

Psychosocial Disability Fluctuates in Parallel with Changes in Bipolar Symptom Severity

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Authors of a long-term study of patients with bipolar disease hope that their findings will bring attention to the high level of psychosocial disability associated with the disease, especially during periods of depression. Increases or decreases in the severity of manic and depressive symptoms among patients with bipolar disorder are accompanied by significant, corresponding fluctuations in psychosocial disability. These changes take place in a progressive, stepwise fashion, according to a study in the December issue of *Archives of General Psychiatry*, one of the *JAMA/Archives* journals. Dr. Lewis L. Judd, Chair and Professor of Psychiatry at the University of California, San Diego (UCSD) School of Medicine and colleagues conducted a study to provide detailed data on psychosocial disability in relation to affective symptom severity during the long-term course of two types of bipolar disorder - bipolar-I (BP-I) and bipolar-II (BP-II). BP-I includes episodes of mania, and BP-II includes less severe episodes of abnormal mood elevation called hypomania, together with depressive episodes and symptoms. Both types of bipolar disorder have previously been established as dimensional illnesses, in which patients experience fluctuating levels of severity of manic and depressive symptoms, interspersed with symptom-free periods, over a long-term course of illness.

The UCSD researchers analyzed data on 158 patients with BP-I and 133 patients with BP-II who were followed up for an average of 15 years in the National Institute of Mental Health Collaborative Depression Study, conducted at five academic centers around the country. The authors found that symptom severity and psychosocial disability fluctuate together during the course of illness, and that depressive episodes and symptoms - which dominate the course of BP-I and BP-II - are equal to or more disabling than corresponding levels of manic or hypomanic symptoms.

"This study demonstrates that BP-I and BP-II are persistently disabling during periods when patients are symptomatic. Psychosocial function ranges from 'poor' during periods of mania and major depression, to 'fair' during periods with less severe symptoms. Only when they are free of all manic and depressive symptoms, does psychosocial function normalize and return to 'good' levels, although still not as good as a control group of people with no psychiatric disorder," said Judd.

"This study is important because, to the best of our knowledge, it's the first investigation that has examined psychosocial impairment associated with every level of symptom severity, during all phases of the illness, in a cohort of patients with bipolar illness followed over a long period of time," he said.

Bipolar disorder, also known as manic-depressive illness, is a mental disorder that causes dramatic shifts in a person's mood, energy, and ability to function. Different from the normal ups and downs that most people go through, the symptoms of bipolar disorder can be extremely severe and disruptive. The disorder affects at 1 to 2% of the U.S. population or up to four million people, and is associated with increased rates of suicide and unemployment and decreased work productivity, quality of life and life span.

"Studies to date have focused primarily on manic episodes, characterized by 'high' or euphoric feelings, increased energy and restlessness, insomnia, racing thoughts, irritability and excessively poor judgment.

However, we have shown that the depressive periods are equally or even more disabling for the patient, and that BP-II is often under-diagnosed and under-medicated by clinicians," the researchers conclude.

Authors of the study include Dr. Martin B. Keller, principal investigator, and Dr. David A. Solomon, Department of Psychiatry, Brown University; Dr. Hagop S. Akiskal, Pamela J. Schettler, and Jack D. Maser, Department of Psychiatry, UCSD; Jean Endicott, Department of Research Assessment and Training, Columbia University; Andrew C. Leon, Department of Psychiatry, Cornell University; and Dr. William Coryell, Department of Psychiatry, University of Iowa.

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