Original Article

Mania with and without Psychotic Features-
A Nosological Dilemma?

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Abstract :*This study aimed to determine and compare the sociodemographic and clinical characteristics of patients of bipolar affective disorder mania with psychotic features versus without psychotic features; to assess whether they belong to the same continuum or are distinct diagnostic entities. METHOD: The study sample consisted of 60 patients, 40 with psychotic features and 20 without psychotic features classified as per ICD – 10 classification. The sociodemographic and clinical data was recorded on a specially designed proforma. The YMRS (Young Mania Rating Scale) was used to assess mania severity. Percentages, Chi square test and Fisher's test were used for data analysis. RESULT: Amongst the first episode patients 16.66% presented with and 6.6% without psychotic features. Out of a total of 41.66% patients with substance use 38.33% were with psychotic features. CONCLUSION: Amongst the psychotic group marriage had a protective role. Greater number of patients with first episode mania presented with psychotic features. Associated substance use was also found in patients with psychotic features.*

KEYWORDS: *Mania, psychotic features.*

INTRODUCTION

According to the ICD – 10, DCR Bipolar affective disorder, current episode manic is specified by the absence of psychotic features (F 31.1) and by the presence of psychotic features (F31.2) The psychotic episode is marked by the presence of delusions or hallucinations other than those listed as typically schizophrenic in criterion G (1) b, c, d for F20.0- F20.3. eg grandiose , self referential, erotic or persecutory. A fifth character may be used to specify whether the hallucinations or delusions are congruent or incongruent with mood.[1,2].

Azorin[3] found that apart from episode severity, social isolation- associated with younger age, single marital status and social phobia seem to make a contribution to the origin of mania with psychotic features. Another study concluded that onset of mania in the typical age group is associated with more psychotic features.[4] It was also found that subjects of mania with psychotic features had greater overall impairment. Significant correlation was found with GAS scores but not with mania scores.[5] Mood incongruent psychosis having significantly more often been diagnosed as schizophrenia or anxiety disorder was reported with long delays to first diagnosis as bipolar disorder was reported. Mood incongruent psychosis was also significantly different in a variety of domains viz. 2:1 female / male ratio, shorter free interval between episodes, more auditory hallucinations, delusions, more

Table 1

Characteristics Total No. = 60	With Psychotic Features N=40 n (%)	Without Psychotic Features N=40 n (%)	P Value	Chisquare
1) AGE < 20	5 (8)	2 (3.2)	0.3617	2.034
20-40 YRS	28(44)	17(27.2)		
40 YRS	7(11.2)	1(1.66)		
2) Gender Male	28(44)	10(16)	.1466 on Fishers exact test	
Female	12(19.2)	10(16)		
3) Education illiterate	10(16.66)	11(18.33)	0.1466	6.804
Primary	7(11.66)	3(5)		
High school	13(21.66)	2(3.33)		
Senior sec	9(15)	3(5)		
Graduate	1(1.66)	1(1.66)		
4) Employment				
Unemployed	10(16.6)	3(5)	0.7457	0.5870
Housework	12(20)	10(16.06)		
Farmer	9(15)	7(5.83)		
Semiskilled	4(6.66)			
Private	5(8.33)			
5) Marital status				
Married	18(30)	10(3.33)	0.5017	2.357
Unmarried	20(33.3)	8(13.33)		
Lost spouse	1(1.66)	2(3.33)		
Separated	1(1.66)	0		
6) Domicile				
Rural	29(48.3)	19(31.66)	0.0466	
Urban	11(18.3)	1(1.66)		
7) Family type				
Nuclear	16(26.6)	7(11.66)	0.7457	0.5870
Nuclear extended	2(3.33)	2(3.33)		
Joint	22(36.6)	11(18.33)		

Table 2
ILLNESS CHARACTERISTICS

	With Psychotic Features N=40 n (%)	Without Psychotic Features N=40 n (%)	P Value	Chisquare
1) No of episodes				
1	10(16.66)	4(6.6)	0.8738	1.226
2	17(28.33)	7(11.66)		
3	7(11.66)	4(6.66)		
4	3(5)	2(3.33)		
>4	3(5)	3(5)		
2) Precipitating Factor				
Present	19(31.66)	11(18.33)	0.7478(Fishers test)	
Absent	21(35)	9(15)	RR=0.9048	
3) Substance Use				
Present RR=1.894	23(38.33)	2(3.33)	Fisher s exact test p= 0.0006	
Absent	23(28.33)	18(30)		
4) Duration Of Illness				
<1 yr	10(16.6)	5(8.5)	0.3280	4.625
1-2 yrs	9(15)	2(3.33)		
>2-4 yrs	5(8.5)	1(1.66)		
>4-10 yrs	9(15)	4(6.66)		
>10 yrs	7(11.66)	8(13.33)		
5) Family History				
Positive	17(28.33)	9(15)	0.170	1.597
Negative	23(38.33)	11(18.33)		
6) Birth Order				
1	16(26.6)	7(11.66)	0.0434	9. 832
2	10(16.66)	1(1.6))		
3	3(5)	7(11.66))		
4	7(11.66)	2(3.33)		
>4	4(6.66)	3(5)		
7) YMRS Scores	mean=53.0 S.D= 3.537	mean=33.1 S.D = 2.382		

