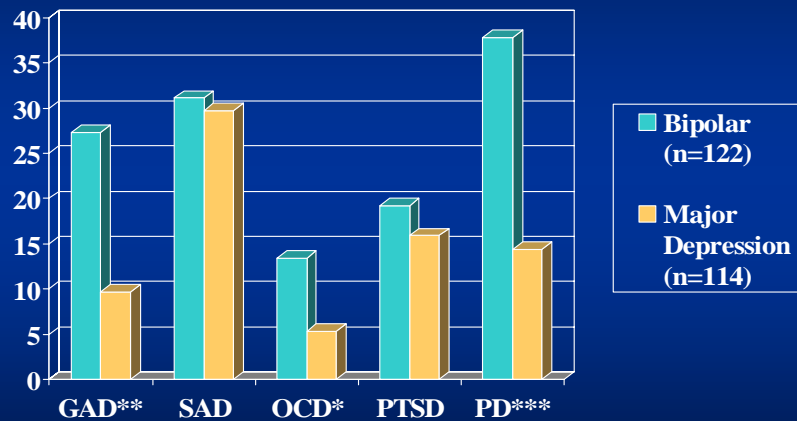


Addressing Anxiety Comorbidity in Bipolar Disorder

Michael Otto, Ph.D.
Boston University

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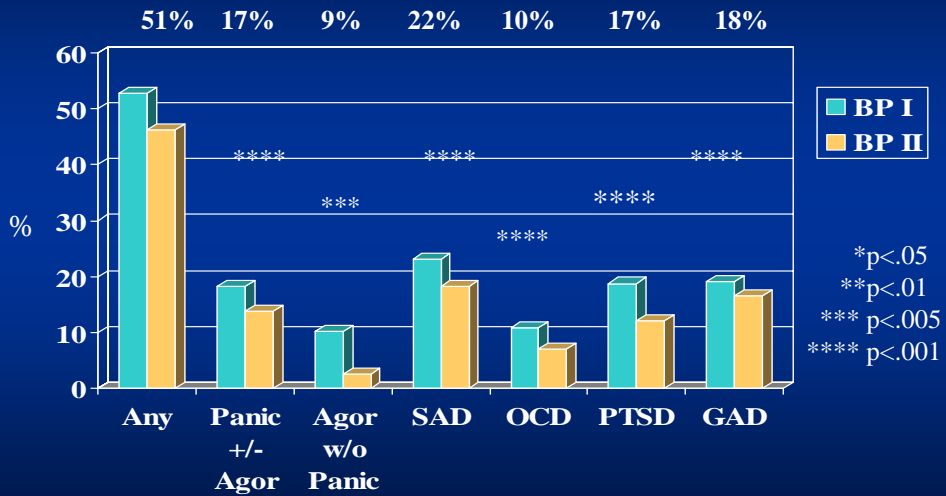
Prevalence Of Anxiety Disorders in Bipolar and Major Depressive Disorder



*p < .05, **p < .01, ***p < .001

Simon et al, *J Psychiatric Research* 37:
187-182, 2003

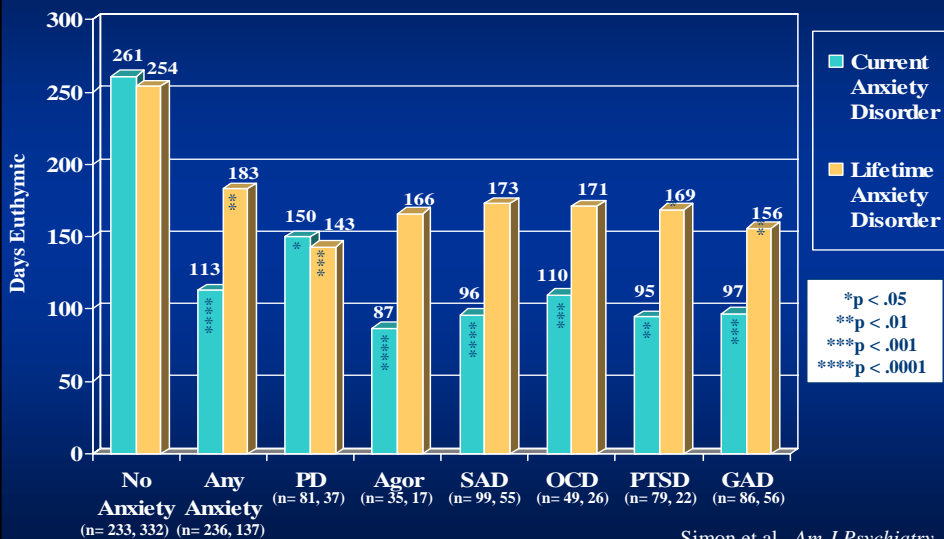
Lifetime Anxiety Comorbidity in Bipolar Disorder: Data from the STEP-500



