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A survey exploring characteristics of bipolar patients referred to a specialist tertiary centre in UK

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Background and aims: Bipolar Affective Disorder is one of the ten most disabling diseases.UK Guidelines recommend that specialist opinion is saught for difficult to treat patients and our aim was to characterize the Bipolar Patients referred to a Specialist Tertiary Centre.

Methods: A consecutive sample of thirty patients referred, who met ICD 10 criteria for Bipolar Disorder, were studied. Information was collected from the patient files. Recorded variables included socio-demographic, clinical and treatment characteristics.

Results: 20% were male, 80% female. The mean age was 46.2 years old (SD 13.5).The modal age of first episode of mental illness was 18.5 years. High rates of unemployment (76.7%) and family history of mental illness (93.3%) were found. 30% were Bipolar I, 63.3% Bipolar II, and 6.7% Bipolar III. 56.7% met criteria for Rapid Cycling. 83.3% had anxiety features, 73.3% a risk of self- harm and 53.3% psychotic symptoms. Low rates of substance misuse were found.73,3% had a concurrent medical illness. The mean number of psychotrophic medications was 3.23(SD 1.54) and ECT was tried in 23.3% of the patients.

Conclusions: This sample had higher rate of rapid cycling than found in routine bipolar populations. The majority of patients were at a high risk of self-harm, showed features of anxiety, had a positive family history and concurrent medical illnesses which worsened their prognosis and turned them into a "very difficult to treat" group. The characteristics of the sample satisfy the referral policy of the Centre and the current and draft UK Guidelines.

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Progressive grey matter loss in patients with bipolar disorder

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Background: Structural brain abnormalities of the medial temporal lobe have been found in people with bipolar disorder (BPD). It is not known whether these abnormalities progress over the course of the illness.

Method: We conducted a prospective cohort study of 20 patients with bipolar disorder and 21 control subjects recruited from the community. Participants were group matched for age, sex and premorbid IQ. Longitudinal change in grey matter density was evaluated using the technique of tensor based morphometry (TBM) in SPM2.Changes in grey and white matter density were estimated and compared to changes in cognitive function and clinical outcome.

Results: Patients with bipolar disorder showed a larger decline in hippocampal, fusiform and cerebellar grey matter density over 4 years than controls. No significant changes in white matter density were found. Reductions in temporal lobe grey matter correlated with decline in intellectual function and with global assessment of functioning. No associations were found with medication.

Conclusions: Patients with bipolar disorder lose hippocampal, fusiform and cerebellar grey matter at an accelerated rate compared to healthy controls. This tissue loss is associated with a corresponding deterioration in cognitive function.
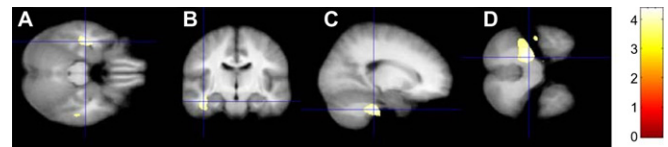
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Quality of life in bipolar mood disorder

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Background: The enduring cyclic evolution of bipolar disorder affects various psychological and functional aspects.

Material and method: 70 bipolar subjects, from the evidence of the Second psychiatric Clinic Cluj, were assessed by: a socio-demographical questionnaire, MADRS, YMRS, WHO-QOL Bref, GAF. Controls were 30 matched subjects diagnosed with dermatological diseases.

Results: Quality of life, functionality are decreased from the first mood episode, but decrease seriously with the progression of the disease and number of episodes. Items regarding independency, joy of life, sexual satisfaction, efficiency were significantly decreased compared to somatic patients.

Discussion: The progression of the disorder, comorbidities are interrelated.

Conclusions: Single mood events, the turn-over and number of episodes, various comorbidities, longterm treatments significantly affect in adults the quality of life, functionality, leading to demoralization, social dependence.

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How common is bipolar disorder not otherwise specified diagnosis in hospitalized patients?

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Background and Aim: Bipolar disorder not otherwise specified (BPD-NOS) may be a waste-basket diagnosis for patients who do not fit into the well-defined criteria. There are few studies investigating the course and features of BPD-NOS and some authors claimed that the frequency could be higher than expected. Özcan et al (2003) found that 9% of the bipolar patients in a university research clinic specialized in bipolar disorder were diagnosed as BPD-NOS. Frequency of BPD-NOS among bipolar patients hospitalized in year 2006 in a a tertiary care state reference hospital in İstanbul/ Turkey and features leading to the diagnosis as "atypical" are investigated.

Method: Files of patients hospitalized in 2006 were evaluated retrospectively. Of the 6423 general psychiatric hospitalizations, 1463 were diagnosed as mood disorders. Forensic and adolescent patients, as well as alcohol & substance abuse co-morbidity were excluded.

