



Research report

Correlates of psychiatric co-morbidity in a sample of Egyptian patients with bipolar disorder



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ARTICLE INFO

Article history:

Received 19 March 2014

Accepted 25 April 2014

Available online 6 May 2014

Keywords:

Bipolar disorder

Comorbidity

Substance abuse

Anxiety disorders

ABSTRACT

Background and objectives: Bipolar disorder (BD) is a complex, chronic mood disorder involving repeated episodes of depression and mania/hypomania. Two thirds of patients with bipolar disorder have a comorbid psychiatric condition. This study aims to assess the prevalence of Axis I diagnosis with its socio-demographic and clinical correlates among a sample of Egyptian patients with bipolar disorder.

Methods: Out of the 400 patients who were enrolled in the study from number of governmental and private psychiatric hospitals in Cairo, Egypt, 350 patients diagnosed with bipolar affective disorders (157 females and 193 males) with age ranging from 18 to 55 years were selected. Patients were assessed using the Structured Clinical Interview for DSM-IV Axis I disorder (Research Version) (SCID-I).

Results: Prevalence of psychiatric comorbidity among BD patients was 20.3% (71 patients) among which 63 patients (18%) had comorbid substance abuse and 8 patients (2.3%) had comorbid anxiety disorders.

Limitations: The study was limited by its cross sectional design with some patients having florid symptoms during assessment, not having a well representative community sample. This might have decreased the reliability and prevalence of lifetime psychiatric comorbidity due to uncooperativeness or memory bias. The study group was composed of bipolar patients attending tertiary care service which limits the possibility of generalizing these results on different treatment settings.

Conclusions: Substance abuse followed by anxiety disorders was found to be the most common psychiatric comorbidity. Family history of psychiatric disorders and substance abuse as well as current psychotic features were highly correlated with comorbidity.

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1. Introduction

Bipolar disorder (BD) is a complex, chronic mood disorder involving repeated episodes of depression and mania/hypomania. Two thirds of patients with BD have a comorbid psychiatric condition; such comorbid conditions worsen the outcome of the disorder, complicating the course of illness and can compromise its management (APA, 2001; Schaffer et al., 2006).

Bipolar disorder is highly prevalent and heterogeneous syndrome and its complexity is often caused by the presence of

comorbid conditions, which have become the rule rather than the exception. Most of the respondents with BD in the national comorbidity survey met criteria for 3 or more lifetime psychiatric disorders with rates generally higher in the BD-I and BD-II groups compared with the sub-threshold group (McElroy et al., 2001).

Epidemiologic data indicate that the rates of substance use and anxiety disorders in persons with BD are significantly higher than the rates of substance use and anxiety disorders in the general population (Grant et al., 2004; Rabie and Ramy, 2012; Merikangas et al., 2007). Clinical data suggest that BD may also commonly co-occur with eating disorders. Conversely, patients with substance use, anxiety, and eating disorders often have BD. Although major depressive disorder is also associated with elevated rates of most of these Axis I disorders, epidemiologic studies comparing the

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psychiatric comorbidity of the depressive and bipolar disorders have often found higher rates of substance use, panic, and obsessive-compulsive disorders in bipolar patients than in depressive patients (Freeman et al., 2002; Krishnan, 2005).

Bipolar disorder often co-occurs with other Axis I disorders, however no Egyptian studies have addressed this point and little is known about the relationships between the clinical features of BD and these comorbid conditions. Therefore, this study is aimed to assess different psychiatric disorders comorbid with BD including Axis I and comparing both the socio-demographic and the clinical correlates of bipolar patients presenting with and without comorbidity.

1.1. Aim of the work

This study aims to assess the prevalence of Axis I diagnosis with its socio-demographic and clinical correlates among a sample of Egyptian patients with bipolar disorder.

1.2. Study design and subjects

This study is a cross sectional one in which 400 patients were enrolled from number of governmental and private psychiatric hospitals in Cairo, Egypt. Three hundred and fifty patients diagnosed with BD (157 females and 193 males) with age ranging from 18 to 55 years were selected. The patients were selected irrespective of their sex, socioeconomic, or educational status. Patients with medical comorbidities as well as those who refused to participate or withdrew during the interview were excluded. This study is part of multicenter Egyptian research attempts to establish a reliable database for BD patients, the “Mood disorder Evaluation and Research Group in Egypt” (MERGE).