Simon et al., *Am J Psychiatry*,
2004 Dec;161(12):2222-9

3

Anxiety Comorbidity Associated with Reduction in Longest Time Euthymic in Bipolar Disorder in Past 2 Years (N=469)

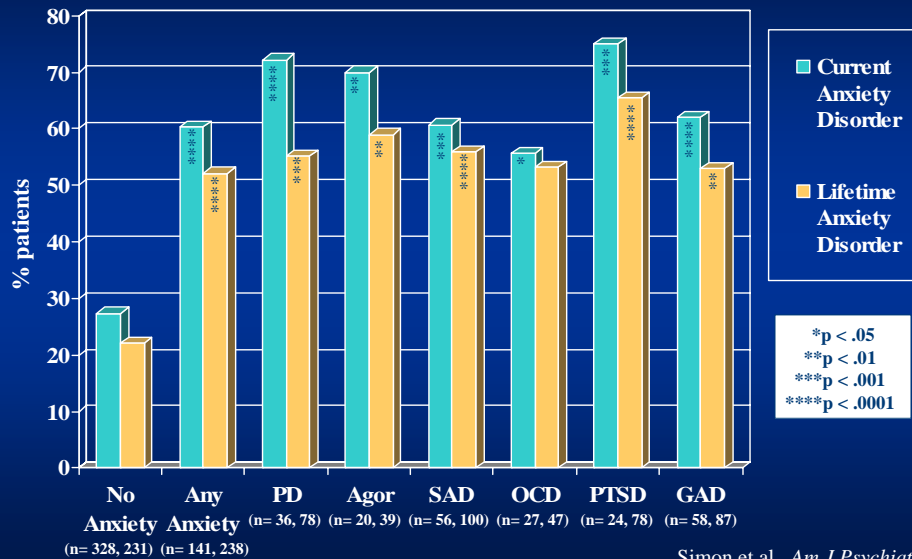


Simon et al., *Am J Psychiatry*,
2004 Dec;161(12):2222-9

Data from the STEP-500

4

Elevated Rates of Lifetime Suicide Attempts in Bipolar Disorder Plus Anxiety Comorbidity



Data From the STEP-500

5

Simon et al., *Am J Psychiatry*,
2004 Dec;161(12):2222-9

Anxiety Comorbidity and Days Well: Results from STEP-BD

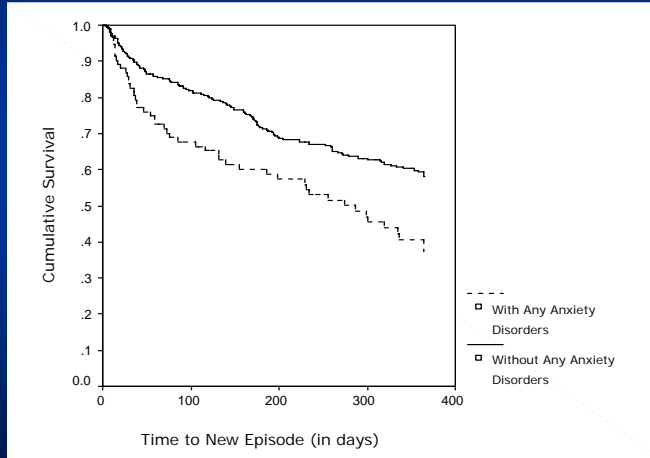
One Year Longitudinal Study of Bipolar Patients

- Controlling for:
 - Status at Study Entry
 - Bipolar I vs. II
- Presence of an Anxiety Disorder:
 - Loss of 42 days well
- Strongest effects for:
 - PTSD
 - OCD
 - Social Phobia
- Increasing effect for number of anxiety disorders

6

Otto et al. (2006) *British J Psychiatry*

One Year Prospective Survival Curve for Relapse in Patients with Bipolar Disorder in Full or Partial Remission at Study Entry, with and without a Current Anxiety Disorder (n=489)

