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Lithium: The best current treatment for the well-informed bipolar patient

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The editorial by Malhi et al¹ is a timely and most welcome wake-up call regarding the declining use of lithium in the long-term maintenance treatment of bipolar disorders. In support of the issues discussed, we would like to stress several topics which we believe can further help to make a better life for as many patients with bipolar disorders as possible.

Given its long-term effectiveness as evidenced in randomized controlled studies as well as in naturalistic observational studies,² lithium is the gold standard in the maintenance treatment of bipolar disorders. When used properly, lithium can bring about dramatic improvements in the course of this disease, with, in general, good tolerability, also in comparison with other approved treatment options. However, it is not a panacea for every individual patient at every stage of the disease. There is a significant number of patients who do not respond to or do not tolerate the usually recommended therapeutic serum concentrations of 0.6–0.8 mmol/L³.

Given its potential toxicity, lithium is a drug for the informed cooperating patient, who has developed an acceptance regarding his illness and the need for long-term medication and regular check-ups. As suggested by Malhi et al,¹ high-quality group psychoeducation may greatly help for the majority of patients for successful long-term treatment with lithium based on “shared decision making” with an openness to flexible patient-centered solutions with regard to dosage issues, side-effect management,⁴ and stand-by add-on/combination treatment.

Under the above conditions, lithium should be offered and recommended to every patient with bipolar disorders early in the course of the disease as the mainstay of long-term treatment. Against this

background, lithium should also be used more often in the acute treatment of manic episodes, if needed in combination with other mood-stabilizing drugs that are approved for this purpose and may have a more rapid onset of action, in order to facilitate the path to successful long-term treatment with lithium.

Do we still need “better” drugs for treating bipolar disorders⁵? Of course we do! Until then, however, we should use lithium, the best currently available treatment option we have for treating bipolar disorders, much more frequently—corresponding to the available scientific evidence.

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