

Review

A review of panic and suicide in bipolar disorder: Does comorbidity increase risk?

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Abstract

Introduction: Bipolar mood disorder carries a serious suicide risk. Panic disorder, which also confers an independent risk of suicide and psychiatric comorbidity, in general has been found to amplify suicidality in mood-disordered patients. This article assesses the available literature on how panic and suicide relate to each other in bipolar mood-disordered patients.

Methods: We conducted a search on Medline and PsycINFO using the keywords “anxiety”, “attempted suicide”, “completed suicide”, “mortality”, “self-harm” in combination with “bipolar”, “manic depression” and “panic”. Twenty-four articles were included in the evaluation.

Results: 14 papers support increased risk, 9 papers do not support increased risk, and 3 papers are inconclusive.

Conclusions: The presence of comorbid panic disorder in individuals with bipolar disorder may confer an increased risk of suicide risk. Some papers’ reviewed have conflicting conclusions but the majority of papers support an increased risk. This is consistent with a recent (2008) literature review supporting increased risk of suicide in bipolar patients with comorbid anxiety disorders. Future research should study specific bipolar subgroups, focus on anxiety and panic symptoms rather than diagnosis, and look at the role of specific pharmacological treatment in patients with comorbid mood and anxiety disorders.

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Keywords: Anxiety; Attempted suicide; Completed suicide; Mortality; Self-harm; Bipolar; Manic depression; Panic

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1. Introduction

Bipolar and panic disorders are common and serious psychiatric conditions, each of which confers increased risk of suicide attempt or completion. According to one study, bipolar mood disorder (BD) carries an 18.9% risk of suicide attempt with numerous factors proposed as contributors (Goodwin and Jameson, 1990). Panic disorder (PD) also has been reported to pose an independent risk of suicide (Weissman et al., 1989; Sareen et al., 2005). Psychiatric comorbidity has been found to amplify suicidality in mood-disordered patients (Goodwin and Hoven, 2002; Nemeroff 2002; MacKinnon et al., 1998; Frank et al., 2002; Freeman et al., 2002; Savino et al., 1993; Chen and Dilsaver, 1995) and comorbidity of mood and anxiety disorders is considered to be the rule rather than the exception (Nemeroff, 2002). However, few investigations have looked specifically at the role of panic in this regard. Given the possibility that patients who meet criteria for bipolar disorder and panic disorder may represent a clinical subgroup presenting a particularly high suicide risk (MacKinnon et al., 2005), we have reviewed available literature that present data relating to this issue.

2. Methods

Our review evaluates suicide in bipolar disorder populations across all age groups who present with comorbid panic symptoms. We conducted a literature search on Medline and PsycINFO dating between 1950 and August 2007 employing the following keywords: comorbidity, completed suicide, attempted suicide, mortality, and self-harm in combination with bipolar disorder, manic depression and panic disorder. We excluded all articles whose primary focus was on: alcohol/substance abuse, schizophrenia, schizoaffective disorder, personality disorders, unipolar depression, trauma, physical/sexual abuse, medical disorders, insomnia, primary care, insight, and pharmacology. Twenty-four original research articles were included in

the evaluation and are summarized as follows: support an increased risk of suicide, do not support an increased risk of suicide, or are inconclusive. Subtypes of bipolar disorder evaluated include: bipolar disorder NOS, bipolar-I depression and mania, bipolar-II depression and hypomania, bipolar disorder with mixed states, bipolar disorder with rapid mood switching, and bipolar disorder with psychosis. Some papers are included in more than one section as they use bipolar samples from more than one subgroup. In addition, all papers specify rates of panic disorder within the bipolar subgroup, but in some papers only anxiety symptoms are measured in relation to suicide. As anxiety and panic symptoms can serve as a proxy for panic disorder, these papers are also included in the review.

3. Results

The following papers support an increased risk of suicide in people with comorbid bipolar and panic disorders. Study information is listed in Table 1.

3.1. Bipolar NOS

The bipolar NOS group consists of bipolar illness that does not fit into the other subtypes of bipolar disorder. One large ($N=229$) prospective study (Clayton, 1993) of patients with bipolar disorder concluded that anxiety symptoms (psychic anxiety, worry, and panic attacks) are predictive of short term or “early” (within one year of initial assessment) suicide risk in patients with major affective disorders (including “manic-depressive illness”). Clayton comments that most subjects did not meet criteria for panic disorder, but does not comment on the number that did. Furthermore, she emphasizes that anxiety symptoms, rather than diagnosis, are predictive of suicidal behavior.

Several retrospective studies have specifically examined the effect of panic disorder on suicide in patients with bipolar disorder NOS. Two studies (Simon et al., 2004, 2007) used 475 and 120 subjects, respectively,

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