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CLINICAL–EPIDEMIOLOGICAL STUDY OF A GROUP OF PATIENTS SUFFERING FROM BIPOLAR DISORDER (A)

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ABSTRACT:

Bipolar disorder is a severe lifelong psychiatric illness that is at high risk of recurrence and increased morbidity in time. Bipolar disorder produces an increased disability and has a negative impact on quality of life. Compared with healthy subjects, patients suffering from bipolar disorder had significantly more difficulties related to work performance or social interactions and family.

Objective: This study evaluated the clinical and socio-demographic features (age, sex, place of residence, cohabitation, education, professional status, habits) in adult inpatients with bipolar disorder.

Methods: The study was conducted by interviewing and physically examining of a group of 57 consecutive patients who were hospitalized between 1st February and 30th of March 2011, in the Clinical Hospital of Psychiatry "Socola" Iasi and were diagnosed with bipolar disorder, according to DSM-IV-TR criteria. Prevalences and associations of bipolar disorder with socio-demographic variables were determined.

Results: Patients' age range varied between 28 and 71 years (SD 8.24 years). Of the subjects, 59.54 % were females and 40.35 % men. The study shows that 66 % of patients diagnosed with bipolar disorder smoked regularly, and 40 % consumed alcohol abusively. More than half of patients were married or cohabiting. The predominant level of education was medium, 54.4 % and 25.6 % of patients having a higher level of education. At the moment of participation of the study, most of the patients were already retired.

Conclusions: Compared with healthy subjects, patients diagnosed with bipolar disorder had significantly more difficulties related to work performance or social interactions and family. Bipolar disorder was found to be highly related to alcohol abuse, anxiety and personality disorders.

Keywords: bipolar disorder, socio-demographic features, epidemiology

REZUMAT:

Tulburarea bipolară este o boală psihică severă, cu impact pe tot parcursul vieții, care prezintă un risc crescut de recidivă și o morbiditate crescută în timp. Comparativ cu subiecții sănătoși, pacienții cu tulburare bipolară au semnificativ mai multe dificultăți legate de performanța la locul de muncă, interacțiuni sociale și de familie.

Obiectiv: Acest studiu a evaluat caracteristicile clinice și socio-demografice (vârsta, sexul, locul de reședință, coabitare, educație, statutul profesional, obiceiuri) ale pacienților adulți cu tulburare bipolară.

Metode: Studiul a fost realizat prin interviuarea și examinarea fizică a unui grup de 57 de pacienți consecutivi care au fost internați, în perioada 1 februarie – 30 martie 2011, în Spitalul Clinic de Psihiatrie „Socola” Iași și au fost diagnosticați cu tulburare bipolară, conform criteriilor DSM-IV-TR. Prevalențele și asociațiile tulburării bipolare cu variabilele socio-demografice au fost, de asemenea, determinate.

Rezultate: Vârsta pacienților a fost cuprinsă în intervalul de vârstă 28 – 71 ani (DS 8.24 ani). Dintre subiecți, 60 % au fost femei și 40 % bărbați. Studiul arată că 66 % dintre pacienții cu tulburare bipolară fumează cu regularitate, iar 40 % consumă alcool în mod abuziv. Mai mult de jumătate dintre pacienți erau căsătoriți sau trăiau în concubinaj. A predominat nivelul de educație mediu, prezent la 54,4 % dintre pacienți, în timp ce 25,6 % au avut un nivel ridicat de educație. În momentul includerii în studiu, majoritatea pacienților erau deja pensionați.

Concluzii: Tulburarea bipolară produce dizabilitate crescută și are un impact negativ asupra calității vieții. Tulburarea bipolară s-a dovedit a fi asociată cu abuzul de alcool, anxietatea și tulburările de personalitate.

