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Letter to the Editor

Prescribing patterns in older adults with bipolar affective disorder: a service evaluation

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Managing bipolar affective disorder (BPAD) presents challenges, particularly when optimising therapeutic regimens (Depp & Jeste, 2004). Psychiatrists aim to achieve remission of symptoms with effective prescribing of medication and appropriate psychosocial interventions. Prescribing challenges are accentuated in older adults (≥65 years), where frailty, comorbidity, and pharmacokinetic changes increase vulnerability to side effects (Gottlieb, 2004). While lithium remains an effective maintenance treatment, comorbidities such as renal dysfunction may restrict its use (Rej *et al.*, 2015). Although multiple international guidelines exist, such as those from the *National Institute for Health and Care Excellence (NICE)*, the *Canadian Network for Mood and Anxiety Treatments (CANMAT)*, and the *International Society for Bipolar Disorders (ISBD)*, few offer specific recommendations for patients (≥65 years) due to the absence of dedicated trials (Yatham *et al.*, 2018; NICE, 2014; Goodwin *et al.*, 2016; Taylor *et al.*, 2018; Sajatovic *et al.*, 2005).

This service evaluation aimed to describe the prevalence and type of psychotropic medications prescribed to clinically stable outpatients aged ≥65 years with BPAD, to inform local practice. We reviewed 62 clinical files of patients with a confirmed diagnosis of BPAD based on ICD-11 criteria (9). Patients were included if they were under regular psychiatric follow-up and clinically stable, defined as absence of an acute affective episode, no hospital admissions, and no medication changes for at least three months prior to review. Files with incomplete data or unclear diagnoses were excluded. The final sample comprised 48 patients, with a mean age of 79.7 years (range 66–93); 77% were female, and 65% had BPAD II.

Lithium was the most frequently prescribed mood stabiliser (63%), followed by sodium valproate (25%). Overall, 87% of patients were prescribed a mood stabiliser. Lithium doses were lower than those reported in younger populations with a mean dose of 328 mg (Al Jurdi *et al.*, 2008; Beyer *et al.*, 2008). Only 10% of the cohort were maintained on monotherapy, with the majority requiring two or more agents.

Antipsychotics were more commonly prescribed in BPAD I (82%) than BPAD II (58%), with olanzapine most frequent. Quetiapine was prescribed at higher doses in BPAD I than II. Antidepressant use was high (60%), especially in BPAD II, and nearly half the sample received sedative-hypnotic medication, mainly Z-drugs.

To our knowledge, this is the first such report from an Irish psychogeriatric outpatient setting. Our findings highlight several deviations from guideline expectations for maintenance treatment of BPAD. Combination therapy was predominant and mood stabiliser doses were lower than typically recommended, differing from guideline recommendations derived from younger adults, where monotherapy is usually adequate (Yatham *et al.*, 2018; NICE, 2014; Taylor *et al.*, 2018). There was also a higher reliance on antipsychotics, likely reflecting the need to achieve or maintain remission safely with lower mood stabiliser doses. Finally, sedative use exceeded guideline caution, illustrating real-world challenges of managing sleep disturbance and anxiety in older adults (American Geriatrics Society, 2019).

Three additional observations are notable. First, lithium use in this Irish cohort was higher than in comparable reports from the United States, where concerns about renal safety often lead to under-prescription (Al Jurdi *et al.*, 2008; Beyer *et al.*, 2008). Second, monotherapy was rarely sufficient, underlining the complexity of maintenance treatment in later life. Third, the relatively high use of sedatives raises safety concerns, particularly regarding falls and cognition (American Geriatrics Society, 2019; Sajatovic *et al.*, 2005).

Although this was a single-site evaluation without outcome measures or statistical comparisons, it highlights the pressing need for tailored prescribing guidelines for older adults with BPAD. Future multisite evaluations with larger cohorts will be important to improve generalisability.

In summary, this service evaluation provides a snapshot of prescribing practices in the maintenance treatment of older adults with BPAD within an Irish outpatient setting. We hope it offers a useful reference point for clinicians and contributes to the case for age-specific guidance in this underrepresented population.

Competing interests. The author asserts that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation with the Helsinki Declaration of 1975, as revised in 2008. This article received no specific grant from any funding agency, commercial, or not-for-profit sectors. No competing interests to declare.

References

Depp CA, Jeste DV (2004). Bipolar disorder in older adults: a critical review. *Bipolar Disorders* **6**, 343–367. doi:10.1111/j.1399-5618.2004.00139.x.

Gottlieb S (2004). Inappropriate drug prescribing in elderly people is common. *BMJ* **329**; 367. doi:10.1136/bmj.329.7462.367.

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Rej S, Elie D, Mucsi I, Looper KJ (2015). Segal M.Chronic kidney disease in lithium treated older adults: a review of epidemiology, mechanisms, and implications for the treatment of late-life mood disorders. *Drugs Aging* **32**, 31–42.

Yatham LN, Kennedy SH, Parikh SV, ***et al.*** (2018). Canadian Network for Mood and Anxiety Treatments (CANMAT) and International Society for *Bipolar Disorde*rs (ISBD) 2018 guidelines for the management of patients with bipolar disorder. *Bipolar Disorders* **20**, 97–170. doi:10.1111/bdi.12609.

National Institute for Health and Care Excellence (NICE). Guidelines: Bipolar Disorder: assessment and management. https://www.nice.org.uk/guidance/cg185/chapter/1-recommendations. Published September 2014, accessed January 19, 2022.

Goodwin GM, Haddad PM, Ferrier IN, Aronson JK, Barnes TRH, Cipriani A, ***et al.*** (2016). Evidence-based guidelines for treating bipolar disorder: revised third edition recommendations from the british association for psychopharmacology. *Journal of Psychopharmacology* **30**, 495–553. doi:10.1177/0269881116636545.

Taylor DM, Barnes TRE, Young AH (2018). *The Maudsley prescribing guidelines in psychiatry*, 13th edition, John Wiley & Sons, 205–255.

Sajatovic M, Madhusoodanan S, Coconcea N (2005). Managing bipolar disorder in the elderly.*Drugs aging* **22**, 39–54. doi:10.2165/00002512-200522010-00003.

World Health Organization (2018). *International classification of diseases 11th revision (ICD-11)*. World Health Organization: Geneva.

Al Jurdi RK, Marangell LB, Petersen NJ, Martinez M, Gyulai L, Sajatovic M (2008). Prescription patterns of psychotropic medications in elderly compared with younger participants who achieved a "recovered" status in the systematic treatment enhancement program for bipolar disorder. *The American Journal of Geriatric Psychiatry* **16**, 922–933. doi:10.1097/JGP.0b013e318187135f.

Beyer J, Burchett B, Gersing K, Krishnan K (2008). Patterns of pharmacotherapy and treatment response in elderly adults with bipolar disorder. *Psychopharmacology Bulletin* **41**, 102–114. https://pubmed.ncbi.nlm.nih.gov/18362874/.

American Geriatrics Society (2019). Updated AGS beers criteria® for potentially inappropriate medication use in older adults. *Journal of The American Geriatrics Society* **67**, 674–694. doi:10.1111/jgs.15767

Sajatovic M, Chen P, Young RC, Meyer JM, Cassidy KA, Akagi C, Bottino F (2005). Bipolar disorder in older adults: an overview of recent literature. *Cns Spectrums* **10**, 1–14. doi:10.1017/S1092852900001718.

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