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22nd Annual Conference of the ISBD Jun 18 - Jul 20, 2020

Welcome Ralph Kupka

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Search Schedule

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Search by session name, submission title, speaker, co-author, or key word.

All times are in Central Time

THURSDAY, JUNE 18

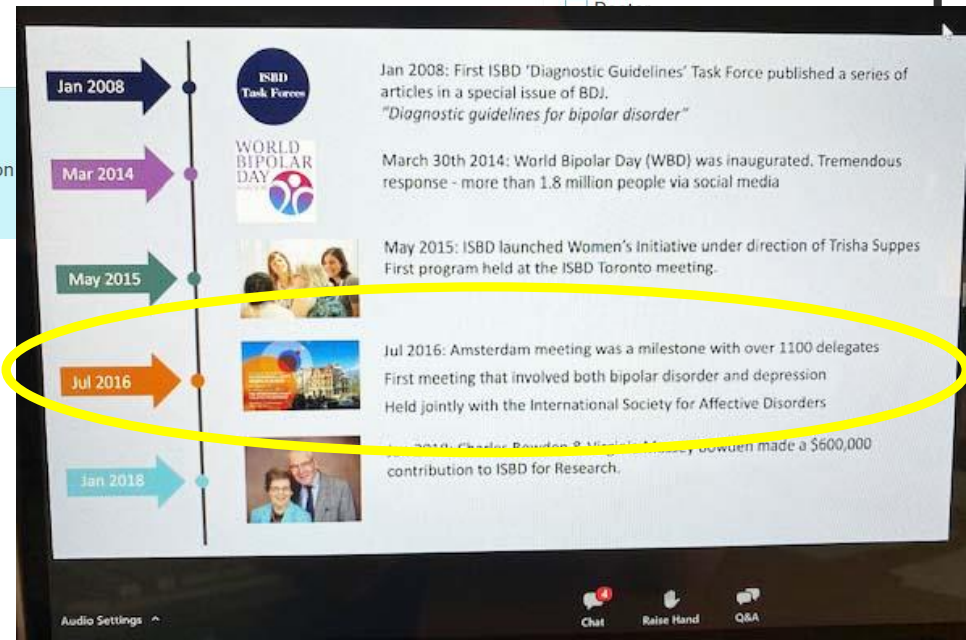
9 AM

Virtual Attendee Lounge

This is an open virtual room where attendees can speak with conference staff members and ask questions about the conference, test out Zoom, or meet up with colleague to continue conversations started in Q&A sessions.

Type *select all*

- Brainstorming Session
- Experts by Experience
- Keynote
- Late Breaking Abstract



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2	United States	2606	373	214	225	
3	Canada	676	96	65	84	
4	Mexico	715	126	98	58	
5	Brazil	714	177	41	40	
6	Netherlands	401	69	55	77	
7	Australia	277	36	25	10	
8	United Kingdom	225	25	15	26	
9	Costa Rica	166	9	9	4	
10	Chile	160	14	9	36	
11	United Arab Emirates	103	4	3	29	
12	Denmark	166	36	28	11	

Symposia Recordings

Expand the arrows to the right to view each individual session and access the recordings!

Thu 9 AM - 5 PM

Predominant Polarity: Clinical Significance and Biological Correlates

Thu 8 AM - 5 PM · Symposia

view presenters | abstract/session info | add to calendar | View Session

Aging With Bipolar Disorder: What Do We Know (and Don't Know)?

Thu 8 AM - 5 PM · Experts by Experience

view presenters | abstract/session info | add to calendar | View Session

THURSDAY, JUNE 18

Pre-Conference Course Recordings

Expand the arrows to the right to view each individual session and access the recordings!

Thu 9 AM - 5 PM

Assessment and Management of Bipolar Disorder During Pregnancy and Postpartum

Thu 8:45 AM - 12 PM · Pre-Conference Course

view presenters | abstract/session info | add to calendar | View Session

Diagnosing, Assessing, and Treating Bipolar Disorder: An Expert's Course for Those New to the Field

Thu 8:45 AM - 12 PM · Pre-Conference Course

view presenters | abstract/session info | add to calendar | View Session

FRIDAY, JUNE 19

Virtual Poster Session I - Hour One

Fri 9:30 AM - 10:30 AM

Brainstorming Session Recordings

Expand the arrows to the right to view each individual session and access the recordings!

