



## Measuring the consequences of a bipolar or unipolar mood disorder and the immediate and ongoing impacts.



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### ABSTRACT

Mood disorders may lead to major life consequences. This study builds on our preliminary examination of the impact of an extensive set of consequences and was undertaken in a larger clinical sample. Two hundred and forty four adults diagnosed with either unipolar depressive disorder or a bipolar disorder (type I or II) were administered an online survey of 60 items, listing potential consequences of having a mood disorder. Participants estimated the degree of impact (0–100) of each consequence on their life initially, and in the longer term. Items loading highly on the first ‘general’ factor of a bi-factor analysis were examined. Most items were affirmed by at least 75% of the sample. Significant group differences emerged on ten items. The bipolar group was 1.44–2.27 times more likely to experience difficulty with debts, education, speeding fines, increased risk of harm and delayed family planning. The unipolar group was 1.11–1.67 times more likely to experience social withdrawal, lowered life satisfaction, decreased overall wellbeing and ambition, and missed opportunities. Only one positive consequence (i.e. increased empathy) was identified. This extensive range of mood disorder consequences was highly endorsed by both BP and UP patients and with substantial immediate and ongoing impacts reported.

### 1. Introduction

Mood disorders are known to lead to significant impairment and disability and impact on quality of life and life satisfaction (Calabrese et al., 2003; Greenberg et al., 2015). Many measures have been developed to capture and quantify those constructs, with the most widely used scales including the Global Assessment of Functioning (GAF) within DSM-IV, and the World Health Organisation Health and Work Performance Scale (Kessler et al., 2003). These have a secondary objective of allowing economic analyses to be undertaken.

While mood disorders are well recognised as leading to functional impairment by their debilitating nature, their very occurrence may lead to major life consequences, such as compromising socialising, interpersonal relationships and the capacity to work or even gain work. While antecedent negative life events have long been evaluated in terms of them causing onset of mood disorders, examining the reverse scenario of mood disorders impacting on life functioning parameters has not been examined in detail and only, as overviewed, in terms of macro-constructs such as disability and impairment. Thus, we previously developed a questionnaire to determine the types of consequences that may impact on unipolar and bipolar depressive patients

(Parker et al., 2015) which we named the Consequences of Depression Scale (CODS). However, we recognised that the original measure had a relatively limited set of consequence items and that some might more be illness symptoms rather than consequences. Thus, we conducted a second study now reported, in which we deleted illness symptom items, re-wrote most other items, added more items to social, relationship, self-care and occupational/education domains, introduced a psychological domain with a distinct number of items, as well as added a set of items assessing positive consequences of a mood disorder. The latter five items inquired into improved self-awareness, enhanced empathy, creative success being advanced, improved income or work promotion and improved educational achievements. In addition, we elected to focus on both the initial impact and the impact over time of the onset of the mood disorder to determine any temporal effects. We sought to determine if there were linked sets of consequences, which would allow measure sub-scales to be derived. We further aimed to compare the unipolar and bipolar diagnostic groups to identify if disorder-specific impact consequences could be identified, as the two disorder groups are often compared in measures of impairment and disability.

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**Table 1**

Item factor loadings generated in the factor analysis, prevalence of affirming of each item by those in the unipolar (UP) and bipolar (BP) sub-sets and sub-set data for items being affirmed as having an immediate and/or an ongoing impact.

