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## ABSTRACT

**Objective:** To determine the impact of Bipolar I and II Disorders in the United States (US).

**Methods:** 3059 subjects from a large epidemiology study of Bipolar I and II Disorders (The Prevalence Study), matched to scores on the Mood Disorders Questionnaire (MDQ) (0 - 13) and 2000 US Census data, were surveyed using the Social Adjustment Scale-SR, Sheehan Disability Scale, and the Family History Screen. Co-morbid disease and medication use were also queried. A positive MDQ screen was defined as seven or more endorsed symptoms/behaviors, co-occurrence of two or more symptoms/behaviors, and moderate or severe symptom-related impairment.

**Results:** The response rate was 80% (2450/3059; MDQ+ 1167, MDQ- 1283). Mean age was 45.4 years, 52% of participants were female, and median income was \$48,500. MDQ positive subjects reported more difficulty with work role (1.96 vs. 1.47,  $p < 0.0001$ ), social/leisure interactions (2.40 vs. 1.87,  $p < 0.0001$ ), and extended family interactions (2.22 vs. 1.66,  $p < 0.0001$ ) than MDQ negative subjects did. Positive screens for Bipolar I and II Disorders were associated with more days of disruptive symptoms (8 vs. 6.2,  $p < 0.0001$ ) and risk of being fired or laid off (54% vs. 29%,  $p < 0.0001$ ). Significantly more ( $p < 0.0001$ ) alcohol/drug abuse (19% vs. 5%), anxiety (30% vs. 6%), and panic attacks (19% vs. 4%) were associated with a positive MDQ screen. Allergies (43% vs. 29%), asthma (17% vs. 9%), migraine (25% vs. 12%), and obesity (16% vs. 4%) were significant co-morbidities ( $p < 0.0001$ ).

**Conclusions:** Subjects with positive MDQ screens for Bipolar I and II Disorders are significantly impacted by these disorders.

## INTRODUCTION

Bipolar disorders encompass a wide range of symptoms that include mania, hypomania, mixed states, and prolonged depression. These symptoms can significantly affect a person's ability to work and maintain positive social, leisure, and family interactions.

We surveyed the subjects and their families from The Prevalence Study<sup>1</sup> to examine the psychological and social impact of Bipolar I and II Disorders in the general US population.

## METHODS

3059 subjects from a large epidemiology study of Bipolar I and II Disorders (The Prevalence Study), matched to scores on the Mood Disorders Questionnaire (MDQ) (0 - 13) and weighted to 2000 US Census data, were surveyed.

An 8-page survey included the:

- Social Adjustment Scale-SR
- Sheehan Disability Scale
- Family History Screen
- Co-morbid disease data

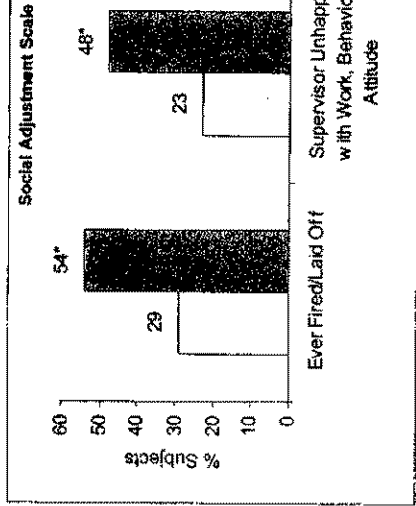
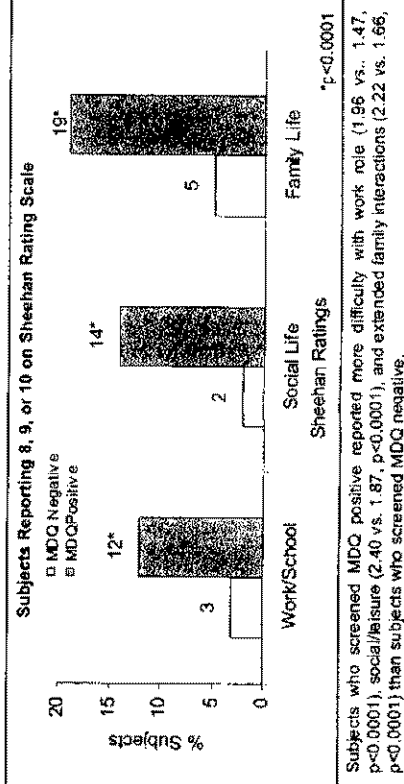
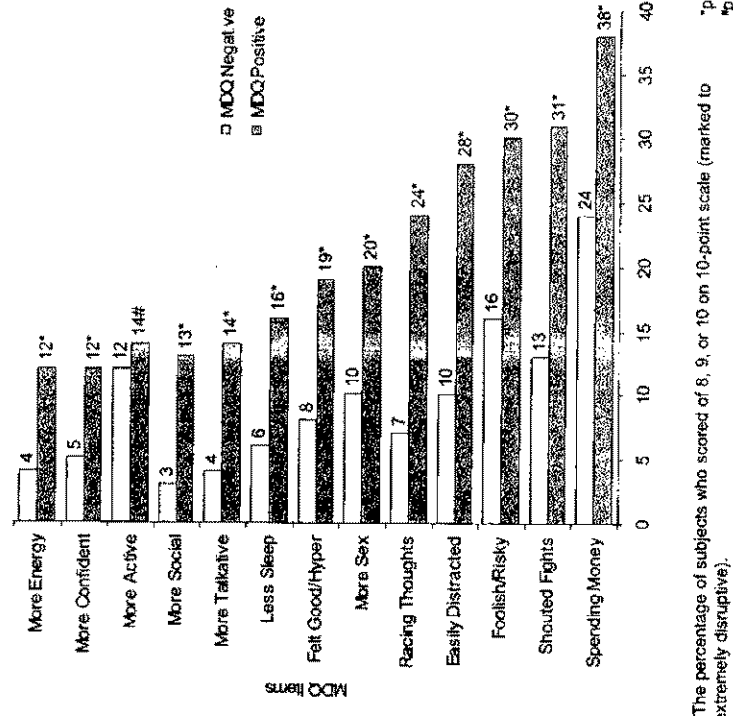
The MDQ is a validated self-report instrument that screens for a lifetime history of Bipolar I and II Disorders. Validation of the MDQ in psychiatric outpatients indicated 0.73 sensitivity and 0.90 specificity against a SCID research interview. A **positive MDQ screen** was defined as  $\geq 7$  symptoms, co-occurrence of two or more symptoms, and moderate or severe symptom-related impairment.

