Book Review

ANTIEPILEPTIC DRUGS TO TREAT PSYCHIATRIC DISORDERS

Edited by Susan L. McElroy, Paul E. Keck, Jr. and Robert M. Post
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This book delves into the role of antiepileptics in psychiatric and neuro-psychiatric disorders which happen to be their most common area of “off label” use. We often associate antiepileptics with mood stabilization but we seemed not to realize that there are various other therapeutic benefits of this class of drugs as highlighted by the editors in the preface.

This book has 3 parts to it and there are numerous contributors to each chapter in each part and the contributors are all preeminent experts in psychiatry. The first part provides an overview of antiepileptics and its various uses in neuropsychiatric conditions. It contains one chapter that describes briefly the mechanism of action of these drugs as well as a summary about the first and second generation antiepileptics such as Felbamate, Topiramate, Gabapentin, Zonisamide, Pregabalin just to name a few. The author had also provided some information about the latest antiepileptics in the pipeline as well.

The second part consists of chapters describing antiepileptics in psychiatric disorders. It is made up of 10 chapters. The first chapter in described the treatment of acute manic and mixed episodes. This chapter highlights all the commonly prescribed antiepileptics in manic and mixed episodes with tabulated supporting evidence from randomized controlled trials which provides an excellent guide to those looking for evidence based literature with regards to this. This will be an important chapter especially for postgraduates as it provides useful information about drugs such as Oxcarbazepine, Phenytoin, Topiramate, Gabapentin as well as Lamotrigine as these are not commonly used in our clinical practice for manic or mixed episodes.

The second chapter in part 2 talks about the role of antiepileptics in long-term treatment of bipolar disorder. This is also an important aspect of bipolar disorder as we know that long-term management involves a complex and arduous process that can be very challenging even to the most experienced psychiatrist. Adequate evidence for safety, maintenance efficacy and practical guidelines for long-term use in bipolar disorder is presented in this chapter for all approved antiepileptics as well as those for which clear evidence indicates that they have secondary roles in bipolar disorder.

The third chapter in part 2 deals with antiepileptics in rapid-cyclers and bipolar depression. From a clinician’s point of view, rapid cyclers and patients with depressive episodes are more difficult to manage. Antiepileptics have traditionally been regarded as mood stabilizers and the rationale to support their use in bipolar disorder has primarily been derived from the treatment in mania. This chapter will review both these entities and
simultaneously highlighting the results of randomized trials involving antiepileptics for them.

The fourth chapter in part 2 targets the role of antiepileptics in Major Depressive Disorder. The efficacy of antiepileptics in bipolar disorder has been well established over the past 30 years but that is not so in unipolar depression. In this chapter, some evidence is presented to suggest that some antiepileptics may have antidepressant effects in unipolar patients. The author had taken the effort to describe a few antiepileptics with regards to major depression and he had added a note on antiepileptics and suicidality as well which is always pertinent in this case.

The fifth chapter in part 2 deals with antiepileptics in the treatment of schizophrenia. The author highlighted the fact that when clinicians consider augmentation for inadequacy during monotherapy, prime candidates for combination with antipsychotics are agents with different mechanism of action. Antiepileptics and lithium are commonly used in combination with antipsychotics to treat schizophrenia. This chapter reviews the utilization patterns of antiepileptics in patients with schizophrenia, the evidence supporting this and some advice on how to consider augmentation with a specific antiepileptic for individual patients.

The sixth chapter in part 2 addresses the role of antiepileptics in the treatment of anxiety disorders. Antiepileptics as we know have been used widely in treating mood disorders and are considered first line treatment for bipolar disorder. Their success has led to investigation into their potential in other disorders, particularly anxiety disorders. This chapter attempts to review the small but emerging literature on the use of antiepileptics in anxiety disorders namely social phobia, PTSD, panic disorder, GAD, OCD and mixed anxiety states. Hence, this is again a very informative section that is superbly squeezed into one chapter to make it a very good read indeed.

The seventh chapter in part 2 concentrates on antiepileptics in treatment of alcohol withdrawal and relapse prevention in alcohol dependents. This is an interesting chapter that dwells on antiepileptics such as Carbamazepine/Oxcarbazepine, Divalproex, Topiramate, Gabapentin and Lamotrigine and their related literature describing their possible benefit in alcoholism. The eighth chapter extended the discussion to drug related disorders and how antiepileptics has been used to manage sedative-hypnotic withdrawal, stimulant dependence as well as treatment of drug dependence and co-morbid mood disorders. These 2 chapters collectively give a good account on management of alcohol and drug related disorders using antiepileptics.

The ninth chapter in part 2 gives an important insight into their use in impulsivity and aggression and impulse control and cluster B personality disorders. It covers a wide range of disorders from pathological gambling to borderline personality disorders and at the same time providing adequate literature on the various antiepileptics that had been studied in accordance with this. However, the tenth chapter concentrated solely on borderline personality disorder and this may provide an insight into the direction of how borderline personality is managed as it’s always a challenging disorder to handle.
The last part deals with the potential psychotropic mechanisms of action of antiepileptic drugs. It contains only one chapter namely the psychotropic mechanisms of action of antiepileptic drugs in mood disorder. This is probably the most important chapter in the whole book as it gives a schematic account of the interpretation of which biochemical effects of the antiepileptic drugs may be related to their mood stabilizing and other psychotropic properties. For example, this chapter highlights some pertinent issues such as the fact that antiepileptics tend to act against seizures either immediately or as quickly as therapeutic blood levels can be achieved but in contrast, full antimanic and antidepressant effects are slower to achieve. The mechanisms of various antiepileptics are discussed here including some presumptive and theoretical mechanisms that will help the readers to understand them better. Also highlighted are the clinical implications of the mechanistic differences of the various antiepileptics as well as the potential neurotrophic and neuroprotective effects of lithium, valproate and the unimodal antidepressants. The author had added some information on ECT and vagal nerve stimulation in bipolar disorder as well.

In a nutshell, I think this is an excellent book and it provides valuable insight into the ever expanding role of antiepileptics in the management of psychiatric disorders and this book should dispel the myth that antiepileptics are confined only to epilepsy and bipolar disorder. This book is definitely a must have for trainees as well as psychiatrists.

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