Thu 9 AM - 5 PM

Developing Academic Careers in Mood Disorder Research: Female-Specific Challenges and Solutions

Thu 9 AM - 5 PM · Brainstorming Session

view presenters | abstract/session info | add to calendar | View Session

Q & A sessies (live)

10:15 AM

Q&A Session: Treatment / Quality of Life

Moderator: Roumen Milev

Roumen Milev - *Canadian Network for Mood and Anxiety Treatments (CANMAT) Upda*
Approaches for Bipolar Disorder
Jennifer Sweet - *Diagnosis and Treatment of Treatment-Resistant Bipolar depression: Challeng*
Lars Kessing - *New Repurposing Drugs for Mood Disorders – Challenges and Evidence*
Ralph Kupka - *Diagnosing, Assessing, and Treating Bipolar Disorder: An Expert's Course for Th*
Eline Regeer & Erika Saunders - Rapid Oral Session: Quality of Life/Treatment

Sat 10:15 AM - 11:15 AM

Q&A Session: Early Intervention

Moderator: Danella Hafeman

Robert Post & Danella Hafeman - *Synthesizing Findings from 20 Years of Early Onset Bipolar Disorder Longitudinal Studies: The Bipolar Offspring Study (BIOS) and Course and Outcome of Bipolar Youth (COBY)*
Ralph Kupka, Afra van der Markt, Flavio Kapczinski - *Next Steps in Staging of Bipolar Disorders*
Danella Hafeman -*Dimensional Predictors and Risk Prediction of New-Onset Bipolar Spectrum Disorder in At-Risk Youth*
Estêvão Scotti-Muzzi - *ACC Neuro-Metabolic Changes From Bipolar Depression to Euthymia: Repeated 1H-MRS Measurement as a Function of Mood State and Lithium Efficacy*

Sat 11:30 AM - 12:30 PM

add to calendar

FRIDAY POSTER AWARDEES

Congratulations to the Recipients of the **Best Poster Awards**

Be sure to visit their posters during the Live Virtual Poster Sessions, Friday, June 19th at 9:30 AM and 6:00 PM US Central

Staging Kraepelin's Life Charts	Afra van der Markt, GGZ inGeest
Sex Differences in the Longitudinal Course and Outcome of Bipolar Disorder in Youth	Sunnybrook Health Sciences Centre, University of Toronto
Treatment Considerations for Symptomatic, Syndromal, and Functional Recovery in Bipolar II Disorder	Ohio State University
The Effect of Depressive and Manic Symptoms on Cognition in Bipolar Spectrum Disorders	University of Illinois At Chicago
The Effect of Online Psychosocial Interventions and Fitbit Use on Well-Being in Bipolar Patients	Massachusetts General Hospital
Cognitive Control, Mood Symptoms, and Suicide Ideation in Children	University of Utah School of Medicine
Applying Machine Learning in Motor Activity Time Series of Depressed Bipolar and Unipolar Patients.	NORMENT, Haukeland University Hospital; University of Bergen
Association Between Coffee, Tobacco and Alcohol Daily Consumption and Sleep/Wake Cycle: An Actigraphy Study in Euthymic Patients With Bipolar Disorders.	Pôle Hospitalo-Universitaire de Psychiatrie d'Adultes du Grand Nancy, Université de Lorraine
Cognitive Subgroups in First Episode Bipolar I Disorder: Relation to Clinical and Brain Volumetric Variables	University of British Columbia
Cognitive Profiling in Older Patients With an Affective Disorder: Exploring Differences and Similarities.	Melis Orhan, GGZ inGeest
Neural Substrates of Empathy Traits: How Do You Understand the Others ?	Delphine [illegible], Research Institute

