

Cognitive Rehabilitation for Bipolar Disorder: A new, complementary therapy

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Bipolar disorder is a condition characterized by recurrent episodes of depression and/or abnormally elevated mood (known as mania) that interfere with psychosocial functioning (see our guide). Depressive symptoms, along with cognitive difficulties in planning, problem solving, attention and memory, are known to be related to low psychosocial functioning and in particular occupational functioning (Bauer et al., 2001; Goldstein & Burdick, 2008).

Treatment of bipolar disorder includes medication, which aims at mood stabilization, and various forms of psychotherapy (e.g. Family Focused Therapy, Cognitive Behavioral Therapy and Interpersonal and Social Rhythm Therapy). Nevertheless, until recently, these therapies couldn't deal with the cognitive symptoms of the disorder in patients who were in remission. These symptoms are called residual or subsyndromal and can be equally problematic for some patients.

In a recent study by Deckersbach and colleagues (2010) a new cognitive remediation treatment was developed, which targets residual depressive symptoms, occupational difficulties and overall psychosocial functioning in patients with bipolar disorder.

Eighteen euthymic (in remission), bipolar I or II disorder, employed patients participated in the

study.

The investigators measured psychosocial functioning in the domains of work, relationships, recreation and global satisfaction. Occupational functioning was also measured in terms of low performance while at work and missed days of work due to mental health problems. Depressive and manic symptoms were measured using psychometric tests. Finally, neuropsychological functioning, as a predictor of treatment response, was also measured.

The participants completed 14-individual cognitive remediation therapy sessions, followed by a post treatment assessment and a 3-month follow-up assessment. Cognitive remediation involved daily mood monitoring, activity management, problem solving, negative thoughts awareness and management and strategies to improve concentration and memory.

The findings of the present study suggested that at the end of cognitive remediation treatment, and at the 3-months follow-up, patients with bipolar disorder exhibited a significant decrease in residual depressive symptoms and an increase in occupational and overall psychosocial functioning.

The study demonstrated once again that Bipolar patients very often face occupational difficulties and problems in their everyday functioning, even when they are not in an episode (manic/depressive).

By decreasing residual depressive symptoms and improving cognitive skills in planning, problem-solving, memory and attention, the cognitive remediation therapy led to improvements in occupational functioning.

Cognitive rehabilitation treatment, which blends established CBT techniques for depression with compensatory cognitive remediation strategies (for improving memory and concentration), has been successfully implemented to individuals with schizophrenia in the past (Medalia & Choi, 2009).

The present study suggested that the same also applies to euthymic bipolar patients. However,

further research in the area is needed for this therapy to be established as a complementary therapy for some patients.

These developments in the psychosocial treatment of bipolar disorder help us to advance even further our CBT treatment programs, and allow us to work with patients who would otherwise find it difficult to benefit from traditional CBT therapy.

Do you find it yourself that your symptoms continue even when you are out of an episode?

Does this new therapy make sense to you?

What do you do to improve your day-to-day functioning?

Deckersbach, T., Nierenberg, A. A., Kessler, R., Lund, H. G., Ametrano, R. M., Sachs, G., ... & Dougherty, D. (2010). Cognitive rehabilitation for bipolar disorder: an open trial for employed patients with residual depressive symptoms. *CNS neuroscience & therapeutics*, 16(5), 298-307.

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