Characteristics and duration of mania: implications for continuation treatment

In the continuation phase of treatment for acute mania, knowledge of the natural duration of an untreated episode and the recognition of mixed states are key issues. Steve Titmarsh reports on Professor Allan Young’s lecture on this important topic given at a satellite symposium organised by Lundbeck at the 12th Latest Advances in Psychiatry meeting in London in March.

Prof. Allan Young from the Centre for Mental Health at Imperial College, London discussed the issue of continuation therapy following an acute episode of mania. Guidelines recommend that continuation treatment should last for 6-12 months after symptom remission; much longer than might be thought.1

Episodes of mania are often managed by several treating teams at different phases of the illness. A clear overview of the individual’s pattern of illness and continuity of care in the transition periods between phases is increasingly important. Goodwin and Jamison2 defined the treatment phases of mania:

- **Acute treatment**: until clinical response, ideally symptomatic remission
- **Continuation phase**: ongoing treatment ‘from the point of clinical response to the point at which spontaneous recovery might be expected in untreated patients’
- **Maintenance treatment**: ‘to prevent or attenuate future mood episodes’.

However, there may be some doubt about the natural duration of mania among practitioners following the development of effective treatments over the past 60 years.

The characteristics of mania are defined in the *Diagnostic and Statistical Manual of Mental Disorders, 4th edition* (DSM-IV; see Table 1). Its core symptom is an abnormally and persistently elevated, expansive or irritable mood, lasting at least one week, or any duration if hospitalisation is needed. DSM-IV requires that at least three other symptoms are present to a significant degree and that they persist. These include: increased self-esteem or grandiosity; a decreased need for sleep; being more talkative than usual or feeling pressure to keep talking; flight of ideas or the subjective experience of racing thoughts; distractibility; increased goal-directed activity; and excessive involvement in pleasurable activities with high potential for painful results.3 Hypomania, a milder form of mania, lasts at least four days in the DSM-IV definition.

Mixed mania is very stringently defined by DSM-IV: the criteria for both major depressive and manic episodes must be met. Many affective episodes include subsyndromal symptoms from the opposite pole. When manic or hypomanic episodes occur with subsyndromal depressive symptoms, the term ‘dysphoric mania’ is often used. The incidence of subsyndromal mania in bipolar depression was illustrated in the Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) study where it was found in more than half (54 per cent) of the 1380 subjects.4 In recognition of this phenomenon, in DSM-5, there is a proposal to allow for the modification of episode characterisation through the introduction of a specifier describing the presence of symptoms of the opposite pole.

**Duration of mania**

The onset and duration of a manic episode is influenced by many factors, especially medication. The background risk of a switch to post-depression mania is 10-20 per cent. A manic switch may occur in some cases through the use of antidepressants.5 Mania may be precipitated by stopping lithium abruptly;6 this may also be true of other medications. Misuse of substances such as cannabis is associated with an increased duration of mania.7

The Royal College of Psychiatry’s website states that untreated, a manic episode generally last three to six months.8 However, there may be substantial inter-individual variation. Angst and Sellaro reviewed well-conducted studies on bipolar disorder, published before the era of effective treatment.9 One of the largest of these was by Wertham, published in 1929, which involved 2000 patients with mania. This study found that the median duration of untreated mania was four to six months, but interquartile values ranged between two to
four (Q1) and eight to ten months (Q3).10

So what might have been thought of as episode recurrence just a few weeks after an initial episode has been treated is likely to be a relapse of the initial episode. It is probably not a true recurrence at all, rather a break-through of the initial episode. Therefore recurrence should only be thought of as occurring after the period of spontaneous natural recovery – which could even be a year or more after the initial episode, Professor Young explained.

**Implications for continuation treatment**

Understanding the natural course of mania has significant implications for continuation treatment. Following an acute manic episode, the duration of the hypothetical ‘untreated’ episode represents a period of ongoing vulnerability to episode relapse, hence the recommendation that continuation treatment should be for 6-12 months after remission.1

Data on the natural duration of mixed episodes are rare. However, in treating mixed mania, it is important to consider that episodes of mixed or rapid cycling may well have a longer duration than pure mania11,12 and a medication that is effective in pure mania may not be the treatment of choice for a mixed episode. For instance, most efficacy data on the treatment of mixed mania comes from the post hoc analysis of randomised controlled trials. These data suggest that lithium may not be so efficacious in mixed states as valproate, risperidone or olanzapine.1 However, these data are not conclusive.

Professor Young added that the use of newer anti-manic agents in continuation and maintenance treatment is supported by trials of up to around 52 weeks.13,14 In contrast, a continuation trial of haloperidol lasted only nine weeks.15

Professor Young concluded by emphasising that the continuation phase of treatment covers a period of ongoing vulnerability to relapse following acute mania, commensurate with the estimated duration of an untreated manic episode. In mixed states, this phase of vulnerability may be even more prolonged. Current guidelines recommend that continuation treatment should last for 6-12 months after symptom remission.

**References**


**Table 1. DSM-IV symptoms in a manic episode**

- A distinct period of abnormally and persistently elevated, expansive or irritable mood, lasting at least one week (or any duration if hospitalisation is needed)
- Three or more of the following symptoms are present to a significant degree and persist:
  - Increased self-esteem or grandiosity
  - Decreased need for sleep
  - More talkative than usual or pressure to keep talking
  - Flight of ideas or subjective experience that thoughts are racing
  - Distractibility
  - Increased goal-directed activity or psychomotor agitation
  - Excessive involvement in pleasurable activities with a high potential for painful consequences

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