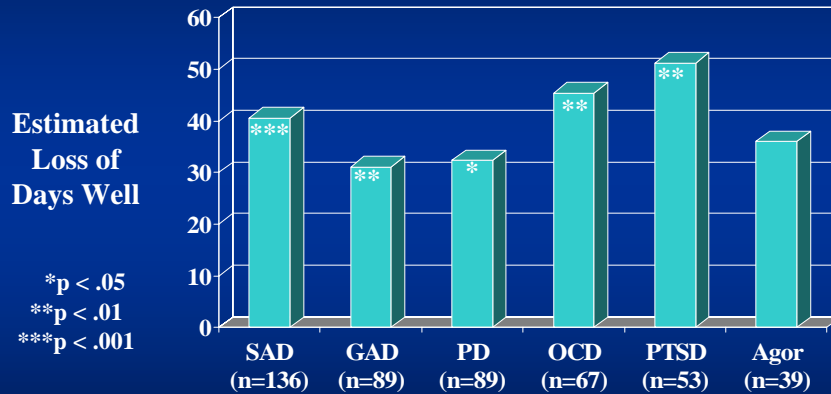


Otto et al, Br J Psychiatry, 2006 .(STEP-1000)

7

Hazard Ratio=1.76, p<0.001

Impact of Individual Anxiety Disorders on Days Well Over One Year in Bipolar Disorder: Prospective Assessment of the STEP-1000



Note: Number of anxiety disorders and individual anxiety disorders were examined in a model including recovery status and bipolar subtype as covariates

8

Otto et al, Br J Psychiatry, 2006

Anxiety Negatively Affects the Treatment of Mood Disorders

Unipolar Depression

- Brown et al., 1996
- Coryell et al., 1992
- Fava et al., 2004
- Frank et al., 2000

Bipolar Depression

- Feske et al., 2000
- Frank et al., 2002
- Henry et al., 2003
- McElroy et al., 2000
- Simon et al., 2004

Rates of PTSD in Bipolar Disorder

8 Studies (representing 1214 bipolar patients)

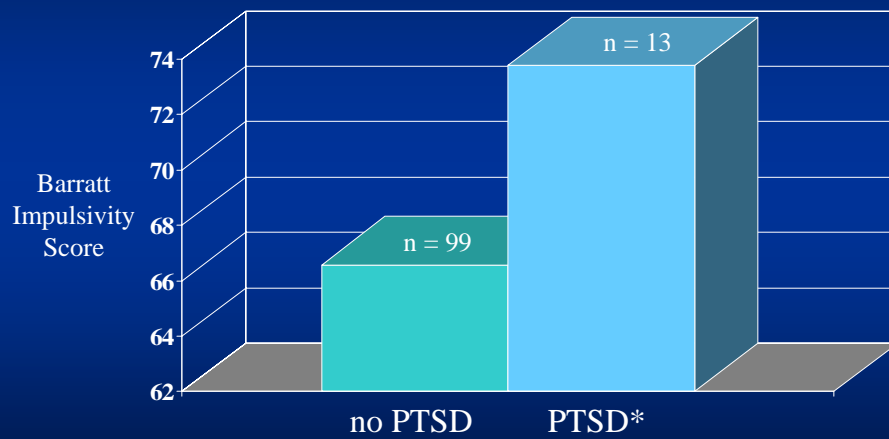
- Weighted Mean 16.0% (95% CI: 14% to 18%)
- This rate is double reported lifetime prevalence of PTSD in general population (7.8%)

Potential Impact of PTSD on Bipolar Disorder

- Chronic over arousal and negative affect
- Sleep disruption and nightmares
- Avoidance and social isolation
- Increased anger and impulse control issues
- Enhanced suicide risk

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Current PTSD Comorbid Bipolar Associated with Increased Impulsivity

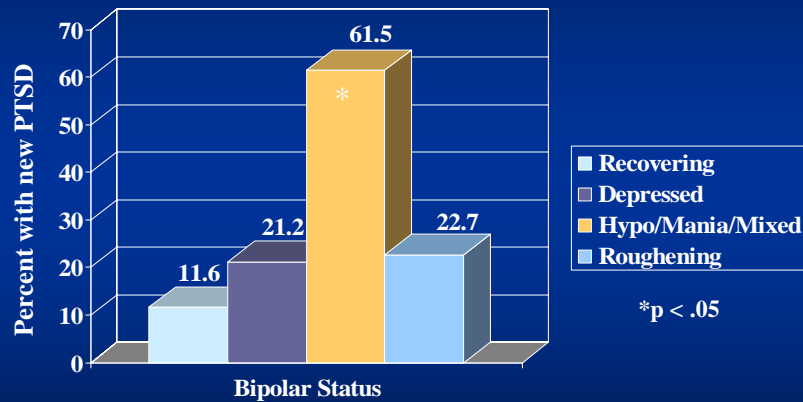


* $p < .05$

12

Simon et al. Unpublished data.