Post weighting on age, gender, household income, household size, and geographic region was used to adjust sample demographics to match US demography. Weighted lifetime prevalence rates were calculated to correct biases in the returns toward older, female respondents. Chi-square tests were used to compare differences between MDQ positive and MDQ negative subjects. T-Tests were used to compare group means.

## RESULTS

- Sample**
- 2540 adults returned completed surveys (80% response)
  - 1167 MDQ positive, 1283 MDQ negative
  - 52% were Female
  - Mean Age = 45.4 years
  - Median Income = \$48,500

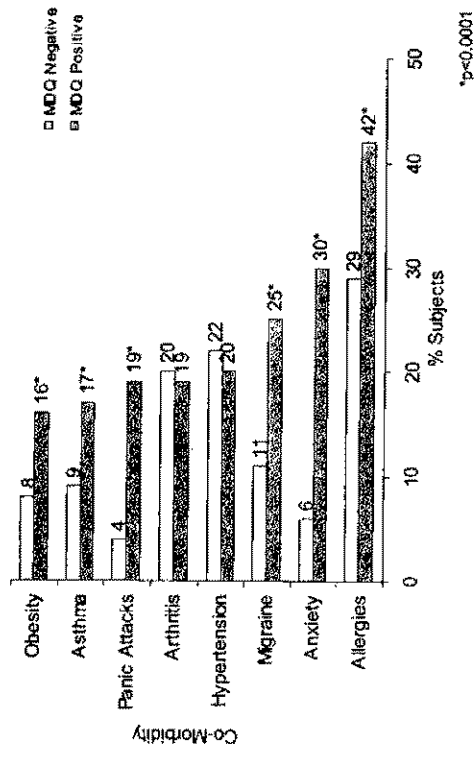
Subjects with Disruptive Symptoms by MDQ Item\*



### Symptom Days

- Subjects who screened MDQ+ reported more days of symptoms in the 12 months prior to survey completion compared with MDQ negative subjects (92.3 vs. 27.56,  $p < 0.0001$ ), and more disruptive symptoms days (67 vs. 20,  $p < 0.0001$ ).
- Younger MDQ positive subjects experienced the most symptom days: 18-34 (105), 35-54 (77), and 55+ (54).

### Co-Morbid Diagnoses



## CONCLUSIONS

- Subjects who screened MDQ positive for Bipolar I and II Disorders were significantly impacted by their symptoms. They experienced more days of disruptive symptoms, were at risk for more work and relationship difficulties, and had more medical comorbidities.
- The MDQ was helpful in identifying subjects at risk. Earlier identification, diagnosis, and treatment may help reduce the psychosocial impact of Bipolar I and II Disorders.

## REFERENCES

- Hirschfeld RMA, Calabrese JR, Westman M, Reed M, Davies J, Frye M, Keck P, Lewis L, McElroy, McNulty, Wagner K. Lifetime prevalence of Bipolar I and II Disorders in the United States. J Clin Psychiatry. 2002; Submitted.