index manic episode. The results suggest that the use of an antipsychotic appears to provide some measure of mood stability up to 90 days for patients whose most recent episode at study entry was manic but not up to 180 days. This would suggest that antipsychotics are useful in the maintenance phase of bipolar disorder for at least up to 3 months after an acute manic episode.

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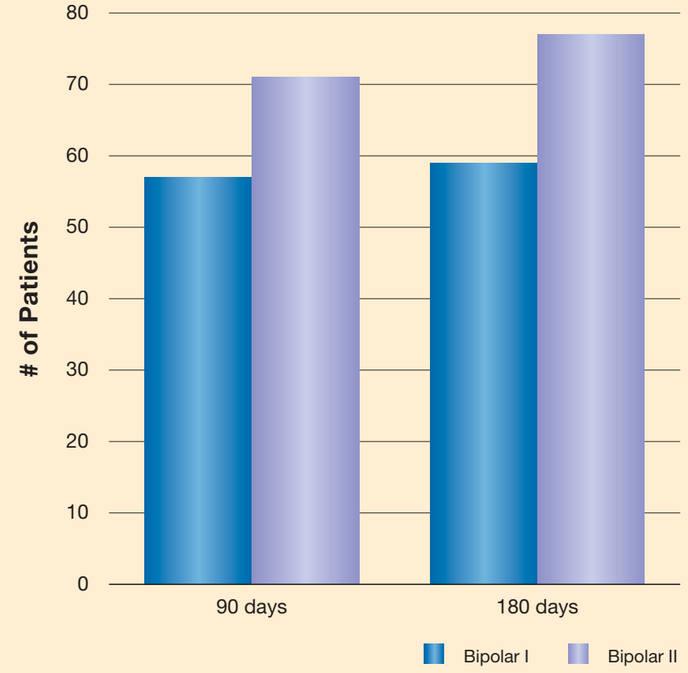
Figure 1. Relapse rates at 90 days and 180 days for Bipolar I and Bipolar II patients



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