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ABSTRACT

Objective: Evaluate the efficacy of CBZ-ERC in the treatment of patients switched from other therapeutic agents for the treatment of their bipolar disorder.

Methods: Data were obtained from the charts of 187 patients aged 5-70 years who met DSM-IV criteria for bipolar disorder. Clinical response to CBZ-ERC therapy was defined as a score of 3 or lower on the Clinical Global Impression-Improvement (CGI-I) scale. Relapse was defined as a change in CGI-I to 4 or greater in those subjects who had previously achieved clinical response.

Results: Data from patients switched to CBZ-ERC from lamotrigine, valproic acid, olanzapine, oxcarbazepine, lithium, and other formulations of CBZ (immediate-release and extended-release tablets) were analyzed. All groups of patients had mean CGI-S scores above 4.5 at initiation of CBZ-ERC treatment. Scores on the CGI-I indicated that all groups of patients improved after the switch to CBZ-ERC; mean scores for all groups were 2.3 or lower. Interestingly, those patients previously on oxcarbazepine (mean CGI-S score, 5.1) improved dramatically in this analysis (mean CGI-I score, 2.1 at best visit).

Conclusions: CBZ-ERC are efficacious in the treatment of patients with bipolar disorder switched from other therapies, and may represent an important treatment option in this population.

THE EFFECTIVENESS OF CHANGING TO CARBAMAZEPINE EXTENDED-RELEASE CAPSULES IN BIPOLAR DISORDER

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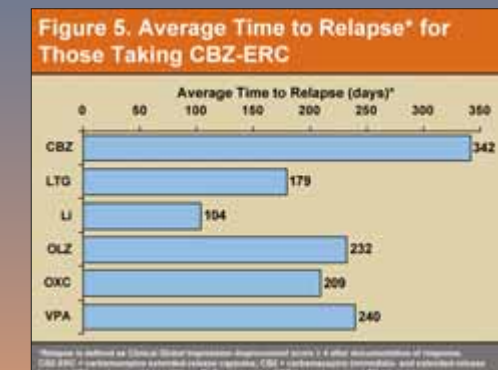
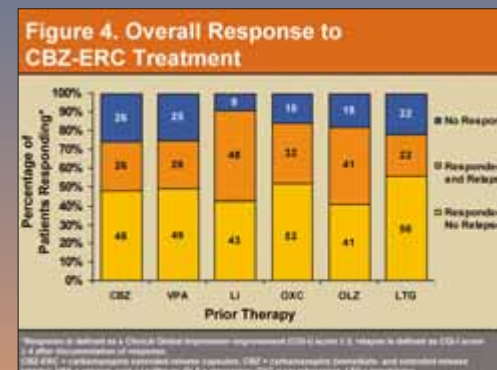
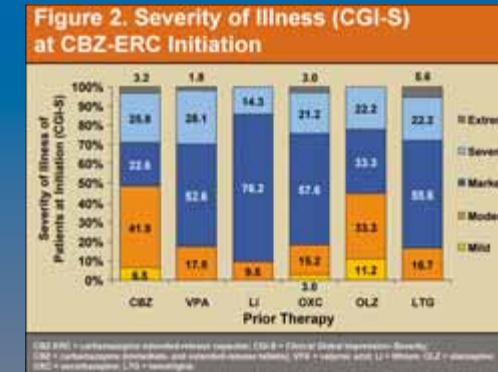
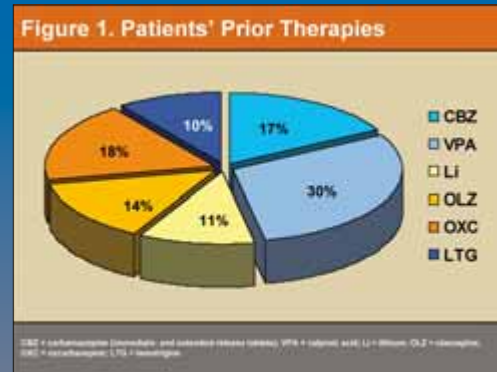
INTRODUCTION

- Bipolar disorder is a complex illness characterized by persistent, recurring episodes of depression and mania
- A myriad of therapeutic agents are currently used to treat patients with bipolar disorder. However, no single agent has been shown to be completely effective in all phases of the illness for all people¹⁻³
- Treatment resistance, variations in patient response, and concomitant drug therapy are some issues that can affect the efficacy of a pharmacologic agent^{4,5}
- Physicians may switch patients from one agent to another until a satisfactory response is achieved
 - An insufficient response to an initial agent may necessitate trials with several drugs
- The aim of this retrospective analysis was to determine the efficacy of switching to carbamazepine extended-release capsules (CBZ-ERC) (Shire, Wayne, Pa) in patients with bipolar disorder who were receiving alternative mood-stabilizing agents

