ELSEVIER

Journal of Affective Disorders 98 (2007) 11 – 27

JOURNAL OF AFFECTIVE DISORDERS

www.elsevier.com/locate/jad

Review

Efficacy of psychoeducational approaches on bipolar disorders: A review of the literature

Béatrice Weber Rouget, Jean-Michel Aubry *

Bipolar Program, Department of Psychiatry, HUG, Geneva, Switzerland

Received 23 May 2006; received in revised form 24 July 2006; accepted 26 July 2006
Available online 1 September 2006

Abstract

Background: To evaluate the efficacy of psychoeducation in the treatment of bipolar disorder according to specific therapeutic targets such as treatment compliance, patients' and families' knowledge of the illness and its treatments, relapse prevention, symptomatic (depressive or (hypo)manic) phases of the illness or social and occupational functioning.
Methods: A systematic review of the literature published on psychoeducation up to July 2006 was carried out using the main electronic data bases (Medline, PubMed). The key words employed included bipolar disorder, psychoeducation, depression, mania, relapse prevention and treatment compliance.
Results: Although the methodological shortcomings of the early studies must be taken into account, most data accumulated to date suggest that psychoeducation, used alone or as a component of more complex interventions, makes it possible to improve the course of the illness, notably by increasing the patients' and their families' knowledge of the disorder and of treatment options, by decreasing the risk of (hypo)manic or depressive relapse and of hospitalization and by improving treatment compliance.
Limitations: More studies based solely on psychoeducation, rather than psychoeducation as part of a multicomponent approach, are needed to confirm the efficacy of PE reported to date.
Conclusions: Given the results published to date, psychoeducation should be part of the integrated treatment of bipolar disorder. As a complement to pharmacotherapy, psychoeducation delivered individually or in a group setting constitutes a first-line psychological intervention. Applicable to a majority of patients and their families, it can be delivered by a wide range of health professionals trained in this approach.
© 2006 Elsevier B.V. All rights reserved.

Keywords: Psychoeducation; Efficacy; Bipolar disorders; Mania; Depression; Treatment compliance

Contents

1. Introduction 12
2. Methods 13
 2.1. Process measures 13
  2.1.1. Treatment compliance 13
  2.1.2. Patient's knowledge and attitude towards the illness and its treatments 21

* Corresponding author. Programme bipolaire, Secteur 2-Jonction, 16-18 boulevard St-Georges, 1205 Genève, Suisse, Switzerland. Tel.: +41 22 327 75 65; fax: +41 22 327 75 99.
E-mail address: jean-michel.aubry@hcuge.ch (J.-M. Aubry).

0165-0327/$ - see front matter © 2006 Elsevier B.V. All rights reserved.
doi:10.1016/j.jad.2006.07.016

2.2. Outcome measures . . . 21
2.2.1. Symptom reduction and relapse prevention . . . 21
2.2.2. Prevention of depressive episodes . . . 21
2.2.3. Prevention of (hypo)manic episodes . . . 22
2.2.4. Hospitalizations . . . 22
2.2.5. Functional outcome and quality of life . . . 22
2.2.6. Bipolar disorder with psychiatric comorbidity (borderline personality disorder, substance abuse) . . . 22
2.2.7. Interventions for the family (and caregivers) . . . 23
2.2.8. Suicide prevention . . . 23
3. Discussion . . . 23
Acknowledgements . . . 25
References . . . 25

1. Introduction

Bipolar disorder (BD) is characterized by substantial chronicity as well as an elevated rate of relapse and hospitalization sometimes entailing dramatic consequences on social and occupational functioning and quality of life. It is estimated that 75% of individuals suffering from bipolar illness present at least one relapse over the course of the 5 years following a manic episode (Gitlin et al., 1995). Moreover, the risk of suicide is 15 times higher among bipolar patients than in the general population (Harris and Barraclough, 1997). Disruptions in social functioning seem to remain between the different episodes of the illness and several studies show that BD is associated with considerable residual functional deficits that persist after symptomatic recovery (Ball et al., 2003; Blairy et al., 2004; Dion et al., 1988; Michalak et al., 2004, 2005; Strakowski et al., 1998). In parallel to the progress achieved at the level of pharmacological treatments, psychosocial interventions have seen a remarkable development, playing an ever more important role in the care of bipolar disorders (Michalak et al., 2004). In fact, psychosocial factors have a considerable impact (Bloch et al., 1994) on the variance observed in the evolution of the course of bipolar illness. Among these factors, negative life events may precipitate the occurrence of an episode (Ellicott et al., 1990) or delay time to recovery (Johnson and Miller, 1997). The quality of familial relationships and social support also plays a role in the evolution of the illness (Johnson et al., 2003; Miklowitz et al., 1988; O'Connell et al., 1985). In the field of psychological approaches to bipolar disorder, psychoeducation (PE) occupies a key position and appears in recent expert recommendations such as the Canadian Network for Mood and Anxiety Treatments (Yatham et al., 2005). Reduced to its most basic level, PE consists in providing information to the patient about his illness. In a broader sense, Callahan and Bauer (1999) suggest that "psychoeducation should also help to foster an alliance whereby the patient becomes an active collaborator in treatment" and that it is "a mutual process that attempts to improve a patient's illness management skills through the bidirectional sharing of relevant information". Jones (2002) further adds that in order to be effective, PE must be delivered in a collaborative context and on the basis of patients understanding of their personal history. This applies not only to patients but also for their family, significant others and caregivers. For that matter, we can mention the publication of different manuals (De Hert et al., 2004; Jones et al., 2002) that provide not only patients but also their families with personal accounts and fundamental information on the illness, its treatments and the best ways of living with this disease.

Several studies have evaluated the efficacy of PE, either delivered alone or in combination with other therapeutic approaches in the framework of more complex interventions such as the Family-Focused Treatment of Miklowitz and Goldstein (1997), the Interpersonal and Social Rhythm Therapy of Frank et al. (1994), the Cognitive–Behavioral Therapy of Lam et al. (1999) or the Life Goals Program of Bauer and McBride (1996, 2003). To date, PE has also been evaluated in the context of a multicomponent intervention program (Bauer et al., 2006a,b; Simon et al., 2006). Among the pioneer works examining the role of PE in bipolar disorder, those of Cochran (1984), Peet and Harvey (1991), Harvey and Peet (1991), van Gent and Zwart (1993) are frequently cited. However, solid evidence in favor of the efficacy of PE as an adjunctive treatment to pharmacotherapy is fairly recent since methodological limits, such as non-controlled studies, small sample sizes and short follow-up periods were present in frequently mentioned prior studies. When a control group was included, the latter often received a more limited number of consultations and less attention

Download English Version:

https://daneshyari.com/en/article/4187885

Download Persian Version:

https://daneshyari.com/article/4187885

Daneshyari.com