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COMMENTARY

Psychotherapy online: Bridging the gap between recommendations and reality

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There is a simple, layman's version of bipolar disorder: an episodic mental illness with seriously disturbing manic and depressive episodes, and after recovery long periods of euthymia in which all is well again. Medication is effective in the acute symptomatic treatment, and maintenance pharmacotherapy prevents future episodes, if prescribed and taken indefinitely. Psychoeducation will increase insight and awareness of the characteristics of the illness, and thereby facilitate acceptance, self-management, and treatment compliance.

Anyone who has to deal with bipolar illness, either as a patient, a family member, a caregiver, or a professional, knows that the reality is far more complex. If this is true for the acute management and pharmacotherapy, it is even more for the time after the storm has calmed down. Subsyndromal residual symptoms and mood instability, subtle but annoying cognitive impairments, occupational and interpersonal problems as a result of past manic behavior, an injured self-image, and doubts about what to expect in the future, may all have a negative impact on psychosocial functioning and emotional wellbeing. Highly prevalent comorbid psychiatric conditions like anxiety disorders, personality disorders, and substance abuse further complicate this situation.

Of the psychological approaches, psychoeducation is now a well-established intervention which is part of standard treatment. In addition, family-focused therapy (FFT), cognitive behavioral therapy (CBT), and interpersonal and social rhythm therapy (IPSRT) are also recommended in most clinical guidelines, in combination with pharmacotherapy. A major concern is: while most treated patients with bipolar disorder will receive pharmacotherapy, and many will have had some form of psychoeducation, how many do get one of these recommended psychotherapies? How many psychologists and psychotherapist have an interest in bipolar disorder, let alone will be trained in these specific interventions? Bipolar disorder has long been viewed as a highly biologically rooted psychiatric illness, where pharmacotherapy is the cornerstone of acute curative and long-term preventive treatment. Moreover, dare psychotherapists treat a person with an anxiety or personality disorder, when she/he also suffers from bipolar disorder? The recently established ISBD Psychological Interventions Taskforce[1] is a welcome initiative to improve this situation, as is this special issue of Bipolar Disorders Journal.

Tremain et al.[2] address several important issues that underscore the potential for psychological treatment in addition to pharmacotherapy and clinical management of mood episodes.

First, we have to extend treatment of bipolar disorder beyond symptomatic recovery. Van der Voort et al.[3] showed that functional recovery in recurrent depressive and bipolar disorder seriously lags behind recovery of a depressive episode. This means that much has to be done in the so-called 'inter-episodic interval', and there is a shift of focus from pharmacotherapy to psychosocial interventions.

Second, even if clinicians focus on both symptomatic and functional recovery, for patients overall quality of life may be even a more important outcome. In a recent survey among patients in the Netherlands about meaningful treatment goals, quality of life was rated more important than complete symptomatic recovery.

Third, in contrast to what is often thought, psychological treatment can also be helpful for patients in a more advanced stage of bipolar disorder.

And finally, and maybe most importantly, the paper shows the potential of digital interventions. The Task Force points out that the availability of psychological treatment is limited when still relatively few psychologists are involved in the treatment of bipolar disorder. This will be particularly problematic in areas remote from specialized

mental health centers, where patients cannot have access to weekly or bi-weekly psychotherapy. One way to solve this will be offering treatments in an interactive online format, since there is increasing evidence that digital psychological interventions can be as effective as an in-person approach.[2,4,5] In that way, adequately trained health professionals can operate from specialized mood centers where this expertise is present. Another benefit of digital interventions is that psychoeducational or psychotherapy groups fill up more readily. There is no longer a need to wait until enough patients have been referred within a specific health center if the treatment is open for all patients from a much larger catchment area. Digital interventions are very promising and more research is needed to understand who benefits and in what way the intervention needs to be designed or adapted to yield the best effects. This may help to fill one of the many gaps between what we recommend and what we (can) do to improve the perspective of those living with bipolar disorder.

DATA AVAILABILITY STATEMENT

None.

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