stressors & anger, higher depression scores and diurnal variation of mood as well as anxiety symptoms and hyperemotionality on improvement.[6]

Family and Linkage studies have provided some evidence for overlapping genetic susceptibility between bipolar disorder and schizophrenia. Significantly more families of psychotic probands (i.e mania with psychotic features) than families of non psychotic probands contained atleast one relative who had affective disorder with psychotic symptoms. An analysis of clustering of psychotic subjects across all families revealed significant familial aggregation.[7]

Studies have shown that time to first recovery and time to first relapse did not distinguish the two groups, psychotic features were associated with greater number of weeks of illness during follow up and the strength of this association was similar to that seen for psychotic features within depressed patients. Patients of mania with psychotic features at intake did not differ significantly from those without psychotic features by response to lithium treatment, suicidal behavior during follow up or risks for affective disorder among 1st degree relatives. Psychotic features in mania were not associated with high psychosis rating during follow up. In contrast when psychotic features accompanied depressive syndromes, they strongly predicted the number of weeks with psychosis during follow up, particularly among individuals whose episode at intake were less acute.[8]

Psychotic features in the context of Major depressive syndromes have correlates in symptom severity, acute treatment response and long term prognosis .Little is known whether psychotic features have similar importance when they occur with in manic syndromes.[3]

Considering the above literature we planned this study to answer the question whether these categories fall on the same continuum or are different diagnostic entities.

Aim of the study was to determine and compare sociodemographic and clinical characteristics of patients of bipolar affective disorder, mania with psychotic features versus those without psychotic features.

MATERIAL AND METHODS

The present study was carried out on patients who were admitted to the psychiatry centre, SMS Medical College, Jaipur. Patients were enrolled after taking written informed consent. On the basis of history and mental status examination by consultant psychiatrist patients were screened for bipolar affective disorder current episode manic (ICD – 10). A total of 60 patients were included in the study , out of which 40 patients were found to have mania with psychotic feature(the remaining 20 patients had mania without psychotic features) as per ICD – 10 Classification . Patient's sociodemographic data including age at presentation, gender, marital status, education, employment, domicile and family type were recorded on a special proforma. Illness characteristics including number of episodes, duration of illness, associated substance use, presence of precipitating factors, family history , birth order and phenomenology were also noted. Mania symptom severity was assessed by the Young Mania Rating Scale (YMRS)[9]. The Scale has 11 items, there are four items that are graded on a 0 to 8 scale (irritability, speech, thought content and disruptive /aggressive behavior), while remaining seven items are graded on a 0 to 4 scale. These four items are given twice the weight of the others to compensate for poor cooperation from severely ill patients.

The data collected were tabulated and analyzed using Chi square test and Fisher's exact test .

RESULTS

As shown in table 1 majority of the subjects were from rural background (80%), out of which 48.3%

were with psychotic features and 31.66% without psychotic features. Out of the 20% from urban background 18% were with psychotic features.35% patients were illiterate and 25% had studied till high school. 21.66% (high school) and 15% (senior sec) presented with psychotic features versus 3.33 & 5% each from the two categories without psychotic features. A total of 63% were males out of which 46.6% were with psychotic features and 16.6% without psychotic features. Out of the 36.6% female patients 20% presented with psychotic features. 33.33% of the patients were married (30% with psychotic features and 3.33% without psychotic features.)53.28% were unmarried(33.3 % with psychotic features and 13.33% without psychotic features), separated or had lost their spouse. 20.83 % were involved in farming activities, while 21.67% were unemployed, another 36.06% were doing house hold work only. 55% patients were living in joint families (36.6%with psychotic features and 18.33% without psychotic features)

As shown in table 2, 40% patients had presented to the hospital with 2nd episode (28.33% with psychotic features) while 23.2% patients had presented with the first episode. Amongst the first episode patients 16.66% presented with psychotic features versus 6.6 % without psychotic features. No significant association between the presence of precipitating factors and psychotic features was found. In 31.66% patients with psychotic features, precipitating factor was present, while it was found in 18% patients without psychotic features. Substance use was present in total of 41.66% patients out of which 38.33% were with psychotic features. 38.2% of patients had first birth order, highest percentage 26.6 (for those with psychotic features) a positive family history was found in 43.33% patients, out of which 28% were with psychotic features and 15 % without psychotic features. Mean YMRS Scores were higher for patients with psychotic features (53.0 $\pm$ 3.537), while those without

psychotic features had a mean score of (33.1$\pm$2.382).