Impact of 9-11 on Patients with Bipolar Disorder in the STEP-BD Study (N=137)

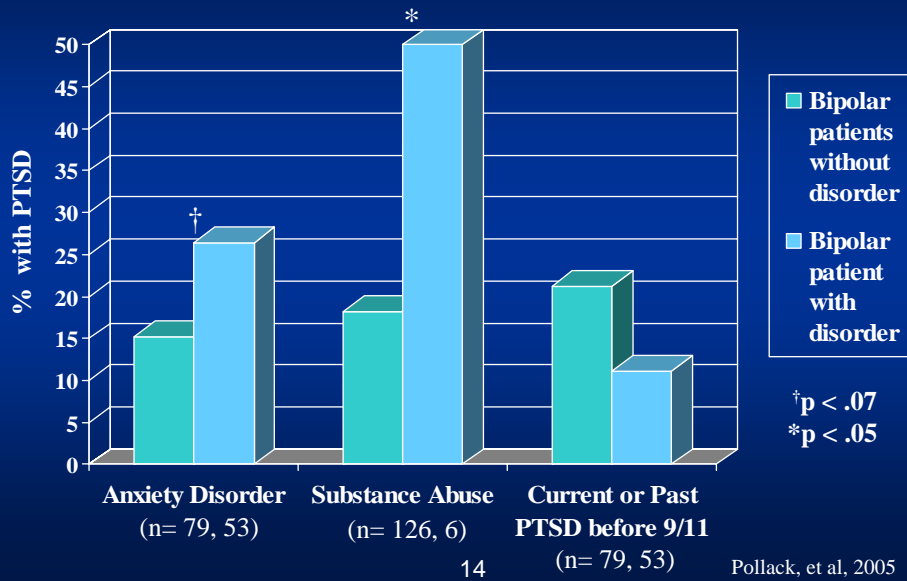


Mean time to Assessment:
430.6 + 78.7 days (0.5 to 1.5 years) after 9/11

Pollack et al. Persistent PTSD in Bipolar Patients Following September 11th. In submission 2005

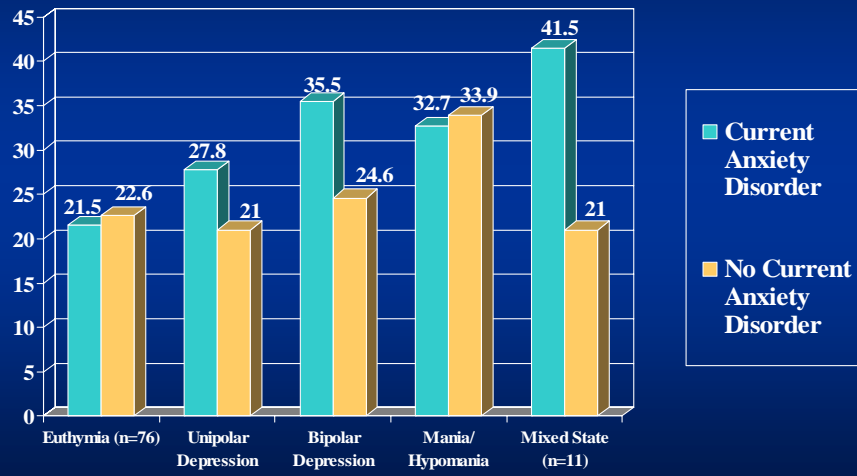
13

Predictors of Full or Subsyndromal PTSD Diagnosis in Patients with Bipolar Disorder after 9/11