Afra van der Markt
Promovendus
GGZinGeest/Amsterdam UMC
Volwassenenpsychiatrie

Melis Orhan
Promovendus
GGZinGeest/AmsterdamUMC
Ouderenpsychiatrie

Amsterdam UMC

Amsterdam Public Health research institute

Longitudinal Staging of Kraepelin's mood charts

A pilot study

Alra van der Markl, MD[1]; Ursula M.H. Klampers, MD, PhD[1,3]; Annemiek Dols, MD, PhD[1,2]; Richard Musil, MD[4]; Aarjan T.F. Beekman, MD, PhD[1,4]; Florian Seemueller, MD[4]; Ralph W. Kupka, MD, PhD[1,2]
1 Amsterdam UMC, Vrije Universiteit Amsterdam, Psychiatry, Amsterdam Public Health Research Institute, The Netherlands
2 Amsterdam UMC, Vrije Universiteit Amsterdam, Psychiatry, Amsterdam Neuroscience, The Netherlands
3 Department of Psychiatry and Psychotherapy, University Hospital, LMU, Munich, Germany.
4 Department of Psychiatry, Psychosomatic and Psychotherapy, Isar-Amper-Klinikum, Gabriel-Max-Str. 29, 80331 München

Who

16 charts of non-medicated patients from Kraepelin's 1921 textbook "Manic-depressive insanity and paranoia"[1]

Why

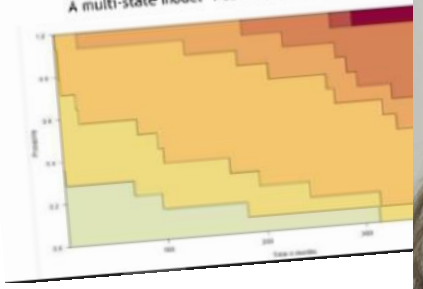
A unique opportunity to study the naturalistic course and outcome of Bipolar Disorders

How

All charts were staged according to the staging model by Berk et al.[2]

Stage 0	Increased risk
Stage 1	Non-specific psychiatric symptoms
Stage 2	First episode
Stage 3	Recurrence
Stage 4	Chronicity

Data were censored at 35 years.
A multi-state model[3] was fitted to the data.



Key Results

At the start
35% (n=6) of subjects started in stage 1
65% (n 10) started with a mania immediately classifying them for stage 2.

After 35 years
No subjects had remained in stage 1
6% (n=1) were in stage 2
75% (n=12) were in stage 3
of which 25% (n=4) for a second time (stage 3.2)
of which 6% (n 1) for a third time (stage 3.3)
19% (n=3) qualified for stage 4.

Conclusion

In an non-medicated era, about half of all subjects reached chronic stage 4 during the course of 35 years, of which the majority recovered to stage 3.

Cognitive functioning in late life affective disorders versus healthy controls

Melis Orhan[1], Nicole Korten[1], Sigfried Schouws[1], Patricia van Oppen, Max Stek[1,2], Didi Rhebergen[2] & Annemiek Dols[1,2,3]

1 Department of Old Age Psychiatry, GGZ inGeest, Amsterdam, the Netherlands
2 Department of Psychiatry Amsterdam Public Health research institute, VU University Medical Center, Amsterdam, the Netherlands
3 Neuroscience Campus Vijnes, Amsterdam, the Netherlands

Introduction

Older patients with bipolar disorder (OABD) and patients with late life depression (LLD) show different clinical appearances compared to their younger counterparts[1,2]. Both OABD and LLD have been associated with cognitive dysfunction[3,4].The underlying mechanism of OABD and LLD might differ, where cognitive dysfunction in OABD is often related to neuroprogression and cognitive dysfunction in LLD is often seen as a more integrational part of the mood symptomatology. However, more recent studies also show that cognitive impairment also remains during remission. Investigating neurocognitive profiles in OABD and LLD can contribute to better differentiating and further understanding of the neurobiology in these affective disorders.

