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INTERPERSONAL AND SOCIAL RHYTHM THERAPY MAY OFFER PATIENTS WITH BIPOLAR DISORDER AN IMPROVED CHANCE OF LONG-TERM HEALTH

PITTSBURGH, June 17, 1999 — In research findings presented today at the Third International Conference on Bipolar Disorder, doctors at the University of Pittsburgh School of Medicine found that interpersonal and social rhythm therapy (IPSRT) may have an important role in improving the quality of long-term remission in patients with bipolar disorder.

In a study comparing two maintenance treatments for the illness, the Pitt researchers found that drug therapy combined with interpersonal and social rhythm therapy (IPSRT) did a better job of keeping patients free from depressive symptoms. The researchers learned both approaches were able to keep the majority of patients free of manic symptoms.

According to principal investigator Ellen Frank, Ph.D., professor of psychiatry and psychology at the University of Pittsburgh School of Medicine, patients participating in IPSRT plus drug therapy were more likely to maintain a normal state over time, while those involved in drug therapy in combination with intensive clinical management (ICM) were more likely to experience a depressive state.

"We are now beginning to break down some of the barriers that have made the treatment of bipolar disorder so challenging," commented Dr. Frank. "One of the main obstacles facing doctors and their patients is the presence of chronic, low-level depression. This study shows that there are ways to alter that picture considerably."



Bipolar disorder is also known as manic depressive illness and affects from 2 to 3 million Americans. The illness is characterized by mood swings from deep depression to mania.

While traditional treatments for the disorder, including lithium and other mood stabilizers, work well in the short term, doctors have found they meet with limited long-term success. Because of its strong biological basis, for decades since the discovery of lithium, bipolar disorder was not thought of as a condition in which psychotherapy had a role. A series of landmark studies presented during the Second International Conference on Bipolar Disorder in 1997 introduced a way to improve the relatively poor long-term prognosis for many with the disease. Dr. Frank and others reported that people with bipolar disorder were vulnerable to new episodes of the disease when they experienced disruptions to their daily routines or social rhythms, in everything from sleeping to working to eating meals. Conversely, they found patients with the illness who did not experience such disruptions tended to fare much better.

This latest research builds on Dr. Frank's 1997 work, using techniques focused on regularizing daily routines and improving interpersonal relations to dampen depressive symptoms, thereby improving the quality of long-term remission they experience.

"Clearly, there is a benefit to using interpersonal and social rhythm therapy as part of a long-term treatment plan," added Dr. Frank. "Our results show that it is possible for people with bipolar disorder to have a much better quality of life."