Burden of Manic Versus Depressive Symptoms in Patients with Bipolar Disorder

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ABSTRACT

Objective: To compare the burden of manic versus depressive symptoms in adults with bipolar disorder.
Methods: A self-administered survey was completed by a sample of subjects who had previously participated in a US population-based epidemiologic survey. Subjects were considered to have bipolar disorder (n=593) if they screened positive for bipolar disorder on the Mood Disorders Questionnaire (i.e., were MDQ+) or reported a physician diagnosis of bipolar disorder. Results were adjusted for sample demographics.
Results: Among MDQ+ subjects, depression caused more disruption in work (23% vs 16%, p<0.01), social function (30% vs 20%, p< 0.001) and family function (32% vs 22%, p<0.001) than did mania. Depressive symptoms were significantly more likely to be associated with having arguments, not doing work well, and feeling upset and being disinterested in work (p<0.001 for all measures) than were manic symptoms. Depressive symptoms were experienced for a higher percentage of days (44% vs 25%, p<0.001) and were more often disruptive (71% vs 56%) compared with manic symptoms.
Conclusions: Depression is associated with significantly greater psychosocial burden compared with mania among subjects who screen positive for bipolar disorder.

INTRODUCTION

- Bipolar disorder is characterized by periods of clinical depression interposed with episodes of mania or hypomania and with "mixed" episodes having both depressive and manic features. For most patients, depression is the predominant mood state in that it occurs earlier during the course of illness, recurs more often, and lasts longer than does mania.
- A growing realization of the importance of depressive symptoms as determinants of morbidity and mortality has led to calls for increased efforts to better understand the impact of bipolar depression, to improve recognition of bipolar depression in clinical practice, and to manage depressive symptoms more effectively.

OBJECTIVE

This US population-based study was conducted in 2002 to assess the functional impact of depressive symptoms compared with manic symptoms in bipolar disorder. Within-subjects analyses were employed to assess the impact of depressive versus manic symptoms within a given patient.

METHODS

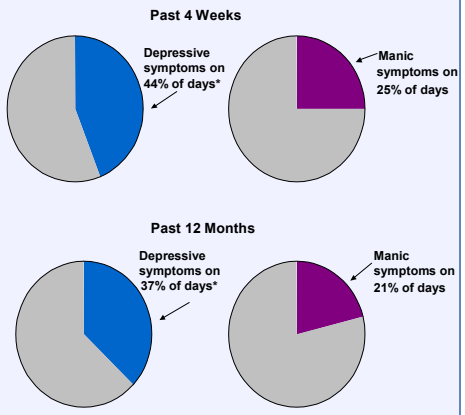
- A sample of respondents who had previously participated in a US population-based epidemiologic survey was administered a second survey comprising the Sheehan Disability Scale, the Social Adjustment Scale-Self-Report, and other questions regarding consultation patterns and bipolar symptoms.
  - The Sheehan Disability Scale is composed of 3 items assessing symptom-related disruption in work, social life, and family life. Respondents rate each item on a 10-point scale (1= not at all disruptive to 10 = extremely disruptive).
  - The Social Adjustment Scale - Self-Report is composed of questions assessing the respondent's ability to adapt to and derive satisfaction from social roles. The Social Adjustment Scale - Self-Report includes items on work, social, and leisure activities; relationships with family members and extended family members; and perception of economic functioning. Respondents rate each item on a 5-point scale on which higher scores indicate poorer functioning. Total scores for each role area are calculated by averaging the score for all answered items within that area. Respondents were asked to rate their function in the 4 weeks prior to the survey, and additional questions were added to assess function during the 12 months prior to the survey.
- Data from MDQ-positive individuals or those who reported a physician diagnosis of bipolar disorder were analyzed after they were post-weighted to correct for oversampling of low incidence groups and for demographics. Paired t-tests were used to assess within-subject differences in the functional impact of manic versus depressive symptoms as reflected in responses to the survey questions.

RESULTS

DATA FROM 593 MDQ+ RESPONDENTS WERE ANALYZED.

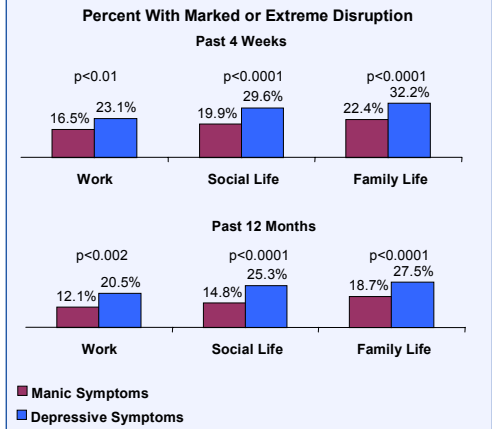
Variable	Value
N	593
% Male	49
Ethnicity	
White	89
Black	3
Other	4
Unknown	4
Years of Age, %	
18 to 24	17
25 to 34	31
35 to 44	25
45 to 54	18
55 to 64	7
65 or Older	2
Region, %	
New England	3
Middle Atlantic	11
East North Central	19
West North Central	8
South Atlantic	16
East South Central	8
West South Central	13
Mountain	6
Pacific	16

WITHIN SUBJECTS, DEPRESSIVE SYMPTOMS WERE EXPERIENCED MORE OFTEN THAN MANIC SYMPTOMS OVER THE PAST 4 WEEKS OR 12 MONTHS.

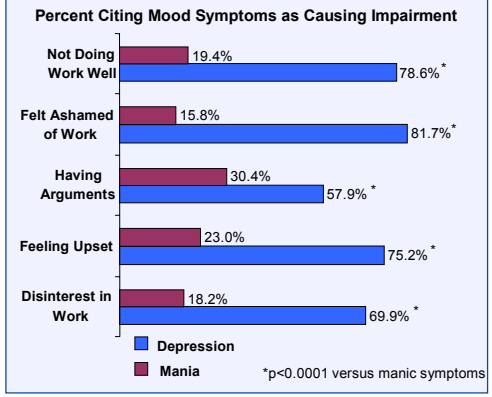


*p<0.0001 versus manic symptoms

DEPRESSIVE SYMPTOMS WERE MORE LIKELY THAN MANIC SYMPTOMS TO DISRUPT FUNCTIONING DURING THE PAST 4 WEEKS OR 12 MONTHS.



DEPRESSIVE SYMPTOMS WERE MORE LIKELY THAN MANIC SYMPTOMS TO BE CITED AS CAUSING IMPAIRMENT.



RESPONDENTS WERE MORE LIKELY TO CONSULT FOR DEPRESSIVE SYMPTOMS THAN FOR MANIC SYMPTOMS.

	Depressive Symptoms	Manic Symptoms
% Consulted a Physician	59%*	46%
% Consulted a Psychiatrist	51%†	43%
Mean Age of First Consultation, y	24.9	24.7
Mean Days Since Last Consultation	207.0	336.2

*p<0.0001 versus manic symptoms
†p<0.05 versus manic symptoms

CONCLUSIONS

- In this US population-based survey of patients screening positive for bipolar disorder, depressive symptoms compared with manic symptoms were more frequent and caused significantly greater disruption of occupational, family, and social functioning.
- Considered in the context of the high mortality rates associated with the depressive pole of bipolar illness, these findings underscore the need to improve the recognition and management of depression in bipolar disorder.

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