Relapse Prevention in Patients With Bipolar Disorder: Cognitive Therapy Outcome After 2 Years

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Objective: In a previous randomized controlled study, the authors reported significant beneficial effects of cognitive therapy for relapse prevention in bipolar disorder patients up to 1 year. This study reports additional 18-month follow-up data and presents an overview of the effect of therapy over 30 months.

Method: Patients with DSM-IV bipolar I disorder (N=103) suffering from frequent relapses were randomly assigned into a cognitive therapy plus medication group or a control condition of medication only. Independent raters, who were blind to patient group status, assessed patients at 6-month intervals.

Results: Over 30 months, the cognitive therapy group had significantly better outcome in terms of time to relapse. However, the effect of relapse prevention was mainly in the first year. The cognitive therapy group also spent 110 fewer days (95% CI=32 to 189) in bipotar episodes out of a total of 900 for the whole 30 months and 54 fewer days (95% CI=3 to 105) in bipotar episodes out of a total of 450 for the last 18 months. Multiwariate analyses of variance showed that over the last 18 months, the cognitive therapy group exhibited significantly better mood ratings, social functioning, coping with bipotar prodromes, and dysfunctional goal attainment cognition.

Conclusions: Patients in the cognitive therapy group had significantly fewer days in bipolar epinodes after the effect of medication compliance was controlled. However, the results showed that cognitive therapy had no significant effect in relapse reduction over the last 18 months of the study period. Further studies should explore the effect of booster sessions or maintenance therapy.

(Am J Psychiatry 2005; 162:324-329)

in the last few years, evidence for the efficacy of psychotherapy specific for bipolar disorder is emerging (1-3). We recently reported a randomized controlled study of a relapse prevention approach that showed significant beneficial short-term effects of cognitive therapy for up to 1 year (4). Over the 12-month period, the cognitive therapy group had significantly fewer bipolar episodes, fewer days in bipolar episodes, and fewer bipolar admissions. The cognitive therapy group also had significantly higher social functioning and showed less mood symptoms on the monthly mood questionnaires. However, given the frequent relapsing nature of bipolar disorder (5, 6), a longerterm follow-up period is of paramount importance if cognitive therapy is to be a successful form of treatment. Furthermore, cognitive therapy traditionally has a large skill acquisition component. If therapy results in skill acquisition, it should delay or prevent relapses. Hence, a longerterm follow-up period will provide an estimate of the enduring effect of cognitive therapy.

The purpose of this article is to report an additional 18 months of follow-up data for the original treatment trial, resulting in a total of 30 months of data (6 months of treatment and 2 years of follow-up evaluations). Apart from important clinical data such as bipolar episodes, the length of episodes, and social functioning, we also report changes in

coping with bipolar prodromes and in cognitive dysfunctional beliefs.

Our primary hypotheses were as follows:

- Relative to subjects in a control condition, patients assigned to cognitive therapy would have fewer bipolar episodes and fewer days in bipolar episodes.
- Relative to subjects in a control condition, patients assigned to cognitive therapy would have higher social functioning, better coping strategies for bipolar prodromes, and lower dysfunctional high goal attainment attitudes.

Our secondary hypotheses were that compared with subjects in a control condition, patients assigned to cognitive therapy would have lower depression and mania mood scores and show better medication compliance.

Method

Procedure and Assessment

After the study had been fully explained, written informed consent was obtained. Patients who were found suitable for the study were randomly allocated either to the control condition (N=52) or to the cognitive therapy group (N=51). The computer-generated allocation sequence was concealed in sequentially numbered and sealed opaque envelopes. Patients in the control condition

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Preventing Bipolar Relapse Ruth C. White,2014-05-01 For people with bipolar disorder the path to wellness often involves psychiatric visits and medication adjustments But what if there was a way to avoid future episodes In Preventing Bipolar Relapse bipolar expert Ruth C White shares her own personal approach to relapse prevention using the innovative program SNAP Sleep Nutrition Activity and People White also offers practical tips and tracking tools readers can use anytime anywhere By making necessary lifestyle adjustments readers can maintain balanced moods recognize the warning signs of an oncoming episode and make the necessary changes to reduce or prevent it Relapse Prevention in Bipolar Disorder John Sorensen,2006-03-24 Pack includes 10 refill workbooks for use in administering the Sorensen Therapy for Instability in Mood STIM as presented in Relapse Prevention in Bipolar Disorder 1902806565 a treatment manual for therapist and client