CODS item	Factor loading	UP %	BP %	$\chi^2$	UP ratings Mean (SD)		BP ratings Mean (SD)	
					Immediate Impact	Ongoing Impact	Immediate Impact	Ongoing Impact
Lowered overall wellbeing	0.79	89.6	77.0	6.2*	63.9 (25.7)	59.5 (24.4)	62.6 (25.5)	57.8 (25.5)
Disappointed others/let people down	0.70	72.9	77.7	0.7	64.9 (27.7)	59.8 (26.5)	69.7 (26.6)	67.2 (25.7)
Lowered ambition; limited life goals	0.68	87.5	73.0	7.3**	65.8 (30.0)	70.7 (23.5)	59.7 (28.5)	69.6 (26.2)
Increased problems in your relationship with friends	0.68	62.5	58.1	0.5	62.6 (25.8)	58.4 (24.8)	59.9 (29.5)	63.5 (24.3)
Stopped communicating with others and kept to yourself	0.64	92.7	80.4	7.0**	69.9 (25.5)	63.8 (24.7)	65.1 (29.1)	65.9 (26.2)
Unable to start and/or finish important tasks	0.64	83.3	85.1	0.1	67.4 (26.6)	60.0 (25.1)	70.6 (23.1)	65.0 (25.4)
Feelings of shame/ embarrassment	0.64	79.2	77.7	0.7	66.6 (24.5)	57.2 (28.1)	66.5 (24.5)	58.1 (26.2)
Felt different/like an outsider	0.63	80.2	79.7	0.0	71.1 (22.7)	61.1 (26.0)	67.1 (27.0)	65.7 (26.5)
Missed events/opportunities from not participating	0.60	94.8	85.1	5.5*	71.8 (24.0)	64.1 (25.5)	68.7 (25.3)	70.2 (49.5)
Lowered overall life satisfaction	0.60	91.7	78.4	7.5**	72.2 (25.5)	64.4 (24.9)	64.8 (26.7)	66.8 (26.7)
Feelings of guilt about having the disorder	0.60	71.9	72.3	0.0	66.5 (26.1)	63.6 (23.3)	62.5 (25.9)	62.4 (25.8)
Experienced discrimination/ stigma	0.58	38.5	43.9	0.7	61.9 (29.9)	51.5 (30.1)	58.4 (27.6)	59.9 (25.6)
Increased problems in your relationship with work colleagues	0.58	50.0	50.7	0.0	61.8 (30.1)	54.4 (28.0)	56.9 (29.9)	56.7 (28.2)
Lowered expectations of success in life (e.g. of career achievements/relationships)	0.58	88.5	83.8	1.1	65.6 (29.3)	70.5 (23.8)	63.1 (28.7)	70.4 (23.1)
Significant debts	0.57	29.2	49.3	9.8**	75.6 (22.6)	60.4 (26.9)	74.9 (26.7)	69.7 (26.9)
The mood disorder led to other serious medical conditions	0.55	38.5	35.1	0.3	60.1 (31.0)	64.1 (27.0)	53.5 (31.8)	68.5 (24.9)
Intimate relationship break-up	0.55	39.6	40.5	0.0	81.7 (24.6)	68.2 (28.5)	70.5 (31.2)	72.4 (29.7)
Damaged body / health due to lower self-care	0.54	50.0	50.7	0.0	60.7 (28.1)	62.0 (23.4)	60.6 (28.0)	59.3 (24.8)
Have been bullied about mood problems	0.53	28.1	27.7	0.0	68.3 (28.7)	59.0 (28.9)	60.5 (32.1)	56.4 (29.4)
Had distinct medication side-effects (e.g., weight gain, lowered libido)	0.53	77.1	78.4	0.6	60.7 (26.5)	68.7 (25.9)	63.2 (28.4)	65.8 (25.9)
Feel isolated and alone because of the mood disorder	0.53	86.5	85.8	0.0	72.2 (26.5)	66.3 (24.9)	66.2 (27.6)	66.6 (26.2)
Mental exhaustion, even outside of mood episodes	0.52	91.7	89.2	0.4	68.1 (26.1)	66.0 (24.9)	67.2 (26.6)	68.5 (24.7)
Unable to keep up your normal exercise or health routine	0.52	77.1	74.3	0.2	68.5 (28.3)	68.2 (24.8)	64.2 (28.8)	65.1 (24.8)
Became less likely to network and make new friends	0.51	87.5	81.1	1.8	70.5 (24.0)	67.5 (23.7)	64.9 (28.1)	65.0 (26.3)
Was arrested or charged by police when in a mood state	0.51	4.2	10.8	3.4	71.0 (38.2)	89.5 (13.4)	65.8 (34.9)	65.5 (27.9)
Mood lead to quitting a job that would have been kept otherwise	0.51	38.5	39.2	0.0	72.4 (33.3)	62.6 (31.3)	75.6 (29.1)	69.7 (31.1)
Lowered income /demoted	0.50	34.4	39.9	0.8	74.6 (23.4)	69.2 (29.9)	71.7 (28.5)	68.3 (28.3)
Uncertainty/worry about the future because of the mood disorder	0.50	89.6	87.8	0.2	70.4 (26.0)	65.5 (25.3)	62.0 (27.9)	65.7 (28.4)