Methods

Three groups were included from two different cohort studies: OABD patients (n = 153) from Dutch Older Bipolars (DOBII), and LLD patients (n = 378) and healthy controls from (n = 132) the Netherlands Study of Depression in Older Persons (NESDO)

Affective symptoms:
- Young Mania Rating Scale (YMRS)
- Center for Epidemiologic Studies Depression Scale (CES-D)

Cognitive functioning:
- Global cognitive functioning: MMSE
- Episodic memory: 10 Words Test
- Processing speed: Stroop card I & card II
- Interference: Stroop interference score card III
- Working memory: Digit span

Confounders:
- In model 1: age, level of education
- In model 2: age, level of education, number of depressive symptoms

Research questions

- What are the differences in cognitive profiles between OABD patients and LLD patients?
- What are the differences in cognitive profiles between OABD patients and HC?
- What role plays the number of depressive symptoms in these differences in cognitive profiles?

Results

OABD patients show lower scores than LLD patients on all cognitive
speed, interference score and working memory. OABD patients also
Depressive symptoms don't seem to play a significant part in the diffe

Conclusions

OABD patients show worse cognitive functioning than LLD patients and HC. No
between OABD patients and LLD patients. Our results indicate that the neurob
therefore warranting specific clinical implications.

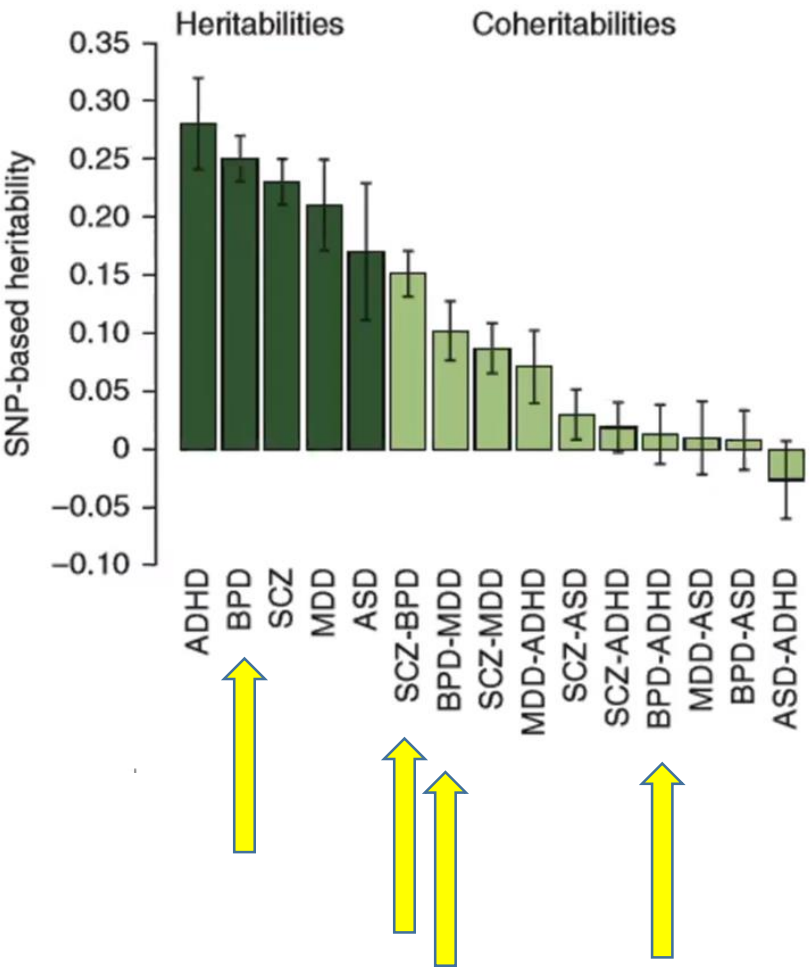
NESDO

Amsterdam UMC

Heritability of Different Disorders from Twin Studies

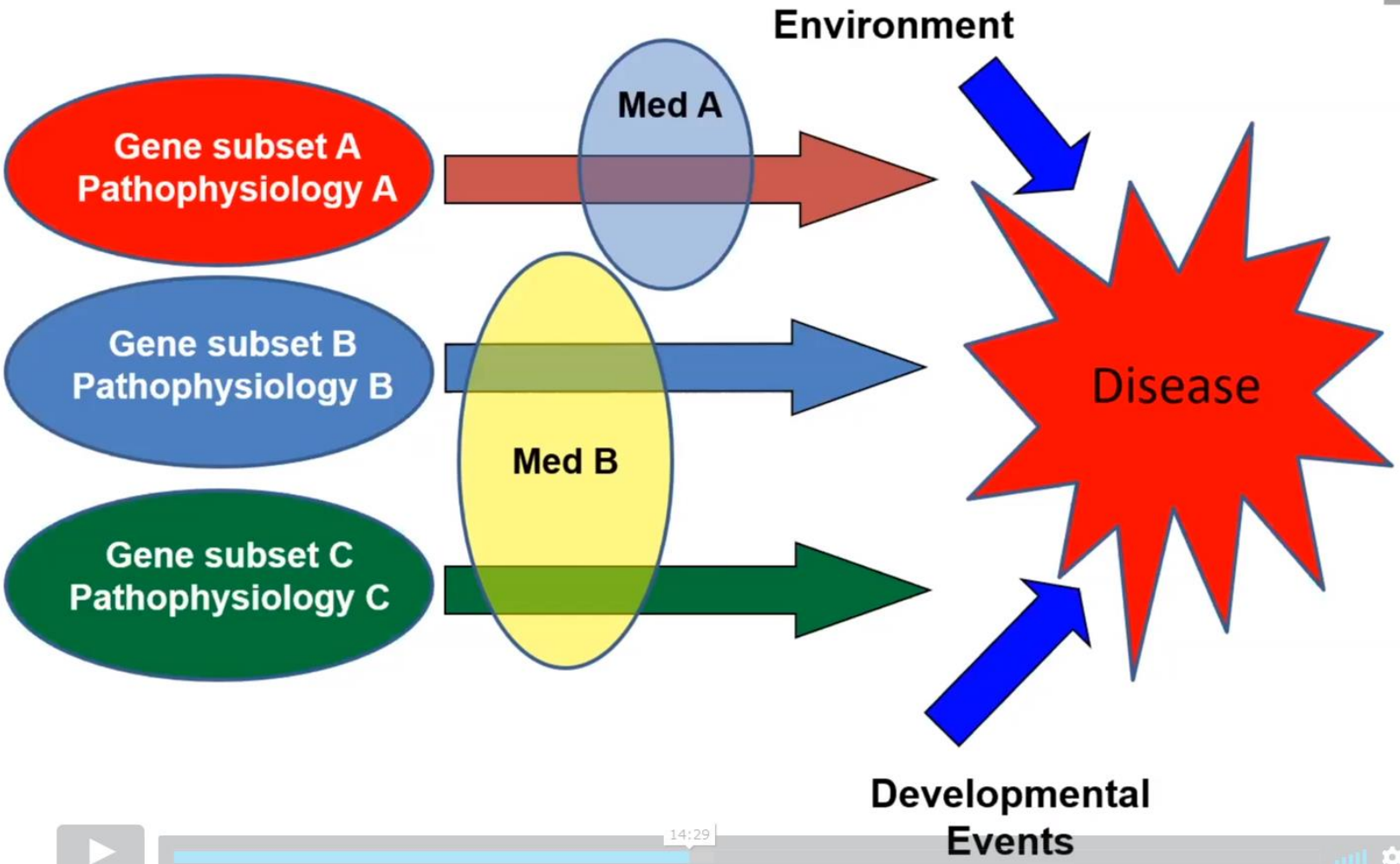
Psychiatric disorder	Heritability		Non-shared environment		Shared environment	
	Estimates (%)	95% CI	Estimates (%)	95% CI	Estimates (%)	95% CI
Bipolar disorder	58	42–64	42	36–51	0	0–8
Schizophrenia	76	69–83	24	17–33	0	0–0
Depression	32	19–40	65	60–72	3	0–9
Anxiety disorders	41	31–43	59	57–64	0	0–5
ADHD	64	52–71	36	29–44		
Drug abuse	58	46–71	36	29–42		
Personality disorders	53	41–57	47	43–54		
ASD	67	23–77	32	23–55		

