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Research report

Lack of insight in mood disorders

Victor Peralta*, Manuel J. Cuesta

Psychiatric Unit of the Virgen del Camino Hospital, Pamplona, Spain

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Abstract

Background: The study's aim was to examine insight in mood disorders in relation to type of mood episode, psychotic state, and insight change over the episode. *Methods:* Fifty four patients with a manic or major depressive episode were interviewed for insight assessment at admission and discharge. *Results:* At admission, mania patients had more severe insight impairment that depressive ones, depressive patients with psychosis had poorer insight than those without psychosis, and mania patients had poor insight irrespective of the presence of psychotic symptoms. At discharge some insight impairment was observed in mania. *Conclusion:* Lack of insight was a prevalent condition in psychotic depression and mania. *Limitations:* A global insight measure was used. Ratings of insight were not blind to the ratings of other symptoms. *Clinical relevance:* Considering residual insight impairment in mania may be important to maximize compliance and to prevent relapse. © 1998 Elsevier Science B.V.

Keywords: Mood disorder; Insight; Mania; Depression

1. Introduction

It is generally acknowledged that poor insight is an important symptom of psychotic disorders influencing compliance with treatment and outcome. The study of insight has primarily been focused on schizophrenia, and only very recently insight has become a focus of interest in other major psychiatric disorders, such as mood disorders (Ghaemi and Pope, 1994).

To our knowledge, only five studies have specifically addressed insight in mood disorders in relation to type of mood episode, psychotic symptoms, or insight change over the course of hospitalization (Eskey, 1958; Amador et al., 1994; Michalakeas et al., 1994; Ghaemi et al., 1995; Swanson et al., 1995). However, none of these studies have addressed the three factors conjointly. Three studies examined insight in both manic and depressive states (Eskey, 1958; Amador et al., 1994; Michalakeas et al., 1994). Two studies took into account the presence of psychotic symptoms (Amador et al., 1994; Ghaemi et al., 1995), and another two (Michalakeas et al., 1994; Ghaemi et al., 1995) reported data on insight change over the illness episode. There are no studies addressing the influence of mood-congruent

*Corresponding author. Tel: +34 48 422488; fax: +34 48 170515.

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vs. mood-incongruent psychotic symptoms on insight.

Recent conceptualization has formulated insight as a continuum representing the juxtaposition of various dimensions (Amador et al., 1991; Marková and Berrios, 1995), and there is now some consensus among researchers about the components of insight. These include awareness of illness, awareness of symptoms, and the perceived need for treatment (David, 1990).

This article reports a study on insight in mood disorders in which we were primarily interested in examining the severity of lack of insight in depression and mania controlling for the presence of a psychotic state, and type (mood-congruent vs. mood-incongruent) of psychotic symptoms. In addition, insight change over the episode was analyzed across subtypes of mood disorders. Our hypotheses of departure were: (1) that insight impairment is more severe in mania than in depression, (2) that patients with psychotic features have more lack of insight that those without psychosis, and (3) that patients with mood-incongruent psychotic symptoms have poorer insight that patients with mood-congruent psychotic symptoms. No particular hypothesis about insight change over the episode regarding subtypes of mood disorders was formulated.

2. Method

Fifty four patients fulfilling DSM-IIIR criteria (American Psychiatric Association, 1987) for a manic or major depressive episodes were included in the study. Patients were consecutively admitted to the psychiatric unit of the Virgen del Camino Hospital and were interviewed within 5 days of admission and at discharge for insight assessment. The demographic data and diagnoses for the sample are shown in Table 1.

Insight was evaluated by means of the Spanish version of the Manual for the Assessment and Documentation in Psychopathology (AMDP, Lopez-Ibor, 1980). The AMDP is a four point Likert-type scale in which the symptoms are rated from 0 (absent) to 3 (severe). This scale contains three insight ratings corresponding to unawareness of illness, unawareness of symptoms, and refusal of treatment. The interrater reliability coefficients for the three insight ratings were 0.88, 0.71 and 0.77, respectively (Cuesta et al., 1995). Insight ratings were examined for internal consistency using Cronbach's alpha coefficient. Internal consistency was very high at both initial ($\alpha = 0.88$) and final ($\alpha = 0.86$) assessment points. This allowed us to use a insight composite score – obtained by summing the three individual ratings – for statistical analyses. The lack of insight composite score ranged between 0 (full insight) and 9 (no insight). For the whole sample the mean lack of insight at admission was 4.2 (SD 3.2) and at discharge 1.8 (SD 2.1).

Severity of lack of insight was compared across type of index episode and type of psychotic state. A repeated measures analysis of variance (ANOVA) was carried out in which type of index episode (mania versus depression) and type of psychotic symptoms (without psychotic symptoms, with mood-congruent psychotic symptoms and with mood-incongruent psychotic symptoms) were the between-subject factors, and insight change the within-subject factor.

Table 1
Patient population ($n = 54$)

	Mean (S.D.)	Range
Age	43.0 (15.6)	18–76
Age at onset	33.8 (14.4)	14–70
Number of hospitalizations	2.9 (3.4)	1–18
Education (years)	8.8 (2.7)	3–17
Length of illness (years)	9.2 (2.7)	0–56
	n	%
Gender (male)	30	55.6
DSM-IIIR diagnosis		
Major depression, single	12	22.2
Major depression, recurrent	14	25.9
Bipolar disorder, manic	21	38.9
Bipolar disorder, depressive	7	13.0
Type of index episode		
Depressive	33	61.1
Without PS	17	
With mood-congruent PS	8	
With mood-incongruent PS	8	
Manic	21	38.9
Without PS	7	
With mood-congruent PS	6	
With mood-incongruent PS	8	

PS: psychotic symptoms.