Workbook for John Sorensen, 2005 Key Topics in Psychiatry Sheena C. Jones, Kate Roberts, 2007-01-01 This title is directed primarily towards trainee psychiatrists sitting MRCPsych or similar exams and qualified psychiatrists It summarizes information on a wide range of topics such as important journal articles clinical trials government White Papers guidelines and rating scales which are vital for both good exam performance and clinical practice but which are not available elsewhere between one set of covers Brings together information from disparate sources on the major areas of psychiatry saves much trawling through journals and other sources Covers the vital areas for each topic as relevant summaries of journal articles clinical trials government directives national guidelines Presents the information in an easily accessible form through the use of bullet points lists tables and diagrams Invaluable for the hard pressed exam candidate revising for the essay paper and clinical sections of Part II of the MRCPsych and similar exams Also highly relevant for psychiatric CPD and for day to day CBT for Psychosis Roger Hagen, Douglas Turkington, Torkil Berge, Rolf W. Gråwe, 2013-09-05 This book offers a practice new approach to understanding and treating psychotic symptoms using Cognitive Behavioural Therapy CBT CBT for Psychosis shows how this approach clears the way for a shift away from a biological understanding and towards a psychological understanding of psychosis Stressing the important connection between mental illness and mental health further topics of discussion include the assessment and formulation of psychotic symptoms how to treat psychotic symptoms using CBT CBT for specific and co morbid conditions CBT of bipolar disorders This book brings together international experts from different aspects of this fast developing field and will be of great interest to all mental health professionals working with people suffering from psychotic symptoms Progress in Neurotherapeutics and Neuropsychopharmacology: Volume 2, 2007 Jeffrey L. Cummings, 2007-04-12 An essential update of recent clinical trials in the management of neurological and Clinical Handbook for the Management of Mood Disorders J. John Mann, Patrick J. neuropsychiatric disorders McGrath, Steven P. Roose, 2013-05-09 This Clinical Handbook for the Management of Mood Disorders will equip clinicians with the knowledge to refine their diagnostic skills and implement treatment plans for mood disorders based on the most up

to date evidence on interventions that work Covering the widest range of treatments and techniques it provides clear guidance for the management of all types and subtypes of both minor and major depression Chapters cover the latest and most innovative treatments including use of ketamine deep brain stimulation and transcranial magnetic stimulation effective integration of pharmacological and psychotherapeutic approaches as well as providing a thought provoking look at the future research agenda and the potential for reliable biomarkers This is the most comprehensive review of depression available today Written and edited by leading experts mostly from Columbia University this is an essential resource for anyone High-yield Cognitive-behavior Therapy for Brief involved in the care and treatment of patients with mood disorders Sessions Jesse H. Wright, Donna M. Sudak, Douglas Turkington, Michael E. Thase, 2010 This book explains how to weave together the powerful tools of CBT with pharmacotherapy in sessions shorter than the traditional 50 minute hour Written for psychiatrists therapists and other clinicians the book details ways to enrich brief sessions with practical CBT interventions that work to relieve symptoms and promote wellness Issues in Clinical Psychology, Psychiatry, and Counseling: 2011 Edition, 2012-01-09 Issues in Clinical Psychology Psychiatry and Counseling 2011 Edition is a Scholarly Editions eBook that delivers timely authoritative and comprehensive information about Clinical Psychology Psychiatry and Counseling The editors have built Issues in Clinical Psychology Psychiatry and Counseling 2011 Edition on the vast information databases of ScholarlyNews You can expect the information about Clinical Psychology Psychiatry and Counseling in this eBook to be deeper than what you can access anywhere else as well as consistently reliable authoritative informed and relevant The content of Issues in Clinical Psychology Psychiatry and Counseling 2011 Edition has been produced by the world's leading scientists engineers analysts research institutions and companies All of the content is from peer reviewed sources and all of it is written assembled and edited by the editors at ScholarlyEditions and available exclusively from us You now have a source you can cite with authority confidence and credibility More information is available at http www ScholarlyEditions com

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Integrated Group Therapy for Bipolar Disorder and Substance Abuse Roger D. Weiss, Hilary Smith Connery, 2011-03-11 Packed with practical clinical tools this book presents an empirically supported treatment expressly designed for clients with both bipolar disorder and substance use disorders Integrated group therapy teaches essential recovery behaviors and relapse prevention skills that apply to both illnesses The volume provides a complete session by session overview of the approach including clear guidelines for setting up and running groups implementing the cognitive behavioral treatment techniques and troubleshooting frequently encountered problems In a large size format for easy reference and photocopying the book features 29 reproducible handouts and forms Subject Areas Keywords addictions alcoholism assessments bipolar disorder CBT cognitive behavioral therapy co occurring counseling drugs dual diagnosis groups IGT integrated group therapy interventions mood disorders psychotherapy relapse prevention substance abuse substance use disorders treatments Audience Clinical psychologists social workers substance abuse counselors psychiatrists and other clinicians who treat clients with substance use and mood disorders Provided by publisher Psychiatry John Geddes, Jonathan Price, Rebecca McKnight, 2012-01-05 Psychiatry introduces medicine students to the subject in a concise innovative and memorable way Its patient centred approach blends a discussion of the theoretical basis of different psychiatric disorders with an explanation of the management of these disorders in everyday clinical practice using genuine case histories to place the content in a realistic context Recognizing that having positive interactions with a patient is central to the provision of successful psychiatric care the book includes guidance on history taking and assessment while also reflecting best practice as set out by current clinical guidelines Having undergone an extensive revision for this fourth edition and covering all the major psychiatric conditions in a logically structured way the book is an invaluable guide to all individuals who are likely to

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