

Bipolar I Disorder (BP-1) Treatment Goals: Symptom Remission and Functional Improvement

If you have recently been diagnosed with bipolar I disorder (BP-1) or have just started treatment, you may be wondering what living with this condition may look like, how medication can help, and how BP-1 may affect your everyday functioning. While living with BP-1 can be challenging at times, there are strategies that can help you manage symptoms and work toward getting back to the daily activities and relationships that matter most to you.



Goals of BP-1 Treatment

BP-1 is a lifelong condition characterized by recurring episodes of mania and depression¹ that may also be linked to everyday difficulties, memory problems, and a negative impact on day-to-day life.²

While medications are the mainstay of management for BP-1 and are chosen based on the patient's symptoms, symptom severity, and their medication history,³ the goal of BP-1 treatment is not just to **reduce symptoms** but also to **help with functioning** in your day-to-day life.^{2,4}

To understand the different aspects of the BP-1 treatment journey, it is important to have clear definitions for key terms used to keep track of how BP-1 progresses over time. These definitions can enable healthcare providers (HCPs) to better characterize and monitor improvements.⁵

Clinical Course of BP-1	Definition
Treatment response	Symptoms improve by at least 50% based on a standard symptom rating scale regardless of the type of episode (manic, depressed, or mixed). The improvement is enough that the patient no longer meets diagnostic criteria for BP-1. ^{6,7}
Symptom remission	Signs and symptoms of mania or depression are gone or mostly gone for at least one week; symptom levels fall below a certain threshold on a standard rating scale. ^{6,8}
Symptomatic recovery	Improvement occurs after 8 to 12 consecutive weeks of symptom remission. ^{6,8}
Functional outcomes	The patient returns to their highest previous level of functioning in work, school, and relationships. ⁸
Full remission	Relevant signs and symptoms are absent for at least 6 months. ⁷

Table 1. The International Society for Bipolar Disorders (ISBD) Task Force definitions of key terms used to track BP-1 treatment progress.⁵⁻⁸

Functional Outcomes: “Feeling Better” May Not Necessarily Mean “Functioning Well”

It is possible for patients with BP-1 undergoing treatment to feel emotionally better but still struggle with everyday life. Research shows that while many people improve symptomatically, **less than half regain their full functioning within one to two years of their first manic or mixed episode.**^{4,9}

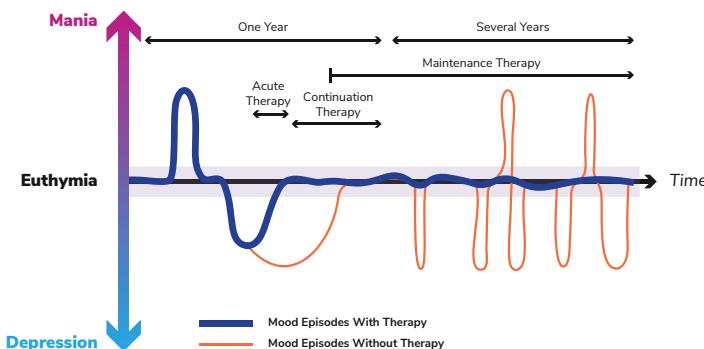









Figure 1. BP-1 management timeline.¹⁰

What Can Functional Improvement Look Like?^{4,11}

-  Living independently
-  Maintaining a paid job or attending school
-  Cognitive functioning (eg, concentration, problem solving, memory, and learning)
-  Managing personal finances, including responsible budgeting and spending habits
-  Sustaining friendships and romantic relationships
-  Re-engaging in social activities
-  Participating in and enjoying hobbies and physical activities

Why Adherence Matters

While it can be discouraging to experience limitations in daily life and functioning despite BP-1 treatment, it is important to stay consistent with your management plan. As shown above, functional improvement can take longer than symptom improvement.¹²

- Medications can help reduce relapse risk; with treatment, studies show that about 25% of patients may experience a relapse in the first year. Without treatment, studies show the risk of relapse can increase to 40% in the first year to more than 70% within five years.³
- In a 21-month research study of 1,341 BP-1 patients with a manic or mixed episode, not staying persistent with prescribed medication was linked to a **greater likelihood of relapse and hospitalization** and a **decreased likelihood of achieving remission and recovery**.^{13,14}

There are various strategies you, as the patient, and your HCPs can use to help you stay consistent with your management plan.

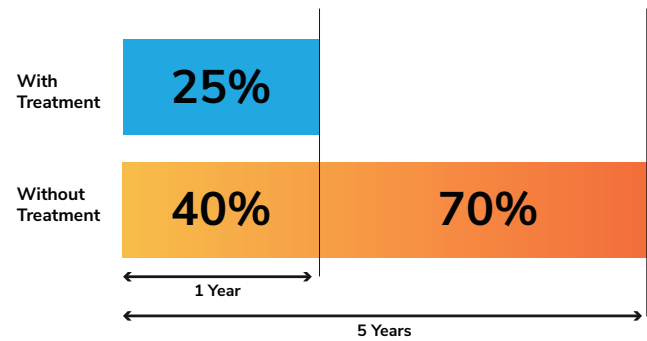


Figure 2. Risk of relapse of BP-1 with or without treatment.³

Patient Tips for Adherence

Use reminders or pill organizers.

This can help with keeping track of medication schedules.¹⁴

Avoid substance misuse.

Research has shown that not taking medication as prescribed is often linked to misuse of substances, such as drugs and alcohol.¹⁴

Maintain regular appointments with the same HCP.

The relationship between you and your healthcare team might be affected by getting care from different providers without consistent follow-up.¹⁴

Discuss side effects with your HCP.

Research shows side effects such as weight gain and cognitive side effects may be most likely to affect persistence with medication.¹⁴

Track mood symptoms and medications using a digital tool.

Using a daily mood tracker can help you stay more involved in your own care. It can also give your HCP detailed information about how you are feeling, which can help them better understand your mood symptoms over time.¹⁵



How HCPs Can Help

Adopt a collaborative care approach to BP-1 management.

Learning about BP-1 and how to manage it involves working together with your healthcare team to set clear treatment goals. It's important to plan regular check-ins to monitor your symptoms, side effects, and overall progress. By sharing the decision-making on your BP-1 management plan, you and your HCPs can choose the treatment options that best fit your personal goals and preferences. Building a strong partnership with your healthcare team is key to effectively managing BP-1 and feeling supported throughout your treatment journey.¹⁶

Use simple prescribing strategies, such as reducing the number of medications.¹⁴

Discuss the benefits and risks of each medication, including side effect profiles, and how to manage side effects when they occur.¹⁴

Recommend psychotherapy with a psychoeducation component to help increase understanding of the illness and the importance of treatment.¹⁴

Track a patient's symptoms, side effects, and functional status using validated tools, such as the Patient Health Questionnaire-9 (PHQ-9), Mood Disorder Questionnaire (MDQ), and Functioning Assessment Short Test (FAST), to assess progress over time. These tools can help guide shared treatment decisions.^{11,17}

References

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