
THE ROLE OF STAGING IN BIPOLAR DISORDER – ASSOCIATIONS WITH OVERWEIGHT AND OBESITY

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Introduction: Overweight and obesity are highly prevalent in bipolar disorder (BD), and have been observed to worsen treatment response and outcome. Moreover, a relationship between overweight/obesity and cognitive impairment has been reported previously. Clinical staging includes clinical features, data of biomarkers and cognition, and is related to global functioning in BD. Earlier stages of illness may be associated with a better prognosis and a higher treatment response.

Objectives: The present study aims to evaluate the relationship between clinical staging and overweight/obesity in euthymic BD individuals. Clinical staging was hypothesized to be associated with overweight/obesity, especially with indicators of abdominal obesity.

Methods: A cohort of 100 euthymic BD patients was recruited and anthropometric variables (including body mass index and waist/hip circumference) were measured. Body composition was evaluated with lipometry measurement, an exact calculation of the subcutaneous adipose tissue thickness. Clinical staging was done according to the staging model by Kapzinsky et al. For statistical analyses, partial correlations controlled for age were used.

Results: Findings show a positive correlation between staging and hip circumference $r=.265$, $p<.05$, and a tendency towards significance between staging and total body fat: $r=.183$, $p=.08$.

Conclusions: As clinical outcome parameter, staging enables to understand the mechanisms underlying progression of BD and assists in treatment planning and prognosis. Based on the results we might suggest, that abdominal obesity is associated with a higher progression of BD accompanied with negative outcome characteristics. The data provide an updated quantification of the growing public health burden in BD.