SNP Heritability



Cross Disorders Group 2015

Pathophysiological Pathways



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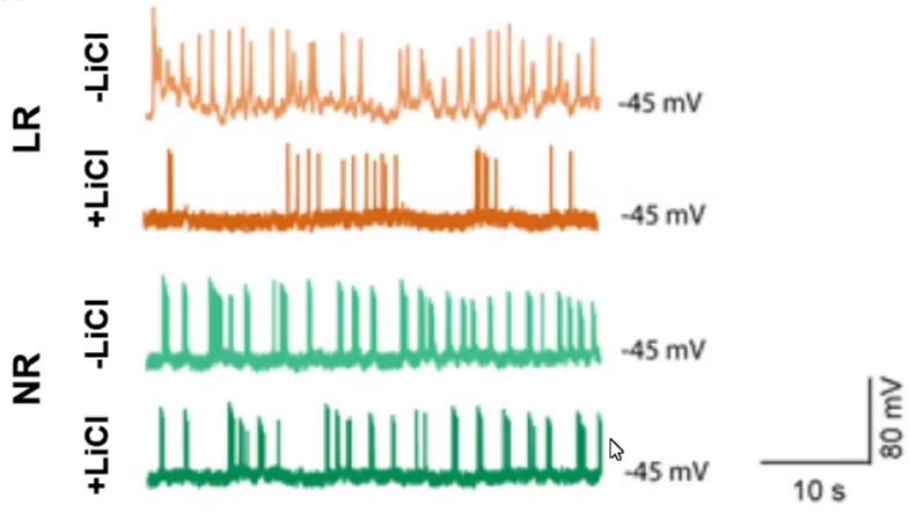
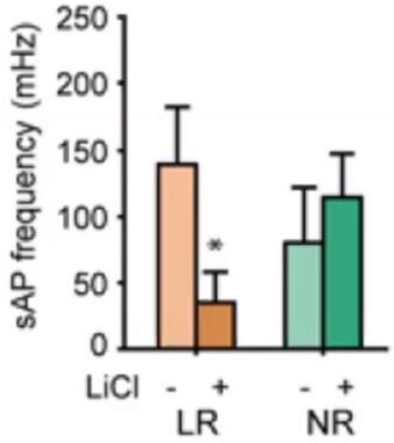
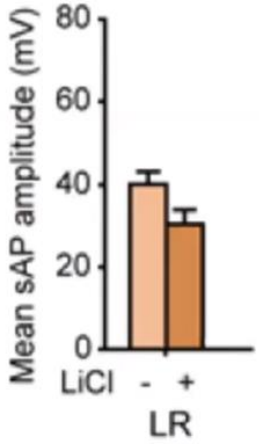
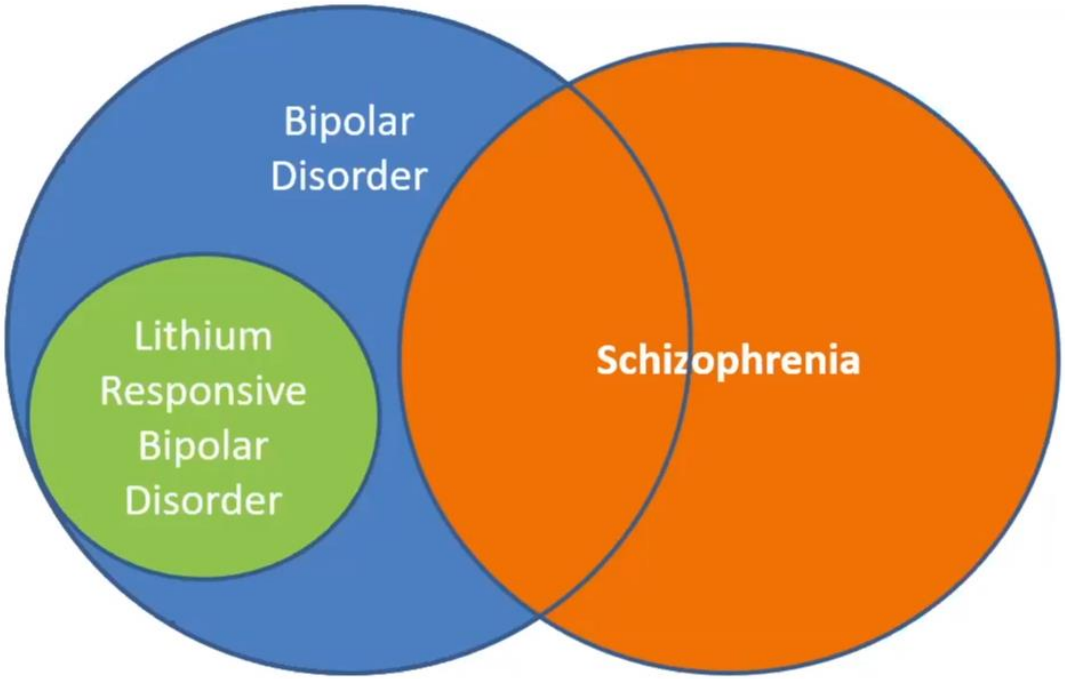
Hyperexcitability is rescued by lithium only in responders







