



## Brief report

## Screening for bipolar disorder in patients consulting general practitioners in France

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## ARTICLE INFO

## Article history:

Received 30 March 2010

Received in revised form 19 October 2010

Accepted 19 October 2010

Available online 24 November 2010

## Keywords:

Bipolar disease

Prevalence

Survey

Primary care

## ABSTRACT

**Background:** Recently, an unexpected 3-fold higher screen positive rate for bipolar disorder was found among low-income American patients who were seeking primary care at an urban general medicine clinic as compared with the general population of the United States. The social health system in France is characterized by its open access, where most bipolar patients ask for care and where the major problem is diagnosis by the general practitioner (GP). Therefore, we investigated the prevalence of bipolar disorder among patients attending GP offices in France.

**Methods:** This observational, single visit survey was performed among 10,265 patients ( $47.2 \pm 18.0$  years old, 40% males) attending primary care in 95 GP offices in France. The participating GP made available an MDQ-French version questionnaire to all patients aged 15 years and over, going to his office during a full week, independently of the reason for medical consulting. In addition to the MDQ-French version questionnaire, patients answered items concerning sex, age, professional situation and marital state.

**Results:** One thousand twenty-five (1025) patients did not complete the questionnaire and were excluded from the analysis. Of the 9240 analyzed questionnaires, 8.3% were classified as MDQ positives (MDQ+). MDQ+ patients were significantly younger (41.6 years versus 46.6 years for MDQ– patients,  $p < 0.0001$ ), more frequently divorced or separated (19.2% versus 8.6%,  $p < 0.0001$ ) and more frequently unemployed (15.2% versus 6.4%,  $p < 0.0001$ ). The gender distribution was not significantly different between the two groups.

**Conclusions:** The prevalence of receiving positive screening results for bipolar disease in 9240 patients consulting 95 randomly selected french general practitioners was 8.3%, as assessed by the MDQ questionnaire. This is a similar and unexpected high value as that reported for low-income american patients (9.8%). Besides low socioeconomic status, other factors should explain the high screen positive rate for bipolar disorder in patients attending primary care.

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## 1. Introduction

The prevalence of bipolar disorder was widely investigated in different populations, but rarely in patients attending primary

care (Tsuan et al., 1995). Recently, Das et al. (2005) reported a very high screen positive rate for bipolar disorder (9.8%) among 1157 American patients who were seeking primary care at an urban general medicine clinic serving a low-income population. This was an unexpected result, given the screen positive rate of 3.7% found in the general population of the United States (Hirschfeld, 2003). It is also an important issue because general practitioners (GPs) are usually primary care providers of bipolar

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disease. Moreover: (i) bipolar disorders, especially bipolar II subtype, are often unrecognized or misdiagnosed as unipolar depression, and subsequently inappropriately treated (Ghaemi et al., 2005; Merikangas et al., 2007; Pini et al., 2005), (ii) bipolar patients have low quality of life and a high incidence of suicide (Calabrese et al., 2003) and (iii) bipolar disorder is the most expensive mental disorder, i.e. about 35 US\$ billions for US employer health plans (Keck et al., 2002).

The social health system in France is characterized by its open access, where most bipolar patients ask for care and where the major problem is diagnosis by the general practitioner. Therefore, we decided to investigate the prevalence of bipolar disorder in patients consulting GPs in France.

Standardized structured diagnostic interviews are prohibitively time consuming, require well-trained clinicians and cannot be easily used in clinical practice (Zimmerman et al., 2004). By contrast, the Mood Disorder Questionnaire (MDQ), developed and validated by Hirschfeld et al. (2000, 2003), is a brief and easy-to-use screening instrument for bipolar spectrum disorder. The MDQ was translated and validated in French (Weber Rouget et al., 2005) and several other languages (Hirschfeld, 2003; Hirschfeld et al., 2000, 2003; Twiss et al., 2008; Isometsa et al., 2003; Benazzi, 2003; De Dios et al., 2008; Wagner et al., 2006) (validation by blinded comparison of individual results with those obtained with gold standards, such as the Structured Clinical Interview (SCI) for DSM IV).

