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Research report

Prevalence and correlates of DSM-5 bipolar and related disorders and hyperthymic personality in the community

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ABSTRACT

Background: To 1) establish the lifetime and 12-month prevalence of DSM-5 bipolar and related disorders including the new algorithmically defined conditions grouped within Other Specified Bipolar and Related Disorders (OSBARD) as well as hyperthymic personality in a randomly selected community sample, and 2) determine the clinical relevance of the OSBARD category in terms of sociodemographic characteristics, course, comorbidity and treatment patterns by comparing the subjects of this category to those with bipolar-I (BP-I), bipolar-II (BP-II), major depressive disorder (MDD), and those with no history of mood disorders.

Methods: The semi-structured Diagnostic Interview for Genetic Studies was administered by masterslevel psychologists to a random sample of an urban area ($n=3'719$).

Results: The lifetime prevalence was 1.0% for BP-I, 0.8% for BP-II, 1.0% for OSBARD and 3% for hyperthymic personality. Subjects with OSBARD were more severely affected than subjects without a history of mood disorders regarding almost all clinical correlates. Compared to those with MDD, they also revealed an elevated risk of suicidal attempts, lower global functioning, more treatment seeking and more lifetime comorbidity including anxiety, substance use and impulse-control disorders. However, they did not differ from subjects with BP-II.

Limitations: Small sample sizes for bipolar and related disorders and potential inaccurate recall of symptoms.

Conclusions: The modifications of diagnostic criteria for manic/hypomanic episodes according to the DSM-5 only marginally affect the prevalence estimates for BP-I and BP-II. The new DSM-5 OSBARD category is associated with significant clinical burden, is hardly distinct from BP-II with respect to clinical correlates and deserves similar clinical attention.

1. Introduction

Bipolar I and bipolar II disorders are recurrent and frequently disabling mood disorders leading to strong psychosocial, medical and economic impact. The Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV), provided algorithmic definitions for Bipolar I disorder (BP-I), Bipolar II disorder, (BP-II) and Cyclothymic disorder, whereas the category of Bipolar disorder not otherwise specified did not include such definitions for the syndromes classified therein.

Although there is no unanimously accepted definition, the concept of a bipolar spectrum, which is generally thought to also include syndromes below the threshold of BP-II and Cyclothymic disorder, has gained increasing interest in the last two decades. Indeed, Akiskal (1996) has postulated a bipolar spectrum including also temperamental conditions such as cyclothymic and hyperthymic personality. Similarly, according to the results of community data Angst et al. (2003b, 1997) have proposed a series of algorithmically defined bipolar syndromes that fail to meet the DSM-IV criteria for hypomania with respect to either the number of symptoms or the duration of the episode. In addition, evidence from several community studies demonstrated the clinical significance of subtle manic symptoms in subjects meeting criteria for major depressive disorder (MDD) (Angst et al., 2010; Faravelli et al., 2006; Hoertel et al., 2013; Zimmermann et al., 2009).

The new DSM-5 manual provides a slightly changed definition of mania/hypomania including the requirement of hyperactivity as a mandatory symptom for criterion A and the removal of antidepressant treatment as an exclusion criterion. More importantly,

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as a consequence of the recent findings on bipolar syndromes below the diagnostic threshold of BP-II, DSM-5 has introduced four examples of operationalized definitions for bipolar disorders that do not meet the diagnostic criteria for BP-I, BP-II or Cyclothymic disorder. These new diagnostic entities are grouped under "Other specified Bipolar and Related Disorders" (OSBARD). Their definitions essentially follow the suggestions of Angst et al. (2003b, 1997): 1) "short-duration hypomanic episodes (2-3 days) and major depressive episodes", 2) "hypomanic episodes with insufficient symptoms and major depressive episodes", 3) "hypomanic episode without prior major depressive episode" and 4) "short duration cyclothymia (less than 24 months)".

The majority of existing studies on subthreshold bipolar spectrum conditions were based on fully-structured diagnostic interviews such as the different versions of the Composite International Diagnostic Interview (Kessler and Ustun, 2004) or the alcohol use disorder and associated disabilities interview schedule-DSM-IV (AUDADIS-IV) (Grant et al., 2005), which did not enable the identification of short hypomanic episodes given that the screening questions of the mania section already specified the requirement of a 4-day duration of the episode. For this reason, a positive screen for mania/hypomania was frequently considered as sufficient to assign the diagnosis of a bipolar subthreshold syndrome (Epidemiological Catchment Area Program (ECA) (Judd and Akiskal, 2003), World Mental Health Survey Initiative (Merikangas et al., 2011), NESARC (Hoertel et al., 2013). Accordingly, besides the results of the Zurich Cohort Study (Angst et al., 2003b), which relied on a semi-structured clinical interview that assessed the duration of episodes, data on the prevalence and the clinical relevance of the new bipolar disorders introduced by DSM-5 are still scarce. Similarly, there are few data on the prevalence and clinical impact of more chronic mild manic syndromes such as hyperthymic personality in the community. Indeed, in studies that solely required a positive screen for mania/hypomania for the diagnosis of a bipolar subthreshold condition, hyperthymic personality was likely to be classified within this heterogeneous category.

