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A survey exploring characteristics of bipolar patients referred to a specialist tertiary centre in UK

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Background and aims: Bipolar Affective Disorder is one of the ten most disabling diseases.UK Guidelines recommend that specialist opinion is saught for difficult to treat patients and our aim was to characterize the Bipolar Patients referred to a Specialist Tertiary Centre.

Methods: A consecutive sample of thirty patients referred, who met ICD 10 criteria for Bipolar Disorder, were studied. Information was collected from the patient files. Recorded variables included socio-demographic, clinical and treatment characteristics.

Results: 20% were male, 80% female. The mean age was 46.2 years old (SD 13.5).The modal age of first episode of mental illness was 18.5 years. High rates of unemployment (76.7%) and family history of mental illness (93.3%) were found. 30% were Bipolar I, 63.3% Bipolar II, and 6.7% Bipolar III. 56.7% met criteria for Rapid Cycling. 83.3% had anxiety features, 73.3% a risk of self- harm and 53.3% psychotic symptoms. Low rates of substance misuse were found.73,3% had a concurrent medical illness. The mean number of psychotrophic medications was 3.23(SD 1.54) and ECT was tried in 23.3% of the patients.

Conclusions: This sample had higher rate of rapid cycling than found in routine bipolar populations. The majority of patients were at a high risk of self-harm, showed features of anxiety, had a positive family history and concurrent medical illnesses which worsened their prognosis and turned them into a ''very difficult to treat'' group. The characteristics of the sample satisfy the referral policy of the Centre and the current and draft UK Guidelines.

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Progressive grey matter loss in patients with bipolar disorder

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Background: Structural brain abnormalities of the medial temporal lobe have been found in people with bipolar disorder (BPD). It is not known whether these abnormalities progress over the course of the illness.

Method: We conducted a prospective cohort study of 20 patients with bipolar disorder and 21 control subjects recruited from the community. Participants were group matched for age, sex and premorbid IQ. Longitudinal change in grey matter density was evaluated using the technique of tensor based morphometry (TBM) in SPM2.Changes in grey and white matter density were estimated and compared to changes in cognitive function and clinical outcome.

Results: Patients with bipolar disorder showed a larger decline in hippocampal, fusiform and cerebellar grey matter density over 4 years than controls. No significant changes in white matter density were found. Reductions in temporal lobe grey matter correlated with decline in intellectual function and with global assessment of functioning. No associations were found with medication.

Conclusions: Patients with bipolar disorder lose hippocampal, fusiform and cerebellar grey matter at an accelerated rate compared to healthy controls. This tissue loss is associated with a corresponding deterioration in cognitive function.
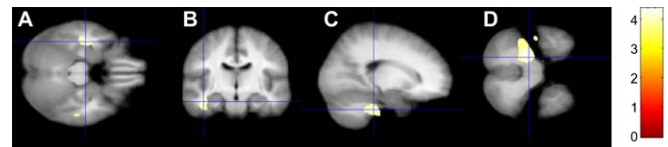
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Quality of life in bipolar mood disorder

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Background: The enduring cyclic evolution of bipolar disorder affects various psychological and functional aspects.

Material and method: 70 bipolar subjects, from the evidence of the Second psychiatric Clinic Cluj, were assessed by: a socio-demographical questionnaire, MADRS, YMRS, WHO-QOL Bref, GAF. Controls were 30 matched subjects diagnosed with dermatological diseases.

Results: Quality of life, functionality are decreased from the first mood episode, but decrease seriously with the progression of the disease and number of episodes. Items regarding independency, joy of life, sexual satisfaction, efficiency were significantly decreased compared to somatic patients.

Discussion: The progression of the disorder, comorbidities are interrelated.

Conclusions: Single mood events, the turn-over and number of episodes, various comorbidities, longterm treatments significantly affect in adults the quality of life, functionality, leading to demoralization, social dependence.

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How common is bipolar disorder not otherwise specified diagnosis in hospitalized patients?

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Background and Aim: Bipolar disorder not otherwise specified (BPD-NOS) may be a waste-basket diagnosis for patients who do not fit into the well-defined criteria. There are few studies investigating the course and features of BPD-NOS and some authors claimed that the frequency could be higher than expected. Özcan et al (2003) found that 9% of the bipolar patients in a university research clinic specialized in bipolar disorder were diagnosed as BPD-NOS. Frequency of BPD-NOS among bipolar patients hospitalized in year 2006 in a a tertiary care state reference hospital in İstanbul/ Turkey and features leading to the diagnosis as ''atypical'' are investigated.

Method: Files of patients hospitalized in 2006 were evaluated retrospectively. Of the 6423 general psychiatric hospitalizations, 1463 were diagnosed as mood disorders. Forensic and adolescent patients, as well as alcohol & substance abuse co-morbidity were excluded.