

CASE REPORT

TREATMENT CHALLENGES IN THE MANAGEMENT OF BIPOLAR DISORDER: A CASE REPORT

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Abstract

Objective: This case report highlights on the challenges in the management of people with bipolar disorder. **Method:** We report a case of 36 year-old lady living with this disorder and her journey in a search for a meaningful life. **Result:** Adherence to treatment is a major determinant of outcome in bipolar patient like Ms WMY. Poor insight, negative attitudes towards treatment and poor understanding of medications and the illness can all lead to reduced adherence. **Conclusion:** This case demonstrates on how poverty of insight, poor social support, on-going stressors with significant life events and poor compliance to treatment create a series of stumbling blocks in recovery from bipolar disorder. *ASEAN Journal of Psychiatry, Vol. 13 (1): January – June 2012: XX XX.*

Keywords: Bipolar Disorder, Treatment Adherence, Depot Antipsychotics

Introduction

Bipolar disorder is now increasingly recognized as a major cause of disability and morbidity. The illness can interfere repeatedly and sometimes profoundly with patients' well being, productivity and can be associated with increased morbidity and mortality [1]. Compliance to treatment appears to be a major problem in managing patients with this illness and this contributes significantly to the process of recovery [2]. This paper aims to describe the journey of patient with bipolar disorder and also illustrates on how poverty of insight, poor social support, on-going stressors with significant life events and poor compliance to treatment and clinic visits lead to series of problems interfering her journey to recovery.

Case Report

Ms. W.M.Y is a 36 year-old Chinese lady, single, coming from a socio-economically deprived family. She was born out of wedlock and was adopted since infancy by a kind-hearted single lady, who became the sole attachment figure in her life. She grew up in a squatter area and due to poverty, she had to leave school in Form Two to work and support her living.

Her journey began when she was 17 years old, in 1991. She presented to Hospital Kuala Lumpur (HKL) with symptoms of irritability and paranoia towards her foster mother. She was prescribed with Tablet Haloperidol together with monthly injection of Flupenthixol to ensure compliance to treatment as her insight into her illness was poor. She came for out-patient follow-up during the subsequent years but

tended to default her medication when she felt well.

In March 2003, her manic symptoms flared up with disruptive behaviour. She had elated mood with pressured speech and became highly irritable which prompted a readmission. At this juncture, a mood stabilizer, Tab Sodium Valproate was commenced for the first time to which she tolerated well. Haloperidol was changed to Sulpiride, which caused her less extrapyramidal side effects and her monthly depot injection continued. She was more settled and manageable and continued her treatment after being discharged from hospital.

She had no admission for almost 3 years until December 2006 when her foster mother became ill with cancer and was unable to supervise her medication and hospital follow-up. She stopped her treatment, not being able to work as she had to look after her ill mother. All these psychosocial stressors together with poor treatment adherence had precipitated her subsequent illness episodes. She had initial episodes of being depressed with suicidal ideation for a month and later brought to hospital after she became unmanageable at home with violent and destructive tendencies. Her symptoms were not controlled with medications and eventually electro-convulsive therapy (ECT) was started to control her aggressiveness. She showed improvement after the seventh ECT and was continued until the ninth session which led to a marked improvement and enable her to be discharged home. A multidisciplinary team was involved in managing her. She was referred to the Social Worker Officer (SWO) for financial aids and home visit for further help in getting a new placement. Referral to the Community Psychiatric team (CPS) of HKL was also made to further monitor her treatment adherence at home, reduce crisis and also mobilize support.

In January 2009, her agony continued when she finally lost her mother and the house that they lived in was about to be demolished. She became depressed and had a suicidal attempt where she overdosed herself with her late foster mother's medications. She switched into mania

after 1 week and started to become aggressive which led to another admission.

On mental state examination, she was found to have labile mood, pressured speech, argumentative and extremely irritable. Physical examinations revealed an obese lady with BMI of 32. Hematological and biochemical investigations were normal. Again, her symptoms, particularly aggression, were not controlled with maximum doses of antipsychotic, benzodiazepine and mood stabilizer. She continued to be very disruptive and extremely argumentative that she had to be restrained to bed most of the times. She, again, needed a treatment with ECT and only started to show response after the tenth ECT, where she started to become more subdued and manageable. ECT was continued until the twelfth session and maintained regularly at 3 weekly intervals.

Augmentation of ECT with the pharmacotherapy treatment of Tab Epilim, Tab Quatiepine, Tab Clonazepam and monthly depot IM Fluanxol had proven successful to control the symptoms experienced by Ms WMY.

Discussion

Ms WMY has faced a lot of challenges in the process of recovery from bipolar disorder. Her poverty of insight, poor social support, on-going stressors with significant life events and her poor compliance to treatment and clinic visits had created a series of problem in the management of her psychiatric condition.

Life events were associated with a higher risk for relapse, and relapse occurred more quickly among subjects who experienced a severe life event [3].

Adherence to treatment is a major determinant of outcome in bipolar disorder. Poor insight, attitudes towards treatment, and poor understanding of medications and the illness can all lead to reduced adherence. In this case, a depot injection was used for better delivery of medication, which seemed to be effective to a certain extent. Several case series and

naturalistic trials that have used first generation agents suggest that depot antipsychotics are effective in reducing relapse in bipolar illness [4].

ECT is considered if symptoms are inadequately controlled or if mania is too severe. Whereas, maintenance ECT may be considered for patients who respond to ECT during an acute episode but do poorly on oral agents. It is well established as an effective and safe treatment in acute episodes while continuation and maintenance treatments are important to prevent relapses and recurrences [5].

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