

AAP NEWS STORY

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By Tamara McLean, National Medical Writer

SYDNEY, Aug 1 AAP - Groundbreaking new Australian research has condemned the widespread practice of prescribing heavy duty anti-psychotic drugs to mild bipolar sufferers.

A study by Sydney's Black Dog Institute has made the controversial finding that new generation anti-depressants are a more effective treatment for the less severe but most common form of the mood disorder. This is despite guidelines, in Australia and overseas, recommending doctors never prescribe the drugs - known as selective serotonin reuptake inhibitors (SSRIs) - to people with the condition.

Writing in the *Journal of Affective Disorders*, the researchers claim their work "potentially signals one of the most significant medical advances in many years in the treatment of a mental illness". Almost five per cent of Australians have the less severe bipolar disorder two, experiencing dramatic swings from highs to depression but not psychotic episodes. But medical guidelines for treatment of this condition don't differentiate it from the rarer but more severe form, known as bipolar one. "Doctors don't have any guidelines so these people just get the same heavy duty mood stabilisers given to people with bipolar one," said the institute's executive director Professor Gordon Parker.

Compounding the problem, the guidelines specify never to use anti-depressants to treat a bipolar patient because it will flip people into a dangerous 'manic high'. "So most clinicians have been scared off from ever using anti-depressants to a bipolar person in a depressed state, or they delay their use for weeks," Prof Parker told AAP.

Instead they're given standard mood stabilisers like lithium and often anti-psychotic drugs as well. "So for a lot of people, that means staying in their depressed state for weeks if they get the anti-depressants at all," he said.

The study, the first of its kind in the world, tracked ten patients over nine months. "We found that the SSRIs don't cause anything like the manic switching that the mythology would suggest," Prof Parker said. "But more importantly they came back saying their depression was better and they also had fewer highs that didn't last as long and were not so severe."

Given the small sample size, the academic said there was a need to conduct a larger study, but the initial research indicated the guidelines were incorrect. "All the guidelines say you must not do this and we think that's completely wrong," he said. "This challenges the prevailing guidelines around the world. It has huge potential because it's really saying that for people with bipolar two there's a treatment out there that isn't going to be as heavy duty as a mood stabiliser or an anti-psychotic drug."