Pollack, et al, 2005

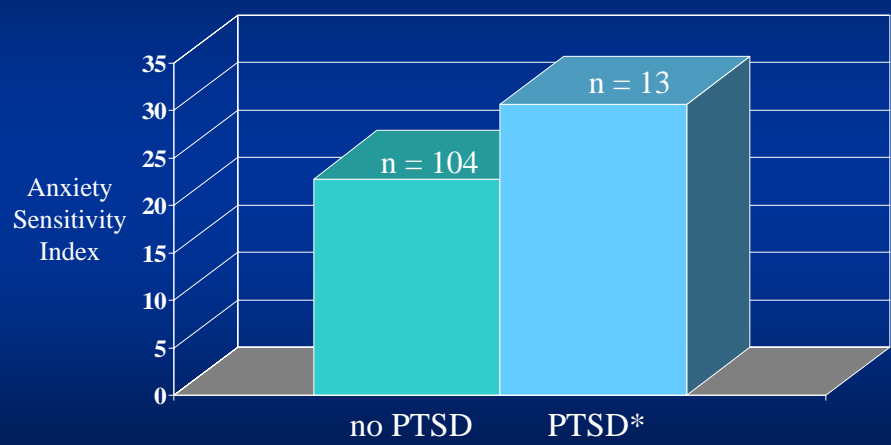
Anxiety Sensitivity by Mood State in Bipolar Disorder and Major Depressive Disorder Stratified by Presence or Absence of Current Comorbid Anxiety Disorders



Simon NM et al.,
J Affective Disorders, 2005

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Current PTSD Comorbid Bipolar Associated with Increased Anxiety Sensitivity



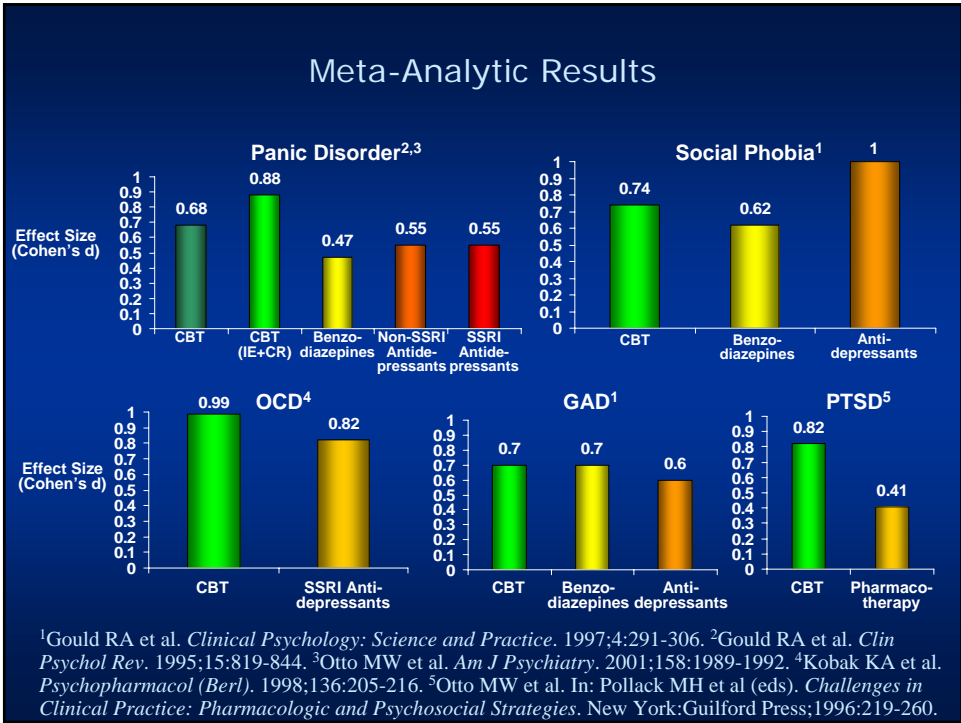
*p<.05

Simon et al. Unpublished data.