Does this change our diagnostic system?



Is Lithium Responsive Bipolar Disorder a genetically and mechanistically distinct form of illness?

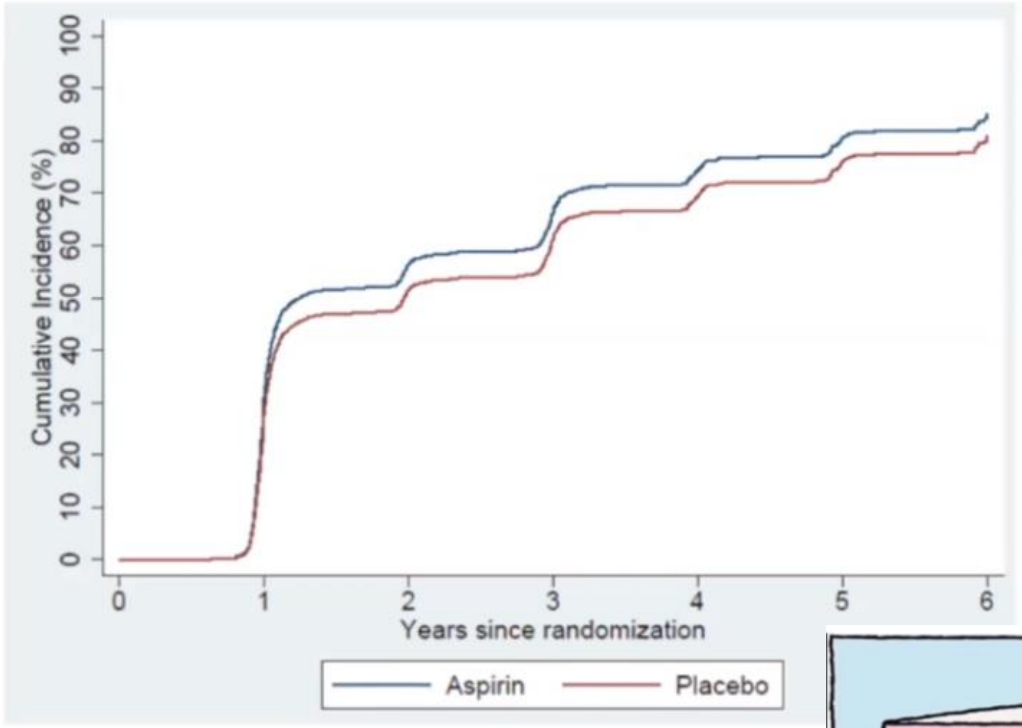
ASPirin in Reducing Events in the Elderly

