

# Accuracy of the number of previous episodes reported by patients with bipolar disorder

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## Abstract

**Background:** The number of previous episodes in patients with BD is a variable widely used for both clinical and research purposes. The aim of this study was to compare the number of episodes retrospectively reported by euthymic BD subjects with that registered by their psychiatrists during a follow-up period.

**Methods:** Fifty euthymic patients with BD and more than 2 years of follow-up were retrospectively asked in a standardized fashion about the number of hypomanic/manic and depressive episodes suffered during that period. Patient-reported outcomes were compared with the number of episodes registered by psychiatrists in a life chart during the same period.

**Results:** The mean follow-up of patients was 66.70 months. There was a mean difference of 2.74 episodes between reports of patients' and psychiatrists' reports during the complete follow-up period; Intraclass correlation coefficient was 0.40 (CI95% = 0.15–0.61). This difference increased with the duration of the follow-up period ( $R = 0.33$ ,  $p = 0.023$ ) and with the number of episodes occurred during that ( $R = 0.32$ ,  $p = 0.023$ ). The difference between patient-reported and clinician-rated in the number of depressive during the follow-up period was more pronounced in BDII than in BDI ( $Z = -2.47$ ,  $p = 0.014$ ), and it correlated with the number of previous depressive episodes at baseline ( $R = 0.28$ ,  $p = 0.047$ ) and subclinical depressive symptoms ( $R = 0.41$ ,  $p = 0.003$ ).

**Conclusions:** The number of previous episodes referred by patients with BD is not an accurate measure of the true number of episodes suffered. The theoretical and practical implications of these findings are discussed.

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## 1. Introduction

Bipolar disorder (BD) is a recurrent illness characterized by mood episodes of hypomania/mania and depression alternating with periods of euthymia. Studies conducted in the pre-pharmacological era as well as recent studies of BD patients taking prophylactic medication consistently showed a high tendency to recurrences in most cases [1]. Likewise, longitudinal studies reported that both patients with bipolar I and II disorder spent around 50% of the time with affective symptoms, with a considerable amount of time suffering

subclinical symptoms in addition to threshold symptoms of hypomania/mania and depression [2,3].

The number of previous episodes in patients with BD is a variable of great relevance for both clinical and research purposes. As psychiatrists/psychologists we use the number of previous episodes in daily practice to determine the predominant polarity in an individual patient, the risk of further recurrences, the response to treatments used in the past, and to select the current medication regimen among others [4–6]. On the other hand, as researchers we use the number of previous episodes as an indicator of clinical severity in studies of BD about clinical course of the disorder, physiopathology, or neuropsychology among others [7–9]. However, despite its widespread use, the number of previous episodes would be difficult to pinpoint. First, the picture of a high rate of recurrence in a disorder with a symptomatic structure fluctuating along the full range

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of severity and polarity within the same patient over time highlights the difficulty to collect the precise number of previous episodes. In addition to this issue inherent to the clinical course of BD, there is another problem related to difficulties in recalling the past, especially for those patients with cognitive impairments [10,11]. Therefore, the accuracy patient-reported number of previous episodes should be clarified. Likewise, some large studies use the number of previous hospitalizations as a proxy of the number of previous episodes regarding the clinical course/severity of patients with BD [12,13]. Although the number of previous hospitalizations might be easier to ascertain, to the best of our knowledge no studies have specifically evaluated the relationship between this variable and the longitudinal course of BD in terms of number of episodes.

Then, the aim of this study was to compare the number of episodes referred retrospectively by patients with euthymic BD along a follow-up period with those registered by their psychiatrists during the same period. A second aim was to assess the relationship between the number of previous hospitalizations and the number of mood episodes experienced by patients during the follow-up period. We hypothesized that there could be a significant difference in the number of episodes reported by patients and psychiatrists.

## 2. Methods

Fifty subjects were consecutively selected from the outpatients population of the Bipolar Disorder Program of the Favaloro University with the following inclusion criteria: age between 18 and 60 years old; diagnosis of BD type I (BDI) or BD type II (BDII) according to DSM-IV using the Structured Clinical Interview for DSM-IV (SCID) [14]; euthymic (defined by Hamilton Depression Rating Scale  $\leq 9$  and Young Mania Rating Scale  $\leq 8$ ) for at least 8 weeks; and a follow-up period of more than 24 uninterrupted months. Exclusion criteria were: antecedent history of substance abuse, history of mental retardation, neurological disease, or any unstable clinical condition (like hypothyroidism) that could affect recall ability. The study was approved by the hospital ethics committee and all subjects gave written informed consent for their participation after receiving a complete description of the study.

### 2.1. Clinical assessment

In addition to the SCID, all subjects were evaluated with the Hamilton Depression Rating Scale (HDRS) [15] and Young Mania Rating Scale (YMRS) [16]. Additional demographical (age, gender, years of education) and clinical information at baseline (before the onset of the follow-up period: age at illness onset, length of illness, bipolar subtype, previous manic/hypomanic and depressive episodes, and number of hospitalizations) was obtained from clinical charts and direct patient interviews. When possible, attempts were

made to verify these historical data with third-party reports (medical records, family interview, etc.).

### 2.2. Follow-up assessment

In our program, patient's course of illness is documented at each visit (with intervals usually around 1–2 months) with a modified life charting technique rated by his/her psychiatrist on a weekly basis (Fig. 1). This life chart technique was used in previous studies by our group [17,18] and was developed without the knowledge or purpose of the present work. Patients with more than 24 uninterrupted months of follow-up were retrospectively asked in a standardized fashion about the number of hypomanic/manic and depressive episodes suffered during that period. The obtained outcomes were compared with the number of episodes registered by psychiatrists in the life chart during the same period. For the purposes of this study we considered two types of episodes from life chart: 1) depressive episode: a period of two or more weeks with mild, moderate, or severe depression; 2) hypomanic/manic episode: a period of at least one week with mild, moderate, or severe mania. Comparisons were made between patients and psychiatrists (life chart) with regard to the number of episodes reported during both the whole follow-up and the last year of this period.

Patients were treated by their psychiatrists under naturalistic conditions over the follow-up period, and the necessary psychotropic medications in accordance to published guidelines were prescribed.

### 2.3. Data analysis

The assumption of normality and homoscedasticity of each variable was analyzed with the Kolmogorov–Smirnov normality test and Levene test respectively. Since most of variables regarding number of episodes both reported from patients and psychiatrists during the follow-up period were skewed, non-parametric tests were used. Differences between the number of episodes reported by patients and psychiatrists (life chart) were analyzed as two related samples using the Wilcoxon signed rank test. Differences in the number of episodes registered during the follow-up period for independent subgroups of patients (e.g. clinical subtype or with and without psychotherapy/psychoeducation) were analyzed with the Mann–Whitney test. Association between continuous variables was assessed with the Spearman's correlation coefficient. Despite the asymmetric distribution of certain variables, results are also expressed as mean and standard deviation to improve understanding.

## 3. Results

Clinical characteristics of the sample at baseline of follow-up period are summarized in Table 1. The mean follow-up was 66.70 months (standard deviation, SD = 27.11; median = 66, range = 24–120). During this period psychiatrists registered in

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