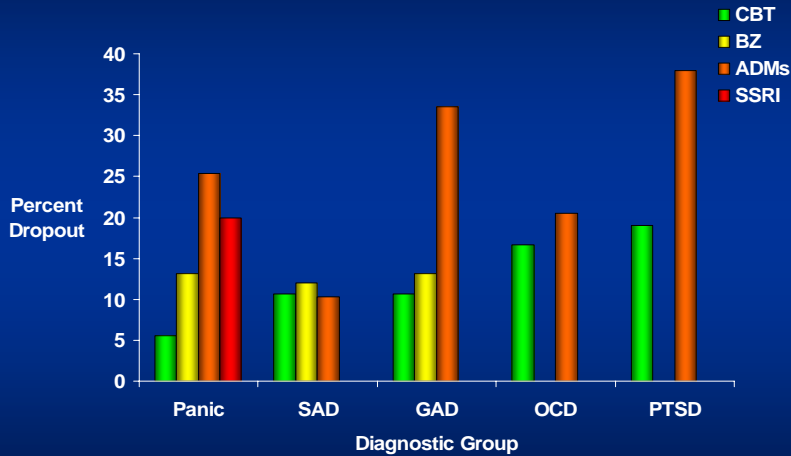
16

CBT for Anxiety

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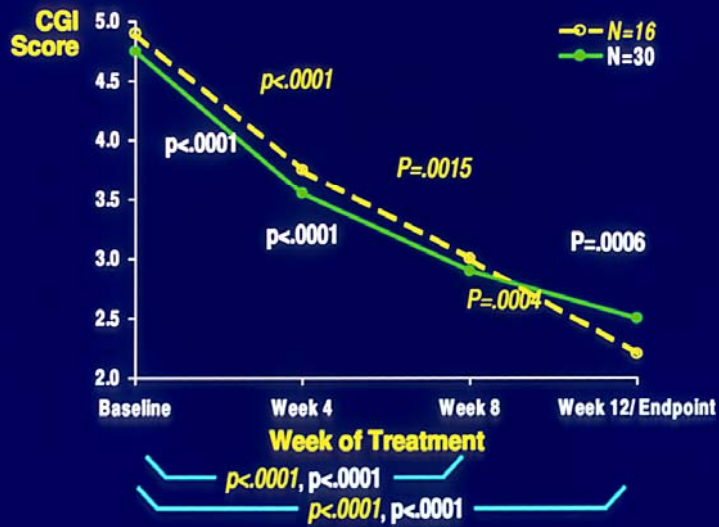


Treatment Acceptability: Dropout Rates



¹Gould RA et al. *Clinical Psychology: Science and Practice*. 1997;4:291-306. ²Gould RA et al. *Clin Psychol Rev*. 1995;15:819-844. ³Otto MW et al. *Am J Psychiatry*. 2001;158:1989-1992. ⁴Kobak KA et al. *Psychopharmacol (Berl)*. 1998;136:205-216. ⁵Otto MW et al. In: Pollack MH et al (eds). *Challenges in Clinical Practice: Pharmacologic and Psychosocial Strategies*. New York:Guilford Press;1996:219-260.

Average Symptom Severity at Monthly Intervals (as measured by the CGI)



Depression Intensifies Anxiogenic Thoughts

- Social Phobia
 - Social errors = negative evaluations from others
 - Negative evals = negative personal characteristics
 - Negative char = long-term negative consequences
- Panic Disorder
 - Fears of anxiety sensations

Wilson & Rapee, 2005; Ball et al., 1995; Otto et al., 1995; Otto et al., in press

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Psychosocial Treatment (CBT): Anxiety Treatment is Resilient to Depression Comorbidity

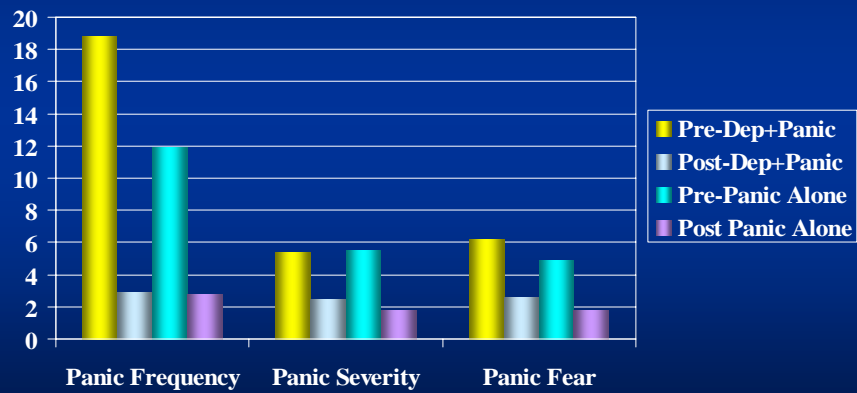
- Depression often improves with CBT for anxiety disorders
- Improvements in anxiety mediate improvements in depression
- Patients with comorbidity improve at same rate as non-comorbid patients, but often start and end treatment with greater severity

(Otto et al., in press)

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Panic: Effects of MDD on Treatment Outcome

(McLean et al., 1998)