Results: There were 821 (56%) male and 642 (44%) female mood disorder patients. BPD-NOS diagnosis among all mood disorder patients were 194 (13.2%). Re-hospitalization rate of patients treated with the diagnosis of BPD-NOS was 6.7%. Duration of illness, episode duration, symptom variety and treatment responses were he most common features ''making the diagnosis atypical''.

Conclusions: A more systematic and detailed evaluation is needed for appropriate acute or preventive treatment. Studies are needed on patients with BD-NOS with comorbid schizophrenia or delusional disorder as specified in DSM-IV-TR.

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Behavioral disorders at adolescent with primary cerebral dysfunction

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Introduction: The object was to explore behavioral disorders at adolescent of female sex with a primary cerebral dysfunction.

Methods: 49 adolescent of female gender in age of 11-16 with a primary cerebral dysfunction, behavioral disorders and with intelligence quotient more than 80 on the Wechsler's scale were observed. All adolescent were explored with clinical, neuropsychological and neurological methods.

Results: At all adolescent were early psychical disorders (in 100% of cases), brain trauma in age of 7 (22%) and negative sociological environment (79%). They had symptoms of psychoorganical syndrome with behavioral and emotional disorders. These disorders were presented by such psychopathological variants as apathic (15%), labile (38%), hyperactive (41%) and aggressive (16%). The spectrum of the behavioral disorders was studied in the relation to the age. The standard development of behavioral disorders was noticed in the age of 7-10. The worsening of cerebral dysfunction, psychopathological traits of personality disorders were in the age of 12. And the formation of the psychopathy with behavioral disorders was in the age of 16.

Conclusions: The behavioral disorders at adolescent of female sex with primary cerebral dysfunction were bound with gender and options of psychoorganical syndrome.

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Suicidal risk in bipolar disorder patients

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Background: Suicidal risk is very high among bipolar disorder (BPD) patients. Risks of suicide attempts are not as well quantified but remain the most important factor for predicting risk of completed suicide.

Methods: We retrospectively evaluated 88 patients diagnosed as bipolar I, II, or unipolar depression. Of these, 44 had made at least one suicide attempt, and were matched for age, sex and diagnosis with 44 patients who had never attempted suicide.

Results: In the univariate contrasts, suicidal patients were more likely to be: men, single, younger currently but not at onset, bipolar, substance abusing, and being unemployed. In a logistic regression only older age in the control group and occupation held the significance.

Limitations: Study findings may not generalize to other samples, settings, and treatments.

Conclusions: Our results support previous finding of literature but overall add a consistent emphasis on the role two variables involved in the precipitation of suicide attempts in bipolar and unipolar patients, that is the role of age and that of occupation. The former may be identified as Trait-dependent risk factors (unchangeable) the latter as State-dependent risk factors (which can potentially be modified).

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Social networks of patients with bipolar affective disorder.

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Background and aims: According to Axer's definition a social network is a certain number of people with whom a person remains contact. These people provide stimuli - both positive and negative. In everyday life and even more during the periods of disease all people need to experience positive aspects of their network - especially support.

The purpose of the research is to analyze the structure of social networks as well as types and sources of support received by patients with bipolar affective disease (BID).

Methods: The study group consisted of euthymic outpatients (40 patients). The control group consisted of healthy volunteers of sex and age corresponding to the case group. Assessment of a structure of a social network and the amount of support received was made according to Bizoń's questionnaire and Cohen's ISEL.

Results: It has been shown that social networks of BID patients differ from the ones of healthy people. Patients have social networks characterized by the structure and activity comparable with that of healthy people. But often there is only one person who carries the whole burden of support. When compared to the control group these patients receive less support, and the emotional support is the most deficient.

Conclusions: Information about a patient's social network may be helpful when planning treatment in hospital as well as preparing psychosocial interventions in an outpatients' clinic. The information enables to recognize deficiencies so as to make attempts to reorganize or reconstruct a network.

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A perception of social support in the aspect of a cognitive style of patients with affective disorders.

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Background: According to Aaron Beck dysfunctional thinking patters appear also in euthymic patients, after withdrawal of acute disease's symptoms. Patients have disordered, negative image of themselves, of their future and the surrounding world.

It has been shown that a way a man perceives possessed social support has for him a basic meaning.

Aims: The purpose of the research is to analyze the relationship between perceived social support and patient's cognitive style.

Methods: The study group consisted of euthymic outpatients diagnosed with recurrent depressive disorder (40 patients) or bipolar affective disorder (40 patients). The control group consisted of healthy volunteers of sex and age corresponding to the case group.