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Brief report

# Axis II comorbidity in euthymic bipolar disorder patients: No differences between bipolar I and II subtypes

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**Abstract**

*Background:* Bipolar disorder type II (BDII) has been considered since its distinction from bipolar disorder type I (BDI) as a milder form, on the basis of cross-sectional symptoms intensity. Longitudinal data, on the contrary, do suggest that it is at least as severe as BDI, if not even more chronic and impairing. Few studies investigated differences in Axis II comorbidity in bipolar disorder patients according to bipolar subtypes, and none examined patients during prolonged euthymia. The aim of the study was to determine comorbidity rates for personality disorders in euthymic bipolar subjects, comparing bipolar type I and II disorders (BDI and BDII).

*Methods:* 186 DSM-IV (SCID-I) bipolar disorder subjects were enrolled; all patients were euthymic for at least two months, as confirmed by a HAM-D < 8 and a YMRS < 6. Axis II comorbidity was evaluated through SCID-II. Differences in Axis II comorbidity rates were examined with the Pearson's Chi-square test.

*Results:* Of the subjects included, 71 had BDI and 115 BDII. At least a personality disorder was present in 42.5% of all bipolars, 43.7% of BDI and 41.7% of BDII. No differences were detected between the two subgroups for any single personality disorder.

*Limitations:* We relied only on the patients' reports in assessing personality disorders; the sample was made of subjects referred to a tertiary centre who were able to maintain euthymia.

*Conclusions:* Our study confirms the high comorbidity rates for personality disorders in bipolar subjects and provides evidence that BDII, with regard to Axis II comorbidity, is as severe as BDI.



*Keywords:* Bipolar I disorder; Bipolar II disorder; Personality disorders; Comorbidity

## 1. Introduction

The current distinction between bipolar disorder type I (BDI) and type II (BDII) hinges on the classification of elated states, being BDII characterized by hypomanic instead of manic or mixed episodes. Accordingly, BDII has been traditionally viewed as a milder subtype of BD. However, longitudinal data do suggest that BDII is at least as severe as BDI, in terms of episode frequency, suicidal behaviours, Axis I comorbidity, rapid cycling, and time spent symptomatic (Coryell et al., 2003; Judd et al., 2003a; Post et al., 2003; Joffe et al., 2004; Nolen et al., 2004; Kupka et al., 2007; Albert et al., 2008). Concerning interepisode levels of symptomatology,

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impairment in functioning and quality of life and suicidal behaviour, moreover, some forms of BDII are even more severe than BDI (Ayuso-Gutierrez and Ramos-Brieva, 1982; Coryell et al., 1992; Vieta et al., 1997a,b; Pallanti et al., 1999; Baldessarini et al., 2000; Suppes and Dennehy, 2002; Judd et al., 2003b, 2005; Rihmer, 2005; Maina et al., 2007a,b; Mantere et al., 2008; Vieta and Suppes, 2008). Concerning Axis I comorbidity, although the overall prevalence is similar between BDI and BDII, differences might exist in the specific disorders, with some suggestions of more substance use disorders in BDI and more anxiety and eating disorders in BDII.

Axis II comorbidity in bipolar disorder is a relevant phenomenon, with prevalence rates of 25–50% according to studies (Peselow et al., 1995; Ucok et al., 1998; Kay et al., 1999; Vieta et al., 2000, 2001; Brieger et al., 2003; George et al., 2003). However, rates as high as 89% are also reported (Turley et al., 1992); this variability may not be related only to methodological differences in the populations assessed and measures used but also to patients' symptomatic states at the time of personality assessment: this might colour the perception of personality inflating rates of Axis II comorbidities (Peselow et al., 1995). It is then important to assess patients during sustained periods of euthymia. The evaluation of Axis II comorbidity is important because it negatively impacts the course of bipolar disorder, in terms of time to achieve recovery, severity of residual symptoms, number of prescribed medications and history of substance use disorders (Dunayevich et al., 2000; Kay et al., 2002; George et al., 2003).

