

Prevalence of bipolar affective disorder at psychiatry inpatient department: A hospital based study

Mayur Kiran Muthe^{1*}, Ulhas Yashwant Bendale²

¹Associate Professor, ²Assistant Professor, Department of Psychiatry, Dr Ulhas Patil Medical College and Hospital, Jalgaon, Maharashtra, INDIA.

Email: mayurmuth@gmail.com

Abstract

Introduction: Bipolar disorder is a severe mental illness characterized by chronicity, multiple recurrent episodes, heterogeneity and significant impairment in family, social and occupational functioning. Bipolar disorder is the eighth greatest cause of disability in the world. Bipolar disorder (BD) is a common disorder associated with functional and cognitive impairment, negative health outcomes. **Aims and Objectives:** To study prevalence and various factors associated with Bipolar Affective Disorder at Psychiatry Inpatient Department. **Methodology:** This was cross-sectional, hospital based study in all the patients admitted to Psychiatry inpatient department during the year Jan 2013 to Jan 2015 at tertiary health care Centre as per DSM IV criteria, diagnosed as Bipolar Affective Disorder were 60 patients; included into the study. All the patients related information like socio-demographic characteristics were collected by the pretested, semi structured questionnaire. **Result:** Prevalence of the Schizophrenia patients was more common in 25-34 yrs. age group i.e. (40.00%), followed by 15-25 i.e. (28.33%), Was more common in Male as compared to female i.e. (63.33%) and (36.66%); also found more prevalent in Un-Married population compared to Married, separated and Divorced i.e. (50.00%), (36.67%) and (8.33%), (5.00%) respectively. Prevalence was more in Un-employed i.e. 50.00% as compared to Employed, Agricultural-Laborer, Dependent, Own-business i.e. (16.67%), (8.33%), (5.00%), (6.67%). Bipolar Type; Bipolar Disorder I was most common i.e. (70.00%), in First Mood Episode; Elevated was most common (65.00%) and in Mood at Study entry Euthymic was most common (51.67%). The Age at onset was 23.2±7.5; Duration of illness was 8.9±7.8 days; No. of episodes since onset was 4.4±3.8 days; No. Episodes hypomania was 3.3±2.8 days; No. Episodes of Depression was 1.8±3.1 days; Duration of illness before psychotropic drug prescription was 3.1±3.2 days; Duration of illness before diagnosis of Bipolar disorder was 2.5±3.4 days; Duration of illness before hospital admission 2.5±3.4 days. **Conclusion:** The various information like socio demographic factors, clinical types, and various illness related characters of Bipolar Disorder would be useful to management of it. **Keywords:** Bipolar Affective Disorder, DSM-IV, Prevalence.

* Address for Correspondence:

Dr. Mayur Kiran Muthe, Associate Professor, Department of Psychiatry, Dr. Ulhas Patil Medical College & Hospital, N.H.No.6, Jalgaon-Bhusawal Road, Jalgaon, Khurd, Jalgaon-425309 Maharashtra, INDIA.

Email: mayurmuth@gmail.com

Received Date: 28/06/2015 Revised Date: 18/07/2015 Accepted Date: 22/08/2015

Access this article online	
Quick Response Code:	Website: www.statperson.com
	DOI: 01 December 2015

INTRODUCTION

Bipolar disorder is a severe mental illness characterized by chronicity, multiple recurrent episodes, heterogeneity and significant impairment in family, social and occupational functioning. Bipolar disorder is the eighth

greatest cause of disability in the world^{1,2,3}. Bipolar disorder (BD) is a common disorder associated with functional and cognitive impairment,^{4,5} negative health outcomes^{6,7} and increased risk of suicide.⁵ In the last decades, clinical observations have challenged the traditional concepts of BD, suggesting that its manifestations occur over a broad spectrum of severity, i.e., the bipolar spectrum.^{8,9} The identification of subjects in the bipolar spectrum that do not meet the criteria for BD type 1 or BD type 2 has had a significant impact on BD epidemiology, with a substantial increase in its prevalence.^{10,11} The first epidemiological study based on DSM-III criteria¹² estimated the lifetime prevalence of BD as 1% in the general population.¹³ In the 1990s, the DSM-IV further divided this diagnostic category into three major groups: BD type 1, BD type 2, or BD mixed

episode.¹⁴ Further community- and population-based epidemiological studies using ICD (International Coding of Diseases) and DSM diagnostic criteria estimated the lifetime prevalence of BD as 1.0-2.0%.¹⁵

AIMS AND OBJECTIVES

To study prevalence and various factors associated with Bipolar Affective Disorder at Psychiatry Inpatient Department.

