

Bipolar affective disorder and disability

The influence of Emil Kraepelin's statement that manic depressive psychosis is episodic with good outcome has not been completely erased and many clinicians still think bipolar affective disorder is an episodic illness with good prognosis without leading to deterioration and disability. However bipolar affective disorder is one of the major mental disorders, in Indian studies prevalence of bipolar disorder is given as 0.7 to 2.7 per thousand.¹ Prevalence figures differ, however, depending on how illness severity is defined. For example, using a broad definition of bipolar II disorder (i.e., incorporating shorter periods of hypomania), bipolar disorder prevalence rates of up to 11% have been reported.² It appears that the disability associated with bipolar disorder has been historically underestimated, it is considered to have a better outcome than schizophrenia.

Bipolar affective disorder (BAD) is the sixth leading cause of medical disability worldwide among people of 15 to 44 years of age. BAD is associated with a greater degree of disability than a number of prominent chronic medical conditions, including osteoarthritis, human immunodeficiency virus infection, diabetes, and asthma.³ In a study on quality of life in bipolar disorder and schizophrenia, bipolar disorder was associated with substantial disability in a sample of older adults, similar in severity to schizophrenia.⁴ Remission of bipolar disorder was associated with significant but incomplete improvement in functioning, whereas psychotic and depressive symptoms and cognitive impairment seemed to contribute to lower health related quality of life.

Longitudinal outcome studies of bipolar disorder show that most patients encounter affective recurrences, inter episode symptoms, and residual functional impairment. It is becoming increasingly apparent that the depressed phase of bipolar disorder is a significant contributor to the disability associated with this condition. Symptoms of depression such as lack of motivation and poor concentration impair the ability to carry out everyday tasks. Irritability leads to disturbed relationships with family members. Disability in bipolar disorder can be due to interpersonal difficulties and not being able to sustain a job. Many patients lose their job during index episode; there may also be a decrement in level of job. In western literature higher education is correlated with better inter episodic functioning. In Indian context, illiterate persons are able to get back to their previous occupation (mostly physical labor), but educated persons might find it difficult to get back to the job. Stigma associated with mental illness as well as lack of awareness about laws and regulations regarding protection of employment might further minimize the chance of regaining the lost job and status.

Although bipolar disorder is usually considered a distinctive condition, the diagnosis is often delayed or missed. A recent survey by the US National Depressive and Manic–Depressive Association found that, although one third of patients sought help within 1 year of illness onset, another third waited at least 10 years before seeking help. Sixty-nine percent of patients were misdiagnosed before being given the appropriate diagnosis, and these patients consulted an average of four medical practitioners in the process.⁵ Misdiagnosis of bipolar disorder leads to a variety of negative consequences, perhaps the most obvious being a delay in effective therapy. It has been found that direct healthcare costs were significantly higher for patients who had either delayed use or did not use mood stabilizers during the first year of treatment for bipolar disorder. Additionally, mood stabilizing therapy may be less effective when initiated after unsuccessful therapy for depressive episodes.⁶ In particular, misdiagnosis of bipolar disorder as unipolar depression has substantial clinical implications.

Antidepressants have not been shown to be more effective than mood stabilizers in the treatment of acute bipolar depression, and have been shown to be less effective than mood stabilizers in preventing depressive relapse in bipolar disorder.⁷ Antidepressant therapy can also have a destabilizing effect on the clinical course of bipolar disorder.

Diagnosing bipolar disorder is important especially in a country like India where treatment gap is much more than developed countries. Timely initiation of appropriate treatment and regular follow up which is important towards reducing the disability in bipolar disorder is a challenge in front of limited number of mental health professionals.

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