ASPREE

Studying the effect of aspirin on healthy lifespan

- ASPREE is a randomised, double-blind placebo controlled study
- It involves both males and females, 70 years and older
- Participants are randomised to either a low-dose aspirin tablet (100mg) or placebo for 5 years
- The study has recruited 19114 healthy participants through regional centres (both in urban and rural locations throughout Australia and the United States)
- Annual follow-ups will involve a number of health, clinical and other measurements
- Can aspirin:
  - Reduce the risk for depression
  - Treat index depression
  - Do inflammatory biomarkers indicate depression risk

Aspirin for the treatment of depression ir people with CESD>8 at baseline



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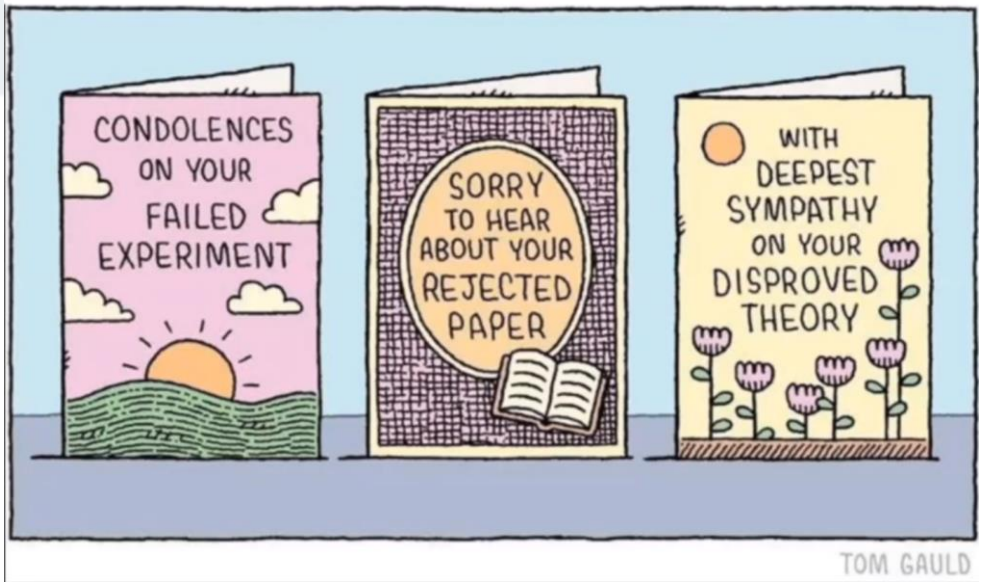
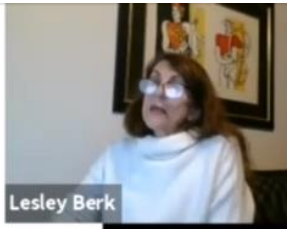


Anna Karenina principle

- Happy families are all alike; every unhappy family is unhappy in its own way.
- Successful clinical trials are all alike; every failed trail fails in its own way.
  - True null finding
  - Wrong anti-inflammatory
  - Wrong dose
  - Artefact of age; too late to change established trajectory
  - Community vs. clinical samples

Tolstoy 1828-1910

Ideas for enhancing the alliance?



- Encourage mutual respect and a positive regard
- Consider their need for relatedness, autonomy and competence
- Find out about the person and not just their bipolar disorder
- Engage the person in taking an active role in treatment
- Provide environment that encourages openness
- Encourage the person to collect data and make cause-consequence links-trail and error learning
- Help the person develop their own list of strategies
- Watch out for perfectionistic expectations and extreme goal setting
- Represent their well self and continuity, and be prepared to set boundaries with manic or risky behaviour
- Flexibly adapt the alliance to the person and their current bipolar disorder mood state.

Richardson 2010; De Andres et al. 2006; Sorensen et al. 2007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26-29 May 2021
POWERED BY:
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