

SEASONAL PATTERN IN BIPOLAR DISORDER: PREVALENCE, CLINICAL CHARACTERISTICS AND GENDER INFLUENCE

P.A. Geoffroy^{1,2,3}, **B. Etain**^{1,2,4}, **J. Scott**^{2,5}, **C. Boudebessé**^{1,2,4}, **M. Lajnef**¹, **M. Leboyer**^{1,2,6}, **F. Bellivier**^{1,7,8}

¹Inserm, U 955, Psychiatrie Génétique, ²Fondation FondaMental, Creteil, ³Pôle de Psychiatrie, Université Lille Nord de France, CHRU de Lille, Lille, ⁴AP-HP, Hôpital H. Mondor - A. Chenevier, Pôle de Psychiatrie, Creteil, France, ⁵Academic Psychiatry, Institute of Neuroscience, Newcastle University, Newcastle Upon Tyne, UK, ⁶Université Paris Est, Faculté de Médecine, Creteil, ⁷Université Paris Diderot, Faculté de Médecine, ⁸AP-HP, Hôpital St Louis-Lariboisière-F. Widal, Pôle de Psychiatrie, Paris, France

Introduction: Circadian rhythm pathways are highlighted in a number of etiological models of bipolar disorder (BD). More than 25% of bipolar patients may present seasonal pattern (SP). However, there is very limited scientific data on the prevalence of SP, its clinical manifestations and any gender influence.

Methods: Caucasian individuals who met DSM-IV criteria for BD I or II were recruited from three university-affiliated psychiatric departments in France (Paris, Bordeaux, Nancy). SP was defined according to DSM-IV criteria. Clinical and socio-demographic variables were obtained from structured interviews with the patients and their relatives.

Results: Four hundred and fifty-two bipolar patients (n=452) in euthymic state were included in the study, 102 of them (23%) were considered as having SP according to DSM-IV criteria. Multivariate analysis showed a significant association of BD patients with SP for bipolar II subtype (OR=1.99, p=0.013), rapid cycling (OR=2.04, p=0.02), eating disorder (OR=2.93, p=0.003) and the total number of depressive episodes (OR=1.12, p=0.002). 71% of cases were correctly classified by this analysis. However, when stratifying the analyses by gender, SP was associated with BD II subtype (OR=2.89, p=0.02) and total number of depressive episodes (OR=1.21, p=0.002) in males but with rapid cycling (OR=3.02, p=0.003) and eating disorders (OR=2.60, p=0.02) in females.

Conclusions: The high prevalence of SP in BD, its associated clinical characteristics and the observed differences between genders, suggest that SP represents a potentially important specifier of BD.