

# Social Rhythm Therapy Prevents Bipolar Episodes

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VIENNA — A psychosocial intervention aimed at instilling greater regularity of daily routines in patients with bipolar disorder effectively protects against recurrences of both mania and depression, Ellen Frank, Ph.D., said at the annual congress of the European College of Neuropsychopharmacology.

Moreover, this intervention, which Dr. Frank and her colleagues developed and call interpersonal and social rhythm therapy (IPSRT), recently has been shown in a large multicenter randomized trial to speed recovery from acute episodes of bipolar depression.

"We're learning from studies the importance of what all our grandmothers told us: It's good to go to bed at a regular time; it's good to get enough sleep; it's good to have meals at a regular time," explained Dr. Frank, professor of psychiatry and psychology at the University of Pittsburgh.

Nearly 20 years ago, she and her colleagues described what they termed the "social zeitgeber" hypothesis of mood disorders. They argued that stressful life events that disrupted an individual's normal routines could skew circadian biorhythms and initiate a cascade, resulting in onset of an episode of a mood disorder. They further posited that interventions that restore regularity to a patient's daily routines would reorder circadian rhythms and protect against mood symptoms.

"It's not simply that mood disorders are reflected in disruptions in circadian function and sleep but that these disruptions may actually lead to the expression of mood symptoms," Dr. Frank said.

The first compelling evidence of IPSRT's clinical efficacy came from a single-center randomized trial in Pittsburgh involving 175 acutely ill patients with bipolar disorder on appropriate drug therapy. During 2 years of follow-up, those assigned to manual-based IPSRT in the acute treatment phase went significantly longer without a new affective episode than did controls who received a more general psychosocial intervention the investigators called intensive clinical management (Arch. Gen. Psychiatry 2005;62:996-1004).

Confirmation of IPSRT's efficacy came in

the multicenter Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD) study reported earlier this year.

In STEP-BD, 293 outpatients with bipolar disorder and depression who were on protocol-mandated pharmacotherapy were randomized. One group participated in one of three intensive psychotherapies—cognitive-behavioral therapy, IPSRT, or family-focused therapy—weekly and bi-weekly for 9 months. The other outpatients were part of a control arm that re-

ceived a brief psychoeducational intervention. The year-end recovery rate was 64% in those who got intensive psychotherapy, significantly greater than the 52% rate in controls. Recovery rates were similar in all three intensive psychotherapy groups (Arch. Gen. Psychiatry 2007;64:419-26).

In a separate analysis, the STEP-BP investigators reported that patients who received any of the three intensive psychotherapies also had significantly better total functioning, relationship functioning,

and life satisfaction scores (Am. J. Psychiatry 2007;164:1340-7).

Dr. Frank said based upon her clinical experience, individuals with bipolar disorder remain vulnerable to disruptions in their social zeitgebers throughout life. Ongoing studies strongly suggest IPSRT also is effective in unipolar depression and other disorders involving sleep disruption, she said.

STEP-BD and the Pittsburgh randomized trial of IPSRT were funded by the National Institute of Mental Health. ■

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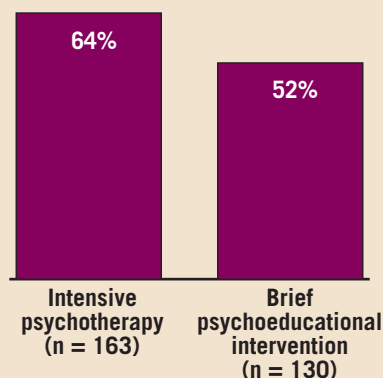
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### Year-End Recovery Rates For Bipolar Disorder



Note: All patients were on protocol-mandated pharmacotherapy.  
Source: Dr. Frank