Over sixty years ago, Sir Martin Roth described a case series of patients over the age of 60 who were hospitalized for a psychiatric condition. He observed that patients with mania, who constituted 6% of all individuals with affective disorder, tended to have a worse outcome than other patients with depressive disorders and were discharged less often [1]. Roth was the first to distinguish a different clinical course and prognosis of elders with affective disorders compared to elders with dementia or paranoid disorders.

During the past six decades since Roth first published his findings, older age bipolar disorder has been relatively understudied compared with unipolar depression. Yet, older individuals with bipolar disorder continue to present clinical challenges. Over the next 20 years, the population of individuals over age 60 is expected to increase dramatically, due to the combined effects of increase in life expectancy and longevity as a result of advances in general health care, and the demographic influx of the baby boomer generation into older age brackets. Along with the rapid aging of the population are projections for significantly increased numbers of older individuals with mental health needs, including bipolar disorder [2].

Bipolar disorder occurs in individuals across the lifespan, from childhood through old age. At all ages, bipolar disorder can be difficult to diagnose and to treat. While depressive disorders are frequently managed by non-psychiatric healthcare clinicians, bipolar disorder—with its complexities of clinical presentation, comorbid substance use disorders, and varying affective states—often requires the specific expertise of a psychiatrist. In older age, issues of diagnosis and clinical management are compounded by the presence of comorbid medical disorders commonly occurring with aging. Changes in physiology (especially renal, hepatic, and cardiac function), concomitant medications, and concerns about cognitive impairment further complicate clinical decision-making for the psychiatrist caring for the older patient with bipolar disorder. Moreover, older age bipolar disorder causes significant psychiatric and social morbidity, including high use of outpatient and inpatient psychiatric resources [3]. Effective care of the older patient with bipolar disorder must also include advanced knowledge about best practices regarding optimum modes of psychotherapy, psychosocial support, and treatment care settings.
Fortunately, in recent years, there has been increased interest in understanding the clinical features, biological underpinnings, and best approaches to management for individuals with older age bipolar disorder. This book brings together experts in older age bipolar disorder, presenting current knowledge in these areas and highlighting future research directions. The scope of the book is broad, encompassing epidemiology, the clinical assessment and diagnosis of the older patient who may have bipolar disorder, the neurobiology of older age bipolar disorder, and the principles of clinical management. In addition, there are chapters on substance use disorders and cognitive impairment in bipolar disorder. Other chapters focus on lithium, neuromodulation, psychotherapy, complementary and alternative medicine and its relevance for older age bipolar disorder, and a review of treatment care settings. Each chapter includes at least one clinical patient “Vignette” with “Learning Points,” which illustrates principles described in the chapter, and each chapter concludes with a summary list of “Clinical Pearls” for the clinician.

This book is aimed for the general psychiatrist caring for older adults with bipolar disorder. Throughout the book, we highlight aspects which are especially unique or important to the care of the older patient with bipolar disorder. As our co-authors frequently note, there still is much more to learn about older age bipolar disorder. Additional research is needed to better understand the neurobiology of the disorder, the relationship between older age bipolar disorder, cognitive impairment and risk for major neurocognitive disorder, optimum pharmacotherapy, and best practices for older patients with both bipolar disorder and substance use disorders. Collaboration across research centers will be required to collect consistent neurobiological and clinical data that will lead to a better understanding of the trajectory of bipolar disorder into older age and relevant neurobiological and psychosocial markers to guide the development of more specific and effective interventions.

We have benefited greatly from the collaboration and support of wonderful colleagues who are leaders in the field of old-age psychiatry and older age bipolar disorder and who have contributed so generously of their expertise and time to this book. We are especially indebted to the excellent editing guidance provided by Elizabeth Corra from Springer. We believe that this book will help the general and geriatric psychiatrist more effectively provide evidence-based and thoughtful psychiatric care to improve the quality of life and daily functioning of older adults with bipolar disorder.

Finally, we are indebted to our families. Brent thanks his wife, Kim, son Rylan, and daughter Sasha, for their endless support, patience, and good humor. Susan thanks her husband, Richard, for his unflagging support and encouragement, which make all things possible.

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