Review: lithium is effective in preventing relapse in mixed diagnoses of mood disorder and in bipolar disorder


QUESTION: In patients with mood disorders, what is the efficacy of lithium compared with placebo?

Data sources
Studies were identified by searching the Cochrane Collaboration Depression, Anxiety and Neurosis Controlled Trials Register and the Cochrane Controlled Trials Register; reviewing the reference lists of relevant papers and text books; hand searching the journals Lithium (1990–4) and Lithium Therapy Monographs (1987–91); and contacting authors, pharmaceutical companies, and experts in the field.

Study selection
Studies were selected if they were randomised controlled trials comparing lithium with placebo in the stated intent of treatment being maintenance or prophylaxis. Discontinuation studies were excluded.

Data extraction
Data were extracted by 2 independent reviewers on study quality, patient characteristics, intervention type and dose, and the main outcome measures.

Main results
9 studies met the selection criteria involving 825 patients. Quantitative heterogeneity existed among the studies. Thus, a random effects model was used when combining data. Lithium (dose between 0.5 and 1.4 mmol/l) was found to be more effective than placebo in preventing relapse (relapse however defined) in mood disorder overall (unipolar, bipolar, and unspecified) and in bipolar disorder (table). In unipolar disorder, the direction of effect was in favour of lithium, but the result did not reach statistical significance. Few studies included data on general health and social functioning, and when they did, the data were absent or inadequately reported. Small absolute numbers of deaths and suicides, and the absence of data on non-fatal suicidal behaviours, made it impossible to draw meaningful conclusions about the place of lithium in suicide prevention.

Conclusion
For mixed diagnoses of mood disorder and in bipolar disorder lithium is more effective than placebo in preventing relapse.