Comparison of Symptom Characteristics

	Alzheimer's Disease	Unipolar Depression	Bipolar Disorder
Cognitive impairment	Present	Possible	Possible
Depressive symptoms	Possible	Likely	Possible
Sleep disruptions	Possible	Possible	Possible
Inappropriate sexual behavior	Possible	Less likely	Possible
Progressive functional and clinical deterioration	Present	Possible	Possible

Source: Dr. Cheong

Bipolar Disorder in the Elderly Eludes Diagnosis

BY ROBERT FINN
San Francisco Bureau

SAN FRANCISCO — A diagnosis of bipolar disorder can be missed in any patient, but this appears to be a particular problem in the elderly population, Dr. Josepha A. Cheong said at the annual meeting of the American Academy of Clinical Psychiatrists.

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According to clinical lore passed down through generations of psychiatrists, bipolar disorder is rare in the geriatric population, because these patients all burn out while they're still young. Dr. Cheong, of the University of Florida, Gainesville, recalled being taught that during her training. But studies show that bipolar disorder accounts for 5%-19% of mood disorder presentations in the elderly. In one study, about 10% of chronically institutionalized elderly patients were diagnosed with bipolar disorder, and in another study, 17% of people over the age of 60 presenting to a psychiatric emergency room were diagnosed with bipolar disorder.

The diagnosis can be difficult, because bipolar disorder shares features of both unipolar depression and Alzheimer's disease or other types of dementia (see box).

Geriatric mania might present with less grandiosity and more irritability than in younger patients.

DR. CHEONG

But it's critical to make the right diagnosis. If bipolar disorder is misdiagnosed as dementia, the misdiagnosis can lead to ineffective treatment, early nursing home placement, continued disability, and an increased risk of suicide. If bipolar disorder is misdiagnosed as agitated depression, the symptoms might worsen and antidepressant use could precipitate rapid cycling or a switch to mania. Some of the DSM-IV criteria for mania might present differently in the elderly. For example, "impaired function" can be hard to demonstrate, because many elderly patients don't have a regular occupational environment or routine.

Mania might present with less of the grandiosity often seen in younger patients and more irritability. "There's more of a dysphoric quality to geriatric mania," Dr. Cheong said. Additionally, disorientation and distractibility might be mistaken for symptoms of dementia instead of mania.

Elderly patients with bipolar disorder also have some special issues with common drug treatments. Lithium in particular has a very narrow therapeutic index in all patients, but this problem is exacerbated in the elderly, who might be taking other medications that can increase or decrease serum lithium levels.

Although therapeutic plasma concentrations of lithium are generally quoted as 0.8-1.2 mEq/L for acute mania and 0.6-1.0 mEq/L for maintenance, these ranges are much too high for most geriatric patients. "With geriatrics, I would definitely recommend keeping the range somewhere between 0.3 and 0.6 [mEq/L]," Dr. Cheong said. "Higher than that in the geriatric patient [and you can run into] a lot of trouble with things like tremor, metallic taste, gait ataxia, blurred vision…You really need to titrate according to the symptoms as well as the side effects." ■