

Understanding Affective Switch in Bipolar I Disorder

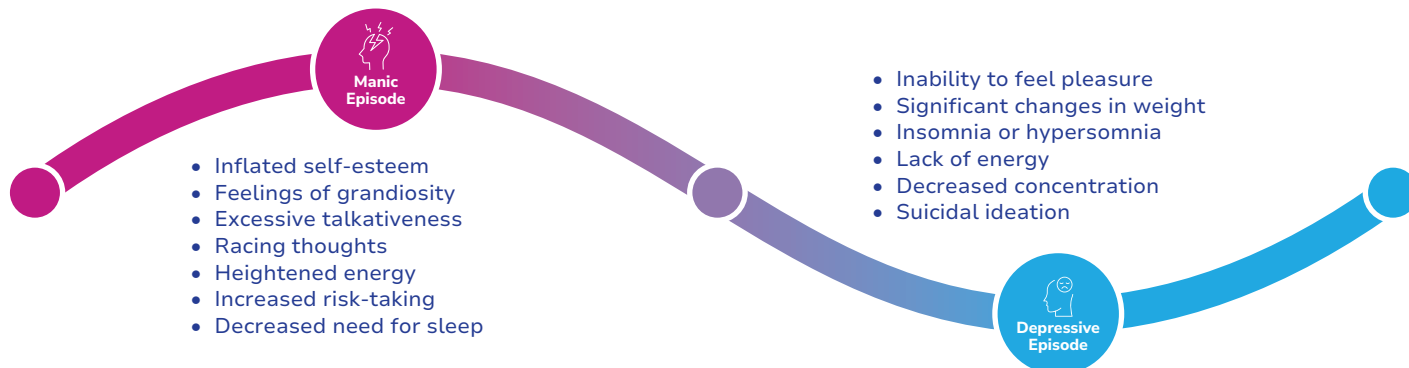
Introduction

Bipolar I disorder (BP-1) is a lifelong and complex disorder.¹ The transition between manic and depressive mood states is a hallmark feature of BP and one of the factors that contribute to the complexity of managing the condition.² In some cases, BP-1 patients may experience a sudden change in mood episodes between mania and depression, known

as **affective switch**.² Affective switch can be associated with certain triggers and may require adjustment in management.³ Therefore, it is important for healthcare providers (HCPs), patients, and caregivers to be able to recognize signs of affective switch in BP-1 patients.

What Is Affective Switch?

An affective switch refers to a sudden change in mood episode to an opposing affective state (ie, mania to depression or vice versa).² An affective switch may occur over days to weeks.⁴ Some patients may experience rapid cycling, defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)* as the presence of at least 4 mood episodes in the past 12 months, separated by partial or full remission for at least 2 months, or by a switch to the opposite mood polarity.⁵ Others may experience simultaneous manic and depressive symptoms that fluctuate within a matter of hours, in what is known as ultra-rapid cycling.⁴



This list may not represent all the possible manic and depressive symptoms involved during an affective switch.

Potential Triggers for Affective Switch

Potential triggers for affective switch can include²⁻⁴:



Stress



Changes in sleep



Seasonal changes



Mixed features



Use of certain medications

The presence of mixed features (ie, experiencing depressive and manic mood symptoms simultaneously)^{6,7} has been associated with a higher likelihood of affective switch. According to a small study, the presence of mixed symptoms during a manic episode was shown to correlate with a switch to depression.⁸

In addition, antidepressant therapy may cause a switch from a depressive episode to a manic episode, known as **treatment-emergent affective switch (TEAS)**.⁹

In a national survey of individuals with BP, patients reported being

incorrectly diagnosed with depression about 60% of the time.¹⁰ When patients with BP are misdiagnosed with MDD and prescribed an antidepressant, it may result in TEAS.⁹

Antidepressants may be associated with an increased risk of TEAS. TEAS can be displayed with a wide variability across patients and may be associated with worsening clinical outcomes.² Therefore, antidepressant monotherapy is not recommended for bipolar depression without stabilizing the other pole due to the risk of causing an affective switch to mania.^{11,12}

How HCPs Can Help BP Patients Experiencing Affective Switch

HCPs can help BP patients appropriately manage the potential risk of affective switch by providing education on recognizing the early signs.¹¹



Monitor for symptoms regularly.¹³



Help patients/caregivers recognize signs of affective switch.¹³



Assess that appropriate treatment was prescribed and encourage adherence.¹³



Communicate openly and frequently with patients/caregivers.¹⁴



Support the maintenance of a healthy routine and the understanding of possible triggers for mood switches.^{13,14}

If a patient with bipolar depression experiences TEAS after starting antidepressant therapy, treatment adjustments may be needed.⁹

Affective switch can occur with or without a trigger. Encourage patients to use a mood tracker template to find a pattern and recognize their triggers, if relevant (Figure 1).¹⁵

Mood Tracking Resources

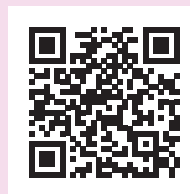
Month	Use this graph to chart mood swings and the effects of any triggers and medications.														
Highs															
Normal															
Depressed															
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Figure 1. Example mood tracker.¹⁶

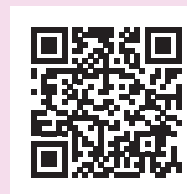
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eMoods¹⁷



iMood Journal¹⁸



MoodFit¹⁹

References

- McIntyre RS, et al. *Curr Med Res Opin*. 2021;37(1):135-144.
- Salvadore G, et al. *J Clin Psychiatry*. 2010;71(11):1488-1501.
- Young JW, et al. *Eur J Pharmacol*. 2015;759:151-162.
- Muneer A. *Chonnam Med J*. 2017;53(1):1-13.
- Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. American Psychiatric Publishing; 2013.
- Chakrabarty T, et al. *Curr Psychiatry Rep*. 2020;22(3):15.
- Vieta E, et al. *J Affect Disord*. 2013;148(1):28-36.
- Zarate CA, et al. *Am J Psychiatry*. 2001;158(9):1524-1526.
- Viktorin A, et al. *Am J Psychiatry*. 2014;171(10):1067-1073.
- Hirschfeld RM, et al. *J Clin Psychiatry*. 2003;64(2):161-174.
- Yatham LN, et al. *Bipolar Disord*. 2018;20(2):97-170.
- McGirr A, et al. *Lancet Psychiatry*. 2016;3(12):1138-1146.
- Practice Guideline for the Treatment of Patients With Bipolar Disorder*. 2nd ed. American Psychiatric Association; 2002.
- Diehl S, et al. National Alliance for Caregiving; 2016.
- Malhi GS, et al. *Evid Based Ment Health*. 2017;20(4):102-107.
- Bipolar Disorder Mood Tracker. CareClinic. <https://careclinic.io/bipolar-mood-tracker/>
- eMoods. <https://emoodtracker.com/>
- iMoodJournal. <https://imoodjournal.com/>
- Moodfit. <https://getmoodfit.com/>