Declaration

I Cecilia Chirculescu declare that this thesis is my own work. It is being submitted for the degree of Master of Medicine in the branch of Psychiatry in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

Cecilia Chirculescu

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11 April 2007

Dedication

To my family

I would like to express my sincere thanks to my entire family that supported me throughout my project, for their understanding and kindness.

Most of all I would like to thank them for allowing me to follow my dreams, and accepting the long working hours which were vital for the completion of my project. I could have not achieved all that I had in the past years without your continuous support, encouragement and love.

Presentation

The research protocol of Combination antipsychotic and mood stabilizers in maintenance treatment of bipolar patients in community practice was presented at the University of the Witwatersrand Johannesburg, Department of Psychiatry Research day, College of Medicine of South Africa 2006

Abstract

Bipolar disorder is a complex illness. It is a life long episodic disorder very disruptive for the patient and family. Repeated episodes lead to progressively deteriorating level of functioning and poor response to the treatment. Suicide attempts and completed suicide has been a frequent complication.

The complexity and difficulties involved in treating this mental condition are well recognised. The pharmacological options include lithium, valproate, carbamazepine, lamotrigine, topiramate, benzodiazepines.

The use of neuroleptics in bipolar disorder remain controversial because of the increased susceptibility of this group of patients to side effects of neuroleptics.

Objectives:

The aim of this research is to investigate in a population of patients with bipolar disorder who are having treatment with combination of a mood stabilizer and antipsychotics:

- 1) The number of prescriptions of antipsychotics, in bipolar patients in a community clinic
- 2) The rationale of such combination
- 3) Whether correlates exist between variables such as substance abuse and noncompliance and the prescription of antipsychotics

Method:

This retrospective, descriptive, analytic study was conducted at Voslooros Psychiatric Clinic, which is situated in the south of Johannesburg. The clinical records of all adult patients with an initial diagnosis of bipolar disorder as at December 2004 were examined Particular note was taken of demographic data, diagnosis, age of onset of psychiatric illness,

duration of illness, treatment prescribed, reasons for prescribing this medication, response to the treatment, social circumstances of each patient, substances use and compliance.

Results:

74.1% of the patients were maintained on a combination of mood stabilizer with antipsychotic. Combination treatment was used in an attempt to improve the psychotic symptoms and dangerous behaviour in 48% of the patients, noncompliance in 38% of the cases and 14% patients were in transitional phase to stop antipsychotics.

80.65% of the patients were on treatment with antipsychotics for longer than 6 months. Use of atypical antipsychotics is associated with a better outcome than the conventional agents. In this study only a small percentage (10%) of patients received atypical antipsychotics.

19.4 % patients reported side effects of the medication. The lower figures in our study can be due to underreporting and inadequate documentation.

38.7% of the patients reported substance misuse. Our finding were much lower compared with the literature, probably due to underreporting. Alcohol was the most common substance. This study show that the need for more medication was increased 6.6 fold in patients with polysubstance abuse compared with the patients not abusing any substance.

Noncompliance in the maintenance phase of the treatment is a important issue in the management of the patients with bipolar disorder. This study found that the majority of the patients (59.7%) were noncompliant with their treatment.

Those findings were in line with studies done by Keck PE who reported rates of noncompliance from 51% to 64%. Our study show that 63% of the patients had a level of

education less than matric and this may be a contributing factor to noncompliance.

Conclusions:

The results of the study suggest that a large number of bipolar patients are only partially responsive to mood stabilizers alone and the maintenance treatment with antipsychotics for longer than 6 months are needed because of persistence of the symptoms. More efficient strategies are necessary to educate the people, to improve the compliance and to decreased the use of substances.

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