1.3. Ethical considerations

Ethical approval for the study was granted by the Egyptian Psychiatric Association, Ethical and Research Committee, as well as the Ethical Committee of the General Secretariat of Mental Health, Ministry of Health and Population, Egypt. An informed consent was obtained from all patients for their participation after explaining in detail the study procedures. Patients were assured of the confidentiality of information, that participation in the study was completely voluntary, and they had the freedom to withdraw from the assessment at any time without any effect on service delivery.

1.4. Procedures

All patients with provisional diagnosis of BD in the participating centers were referred to the research group investigators by the local psychiatrist responsible for service delivery during the period of the study from May 2012 to November 2012. Patients were assessed using the Structured Clinical Interview for DSM-IV Axis I disorder (research version) (SCID-I) to assess the presence of psychiatric comorbidity (First et al., 1996). The studied sample with comorbid Axis I diagnosis (Group I) was then compared to those without comorbid psychiatric disorders (Group II) as regards socio-demographic and clinical correlates.

1.5. Tools

The diagnoses of bipolar patients as well as assessing psychiatric comorbidities were established using the Structured Clinical Interview for DSM-IV Axis I Disorders (research version) (SCID-I) (First et al., 1996) that is a semi-structured diagnostic interview for making the major DSM-IV Axis I diagnoses. The instrument is designed to be administered by a clinician or a trained mental health professional. All assessment procedures were carried out by

senior psychiatrists (consultants with a minimum of 10 years of clinical practice), who were not involved in service delivery to patients.

1.6. Statistical analysis

The computer software package SPSS for Windows (Version 18) was used for the data analysis. Continuous variables such as age were expressed as mean $\pm$ standard deviation, whereas categorical variables such as gender were presented as frequencies. Chi test (or its substitute Fisher's exact test) is used to estimate the difference in unpaired categorical variables and Student's *t*-test to estimate the difference in numerical variables between two study population subgroups. Significance level was set at $p < 0.05$.

2. Results

2.1. Descriptive analysis of the sample

Table 1 shows SCID-I diagnoses of the patients of the sample as it included 426 patients, 36 patients were excluded for being repeated. Of the remainder, 350 patients were diagnosed as having BD, of them 335 patients (83.75%) were diagnosed as having BD-I and 15 patients (3.75%) BD-II. The other 50 patients were presented as follows: (2 patients (0.5%) BD Not Otherwise Specified (NOS), 23 patients (5.75%) major depressive disorder, 3 patients (0.75%) dysthymic disorder, 1 patient (0.25%) mood disorder due to general medical condition, 5 patients (1.25%) schizophrenia, 9 patients (2.25%) schizoaffective disorder, 3 patients (0.75%) substance induced psychotic disorder, and 4 patients (1%) adjustment disorder).

Table 1
SCID-I diagnoses of the study sample.

SCID-I diagnosis	No.	%
BD I	335	83.75
BD II	15	3.75
Total bipolar disorder	350	87.5
Bipolar disorder NOS	2	0.5
Major depressive disorder	23	5.75
Dysthymic disorder	3	0.75
Mood disorder due to a general medical condition	1	0.25
Schizophrenia	5	1.25
Schizoaffective disorder	9	2.25
Substance-induced psychotic disorder	3	0.75
Adjustment disorder	4	1.0
Total	400	100

Table 2
Description of comorbidity among patients with bipolar disorder.

Patients primary diagnosed by SCID as BD (N=350)	No.	%
BD without co-morbid psychiatric disorder	279	79.7
BD with co-morbid psychiatric disorder	71	20.3
BD with co-morbid substance abuse/dependence	63	18.0
Substance abuse/dependence (single substance)	21	6.0
Substances abuse/dependence (two substances)	30	8.6
Poly-substance abuse/dependence	12	3.4
BD with co-morbid anxiety disorder	8	2.3
Anxiety disorder	6	1.7
Anxiety disorder + eating disorder	2	0.6
Total	350	100

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