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ABSTRACT

Objective
Lamotrigine (Lamictal®) is effective in the maintenance treatment of bipolar disorder in adults. This study assessed the effectiveness and safety of lamotrigine in adults greater than 55 years of age.

Methods
A chart review of 49 outpatients older than 55 years of age with DSM-IV bipolar disorder and treated with lamotrigine was conducted (77% female; 55% bipolar I, 31% bipolar II, and 14% bipolar NOS). Charts of subjects who received lamotrigine in a private practice setting between October, 1998 and May, 2004 were reviewed. The final mean lamotrigine dose was 109.2 ± 90.1 mg/d. Treatment response was assessed with the Clinical Global Impression-Improvement (CGI-I) scale (1 = very much improved; 2 = much improved; 3 = minimally improved). Relapse was defined as a mood change that occurs 4 weeks after initiation of medication or the return of symptoms from the original episode.

Results
Thirty-two subjects (65%) taking lamotrigine were very much improved, much improved, and minimally improved (CGI-I score: 1, 14%; 2, 35%; 3, 16%), which reflects slightly lower efficacy than in the overall adult population. Nineteen subjects (39%) relapsed and rates were relatively similar among bipolar disorder subtypes. Rates of the most frequently reported side effects, which were non-serious-rash (20%) and insomnia (6%), were higher than those observed in the overall adult patient population.

Conclusion
Lamotrigine appears effective in the treatment of bipolar disorder in adult patients older than 55 years of age, though this subpopulation did not respond as well as the overall adult population. Those older than 55 years of age tolerated lamotrigine relatively well. These data are encouraging for the use of lamotrigine in patients with bipolar disorder who are older than 55 years of age, thus larger scale studies should be undertaken to further investigate these results.

INTRODUCTION

The literature on bipolar disorder in older adults is limited, in spite of the fact that the elderly are the fastest growing segment of the US population¹. Current clinical practice for older adults is based upon treatment for younger patients, though older adults with bipolar disorder often present with medical comorbidities and polypharmacy usage^{2,3}. Moreover, bipolar disorder with onset after age 50 is not uncommon and is associated with more functional and cognitive impairment compared to younger patients⁴. Thus, special considerations should be addressed when treating older adults who present with bipolar disorder.

The use of anticonvulsant medications has surpassed lithium therapy in older adults with bipolar disorder, however critical issues such as tolerability, dosing strategies and outcomes have not been fully evaluated⁵. Lamotrigine has demonstrated efficacy in the maintenance treatment of bipolar I disorder, predominately in the depressive phase of the illness, in two placebo- and lithium-controlled clinical trials⁶⁻⁸. In addition, lamotrigine prolongs the time to relapse to a depressive episode in patients with bipolar I disorder⁹. In the present study we examined the effects of lamotrigine on adults greater than 55 years of age with diagnosed bipolar disorder.

METHODS

Study Population

Data from an analysis of retrospective chart reviews were undertaken for 49 patients greater than 55 years of age who had been diagnosed with bipolar disorder and who had received treatment with lamotrigine. The retrospective chart review of patients was conducted in a private practice setting (LDG, Red Oak Psychiatry Associates, Houston, TX) between October 1998 and May 2004.

Measures and Data Analysis

Charts were reviewed for lamotrigine dosages, scores on the Clinical Global Impression-Severity (CGI-S) and Clinical Global Impression-Improvement (CGI-I) scales, relapse, and adverse events¹⁰. Treatment response was assessed with the CGI-I scale (1 = very much improved, 2 = much improved, 3 = minimally improved). Subjects were considered to have responded to lamotrigine therapy if they achieved a CGI-I score of ≤ 3. Subjects were considered to have relapsed if they experienced a mood change 4 weeks after initiation of medication or a return of symptoms from the original episode.

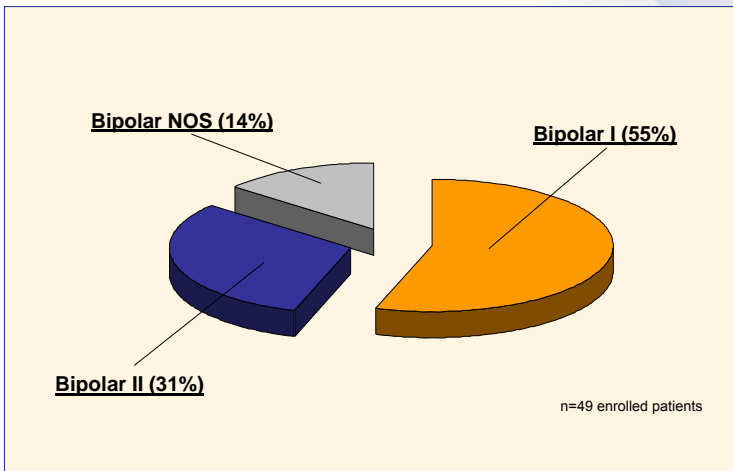
RESULTS

Patient Characteristics

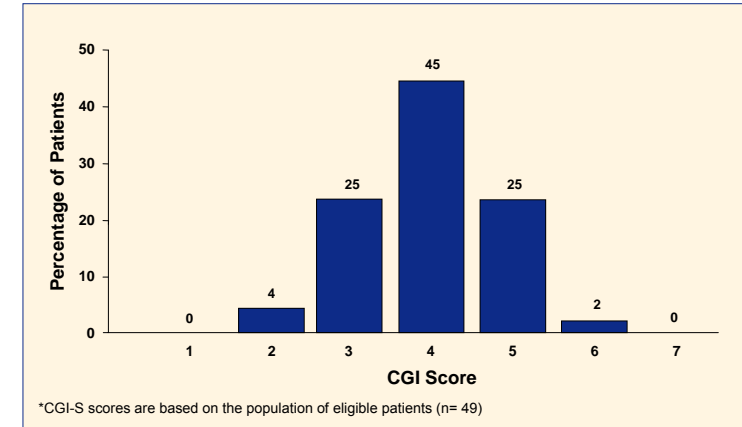
Patients enrolled (n)	49
Female, %	77
Percent of patients on monotherapy	16
Percent of patients with concomitant medications	
1 medication	84
2 medications	53
3 medications	18
4 medications	6
Mean lamotrigine dose* ± SD (mg/d)	109.2±90.1

*Mean dose at patient's best CGI-I score.

