



Available online at  
**SciVerse ScienceDirect**  
[www.sciencedirect.com](http://www.sciencedirect.com)

Elsevier Masson France  
**EM|consulte**  
[www.em-consulte.com/en](http://www.em-consulte.com/en)



Original article

# Affective dimensions as a diagnostic tool for bipolar disorder in first psychotic episodes



M. Arrasate<sup>a</sup>, I. González-Ortega<sup>b</sup>, S. Alberich<sup>b</sup>, M. Gutierrez<sup>b</sup>,  
 M. Martínez-Cengotitabengoa<sup>b</sup>, F. Mosquera<sup>c</sup>, N. Cruz<sup>e</sup>, M.A. González-Torres<sup>a</sup>,  
 C. Henry<sup>d</sup>, A. González-Pinto<sup>b,\*</sup>

<sup>a</sup> Department of Psychiatry, Basurto Hospital, EHU/UPV, Bilbao, Spain

<sup>b</sup> CIBERSAM, EMBREC, Department of Psychiatry, Araba University Hospital - Santiago, EHU/UPV, Vitoria-Gasteiz, Spain

<sup>c</sup> CIBERSAM, Araba Mental Health, Vitoria-Gasteiz, Spain

<sup>d</sup> EMBREC, Department of Psychiatry, Paris, France

<sup>e</sup> CIBERSAM, EMBREC, Bipolar Disorders Program, Institute of Neurosciences, Hospital Clinic, IDIBAPS, Barcelona, Spain

## ARTICLE INFO

### Article history:

Received 26 March 2013

Received in revised form 24 July 2013

Accepted 27 July 2013

Available online 26 September 2013

### Keywords:

Affective

Bipolar

Dimension

First psychosis

Activation

## ABSTRACT

**Objective:** To examine the predictive diagnostic value of affective symptomatology in a first-episode psychosis (FEP) sample with 5 years' follow-up.

**Method:** Affective dimensions (depressive, manic, activation, dysphoric) were measured at baseline and 5 years in 112 FEP patients based on a factor structure analysis using the Young Mania Rating Scale and Hamilton Depression Rating Scale. Patients were classified as having a diagnosis of bipolar disorder at baseline (BDi), bipolar disorder at 5 years (BDf), or "other psychosis". The ability of affective dimensions to discriminate between these diagnostic groups and to predict a bipolar disorder diagnosis was analysed.

**Results:** Manic dimension score was higher in BDi vs. BDf, and both groups had higher manic and activation scores vs. "other psychosis". Activation dimension predicted a bipolar diagnosis at 5 years (odds ratio = 1.383; 95% confidence interval, 1.205–1.587;  $P = 0.000$ ), and showed high levels of sensitivity (86.2%), specificity (71.7%), positive (57.8%) and negative predictive value (90.5%). Absence of the manic dimension and presence of the depressive dimension were both significant predictors of an early misdiagnosis.

**Conclusion:** The activation dimension is a diagnostic predictor for bipolar disorder in FEP. The manic dimension contributes to a bipolar diagnosis and its absence can lead to early misdiagnosis.

© 2013 Elsevier Masson SAS. All rights reserved.

## 1. Introduction

Affective symptomatology has been poorly studied in psychosis, especially the predictive value of affective symptoms in the diagnosis, course and prognosis of the illness in first-episode psychosis (FEP) patients across the entire spectrum of functional psychosis. Most previous studies have been conducted in patients with chronic psychosis [26].

Despite the controversy about the usefulness of diagnostic classification systems, models that use a categorical diagnosis together with dimensional symptom assessment seem to have better discriminative/predictive validity than either a categorical

or dimensional approach alone, suggesting that the most powerful way of obtaining an accurate diagnosis is the complementary use of both approaches [2,6]. The advantages of assessing symptom dimensions at presentation include not only the prediction of subsequent diagnoses, but also (through the study of these dimensions as covariables) an indication of the future prognosis of the illness [15]. The potential value of a dimensional approach (in terms of the presence of symptoms and their degree of severity) to determine diagnostic categories of psychosis was suggested by Van Os et al. [35], who described difficulties in differentiating between affective and non-affective psychosis based solely on the diagnostic categories of the Diagnostic and Statistical Manual of Mental Disorders, third edition-revised (DSM-III-R) or the International Classification of Disease, 10th edition (ICD-10), due to overlap in symptom dimensions.

Affective dimensions seem to be particularly important for diagnostic classification [16,31] and could help to identify possible nosological or diagnostic problems early in the course of illness [7].

\* Corresponding author. CIBERSAM, Araba University Hospital - Santiago, EHU/UPV, Olaguibel 29, Vitoria-Gasteiz, Spain. Tel.: +34 945 007770; fax: +34 945 007764.

E-mail address: [anamarca.gonzalez-pintoarillaga@osakidetza.net](mailto:anamarca.gonzalez-pintoarillaga@osakidetza.net) (A. González-Pinto).

Among affective dimensions, the depressive dimension has been the subject of much research in recent years. This interest has been stimulated by the observation that clinicians often initially under-diagnose bipolarity in patients in favour of a diagnosis of depression [8,12,19,21]. Some studies have focused on agitated depression within mixed mood episodes [1,5]. Among the different symptom dimensions that have been described in psychosis, the manic dimension appears to be the best discriminator between schizophrenia and affective psychosis [6]. When present at baseline, both manic and mixed depressive-agitated dimensions can predict a later affective disorder [25]. The distribution of affective dimensions has been studied in different diagnostic groups with non-affective psychosis, depressive psychosis and manic psychosis [35]. One study found that 20–40% of patients with non-affective psychosis also present with high scores for affective symptoms, showing there is some overlap in symptom dimensions between different diagnostic groups [35]. More recently, Henry et al. [13] examined the dimensions of activation/inhibition and emotional reactivity in a sample of 189 patients with bipolar disorder grouped according to manic, depressive or mixed episodes. The results showed that both dimensions were useful for distinguishing between bipolar patients presenting with different mood states and could contribute to solving the diagnostic confusion that exists as a result of this heterogeneity [13].

