PAX-BD Plain English Summary

BACKGROUND: Over a lifetime, 2.5% of people will suffer from bipolar disorder (BD). Sufferers can have great difficulty in leading a normal life and BD is associated with a 10 year reduction in life expectancy. NICE recommends 'mood stabiliser' treatments, such as lithium and valproate, to make episodes of elevated and depressed mood less likely. If, despite such treatment, depression occurs, a second (additional) medication is recommended: quetiapine, olanzapine or lamotrigine. Unfortunately, bipolar depression often does not respond to these treatments and can become chronic and disabling. In addition, many of these drugs have side effects, such as sedation and weight gain. Pramipexole is currently used as a treatment for Parkinson's disease and its safety and side effects are well known. Notably it is less likely to cause weight gain than current NICE recommended treatments. Two studies suggest that it helps to treat bipolar depression but these studies were small and only lasted 6 weeks.

AIM: To determine whether pramipexole, added on to mood stabilisers, is a cost effective treatment for patients with BD whose depression has not responded to NICE recommended treatment. We will examine this drug compared to placebo (dummy tablets) over 12 months.

PARTICIPANTS: People with BD whose depression has not responded to at least two NICE recommended treatments.

STUDY DESIGN: Prior to starting the study proper, if patients are on an antipsychotic it will be gradually withdrawn since it may block the effect of pramipexole. Additionally, if patients are not on a 'mood stabiliser', one will also be started. Once this is done, 290 patients will receive either pramipexole or placebo, chosen at random, in addition to an on-going mood stabiliser. The study team, participants and their treating mental health team will not know whether they receive pramipexole or placebo. We will check how effective pramipexole is after 12 weeks and patients will continue to be monitored by trial researchers for 12 months even if they discontinue the initial treatment, as it is important to know what happens in real life when this treatment is used. We will measure the effect on depressive symptoms, quality of life, side effects and whether any other treatments were needed. These assessments will be done using an on-line system that participants can fill in themselves supported by email or text prompts. These methods have worked well in our previous studies and patients report that they like them. It allows more frequent (weekly) self-ratings of BD symptoms and thus gives a more complete picture of long-term symptom control. Where necessary, internet access will be provided or paper versions used. We will telephone patients monthly to see if medication has changed and ask about symptoms and any side effects.

PATIENT AND PUBLIC INVOLVEMENT (PPI): Patients and carers, including from a Bipolar Support Group, have contributed to the selection of the outcome measures used in the study and to the study plan. We will invite two PPI representatives to be on the Trial Steering Committee.

DISSEMINATION: Academic presentations and publications, as well as dissemination in the wider press and direct to patient BD groups eg via Bipolar UK. Fully anonymised data made available to other researchers.