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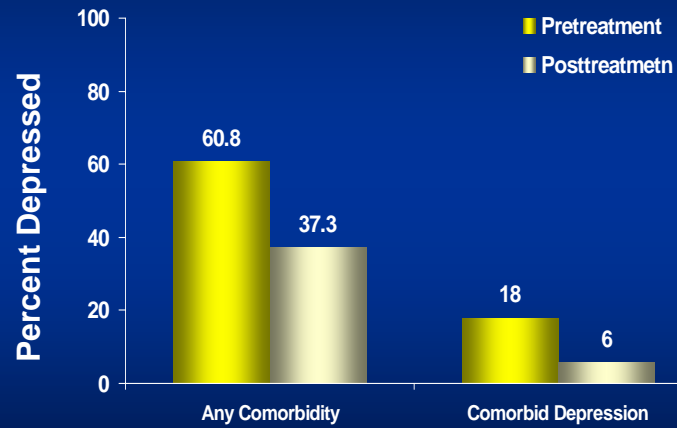
Commonalities in the treatment of anxiety and depression

- Psychoeducation
- Cognitive restructuring (role of negative thoughts)
- Activity assignments (activation and positive events vs. exposure)
- Social problem solving

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(Otto et al., in press)

CBT for Panic Disorder



Tsao et al., 2002, Behavior
Therapy, 33, 493-509

25

The Core of Treatment

- Provide patients with a way to “unlearn” their fears (re-establish safety around fear cues)
 - Use information
 - Use logical evaluation
 - Use experience
 - Direct their attention to what is learned (use of objective evaluation standards)

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Specialized Treatment of Anxiety Disorders: Targeting the Core Fear

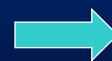
Panic Disorder	Fears of anxiety sensations
Social Phobia	Fears of negative evaluation
OCD	Fears of perceived catastrophes
PTSD	Fears of trauma memories
GAD	Chronic worry problems

27

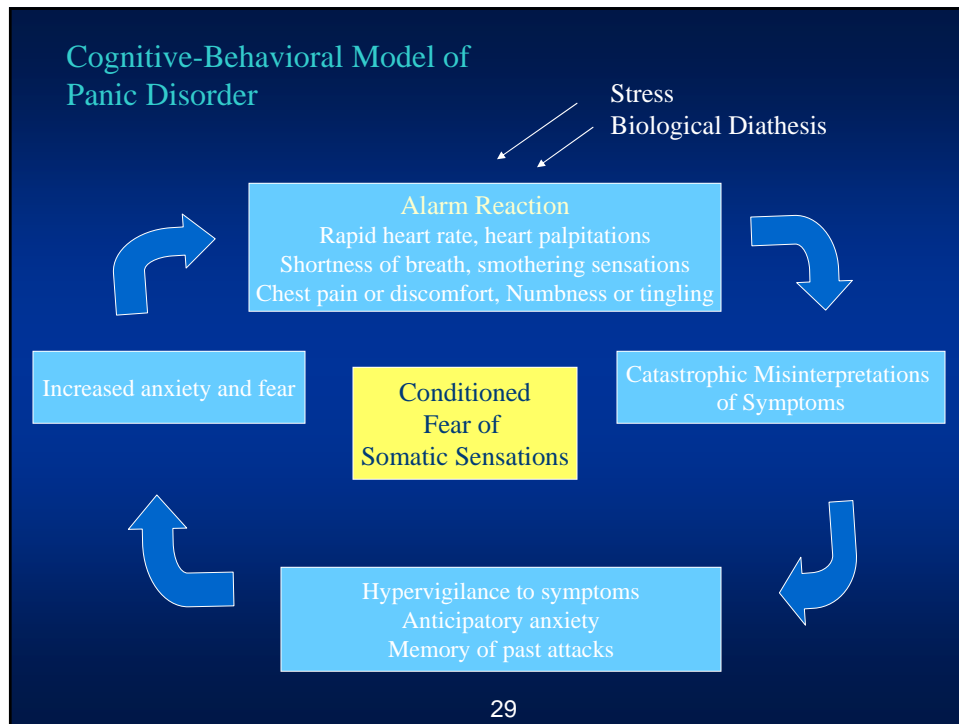
Informational Interventions

- Break the anxiety experience into understandable elements
- Provide a model for change
- Establish a co therapist on the case

- Conceptual model of panic disorder



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- ### Cognitive Restructuring
- Identify truth about thoughts: **they don't have to be true to affect emotions**
 - Learn about common biases in thoughts
 - Treat thoughts as "guesses" or "hypotheses" about the world
- 30

