



Perceived criticism from family members as a predictor of the one-year course of bipolar disorder

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Abstract

Few studies have examined the prognostic value of family factors in the course of bipolar affective disorder. The current study examined a self-report measure of expressed emotion as a predictor of the 1-year course of the illness. Patients with bipolar disorder ($N=360$) filled out the four-item Perceived Criticism Scale concerning one or more relatives or close friends. Independent evaluators followed patients over 1 year and rated them on measures of depressive and manic symptoms and the percentage of days in recovery status. Patients' ratings of the severity of criticisms from relatives did not predict patients' mood disorder symptoms at follow-up. However, patients who were more distressed by their relatives' criticisms had more severe depressive and manic symptoms and proportionately fewer days well during the study year than patients who were less distressed by criticisms. Patients who reported that their relatives became more upset by the patients' criticisms had less severe depressive symptoms at follow-up. Results indicate that a brief rating of subjective distress in response to familial criticism is a useful prognostic device and may aid in planning psychosocial interventions for patients with bipolar disorder.

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1. Introduction

Patients with bipolar disorder have high rates of relapse, high levels of intermorbid symptoms, and poor life functioning despite pharmacotherapy (e.g., Gitlin et al., 1995). A portion of the variability in patients' symptomatic outcomes can be attributed to psychosocial stressors, including life events (Johnson

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and Miller, 1997), low levels of social support (Johnson et al., 1999) and high levels of expressed emotion (EE) in caregivers (Miklowitz et al., 1988; O'Connell et al., 1991; Kim and Miklowitz, 2004; Yan et al., 2004). Notably, bipolar and unipolar depressed patients whose relatives express high levels of EE (criticism, hostility, or emotional overinvolvement) are at significantly greater risk for relapse over 9- to 12-month prospective periods than patients whose relatives express low levels of these attitudes. A meta-analytic review found a mean effect size of 0.45 (r statistic) for the EE/relapse association in six studies of patients with unipolar (three studies) and bipolar mood disorders (three studies; Butzlaff and Hooley, 1998).

Despite the consistency of EE as a prognostic indicator, the traditional methods for assessing EE are cumbersome and not well suited to large-scale community studies. Typically, EE is assessed through the Camberwell Family Interview (CFI; Vaughn and Leff, 1976), which takes 1 $\frac{1}{2}$ h to administer and up to 3 h to code for each relative. Two promising alternatives have been proposed. The Five-Minute Speech Sample (FMSS; Magaña et al., 1986), in which the relative is asked to speak for 5 min about the patient and how well the two get along together, takes approximately 20 min to code. It has high reliability, convergent validity, and discriminant validity (e.g., Miklowitz et al., 1989; Stubbe et al., 1993), but data on its predictive validity are limited (Asarnow et al., 1994; Uehara, 1995). Furthermore, the FMSS has low sensitivity in identifying high-EE attitudes based on the CFI (Magaña et al., 1986; Miklowitz et al., 1989).

An even briefer alternative for measuring EE is the four-item self-report Perceived Criticism Scale (PCS; Hooley and Teasdale, 1989). Using 10-point Likert-type subscales, patients rate the severity of criticism they perceive from each relative (usually parents, spouse, or siblings) and the severity of their own criticisms toward this same relative. Later versions of the scale (White et al., 1998) included items measuring the patients' self-reported distress when criticized by relatives and patients' perceptions of how distressed their relatives become when criticized by the patients. This scale takes only 5 min to administer and code, which makes it particularly well suited to large-scale community-based studies.

Among patients with major depressive disorder, patients' PCS ratings of the severity of criticism

expressed by spouses were stronger predictors of relapses over 9 months than CFI-EE ratings of spouses (Hooley and Teasdale, 1989). Among patients with obsessive-compulsive disorder or panic disorder with agoraphobia, higher patients' PCS ratings of relatives predicted poorer treatment outcomes above and beyond CFI-EE ratings (Chambless and Steketee, 1999; Renshaw et al., 2003). PCS ratings of spouses also predicted relapses among patients with substance abuse disorders (Fals-Stewart et al., 2001). In each of these studies, patients' ratings were independent of their symptoms when completing the PCS.

Thus, the PCS has promise as a brief, prognostically valid measure of family tension. Its predictive validity in bipolar disorder, however, has not been examined. Using longitudinal data from a large multi-center outpatient sample ($N=360$), we hypothesized that patients with bipolar disorder who reported a higher severity of criticisms from relatives would have more severe manic and depressive symptoms and fewer days of mood stability over 1 year than patients who reported a low severity of criticisms. Secondly, because patients with bipolar disorder appear to be stress-sensitive (Post, 1992; Hammen and Gitlin, 1997; Johnson and Miller, 1997) and prone to dysfunctional attitudes and information-processing biases in response to negative stimuli (Lyon et al., 1999; Reilly-Harrington et al., 1999), we hypothesized that patients who reported feeling more upset by relatives' criticisms would have higher mood symptom scores and fewer days in recovery status over the study year. Finally, we predicted that patients' PCS ratings would predict their symptomatic outcomes independently of baseline symptom, illness history, or demographic variables.

2. Methods

2.1. Subjects

Subjects were 360 patients with bipolar disorder who were drawn from the first 1000 enrollees in the ongoing Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD; Sachs et al., 2003). STEP-BD is a multi-site community research program examining the course and treatment of bipolar disease. Data for the present study were based on the first

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