Cuvinte-cheie: tulburare bipolară, variabile socio-demografice, epidemiologie

INTRODUCTION

Bipolar disorder is a severe lifelong psychiatric illness that is characterized by the association of manic, hypomanic and depressive episodes, followed by symptom-free periods. Bipolar disorder is at high risk of recurrence and increased morbidity in time. (1)

In the general population, the prevalence of bipolar disorder type 1 is estimated at 1 %, and prevalence of type 2 bipolar disorder from 1.5 to 2.5 %. For the full spectrum of bipolar disorder, prevalence is estimated to have values between 4 – 12 %. (2, 3)

Bipolar disorder produces increased disability and has a negative impact on the quality of life. Compared with healthy subjects, patients with bipolar disorder had significantly more difficulties related to work performance or social interactions and family. In 1990, The World Health Organization identified bipolar disorder as the sixth leading cause of disability for people aged between 15 and 44 years. (4)

Bipolar disorder is associated with a high frequency of both completed suicides and suicide attempts. About 10 – 20 % of the individuals with bipolar disorder take their own life, and 25 – 50 % of patients admit at least one suicide attempt. (5, 6)

This chronic illness usually requires a long-term treatment and is associated with reduced functionality, especially in terms of social adaptation and productivity at work. Current guidelines recommend mood stabilisers in combination with atypical antipsychotics as the first-line treatment approach in the case of severe mania or mixed episodes and, in the long-term, maintenance setting for patients who fail to respond to monotherapy treatments and continue to experience sub-threshold symptoms or relapse. (7, 8)

OBJECTIVES

This study evaluated the clinical and socio-demographic features (age, sex, place of residence, cohabitation, education, professional status, habits) of adult inpatients diagnosed with bipolar disorder.

MATERIAL AND METHODS

A cross-sectional study was performed by interviewing and physically examining a group of 57 consecutive patients, who were hospitalized between 1st of February and 30th of March 2011, in Clinical Hospital of Psychiatry “Socola”, Iași and were diagnosed with bipolar disorder, according to The Diagnostic and Statistical Manual of Mental Disorders, 4th Edition-Text Revision criteria.

Inclusion criteria obtained informed consent, age over 18 years, present diagnosis of bipolar affective disorder according to DSM-IV-TR criteria and non-participation in an interventional trial.

The study includes a descriptive analysis of demographic characteristics, medical history, disease characteristics and clinical management.

Statistical analysis. The data collected during the study was centralized and analyzed using the statistical and mathematical analysis ANOVA.

RESULTS AND DISCUSSIONS

The study was conducted by interviewing and physically examining a group of 57 patients who required specialized care for bipolar disorder, in The Psychiatric University Hospital “Socola” Iași. Patients age range was between 28 to 71 years (SD 8.24 years).

Gender distribution of the group of patients indicates a slight female predominance 59.5 % (34 females and 23 male patients), with a sex ratio = 1.47, which, for this pathology, is consistent with the medical literature. The average age was higher for the male patients, 68.13 years, than for the female patients, 41.9 years. Most patients belong to the age group 51 – 60 years, and the fewer belong to the age group < 40 years. There is a predominance of females in the age group < 50 years, while in the others age groups, were represented both sexes equally. (Fig. 1)

