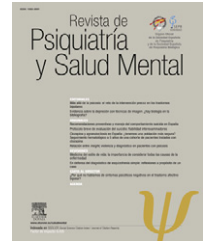




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ORIGINAL ARTICLE

Theory of mind and functionality in bipolar patients with symptomatic remission[☆]

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KEYWORDS

Symptomatic
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Abstract

Introduction: Functional deficits are commonly observed in bipolar disorder after symptomatic remission. Social cognition deficits have also been reported, which could contribute to dysfunction in patients with bipolar disorder in remission.

Materials and methods: Twelve bipolar disorder patients in symptomatic remission (7 patients with bipolar disorder type I and 5 with bipolar disorder type II) and 12 healthy controls completed the Reading the Mind in the Eyes Test and the Faux Pas Test to evaluate theory of mind (ToM). Both groups also completed the Functional Assessment Short Test (FAST).

Results: The performance of the bipolar patients in the cognitive component of ToM was below normal, although the difference between the control group was not statistically significant ($P = .078$), with a trend to a worse performance associated with a higher number of depressive episodes ($P = .082$). There were no statistically significant differences between groups for the emotional component of ToM. Global functionality was significantly lower in bipolar patients compared to the control group ($P = .001$). Significant differences were also observed between both groups in five of the six dimensions of functionality assessed. No significant correlation was found between functionality and theory of mind.

Conclusions: Bipolar patients in symptomatic remission exhibit impairments in several areas of functioning. Cognitive ToM appears more affected than emotional ToM. Deficits in ToM were not related to functional impairment.

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PALABRAS CLAVE

Remisión sintomática;
Funcionalidad;
Teoría de la mente;
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Teoría de la mente y funcionalidad en pacientes bipolares en remisión sintomática**Resumen**

Introducción: Los déficits en la funcionalidad son comunes durante la remisión en el trastorno bipolar (TB). Adicionalmente, existe evidencia de alteraciones en la cognición social en remisión clínica. Estos déficits podrían contribuir a la disfunción observada en estos pacientes.

Material y métodos: Doce pacientes bipolares en remisión sintomática (7 bipolares tipo I y 5 de tipo II) y 12 individuos controles sin patología psiquiátrica completaron el Test de las Miradas y el Test de Faux Pas para evaluar teoría de la mente (ToM), y el Test Breve para la Evaluación de la Funcionalidad (FAST).

Resultados: El desempeño de los pacientes bipolares en el aspecto cognitivo de la ToM se ubicó por debajo de la línea de corte, sin llegar a presentar diferencias significativas en comparación con el grupo control ($p=0,078$) y con tendencia a un peor desempeño a mayor número de episodios depresivos ($p=0,082$). Las puntuaciones medias para el componente emocional de la ToM se encontraron por encima de la puntuación de corte en ambos grupos. La funcionalidad global resultó significativamente inferior en los pacientes bipolares en comparación con la muestra control ($p=0,001$). A la vez, se observaron diferencias significativas entre ambos grupos en 5 de las 6 dimensiones del funcionamiento evaluadas. No se hallaron correlaciones significativas entre la ToM y la funcionalidad.

Conclusiones: Los pacientes con TB presentan, aun en remisión sintomática, disfuncionalidad en un amplio espectro de ámbitos vitales. El aspecto cognitivo de la ToM se encontraría más afectado que la ToM emocional. No se observó una correlación significativa entre alteraciones en la funcionalidad y déficits en ToM.

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Introduction

Bipolar disorder (BP) is a chronic psychiatric disease, characterised by noticeable mood instability with periods of expansive mood that alternate with periods of depressive mood. In addition, neuropsychological deficits and disturbances in functioning have been observed to persist during remission of the clinical symptoms,^{1,2} and they may continue to aggravate as the disorder continues.³ There is evidence that these disturbances constitute an important obstacle for the social reintegration and rehabilitation of bipolar patients in remission. Therefore, they are receiving increasingly more attention as an object of study.⁴ There is also interest in investigating the existence of deficits in social cognition and its possible impact on functionality.⁵

In this context, functionality refers to the capacity to efficiently carry out tasks and activities associated with different life domains. It is a broad concept that includes various skills, including the ability to relate to others socially and romantically, to be autonomous, to work, study and participate in recreational activities.⁶

There is evidence that the functionality of individuals with BP changes during the remission of clinical symptoms. Tohen et al.⁷ showed that 97.5% of bipolar patients presented remission of acute clinical symptoms in the 24 months following the start of treatment, but only 37.6% recovered functionality. In addition, Strakowski et al.,⁸ based on an 8-month follow-up study, reported that at least 1 area of function showed a deficit in the majority of patients during clinical remission. Furthermore, just less than half of the bipolar patients in the sample demonstrated optimal performance in at least 3 of the 4 areas of function evaluated by Strakowski et al.⁸

In agreement with these results, Goswami et al.⁹ reported that 54% of patients in remission showed mild to moderate deficits, 8% a pronounced deficit and 11% a severe functional deficit. In similar studies,⁶ even higher percentages of severe dysfunction were described among euthymic bipolar patients, ranging from 20% to 30% of the evaluated subjects.

Regarding the areas of functioning affected, Rosa et al.^{6,10} reported that the functional deficits observed most frequently in BP were disturbances in cognitive, interpersonal and sexual functioning, as well as in use of free time. Dickerson et al.¹¹ reported deficits in proportions similar to the Tsuang et al.¹² study, specifically in the areas of social and cognitive functioning. Furthermore, in agreement with Blairy et al.,¹³ bipolar patients in remission showed adjustment deficits regarding family relationships, marriage, leisure activities and work activity. Coryell et al.¹⁴ also described deficits in interpersonal functionality and leisure.

Recently, researchers have begun to study the existence of social cognition deficits in BP during euthymia, as well as the possible relationship between these deficits and patients' clinical characteristics and functional deficits.^{5,15} Social cognition includes the neuropsychological processes involved in social interaction between members of the same species. These processes include theory of mind (ToM), which is defined as the ability to attribute third party emotional, epistemic, intentional and motivational states.¹⁶ The term ToM was introduced by Premack and Woodruff¹⁷ in a publication titled, "Does the chimpanzee possess theory of mind?", in which the authors examined the possibility of the chimpanzee having the capacity to attribute mental states to other members of its species.¹⁶ As for the different aspects of this capability, cognitive ToM refers to the ability

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