



The role of family interventions in bipolar disorder: A systematic review



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HIGHLIGHTS

- There is a mutually influential relationship between the illness and the family system.
- Adjunctive family interventions seem to improve the illness outcomes and caregivers' wellbeing.
- Family interventions should be tailored based on patient characteristics and family needs.
- Relatives' involvement should form part of the therapeutic approach in BD.

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ABSTRACT

The reciprocal relationship between bipolar disorder (BD) and the family system highlights the importance of adjunctive family intervention. However, its implementation in clinical practice is not widespread. To update the knowledge in this field and identify areas of uncertainty this manuscript present a comprehensive overview of the bidirectional relationship between BD and family variables, and a systematic review of the evidence-based studies published up to March 2015 on the efficacy of adjunctive family intervention in BD. Findings show that not only specific family's attitudes/interactions affect the course of BD but that equally the illness itself has a strong impact on family functioning, caregivers' burden and health. Regarding family intervention, there are methodological differences between studies and variability in the sample characteristics and the intervention used. Most evidence-based studies support the efficacy of adjunctive family treatment in the illness outcomes, both in youth and adult population, as well as benefits for caregivers. The results emphasize the need to involve caregivers in the therapeutic management of BD through tailored interventions based on patients' characteristics and family needs.

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1. Introduction

Bipolar disorder (BD) is characterized by a substantial rate of recurrences (Gignac, McGirr, Lam, & Yatham, 2015), persistent symptoms (Baldessarini et al., 2010) and functional impairment (Rosa et al., 2011; Tohen et al., 2000), contributing to locate the disease among those that constitute the main leading cause of disability (Catala-Lopez, Genova-Maleras, Vieta, & Tabares-Seisdedos, 2013). The illness not only affects the patient but also their relatives, who suffer the consequences of the episodes and usually become the main caregivers. Every new relapse is a stressful event that generates painful emotions, disrupts the patient's life and familial equilibrium leading to changes in the roles of each member, and requires the development and adjustment of coping strategies. It is common for caregivers to neglect their and other family members' needs by taking care of the patient; and, even when the patient is in remission, the fear of future episodes is present. The role of caregivers can be very demanding and distressing especially when, as happens frequently, they have not received enough information, support and training in coping strategies (Reinares, Colom, Martinez-Aran, Benabarre, & Vieta, 2002). The high level of distress experienced by caregivers can negatively affect their own mental and physical health (Steele, Maruyama, & Galyunker, 2010), their quality of life (Zendjidjian et al., 2012) and the illness outcomes (Perlick, Rosenheck, Clarkin, Raue, & Sirey, 2001). Moreover, social environment in the form of adversities and life events (Gilman et al., 2014) as well as family attitudes such as high expressed emotion (Miklowitz, Goldstein, Nuechterlein, Snyder, & Mintz, 1988) and negative affective style (O'Connell, Mayo, Flatow, Cuthbertson, & O'Brien, 1991), plays a crucial negative role in the course of BD. It seems clear therefore that there is a bidirectional relationship between the illness and the family that should be taken into account when planning the therapeutic approach.

In 2007, a meta-analysis of family intervention elaborated by Justo, Soares, and Calil (2007) concluded that there was only a small and heterogeneous body of evidence on the effectiveness of family oriented approaches as an adjunctive treatment for BD. Research in this field has increased substantially in the last 10 years. However, its implementation remains a potential goal that has not yet been translated into extended use in clinical practice in the field of BDs. Adjunctive psychological interventions, and family intervention in particular, might reduce both the personal and financial burden derived from BD to the patient, the relatives and society as a whole (Reinares, Sanchez-Moreno, & Fountoulakis, 2014). To analyze the outcomes obtained using family intervention in randomized-controlled trials and to have a better understanding of the relationship between all the variables involved would lead to design more effective and efficient approaches based on individual needs.