METHODS

- Medical records were reviewed for 187 patients with bipolar disorder (as defined by DSM-IV criteria) who were treated at a single private practice setting (Red Oak Psychiatry Associates, Houston, Tex)
- Demographic data collected included gender, age, and bipolar presentation
- Subjects were grouped depending on prior treatment drug, which included lithium (Li), CBZ (ie, immediate- and extended-release tablets), valproic acid (VPA) (ie, immediate- and extended-release), oxcarbazepine (OXC), lamotrigine (LTG), and olanzapine (OLZ)
- At initiation of CBZ-ERC treatment, patients discontinued their previous therapies, and were assessed for baseline severity of illness using Clinical Global Impression-Severity (CGI-S) scale scores
- Efficacy was determined by analyzing ratings on the Clinical Global Impression-Improvement (CGI-I) scale at best office visit
 - Scores lower than or equal to 3 signified a clinical response to CBZ-ERC therapy
 - Clinical relapse was set at CGI-I scores greater than or equal to 4, after an observed CBZ-ERC response

Characteristic	VPA	CBZ	Li	OXC	OLZ	LTG
Participants (n)	37	31	31	33	27	18
Gender (% Female)	35.1	29.0	37.1	37.6	55.6	66.7
Mean Age (yr) (SD)	37.0 (16.8)	38.0 (16.6)	27.9 (18.2)	38.6 (11.7)	34.3 (10.0)	30.0 (14.8)
Age Range (yr)	5-67	5-65	7-70	7-68	16-68	15-66
Mean Dose (mg) (SD)	394.2 (240.4)	274.2 (177.3)	390.5 (172.8)	487.8 (319.8)	407.4 (197.8)	500.0 (221.9)
Bipolar Type						
Bipolar I (% (n))	31.6 (11.8)	16.1 (5.0)	79.2 (24.6)	30.3 (10.1)	27.3 (7.4)	51.9 (9.4)
Bipolar II (% (n))	16.3 (6.0)	33.3 (10.4)	4.8 (1.5)	19.4 (6.4)	12.1 (3.3)	29.0 (5.2)
Bipolar II (%)	28.3 (10.6)	33.3 (10.4)	8.8 (2.8)	12.8 (4.1)	18.3 (5.0)	7.4 (1.3)
Bipolar NOS (%)	22.8 (8.5)	16.7 (5.2)	9.0 (2.9)	32.3 (10.7)	48.9 (13.3)	11.1 (2.0)



REFERENCES

- McElroy SL, Keck PE Jr. Pharmacologic agents for the treatment of acute bipolar mania. *Biol Psychiatry*. 2000;48:539-557.
- Sachs GS. Bipolar mood disorder: practical strategies for acute and maintenance phase treatment. *J Clin Psychopharmacol*. 1996;16:32S-47S.
- Zornberg GL, Pope HG Jr. Treatment of depression in bipolar disorder: new directions for research. *J Clin Psychopharmacol*. 1993;13:397-408.
- Flowers CR, Veenstra D. The role of cost-effectiveness analysis in the era of pharmacogenomics. *Pharmacoeconomics*. 2004;22:481-493.
- Preskorn SH. How drug-drug interactions can impact managed care. *Am J Manag Care*. 2004;10:S186-S198.

RESULTS

- Demographic and bipolar subtype information for the 6 groups is presented in the [Table](#)
- The most commonly used psychotherapeutic agent among patients with bipolar disorder before switching to CBZ-ERC was VPA, followed by OXC, CBZ tablets, OLZ, Li, and LTG ([Figure 1](#))
- At initiation of CBZ-ERC, the percentage of patients who were at least markedly ill (as defined by CGI-S) was greatest in those who were previously on Li and least in those previously on CBZ tablets ([Figure 2](#))
- Mean CBZ-ERC daily dose ranged from 584 to 688 mg among the groups ([Table](#))
- The greatest overall improvement based on CGI-I scores was obtained in patients previously taking Li, OXC, and OLZ ([Figure 3](#))
- Over 70% of patients on all previous medications responded to CBZ-ERC treatment as measured by a CGI-I score of 3 or lower ([Figure 4](#))
 - The greatest percentage of relapse after response was seen in patients previously on Li ([Figure 4](#))
- The longest average time to relapse was observed in patients who were previously treated with CBZ tablets, followed by those on VPA, OLZ, OXC, LTG, and Li ([Figure 5](#))

CONCLUSIONS

- In this retrospective analysis, patients with bipolar disorder who were previously on Li, VPA, CBZ tablets, OXC, LTG, and OLZ demonstrated improvement in overall illness after switching to CBZ-ERC therapy
- Interestingly, even though CBZ tablets and CBZ-ERC share the same therapeutic compound, patients who were previously on CBZ tablets showed considerable improvement in the symptoms of bipolar disorder, and had the longest average time to relapse while taking the extended-release capsule formulation
- The results from this analysis show that in a real-world clinical setting, CBZ-ERC may be an effective alternative treatment option for those patients not responding sufficiently to other therapeutic agents

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