Patients with bipolar affective disorder with psychotic features have OC features in 2.5%, Hallucinations in 5%, persecutory ideas in 5%, Flight of ideas in 32.5% besides delusion of grandeur in all patients.

DISCUSSION

In this study majority (80%) of the subjects were from rural background. This is probably because the hospital caters to the state of Rajasthan and neighboring areas and so it drains large number of people from rural areas. People/patients from urban areas usually prefer to get treatment of mental illness from private clinics because of the stigma associated with mental illness. In both groups (urban and rural) the percentage of patients with psychotic features was high. Family members and relatives, due to various beliefs and stigma, visit psychiatrist only when they have tried out all other avenues (eg faith healers) and when illness becomes florid and disruptive. Further the percentage of educated patients was higher, reflecting their awareness about mental illness and need for treatment as compared to illiterate patients.

Over 67% patients were male and 33% female; this 2:1 ratio matches with our hospital data of male versus female patients.

In the psychotic group, marriage seemed to have a protective role. In this study the prevalence of psychotic illness was more in patients who were unmarried or separated from their spouse. This is in concordance with earlier study which concluded that apart from episode severity, social isolation associated with younger age, single marital status and social phobia make a contribution to the origin of mania with psychotic features.[3] However the findings in our study could not prove any protective effect of joint family set up. Prevalence of both psychotic and non

psychotic illness was higher in patients living in joint families but not significant.

The percentage of patients who were unemployed and doing only house hold work was higher, which could be both cause and effect of illness. Also patients with psychotic features had greater overall impairment, concordant with the findings of Swann et al[5] who found significant correlation with GAS scores.

With respect to illness characteristics greater number of patients with first episode mania presented with psychotic features. These patients were in the 20-40 years age group. This is supported by findings of other studies where correlates of first episode polarity in bipolar disorder were studies and concluded that typical age of onset is associated with more psychotic features.[4,10]

A higher percentage of patients with substance use presented with psychotic features. Cannabis and alcohol were the most common substances abused by patients in this study. These findings are concordant with studies of Morgan et al [11] who found high levels of drug and alcohol abuse/ dependence in their study of bipolar patients, in addition these patients had a long standing history of substance use in addition to Bipolar Disorder, so these patients may qualify for diagnosis on multiaxial system.

No significant association was found with respect to precipitating factor and onset of psychotic symptoms

Significant association was found in patients with early birth order (one and two) and psychotic features .We could not find any study to support or disprove this finding.

We found association between positive family history and mania with psychotic features, which was concordant with studies of Potash [7]et al. They found that families of psychotic probands (mania with psychotic features)contained atleast one

relative who had affective disorder with psychotic symptoms; however we cannot assign significance to our finding because of small sample of subjects. On the contrary Keck[12] et al found that a positive family history was significantly more common in patients with non psychotic bipolar disorder.

Majority of patients of mania without psychotic features were euphoric, while majority of patients with psychotic features were in state of exaltation. Mania with psychotic features was also associated with significantly higher YMRS scores. Various thought and perceptual abnormalities in patients of mania with psychotic features were delusions of grandeur, secondary persecutory ideas, auditory hallucinations (elementary type). A single patient presented with obsessive compulsive behavior (washer).

Though patients in mania with psychotic features presented with exalted mood along with thought and perceptual disorder, it is difficult to comment whether advanced mood may be responsible for thought and perceptual disorder or is independent.

This study was designed to know difference between bipolar affective disorder manic with and without psychotic features.

1) No significant difference was found in patients of mania with and without psychotic features with respect to sociodemograhic characteristics except that marriage seemed to have a protective role against mania with psychotic features.

2) First episode mania was highly significantly associated with psychotic features.

3) Comorbid substance use had a significant association with psychotic features.

4) Higher YMRS scores were found in patients with psychotic features.

However, we recommend longitudinal (follow up) studies of both the groups including evaluation of treatment response; this will throw more light on

whether these groups are on a single continuum or distinct diagnostic entities.

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