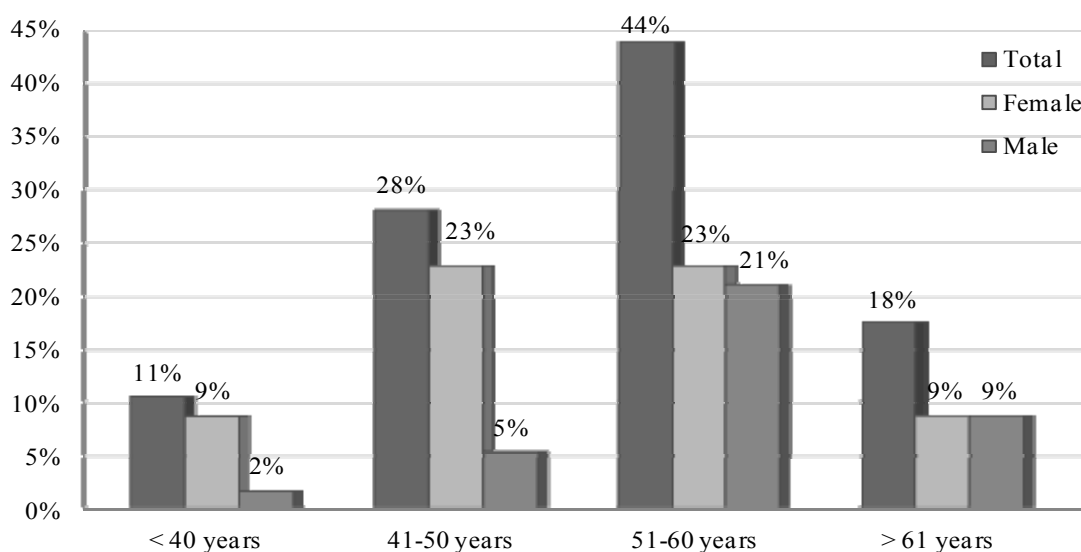


Fig. 1: *Distribution of bipolar patients by age and sex*

Patients' distribution area of residence indicates a slight predominance of patients who live in the urban area, 56 %, fact that could have several explanations:

- The general trend of reducing rural population; in 1950, the migration factor caused important changes in the age and sex structure of population in urban areas, which means that migration predominantly occurs from village to city, from less economically developed areas to developed ones.

- Compared with rural residents, urban residents are exposed to a higher level of stress, stress being a major factor of vulnerability involved in the etiopathogenesis of the bipolar disorder.
- Educational deficiencies and specific attitudes of rural areas, where psychiatric disorders continue to be a stigma, lead to a much lower addressability to psychiatric services, when compared to urban areas (Fig. 2).

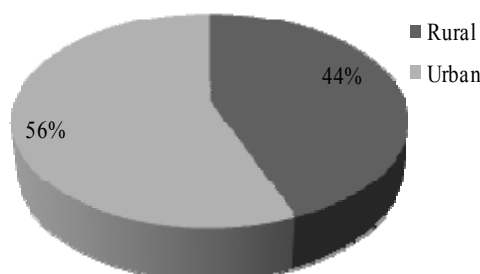


Fig. 2: *Area of residence of bipolar patients*

The predominant level of education was medium, representing 54.4 %, and 25.6 % of the patients having a higher level of education. The distribution of patients according to level of education in different age groups is presented in Fig. 3. An increase of the educational level in patients younger than 60 years can be observed, while in the case of the patients with primary education, the educational level decreases.

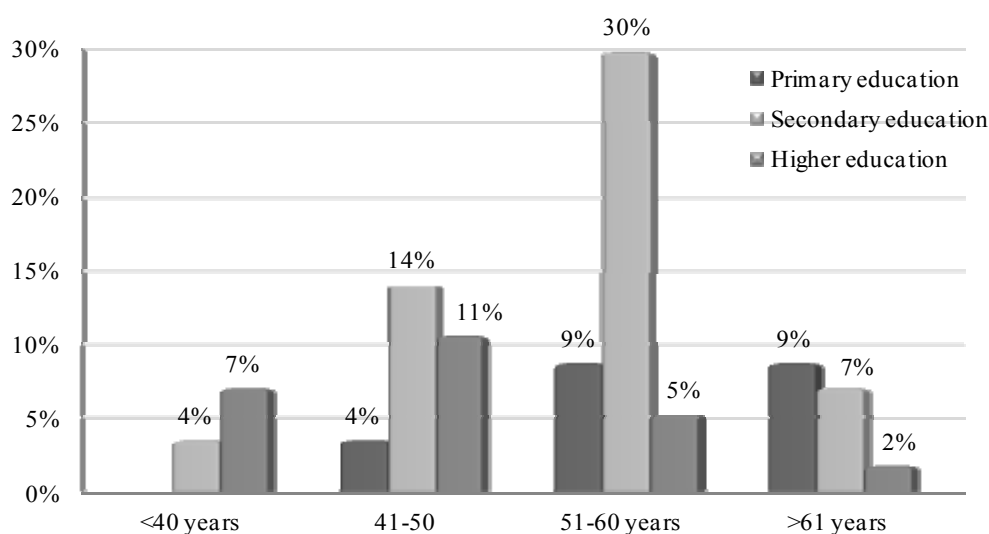


Fig. 3: *Distribution according to the education level and age group*

Regarding the civil status, most of the patients, 33.4 %, were married, followed by the next group, of divorced patients. In the entire group, 56 % of the patients are married or cohabiting, while 44 % live alone, having only casual relationships, short-term or multiple partners. This large number of patients, who are not involved in a stable relationship, is due to the instability caused by the dispositional oscillations and the negative consequences of behaviour characteristics, in the case of mania and mixed episodes (Fig. 4).

