

# MOODS

## The Conundrum of Bipolar II Depression Part Two

By David Hellerstein, M.D.

**Q: What are other new treatment approaches for Bipolar II depression?**

**A:** Most of these treatments involve behavioral components. For instance, social rhythms therapy has been shown to have a significant effect in bipolar disorder. Bright light therapy (delivered in the middle of the day) has been shown to help for bipolar depression. Both of these approaches may help to maintain healthy sleep patterns, which can stabilize biological rhythms in bipolar disorder. Exercise (moderate levels of activity such as walking 45 minutes every other day) has been shown to help depression, possibly by stimulating the brain's neurotrophic factors, though we are lacking good studies in bipolar depression.

**Q: What about new medication treatments for bipolar depression?**

**A:** There is interesting work on the use of supplements such as N-acetylcysteine (NAC), a modified amino acid that has anti-inflammatory properties. Also the Parkinson's disease medication pramipexole, which increases levels of dopamine in the brain, has shown promise for treating bipolar depression. Most of the new treatments for bipolar depression are

augmentation treatments; with a mood stabilizer used as a primary medication, with other medicines being added. Lamotrigine is an exception: as a mood stabilizer (originally used for seizure disorders) lamotrigine also has antidepressant effects, and can thus be used as a single medication. Augmenting medicines include an increasing number of the atypical antipsychotic medicines, such as Seroquel, Abilify, Latuda, Brexpiprazole, and Vraylar. There are other medications under study for bipolar depression, and ongoing clinical trials can be found by doing a search for 'bipolar depression' at [www.clinicaltrials.gov](http://www.clinicaltrials.gov).

**Q: So what's the long-term outlook?**

**A:** For people with Bipolar II disorder, there are numerous existing treatments that can be explored to find combinations of treatments, including medications, complementary treatments, and behavioral approaches that can make a significant difference and increase one's ability to feel well and be productive in life.

That said, I wish that the National Institute of Mental Health would put more resources into research on treatment of the depressive phases of Bipolar I and II disorder.

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## Letter From the Chair: MDSG Receives Bequest

By Li Faustino, Ph.D.

MDSG has been operating on the passion and commitment of volunteers and donors since 1981. In the beginning it was volunteers who saw the need in themselves and others and started the group. It was a foundation they were affiliated with that donated their space and professionals who added their support and helped spread the word. Now, 38 years later, we still run because people we have helped want to give back. Sometimes when people cannot help with their time, they give money. Sometimes people give both. One of our greatest donors of time was Betsy Naylor. She passed away last year and we featured an article about her. Many of our members knew and remember her. Betsy's legacy is so salient that her name continues to come up as we continue to train new volunteers and run groups where her wisdom and teachings are still held in high regard and are still valuable tools for us.

As if Betsy's time was not enough, we were truly touched to hear that Betsy left us a bequest in her will. I believe I speak for everyone at MDSG when I say that Betsy's thought for us in her will feels especially good because it says that she thought our purpose should live on for as long as possible.

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## The Conundrum of Bipolar II Depression

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ders. For that matter, pharmaceutical manufacturers have also backed away from treatment studies of bipolar disorder, with some recent exceptions, which is shameful. Since depression is the most common and persistent state affecting people with Bipolar Disorder (approximately 1 to 4 percent of the American population), and is poorly understood, this neglect has huge public health and economic costs. There will be a huge potential benefit once better treatments are identified. Overall we are making progress, but it is essential to have funding for large studies to investigate how depression damages the brain in bipolar depression and to develop effective new treatments to repair and prevent that damage.

### References:

1. Aiken C. Antidepressants in bipolar II disorder. *Psychiatric Times*,

April 16, 2019

<https://www.psychiatrictimes.com/bipolar-disorder/antidepressants-bipolar-ii-disorder>

2. Parker G. *Bipolar II disorder: Modelling, Measuring and Managing*. 3<sup>rd</sup> edition. Cambridge University Press, 2019

3. Dean OM, Gliddon E, Van Rheenen TE, et al. An update on adjunctive treatment options for bipolar disorder [published online January 25, 2018]. *Bipolar Disord*. doi:10.1111/bdi.12601

4. Haelle T. *Adjunctive Therapies for Bipolar Disorder Show Promise, Need More Evidence*, *Psychiatry Advisor* March 15, 2018

<https://www.psychiatryadvisor.com/home/bipolar-disorder-advisor/adjunctive-therapies-for-bipolar-disorder-show-promise-need-more-evidence/>

### Ask the Doctor

MDSG's two medical advisors—David Hellerstein, M.D. and David Brody, M.D.—along with MDSG's Board Chair, Li Faustino, PhD., will answer your questions. Please send questions to MDSG's post office box or email them to [newsletter@mdsg.org](mailto:newsletter@mdsg.org).

### Books of Interest

Toner, Jacqueline & Claire A.B. Freeland. [Depression: A Teen's Guide to Survive and Thrive](#). Magination, 2016.

Benas, Nick & Michele Hart. [Mental Health Emergencies: A Guide to Recognizing and Handling Mental Health Crises](#). Hatherleigh, 2017.

Mowry, Dave. [OMG That's Me! Bipolar Disorder, Depression, Anxiety, Panic Attacks, and More...](#) CreateSpace, 2017.

Winston, Sally M. & Martin Self. [Overcoming Unwanted Intrusive Thoughts: A CBT-Based Guide to Getting Over Frightening, Obsessive, or Disturbing Thoughts](#). New Harbinger, 2017.

## Letter from the Chair

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ble. Thus, we have decided to make her donation last as long as possible as well. We will treat the bequest as though it is an endowment with the expectation that the amount will increase in value even after spending a small portion each year, which will be used towards a program that we will name after her so that she can be memorialized for a very long time.

MDSG volunteers will continue to benefit from Betsy's contributions both in wisdom and financial support.

Mood Disorders Support Group  
New York

### MOODS

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