METHODOLOGY

This was cross-sectional, hospital based study in all the patients admitted to Psychiatry in patient department during the year Jan 2013 to Jan 2015 at tertiary health care Centre as per DSM IV criteria, diagnosed as Bipolar Affective Disorder were 60 patients; included into the study. All the patients related information like socio-demographic characteristics were collected by the pretested, semi structured questionnaire.

RESULT

Table 1: Distribution of the Bipolar Affective Disorder Patients With Respect To Various Socio Demographic Characteristics

	Age:	No. (%)
	<15	5 (8.33%)
	15-25	17(28.33%)
	25-34	24(40.00%)
	35-44	9(15.00%)
	45-54	3(5.00%)
	55-64	1(1.66%)
	>65	1(1.67%)
Sex		
	Male	38(63.33%)
	Female	22 (36.66%)
Marital Status		
	Un-Married	30 (50.00%)
	Married	22 (36.67%)
	Separated	5 (8.33%)
	Divorced	3(5.00%)
Occupation		
	Employed	10(16.67%)
	Un-Employed	30(50.00%)
	Dependent	3(5.00%)
	Housewife	8(13.33%)
	Agricultural-Laborer	5(8.33%)
	Own-business	4(6.67%)

From Table 1: Prevalence of the Schizophrenia patients was more common in 25-34 yrs age group i.e. (40.00%), followed by 15-25 i.e. (28.33%), Was more common in Male as compared to female i.e. (63.33%) and (36.66%); also found more prevalent in Un-Married population compared to Married, separated and Divorced i.e. (50.00%), (36.67%) and (8.33%), (5.00%) respectively.

Prevalence was more in Un-employed i.e. 50.00% as compared to Employed, Agricultural-Laborer, Dependent, Own-business i.e. (16.67%), (8.33%), (5.00%), (6.67%).

Table 2: Distribution of the patients as per the Diagnostic Criteria

Diagnostic Criteria	No. (%)
BIPOLAR TYPE	
Bipolar disorder I	42 (70.00%)
Bipolar disorder II	8(13.33%)
Mixed	6(10.00%)
Missing	4(6.67%)
FIRST MOOD EPISODE	
Elevated	39 (65.00%)
Depressed	6(10.00%)
Mixed	7(11.67%)
Missing	4(6.67%)
MOOD AT STUDY ENTRY	
Euthymic	31 (51.67%)
Elevated	22(36.67%)
Depressed	5 (8.33%)
Mixed	1(1.67%)
Missing	1(1.67%)

From Table 2: it clear that in Bipolar Type; Bipolar Disorder I was most common i.e. (70.00%), in First Mood Episode; Elevated was most common (65.00%) and in Mood at Study entry Euthymic was most common (51.67%).

Table 3: Distribution of the Patients as per the Various illness related Characteristics

Characteristics	(N=60) Mean \pm S.D. Days
Age at onset	23.2 \pm 7.5
Duration of illness	8.9 \pm 7.8
No. of episodes since onset	4.4 \pm 3.8
No. Episodes hypomania	3.3 \pm 2.8
No. Episodes of Depression	1.8 \pm 3.1
Duration of illness before psychotropic drug prescription	3.1 \pm 3.2
Duration of illness before diagnosis of Bipolar disorder	2.5 \pm 3.4
Duration of illness before hospital admission	2.5 \pm 3.4

From Table 3: The Age at onset was 23.2 \pm 7.5; Duration of illness was 8.9 \pm 7.8; No. of episodes since onset was 4.4 \pm 3.8; No. Episodes hypomania was 3.3 \pm 2.8; No. Episodes of Depression was 1.8 \pm 3.1; Duration of illness before psychotropic drug prescription was 3.1 \pm 3.2; Duration of illness before diagnosis of Bipolar disorder was 2.5 \pm 3.4; Duration of illness before hospital admission 2.5 \pm 3.4.