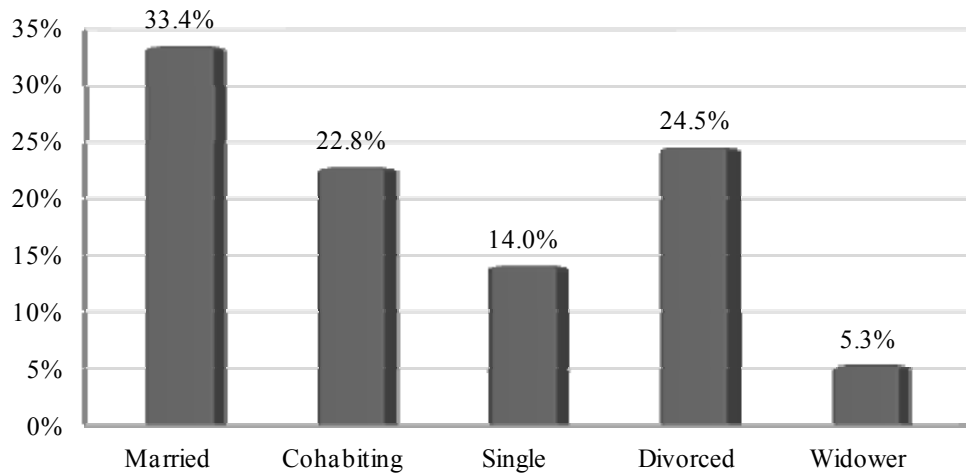


Fig. 4: *Civil state of patients in our study group*

In the group of bipolar patients, there is a predominance of patients with retired status, while less than 10 % of patients are employed. The preponderance of retired patients might be explained by serious difficulties in adapting to job requirements because of the impact of the disease on normal, professional work. Because of the predominance of mania or mixed episodes, a large number of patients characterized by a greater instability and with frequent changes of the vocational life and workplace are unemployed (Fig. 5).

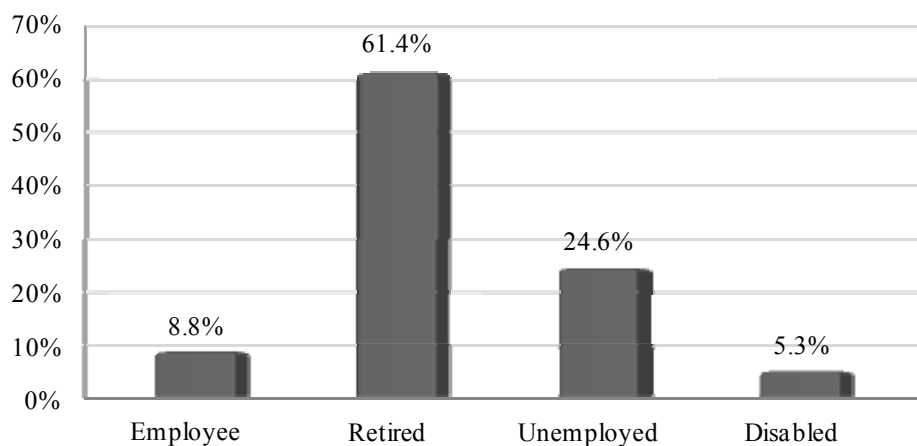


Fig. 5: *Socio-economic contexts of bipolar patients*

Current smoking was rated at least 5 cigarettes per day, on average, within last month before entering the study all other being classified as non-smokers. Among bipolar patients, 66.7 % smoke regularly, a percentage 2.3 times higher than that met in the general population – 29 %. The factors that may contribute to smoking rates among people suffering from bipolar disorder include low socio-economic status, social networks that include smokers, or environmental facilitators, such as residential or treatment facilities which allow smoking. In the case of smokers, having a mental disorder may also prove to be more challenging in the process of quitting. (10)