Hence, most studies have found that affective dimensions can discriminate between affective and non-affective psychoses, particularly in bipolar disorder, where psychotic symptoms are less specific for this purpose [6,7,13,16,25]. However, despite agreement on the better predictive value of the combined use of categorical and dimensional representations of psychosis, no studies have examined the predictive value of affective symptom dimensions in first psychotic episodes [2].

In a previous study examining affective dimensions in a sample of patients with bipolar disorder during acute mania, we found a five-factor solution consisting of the following symptom dimensions: depressive, dysphoric, manic, psychosis and activation [10]. Because affective symptoms are not well defined in FEP patients and may be masked by psychotic symptoms, we wanted to examine a more heterogeneous sample of FEP patients using the same affective dimensions as identified in the bipolar sample. Our hypothesis was that examining these affective dimensions may be a useful way of detecting bipolar disorder in FEP patients.

### 1.1. Aims of study

The aim of this study was to examine whether affective symptoms could discriminate between different psychoses in FEP patients who were followed up for 5 years and classified by diagnostic groups (bipolar disorder with psychotic symptoms versus other psychoses, including schizophrenia spectrum disorders). In addition, we examined the validity and accuracy of the affective symptom dimensions for diagnosing bipolar disorder.

## 2. Methods

### 2.1. Subjects

This was a prospective, longitudinal study of 112 patients presenting with a first episode of psychosis between January 1996 and December 1997, and who were admitted to the only psychiatric inpatient unit for patients in the Vitoria-Gasteiz region of Spain. First-episode psychosis was defined as the first time a patient presented with psychotic symptomatology, consisting of

the presence of one or more of the following symptoms: delusions, hallucinations, grossly disorganized behaviour and marked thought disorder.

Patients, aged 16–65 years, were included in the study if they met the diagnostic criteria of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) for schizophreniform disorder, schizoaffective disorder, schizophrenia, delusional disorder, brief psychotic disorder, atypical psychosis or psychotic disorder not otherwise specified, bipolar disorder type I or II, or major depressive disorder with psychotic symptoms [4] using the Structured Clinical Interview for DSM-IV (SCID-I) [28]. Subjects with mental retardation, organic brain disorders and substance-induced psychotic disorders as their main diagnosis were excluded from the study.

The study was approved by the ethics committee of the hospital and all participants provided informed consent.

### 2.2. Assessments

Assessments were made at baseline and at 5 years' follow-up by the same interviewers. The baseline assessment was performed within 24 hours of hospitalization for the first psychotic episode and reflected the patient's clinical status during the previous week. After hospital discharge, subjects attended their corresponding mental health care centre.

Data collected included patient sociodemographics and clinical characteristics. Patients were assessed by different raters from those who assessed the diagnosis, using the following scales: Young Mania Rating Scale (YMRS) [37], Hamilton Depression Rating Scale (HDRS-21) [11], Global Assessment of Functioning (GAF) [3], Phillips Rating Scale of Premorbid Adjustment in Schizophrenia (Phillips) [22], Strauss-Carpenter Scale [29] and the Positive and Negative Syndrome Scale (PANSS) [14]. Additional information provided by family informants and from staff observations was incorporated into the rating process. All interviews were carried out independently by one psychiatrist and one psychologist who demonstrated good inter-rater reliability for SCID diagnoses ( $\kappa = 0.88$ ), YMRS ( $\kappa = 0.90$ ), HDRS-21 ( $\kappa = 0.93$ ), GAF ( $\kappa = 0.94$ ), Phillips ( $\kappa = 0.80$ ), Strauss-Carpenter ( $\kappa = 0.81$ ) and PANSS ( $\kappa = 0.82$ ).

The affective dimensions used in the present study were based on a previous factor structure analysis using the YMRS and HDRS-21 in 103 patients with bipolar disorder, which gave a five-factor solution explaining 60.8% of the total variance [10]. Factor structure analysis has been widely used for research purposes and in clinical trials for studying the symptom dimensions of psychosis [2,16–18,20,24,27,33,36]. In the present study, we analysed four affective dimensions (depressive, dysphoric, manic and activation); the psychosis factor was not used because all patients presented with psychosis symptoms. Moreover, psychotic dimensions in FEP have been well studied [23,32] but there is a lack of published information on affective symptoms (especially manic symptoms) in FEP. The baseline score for the *depressive dimension* included symptoms of depressed mood, feeling of guilt, suicidal thoughts, anxiety and obsessive and compulsive symptoms (items 1, 2, 3, 10, 11 and 21 of HDRS-21; score range 0–14). The *dysphoric dimension* score at baseline included irritability, disruptive-aggressive behaviour, and lack of insight (items 5, 9 and 11 of YMRS; score range 0–20). The *manic dimension* score at baseline included elevated mood, sexual interest, reduced sleeping and appearance (items 1, 3, 4 and 10 of YMRS; score range 0–14). The *activation dimension* score at baseline included increased motor activity-energy and speech difficult to understand, and language-thought disorder (items 2, 6 and 7 of YMRS; score range 0–16).

Download English Version:

<https://daneshyari.com/en/article/4184023>

Download Persian Version:

<https://daneshyari.com/article/4184023>

[Daneshyari.com](https://daneshyari.com)