

Profile

Eduard Vieta: unraveling bipolar disorder's mysteries

25 years ago, when a neurologist at the University Hospital Clinic de Barcelona (UHCB), Spain, asked Eduard Vieta "who is this hospital's expert on bipolar disorder?" there was no answer. Today, he could safely reply "me", since, as a Professor of Psychiatry, he leads a team of 23 researchers at UHCB studying bipolar disorder and its many facets.

Vieta first became interested in psychiatry aged 15 when he read books by Sigmund Freud in his father's study, quickly becoming interested in the interpretation of dreams and the psychopathology of daily life. "After this, it was always going to be psychiatry, psychology, or journalism," Vieta told *The Lancet Psychiatry*. "I went for psychiatry due to the neuroscientific grounding and options it would give me."

He studied medicine at the Autonomous University Barcelona and did his residency at UHCB, where he met neurologist Francesc Graus, who taught him the limited diagnostic options when a person presents with a neurological disorder, and that this concept could be transferred to psychiatry. His performance as a resident earned him a grant to study quality of life issues and established him in UHCB. "I also decided then that I would always want to practice care and research side by side," he explains. "So I knew UHCB would be a fantastic institution to help develop this."

Referring to bipolar disorder as, "the most challenging part of psychiatry," Vieta vividly remembers one of his first patients who was discharged healthy, only to relapse and return to the hospital three days later. "Patients with bipolar disorder can be really well, or really sick, with not many states in between," says Vieta. Vieta studied texts of experts Frederick Goodwin and Kay Jamison. He won grants and hired psychologists to collect data on bipolar disorder. He later completed his PhD on bipolar disorder and corticotropin-releasing-hormone stimulation.

With another colleague, Francesc Colom, Vieta later began one of the projects of which he is most proud: group psychoeducation of patients to prevent repeat episodes of bipolar disorder. "We conducted this as rigorously as a drug trial," explains Vieta. "The ingredients included making sure patients became aware of their condition without feeling stigma. We also stressed the importance of medication adherence, being open about side effects, and also suggested no use of illicit drugs and limited or no use of alcohol." Patients were given lists to check off their own trigger symptoms, with a request to return to the clinic if necessary. This system is now the standard of care in Vieta's native Spain.

He is equally proud of his work with Anabel Martinez-Arán on cognition in bipolar disorder. "No-one was aware back in

the late 1990s that some patients had cognitive problems. We showed that these patients may have impairments in executive function, even when they were symptom-free, affecting their social functioning and ability to work," explains Vieta, who co-led a cognitive & functional enhancing skills training study involving patients with bipolar disorder, published in the *American Journal of Psychiatry*.

Vieta has also led on the Barcelona cohorts of many drugs trials, including most bipolar disorder drugs approved in the last 20 years. He will lead on a new, top secret treatment trial that he could say no more about at this stage. "We do need new drugs because existing therapies such as antidepressants can worsen bipolar disorder if not used properly," explains Vieta. "But we have become much better at organising treatment for the best results. This includes combining old drugs with new, and with psychosocial therapies." Despite his focus on innovation, he says, "lithium is still used very regularly, and we are currently trialling a device measuring lithium levels in the blood and how they relate to dosage."

Vieta is excited about early intervention and prevention studies, since bipolar disorder can wield most of its damage in a person's formative teens and early 20s. "I also think technology is developing rapidly, so we could in several years be dealing with a team approach involving biomarkers, new drugs, innovative psychotherapies, and rarer therapies such as deep-brain stimulation." Grateful for a career in which most patients can be helped, Vieta says there may never be magic bullet for bipolar disorder. "The biggest differences have come from improved access to care and better training of doctors and diagnosis".

He is an avid fan of FC Barcelona and plays soccer. While realising it might be too late to be in a boy band, he loves music and plays keyboard in a band his with friends.

"Eduard Vieta is the leading force in psychiatry in Spain. In a country with very limited funding, he has managed to put together a large group of excellent researchers," says Celso Arango, University Hospital Gregorio Marañón, Madrid, Spain. "He is also a highly acclaimed clinician and excellent teacher. Give him something to start and he will take it to unimaginable heights. He is fearless and uses all his energies and intelligence to make the best of everything."

"Apart from Eduard's dynamic personality, his sense of humour and positive attitude make the hardships related to science easier to manage," says Flavio Kapczinski, Professor of Psychiatry at the Federal University Rio Grande do Sul, Brazil. "He represents a perfect combination of the passionate and creative spirit of the Catalonians with scientific and clinical skill."

Tony Kirby