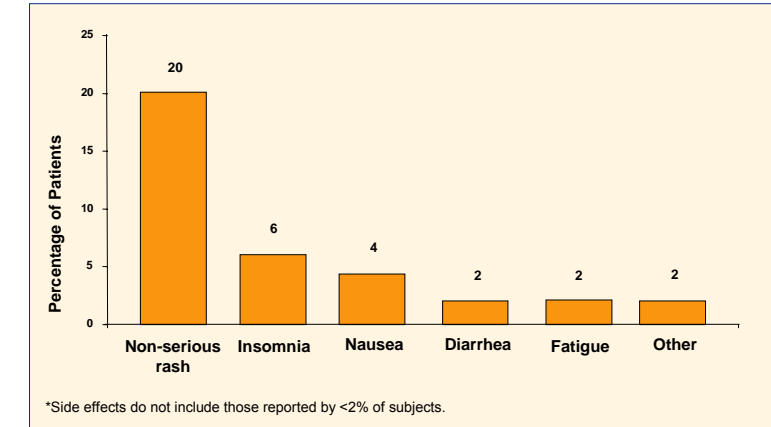
Bipolar Disorder Subtype Distribution



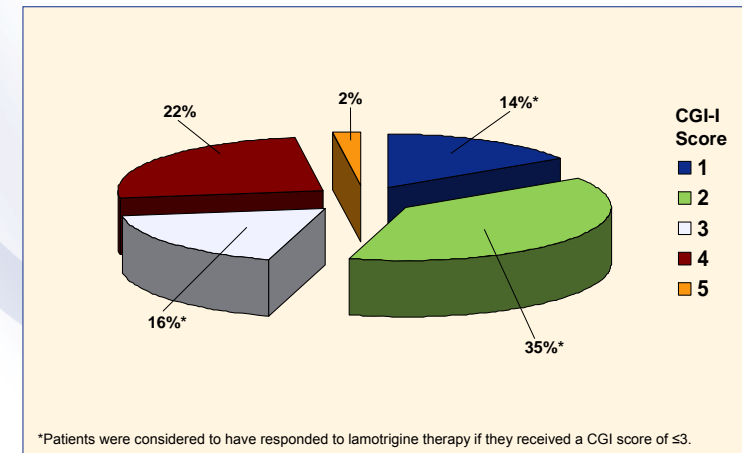
CGI-S Scores at Lamotrigine Initiation*



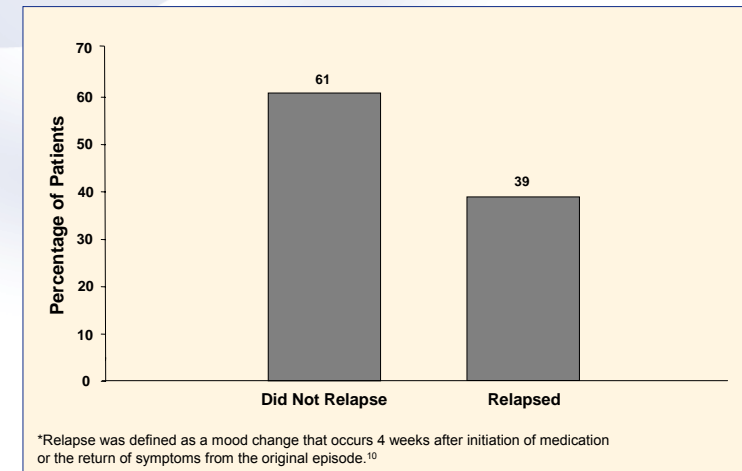
Reported Side Effects*



CGI Scores at Lamotrigine Completion



Relapse Rates*



- Prior to lamotrigine initiation, no subjects had a CGI-S score of 1, 4% had a score of 2, 25% a score of 3, 45% a score of 4, 25% a score of 5, and 2% a score of 6. Similar patterns of CGI-S scores were seen across bipolar disorder subtypes I, II, and NOS.
- Thirty-two subjects (65%) responded to lamotrigine. Of those responders, 14% were very much improved (CGI-I, 1), 35% were much improved (CGI-I, 2), and 16% were minimally improved (CGI-I, 3).
- From all subjects in the study, the majority (61%) did not relapse, while 19 subjects (39%) relapsed.
- The most frequently reported treatment-emergent adverse events were non-serious rash (20%) and insomnia (6%).

CONCLUSIONS

- Lamotrigine appears to be effective in the treatment of bipolar disorder in adults greater than 55 years of age.
- Lamotrigine appears to be effective and well tolerated across bipolar disorder subtypes.
- These data suggest that larger-scale trials in older patients are warranted. It is critical that older populations of adults with bipolar disorder be studied such that their treatment considerations are understood and effectively implemented.

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