In order to draw a more comprehensive picture of the complex relationship between the illness and the family, the aims of this review were focused on 1) the impact of BD on the family, 2) the impact of the family on the illness outcome, 3) family functioning when a member suffers from BD, and 4) systematic review of the evidence-based studies on the efficacy of family intervention in BD. The role of potential treatment moderators – for whom and under what conditions the treatment works (including variables related to the patient, the family and the illness) – and mediators – the mechanisms through which the treatment achieves its effects –, the limitations of current studies and the main areas of uncertainty will also be discussed in order to guide future research.

2. Methods

The methods were divided into two phases. Firstly, an overview was conducted on the relationship between BD and family variables (expressed emotion, affective style, family environment, family functioning, family burden and caregivers' burden). Secondly, a systematic review was performed to identify studies on family intervention in BD

published until March 2015, using PubMed, Scopus and Web of Science databases, and the terms *family intervention*, *family therapy*, *family psychoeducation*, *family management*, *family treatment* and *family-focused treatment*. Articles were first selected based on titles and abstracts and full-text articles were then assessed for eligibility. The search was supplemented by manually reviewing reference lists from the identified publications. Articles were excluded according to the following criteria: not in English, heterogeneous samples with less than 70% of subjects with BD, psychological interventions not focused on illness outcomes in BD, comments, letters to the editor, reviews, and open studies. Two reviewers extracted data independently and settle any differences by agreement. The focus of the review was primary results of randomized-controlled trials on the efficacy of family intervention in BD. Secondary outcomes, pilot studies and subanalyses derived from the main studies were also considered to complete data.

3. Results

Different areas of research were identified and the results were structured into the four following sections: impact of BD on the family; impact of the family on the course of BD; family functioning when a member suffers from BD; and systematic review of family intervention in BD.

3.1. Impact of BD on the family

Family burden is a multidimensional concept commonly defined as the consequences that living with an ill relative has on caregivers. Family burden gained significance since the deinstitutionalization of psychiatric patients which led the families to become more actively involved in the patient's care. However, although informal caregivers are actually a crucial part of the community care system, they still receive little support and orientation to carry out that role. Family burden has been usually divided into objective burden that is anything that, as a result of the patient's illness, has a disrupting effect on family life, and subjective burden that refers to the feeling that a burden is being carried in a subjective sense (Hoening & Hamilton, 1966). Objective burden would involve aspects such as disruptions in household routine, difficulties for leisure time and career and strained family/social relations or financial hardships, while subjective burden would refer to the negative psychological impact, involving aspects related to health and distress experienced by caregivers (Schene, 1990). Several factors have been hypothesized to mediate the outcomes of caring for a mentally ill relative, including cognitive appraisal of the problem situation, coping strategies used to manage the situation and the social support available to a caregiver (Webb et al., 1998). A variety of instruments have been developed to measure the impact of mental illness on family members although conceptual definitions and operationalization of burden differ, as well as the psychometric properties, utility, feasibility and specificity of the current measures (Vella & Pai, 2013).

Several studies have showed that caregivers of subjects with BD experience a high level of burden (Fadden, Bebbington, & Kuipers, 1987; Dore & Romans, 2001; Lam, Donaldson, Brown, & Malliaris, 2005; Perlick et al., 1999; Chakrabarti, Kulhara, & Verma, 1992; Targum, Dibble, Davenport, & Gershon, 1981; Perlick et al., 2007; Reinares et al., 2006; Bauer et al., 2011; Bauer, Spiessl, & Helmbrecht, 2015) both during the acute phases but also when the patient is in remission. High-burden caregivers report more physical health problems, depressive symptoms, health risk behavior and health service use, perceive less social support and provide more financial aid to the bipolar relative (Perlick et al., 2007). Quality of life is also affected in those living with a member who suffers from BD (Zendjidjian et al., 2012). Although some studies reported that among 50–62% of partners of subjects with BD would probably not have entered into the relationship if they had had more knowledge about the illness and its effects (Targum et al., 1981; Dore & Romans, 2001), other findings highlight that 78% of partners

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