DISCUSSION

In our study we have found that Prevalence of the Schizophrenia patients was more common in 25-34 yrs

age group i.e. (40.00%), followed by 15-25 i.e. (28.33%), Was more common in Male as compared to female i.e. (63.33%) and (36.66%; also found more prevalent in Un-Married population compared to Married, separated and Divorced i.e. (50.00%), (36.67%) and (8.33%) , (5.00%) respectively. Prevalence was more in Un-employed i.e. 50.00% as compared to Employed, Agricultural-Laborer, Dependent, Own-business i.e. (16.67%), (8.33%), (5.00%), (6.67%). Bipolar Type; Bipolar Disorder I was most common i.e. (70.00%), in First Mood Episode; Elevated was most common (65.00%) and in Mood at Study entry Euthymic was most common (51.67%). The Age at onset was 23.2 ± 7.5 ; Duration of illness was 8.9 ± 7.8 ; No. of episodes since onset was 4.4 ± 3.8 ; No. Episodes hypomania was 3.3 ± 2.8 ; No. Episodes of Depression was 1.8 ± 3.1 ; Duration of illness before psychotropic drug prescription was 3.1 ± 3.2 ; Duration of illness before diagnosis of Bipolar disorder was 2.5 ± 3.4 ; Duration of illness before hospital admission 2.5 ± 3.4 Our findings on demographic characteristics are broadly similar to findings from large scale studies that have been carried out in the developed countries Suppes *et al.* 2001 *et al*¹⁶, Kogan *et al.*, 2004¹⁷.

CONCLUSION

The various information like socio demographic factors, clinical types, and various illness related characters of Bipolar Disorder would be useful to management of it.

REFERENCES

1. Dunner D, Fieve R: Clinical factors in lithium carbonate prophylactic failure. Arch Gen Psychiatry 1974; 30: 229-233.
2. Keller MB, Lavori PW, Coryell W, Andreasen NC, Endicott J, Clayton PJ et.al: Differential outcome of pure manic, mixed/cycling, and pure depressive episodes in patients with bipolar illness. JAMA 1986; 255: 3138-3142.
3. Murray C, Lopez A: Evidence-based health policy-lessons from the Global Burden of Disease Study. Science 1996; 274: 740-743.
4. Jansen K, Magalhães PV, Tavares Pinheiro R, Kapczynski F, Silva RA. Early functional impairment in bipolar youth: a nested populationbased case-control study. J Affect Disord. 2012; 142:208-12.
5. Samame C, Martino DJ, Strejilevich AS. Longitudinal course of cognitive deficits in bipolar disorder: a meta-analytic study. J Affect Disord. 2014; 164:130-8.
6. Crump C, Sundquist K, Winkleby MA, Sundquist J. Comorbidities and mortality in bipolar disorder: a Swedish national cohort study. JAMA Psychiatry. 2013; 70:931-9.
7. Fagioli A, Forgiione R, Maccari M, Cuomo A, Morana B, Dell'Osso MC, *et al.* Prevalence, chronicity, burden and borders of bipolar disorder. J Affect Disord. 2013; 148:161-9.
8. Pompili M, Gonda X, Serafini G, Innamorati M, Sher L, Amore M, *et al.* Epidemiology of suicide in bipolar disorders: a systematic review of the literature. Bipolar Disord. 2013; 15:457-90.
9. Cassano GB, Akiskal HS, Savino M, Musetti L, Perugi G. Proposed subtypes of bipolar II and related disorders: with hypomanic episodes (orycyclothymia) and with hyperthymic temperament. J Affect Disord. 1992; 26:127-40.
10. Nusslock R, Frank E. Subthreshold bipolarity: diagnostic issues and challenges. Bipolar Disord. 2011; 13:587-603.
11. Angst J. The emerging epidemiology of hypomania and bipolar II disorder. J Affect Disord. 1998; 50:143-51.
12. Akiskal HS, Bourgeois ML, Angst J, Post R, Moller H, Hirschfeld R. Re-evaluating the prevalence of and diagnostic composition within the broad clinical spectrum of bipolar disorders. J Affect Disord. 2000; 59:S5-S30.
13. Bebbington P, Ramana R. The epidemiology of bipolar affective disorder. Soc Psychiatry Psychiatr Epidemiol. 1995; 30:279-92.
14. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). Arlington: American Psychiatric Publishing; 1994.
15. Ferrari AJ, Baxter AJ, Whiteford HA. A systematic review of the global distribution and availability of prevalence data for bipolar disorder. J Affect Disord. 2011; 134:1-13.
16. Suppes T, Leverich GS, Keck PE Jr, Nolen WA, Denicoff KD, Altshuler LL et. al: The Stanley Foundation Bipolar Treatment Outcome Network II. Demographics and illness characteristics of the first 261 patients. J Affect Disord 2001; 67: 45-59
17. Kogan JN, Otto MW, Bauer MS, Dennehy EB, Miklowitz DJ, Zhang H-W *et al.* Demographic and diagnostic characteristics of the first 1000 patients enrolled in the Systematic Treatment Enhancement Program for Bipolar Disorder (STEP-BD). Bipolar Disorders 2004; 6: 460-469.

Source of Support: None Declared
Conflict of Interest: None Declared