Cognitive Restructuring Continued

- Monitor and evaluate thought accuracy
- Substitute in more useful thoughts

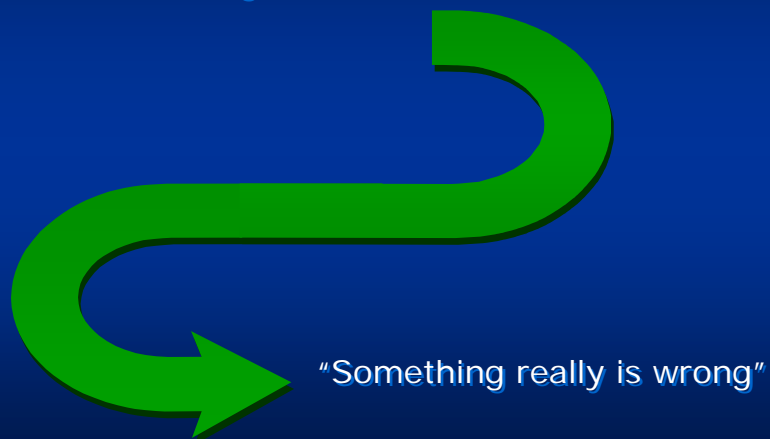
Attention to:

- Overestimations of the probability of negative events
- Overestimates of the degree of catastrophe should events occur

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The Role of Anxious Affect

Anxious Feeling



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Exposure Interventions – the Basics

- Provide rationale for confronting feared situations
- Establish a hierarchy of feared situations
- Provide accurate expectations
- Repeat exposure until fear diminishes
- Attend to the disconfirmation of fears
- Don't use PRN medications

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Learning Safety in Panic

Interoceptive Exposure

- feared sensations become safe sensations
- in the office with the therapist
- at home
- independent of the treatment context

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The Fear Box and the Safety Box

Fear Box

- Panicking
- "I am going to die"
- In car
- Mass. Turnpike
- No exits

Safety Box

- IE in the office
- IE with thoughts
- IE in car
- IE in car while driving
- IE in car, with thoughts, while.....

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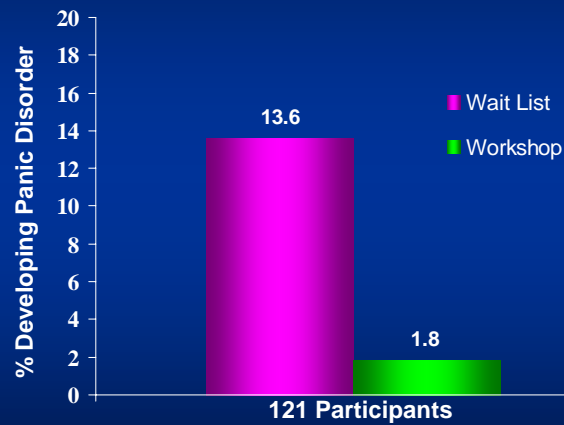
Preventive Treatment

- Target anxiety as a risk factor for panic disorder with a 5-hour prevention workshop:
 - Psychoeducation
 - Cognitive restructuring
 - Interoceptive exposure
 - Instruction for in vivo exposure

36

Gardenswartz CA, Craske MG.
Behav Ther. 2001;32:725-738.

Preventive Treatment



Gardenswartz CA, Craske MG.
Behav Ther. 2001;32:725-738.

37

Treatment of Patients Refractory to Pharmacotherapy

- Pollack et al. (1994)
 - 40% met remission criteria
- Otto et al. (1999)
 - 60% met remission criteria
- Heldt et al. (2002; in press)
 - At 1 year follow-up:
 - 80% panic free
 - 63% met remission criteria

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Hey –what about relaxation?

- Now used infrequently in the treatment of panic disorder, PTSD, social phobia and OCD
 - Appears to reduce efficacy of panic treatment
- Applied to GAD

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Promoting Emotional Tolerance

- Getting better with the rollercoaster of emotions
- Learn to apply emotional acceptance plus problem solving in the context of strong emotions (anxiety, sadness, euphoria)

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Take Home Messages

- Anxiety disorders are common in bipolar disorder
- These common disorders are linked with a poorer course of bipolar disorder
- Absence of trials, but emphasis was placed on the potential for CBT for comorbid anxiety
 - No drug/drug interactions
 - CBT for anxiety works in the context of depression
 - Potential synergy with teaching of emotional acceptance in the context of exposure interventions

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