Accordingly, the aims of the present study were to 1) establish the lifetime and 12-month prevalence of the DSM-5 bipolar and related disorders including the algorithmically defined conditions grouped within OSBARD as well as hyperthymic personality in a randomly collected community sample, and 2) determine the clinical relevance of the OSBARD category in terms of socio-demographic characteristics as well as course, comorbidity and treatment patterns by comparing the subjects of this category to those with BP-I, BP-II, MDD and those with no history of mood disorders.

2. Material and methods section

2.1. Sample

The sample of the present paper stemmed from PsyCoLaus (Preisig et al., 2009), a psychiatric study conducted in a population-based sample (CoLaus) (Firmann et al., 2008). In brief, the CoLaus study, involving a comprehensive assessment of cardiovascular risk factors in the general population was based on a sample of 6734 individuals randomly selected from the population registry list of 35–75 year-old residents of the city of Lausanne. Lausanne is the 5th largest city in Switzerland, localized in the French speaking part of the country. Participation was 43% (Firmann et al., 2008). All 35 to 66-year old subjects of the CoLaus sample ($n=5535$), were also invited to participate in the psychiatric arm of the study. Sixty-seven percent of them accepted the psychiatric evaluation ($n=3719$) (Preisig et al., 2009). Ninety-two% of them were Caucasians. The gender distribution of the PsyCoLaus sample (47.1% males) did not differ significantly from that of the source population in the same age range. Although the youngest 5-year band of the cohort was underrepresented and the oldest 5-year band overrepresented (mean age for the overall sample 50.9; s.d. 8.8 years), participants of PsyCoLaus and individuals who refused to participate revealed comparable scores on the General Health Questionnaire (GHQ-12; French translation(Goldberg, 1972), a self-rating instrument completed at the somatic exam (Bettschart W, 1996).

The Institutional Ethics Committee of the University of Lausanne approved the CoLaus and subsequently the PsyCoLaus study. All participants signed a written informed consent after having received a detailed description of the goal and funding of the study.

2.2. Measures

Information on psychiatric disorders was collected using the French translation (Leboyer et al., 1995) of the semi-structured Diagnostic Interview for Genetic Studies (DIGS (Nurnberger et al., 1994; Preisig et al., 1999)). Interviewers were required to be masters-level psychologists, and were trained over a two-month period. During data collection, each interview was reviewed by an experienced senior clinical psychologist. The French version of the DIGS revealed excellent inter-rater reliability in terms of kappa and Yule's Y coefficients for major mood and psychotic disorders (Preisig et al., 1999) and substance use disorders (Berney et al., 2002), whereas the 6-week test-retest reliability was slightly lower (Berney et al., 2002; Preisig et al., 1999). The DIGS also addresses questions on lifetime drug and other treatment in a general section on psychopathology as well as more specifically within the mania and depression sections. As the French version of the DIGS was designed to elicit diagnostic criteria for a large array of specific DSM-IV Axis-I disorders as well as algorithmically-defined subthreshold mood syndromes according to Angst et al. (2003b, 1997), the information collected by this instrument allowed us to assign the full range of diagnoses of bipolar and related disorders according to DSM-5, with the exception of Cyclothymic disorder which is inaccurately assessed by this interview. The Yule's Y for the inter-rater reliability for subthreshold bipolar disorders according to the definition of Angst and co-workers was 0.89 for the French version of the DIGS. The DIGS also assesses hyperthymic personality according to the criteria of the modified Research Diagnostic Criteria, which required periods of elation or excitement lasting most of the time (chronic form) and resulted in: 1) subject communicated with a close friend or relative on how he/she felt or 2) someone complained or commented on some manifestation of this condition (Gershon et al., 1982). The DIGS was completed with the posttraumatic stress disorder (PTSD) and generalized anxiety disorder (GAD) sections of the French version (Leboyer et al., 1991) of the Schedule for Affective Disorders and Schizophrenia - Lifetime and Anxiety disorder version (SADS-LA) (Endicott and Spitzer, 1978), and the brief phobia chapter of the DIGS was replaced by the corresponding more extensive chapters of the SADS-LA which elicited detailed information relating to the DSM-IV criteria for agoraphobia with or without panic attacks, social and specific phobias. The anxiety sections of the SADS-LA (Leboyer et al., 1991) revealed excellent inter-rater and fair to good test-retest reliability for anxiety disorders. The DIGS also collects a series of sociodemographic variables. The socioeconomic status (SES) was determined according to the Hollingshead scale (Hollingshead, 1975).

2.3. Statistical method

Diagnostic subgroups according to lifetime mood disorders were compared regarding socio-demographic, course and treatment variables as well as the lifetime prevalence of comorbid