The CAGE questionnaire was used to identify the drinkers' problem. Of the patients 40.4 % had a score equal or bigger than 2 points. More than half of the study population consumed alcohol abusively or occasionally, which explains the poor adherence to treatment. (Fig. 6)

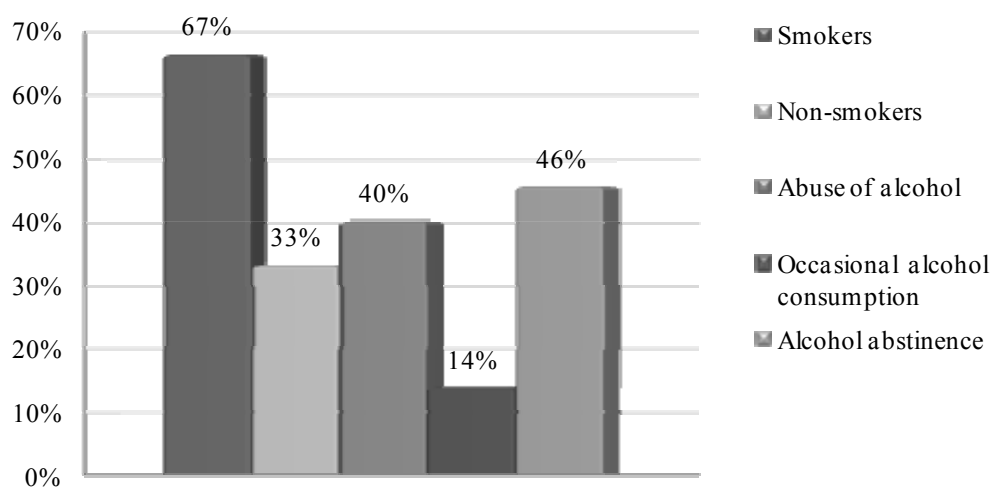


Fig. 6: *Distribution of patients according to smoking habit and alcohol abuse*

CONCLUSIONS

Compared with healthy subjects, patients diagnosed with bipolar disorder had significantly more difficulties related to work performance, social interactions and family. More than half of the patients involved in the study were already retired at the time of admission, because they have had serious difficulties in adapting to job requirements, due to the impact of the disease on normal professional work, a quarter of patients were unemployed because of the predominance of mania or mixed episodes, which determine a greater instability causing frequent changes of the vocational life and workplace.

The impact of bipolar disorder on the quality of life is revealed by the high percentage of patients who do not have a stable couple relationship, because of the instability caused by the dispositional oscillations and the negative consequences of behaviour characteristics in case of mania and mixed episodes.

The quality of patients' life diagnosed with bipolar disorder is also affected during times of euthymia or remission. Various psychiatric comorbidities, sequence of episodes with different polarities negatively affect the quality of life and therapeutic responsiveness.

Pharmacotherapy and psychotherapy, social support associated with improved social support and changed mentalities lead to significant improvements, prevent relapses and improve family, social and professional relations. The presence of community institutions for socialization and rehabilitation play an important role in preventing chronicization.

Patients with bipolar disorders showed an increased prevalence of risk factors. Four modifiable health risk behaviours – tobacco use, excessive alcohol, lack of physical activity, and poor nutrition – are responsible for most of the high rates of comorbidity, burden of illness and early death, related to chronic diseases. Patients diagnosed with bipolar disorder are at an elevated risk for each of these types of behaviours which raise their risk of developing chronic illnesses and having poor medical outcomes, once the illnesses emerge.

To ensure a prompt, appropriate intervention, while avoiding iatrogenic complications, the clinician must evaluate and monitor patients suffering from bipolar disorder, for the presence and the development of comorbid psychiatric conditions. Conversely, physicians should have a high index of suspicion in underlying bipolar disorder when evaluating individuals with other psychiatric

diagnoses, such as alcohol and substance abuse or anxiety disorders (not just unipolar depression), which often coexist with bipolar disorder.

ACKNOWLEDGMENTS AND DISCLOSURE

The authors declare that they have no potential conflicts of interest to disclose.

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