Needed to be hospitalised	0.47	33.3	32.4	0.0	78.8 (24.9)	49.8 (31.7)	66.6 (31.6)	54.3 (32.5)
Dropped out of education	0.47	28.1	40.5	3.9*	77.3 (26.0)	66.5 (29.3)	77.0 (27.3)	63.7 (31.8)
Wasted valuable time in life/put important things aside/ made no or little progress	0.46	89.6	83.8	1.6	71.0 (28.0)	71.2 (24.0)	68.3 (28.4)	70.4 (25.4)
Needed considerable leave from work for medical appointments	0.45	41.7	35.8	0.9	61.8 (29.9)	53.0 (31.7)	73.8 (27.7)	57.4 (30.7)
Unable to get to work/ calling in sick	0.45	64.6	63.5	0.0	66.2 (29.3)	59.8 (28.7)	67.4 (27.9)	54.5 (30.1)
Received speeding fines when in a mood state	0.44	10.4	23.6	6.8**	64.0 (33.0)	28.9 (18.8)	56.3 (25.6)	44.1 (29.8)
Lost a job	0.44	30.2	35.1	0.6	81.3 (24.8)	72.8 (29.4)	78.5 (30.1)	66.9 (30.7)
Lowered educational achievements	0.44	37.5	37.8	0.0	67.4 (25.6)	64.6 (26.0)	69.9 (26.9)	58.6 (30.2)
Trust yourself less	0.43	79.2	81.8	0.3	67.3 (24.3)	64.2 (24.8)	58.4 (28.2)	61.5 (26.7)
Increased capacity for empathy and compassion (e.g., other people's suffering).	0.43	61.5	69.6	1.7	54.5 (27.3)	72.6 (23.2)	57.4 (28.9)	73.7 (23.5)
Cigarette use increased or got out of control	0.42	26.0	27.0	0.0	77.6 (28.0)	64.4 (31.5)	82.7 (18.6)	68.0 (24.3)
Put yourself at increased risk of harm	0.42	30.2	65.5	29.1***	59.8 (33.1)	52.6 (26.0)	66.2 (26.8)	50.7 (28.8)
Incurred treatment costs which were hard to meet	0.40	46.9	56.8	2.3	60.9 (22.7)	57.6 (26.9)	57.9 (29.0)	62.9 (30.1)
Increased problems in your relationship with family members	0.40	65.6	60.1	0.8	68.0 (23.7)	55.8 (25.3)	63.7 (28.2)	59.7 (26.5)
Failed business/venture	0.40	10.4	17.6	2.4	70.0 (36.7)	65.5 (29.6)	60.5 (35.9)	71.3 (26.0)
Became closely monitored by others	0.40	49.0	51.4	0.1	60.6 (25.3)	49.9 (23.3)	70.4 (27.7)	58.6 (27.8)
Problems in your relationship with your partner	0.38	66.7	69.6	0.2	64.8 (28.2)	62.4 (27.3)	63.7 (29.0)	61.7 (29.9)
Feelings of regret about having the mood disorder	0.33	72.9	77.0	0.5	65.2 (30.2)	67.8 (26.8)	69.2 (27.5)	67.0 (25.3)
Could not afford to pay for a necessary treatment	0.33	28.1	35.1	1.3	69.5 (26.3)	68.0 (26.6)	62.5 (32.6)	64.3 (29.8)
Alcohol consumption increased or got out of control	0.33	43.8	49.3	0.7	69.0 (25.5)	45.5 (26.7)	67.6 (26.2)	50.8 (25.5)
Avoided pregnancy/ delayed becoming a parent	0.33	14.6	27.7	5.7*	85.5 (18.2)	79.3 (21.6)	72.8 (31.8)	76.8 (26.8)

\*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$

## 2. Methods

### 2.1. Sample

All participants were tertiary referrals to the Black Dog Institute Depression Clinic in Sydney assessed by a consultant psychiatrist over an eighteen-month period and who, on invitation, consented to complete the questionnaire. We did not keep a record of those invited and

thus were unable to quantify the response rate. Inclusion criteria required participants to be aged between 18 and 80 years, and assigned a diagnosis of a primary mood disorder (bipolar disorder type I or II; melancholic or non-melancholic unipolar depression) by the assessing psychiatrist on the basis of clinical features. Exclusion criteria included significant memory or cognitive deficits (e.g., diagnosis of dementia or traumatic brain injury), or significant current substance dependence. The study was approved by the University of New South Wales Ethics

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