Bipolact is an education program about bipolar disorders, particularly designed to improve diagnosis and treatment in primary care (Hantouche et al., 2009). Recently, the Bipolact Scientific Committee decided to evaluate the prevalence of bipolar disorder in GP offices by using the MDQ-French version (Weber Rouget et al., 2005). Here we present the results of such study conducted on 10265 patients.

## 2. Patients and methods

### 2.1. Study design and participants

This observational, single visit survey was performed among 10,265 out of 16,706 patients attending primary care in 95 GP offices in France and accepting to participate in the study. Fifty GPs were randomly selected from the ICOMED database (Boulogne-Billancourt, France) and the remaining 45 were randomly selected among those participating to the Bipolact educational Program. The participating physicians were familiar with the medical care of psychiatric patients (particularly depressive patients).

The participating GPs made available an MDQ-French version questionnaire to all patients aged 15 years and over, independently of the reason for medical consulting and going to their offices during a full week. Were excluded the patients already seen during the week.

Patients fulfilled the MDQ questionnaire anonymously, in the waiting room of the medical office. The fulfilled questionnaires were mailed to one of us (IG).

### 2.2. Questionnaire

In addition to the MDQ-French version questionnaire, patients answered items concerning sex, age, professional situation and marital state.

In order to screen positively for bipolar spectrum disorder, in addition to a threshold number of symptom items (7 over 13), the respondent had to check “yes” for the item asking if the symptoms clustered in the same time period (Question 2) and had to indicate that the symptoms caused “moderate” or “serious” problems (Question 3).

### 2.3. Statistical analysis

To validate the check list of the MDQ 13 items, we used a principal component analysis on the tetrachoric correlation matrix (Pearson's product-moment correlation coefficient is biased from binary variables like item scores). The eigenvalues obtained were used to determine the number of factors (objective scree test). Factor 1 extracted before rotation in factor pattern was used to determine the contribution of each item. The internal consistency of the 13 items was measured with standardized Cronbach's alpha coefficient calculated from tetrachoric correlation matrix. The % of positive MDQ patients is given with its 95% confidence interval. For comparisons between MDQ positive (MDQ+) and negative (MDQ-) patients, Chi-square was used for qualitative variables and Student *t*-test for quantitative variables.

## 3. Results

Of the 95 general practitioners participating to the study, 72.5% were male and their mean age was 48.6 years ( $SD=6.7$ ). Most physicians (90.2%) belong to the public health system of activity and worked in communities of less than 100,000 inhabitants (75%). Half of them (50%) worked in individual offices.

Of the 10,265 patients who fulfilled the MDQ, 40% were male, their mean age was 47.2 years ( $SD=17.9$ ), 9.8% were divorced, 7% were unemployed and 28.1% had high school education. 1025 MDQ with missing item values were excluded from the analysis. Of the 9240 questionnaires with answers to all 13 items, 20 had missing values concerning Questions 2 and 3. Therefore, these 9220 correctly fulfilled questionnaires were used for statistical analysis.

The highest frequency of endorsement of Mood Disorder Questionnaire items were:

- «More active than usual» («vous étiez beaucoup plus actif(ve) ou que vous faisiez beaucoup plus de choses que d'habitude») 38.7% of patients.
- «Easily distracted» («vous étiez si facilement distrait(e) par ce qui vous entourait que vous aviez des difficultés à vous concentrer ou à poursuivre la même idée») 38.6% of patients.
- «More energy than usual» («vous aviez beaucoup plus d'énergie que d'habitude») 36.4% of patients.
- «More self-confident than usual» («vous vous sentiez beaucoup plus sûr(e) de vous que d'habitude») 33.6% of patients.

Principal component analysis showed a first eigenvalue of 6.5 (50% of total variance) (Table 1). The screen plot of the eigenvalues was consistent with one factor. Coefficients in factor pattern without rotation ranged from 0.64 to 0.77 (each item contributes strongly to the first factor) (Table 2).

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