**STEP-BD Summary**

**Clinical Question:**  What are the best practices in treating bipolar depression?

**Clinical Take Homes:** Bipolar depression is difficult to treat!

* Antidepressants (bupropion and paroxetine) do not help in treating bipolar depression.
* Intensives psychosocial interventions worked better than brief interventions.
* Lamotrigine had a trend to improving bipolar depression when added to mood stabilizers.
* Suicide predictors were history of past suicide attempts and percent of days depressed.
* Bipolar disorder may have earlier age of onset than in previous studies

**Study Population:** Patients diagnosed with bipolar disorder (I, II, or NOS) or cyclothymia; 4361 subjects

**Study Designs and Results:** Naturalistic study following patients for 2 years and could also be randomized into 1 of 3 RCTs (4th RCT on mania was abandoned due to recruitment issues).

* Acute Depression and Antidepressants: Bupropion or Paroxetine vs. Placebo
  + Antidepressants did not improve depression compared to placebo.
* Psychosocial Interventions with Bipolar Depression: Compared brief psychosocial interventions to more intensive psychosocial interventions over 1 year with patients on medications already.
  + Intensive therapies improved depression compared to brief therapies.
* Augmentation of Mood Stabilizers in Bipolar Depression with Other Agents
  + Addition of either lamotrigine, risperidone, or inositol to mood stabilizer.
  + No medication was statistically significant (lamotrigine showed trend to improvement).

**Criticism:**

* Insufficient power to reach statistical significance in RCT arms.
* Strict definition of recovery (8 weeks euthymic) whereas most studies are 1 week or recovery.
* No placebo control in lamotrigine/inositol/risperidone arm.

**References:**

1. NIMH Site: <https://www.nimh.nih.gov/funding/clinical-research/practical/step-bd/index.shtml>
2. Key Review: Parikh SV et al. Advancing bipolar disorder: Key lessons from the systematic treatment enhancement program for bipolar disorder (STEP-BD). Can J Psychiatry. Mar 2010;55(3):136-43.
3. Original Study: Sachs GS et al. Effectiveness of adjunctive antidepressant treatment for bipolar depression. N Engl J Med 2007 Apr 26;356(17):1711-22.
4. Original Study: Miklowitz D. et al. [Psychosocial Treatments for Bipolar Depression](http://www.ncbi.nlm.nih.gov/pubmed/17404119). Archives of General Psychiatry. Apr 2007; 164.
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