The vast majority of the studies on Axis II comorbidity did not differentiate between BDI and BDII (Colom et al., 2000; Sayin et al., 2007), or considered only BDI or BDII subjects (Peselow et al., 1995; Dunayevich et al., 1996; Ucok et al., 1998; Kay et al., 1999; Vieta et al., 1999, 2001; Brieger et al., 2003; George et al., 2003). Only one study (Mantere et al., 2006) specifically examined the differences in Axis I and II comorbidities between 90 BDI and 101 BDII patients: rates of Axis II disorders were 42.2% and 39.6%, respectively, without a significant difference. However, this study included bipolar patients with a new depressive, manic, hypomanic, mixed or depressive–mixed episode, and this might have inflated comorbidity rates; moreover, comorbidity was found to be strongly associated with the current illness phase, with prevalence rates 20% lower in mania/hypomania than in depressive/mixed episodes (Mantere et al., 2006).

The aim of the present study was then to directly compare prevalence rates of personality disorders between euthymic patients with bipolar I and II disorder.

Table 1
Demographic and clinical characteristics of subjects included.

| | Bipolar disorder I (*N* = 71) | | Bipolar disorder II (*N* = 115) | | Bipolar disorder (*N* = 186) | | *t*-test or Chi-square (BDI vs BDII) | | |
|---|---|---|---|---|---|---|---|---|---|
| | Mean/*N* | SD/% | Mean/*N* | SD/% | Mean/*N* | SD/% | $t/\chi^2$ | *df* | *p* |
| Actual age (years) | 45.99 | 13.80 | 49.02 | 16.38 | 47.86 | 15.48 | −1.300 | 184 | .195 |
| Gender (males) | 30 | 42.3 | 47 | 40.9 | 77 | 41.4 | .035 | 1 | .852 |
| Educational level (years) | 12.17 | 4.26 | 11.67 | 4.11 | 11.86 | 4.164 | .786 | 182 | .433 |
| Marital status | | | | | | | 1.490 | 3 | .684 |
| Married | 30 | 42.3 | 57 | 49.6 | 87 | 46.8 | | | |
| Divorced | 10 | 14.1 | 17 | 14.8 | 27 | 14.5 | | | |
| Never married | 27 | 38.0 | 34 | 29.6 | 61 | 32.8 | | | |
| Widow | 4 | 5.6 | 7 | 6.1 | 11 | 5.9 | | | |
| Currently working | | | | | | | .646 | 1 | .422 |
| Yes | 46 | 64.8 | 81 | 70.4 | 127 | 68.3 | | | |
| No | 25 | 35.2 | 34 | 29.6 | 59 | 31.7 | | | |
| Age at onset (years) | 28.85 | 10.67 | 31.85 | 12.80 | 30.70 | 12.088 | −1.656 | 184 | .099 |
| Length of illness (years) | 17.00 | 11.96 | 18.78 | 11.92 | 18.10 | 11.93 | −.989 | 184 | .324 |
| Number of episodes | | | | | | | | | |
| Depressive | 4.90 | 4.34 | 5.12 | 4.53 | 5.03 | 4.447 | −.318 | 180 | .751 |
| Hypomanic/manic | 3.39 | 2.17 | 3.35 | 4.22 | 3.36 | 3.569 | .069 | 180 | .945 |
| Mixed | .017 | 1.204 | / | / | .07 | .748 | / | / | / |
| Total | 8.46 | 6.70 | 8.46 | 8.40 | 8.46 | 7.771 | .002 | 180 | .999 |
| Family history | | | | | | | | | |
| Mood disorders | 22 | 32.4 | 60 | 52.6 | 82 | 45.1 | 7.075 | 1 | .008 |
| Bipolar disorders | 10 | 14.7 | 17 | 14.9 | 27 | 14.8 | .001 | 1 | .970 |
| Unipolar disorders | 15 | 22.1 | 47 | 41.2 | 62 | 34.1 | 6.968 | 1 | .008 |