A RETROSPECTIVE STUDY ON PREVALENCE OF PRIOR DEPRESSIVE EPISODES IN NEWLY DIAGNOSED BIPOLAR DISORDER

ABSTRACT

Background

Bipolar illness is a lifelong disorder with majority of the time spent in depression. But a history of mania or hypomania is essential for the diagnosis of bipolar depression. When adequate past history is not available or if the patient develops depressive episodes prior to manic episodes, bipolar depression presents a diagnostic problem. On an average only after 8 years a correct diagnosis of bipolar disorder is made.

Aims and objectives

The aim of the study is to determine the prevalence of undiagnosed and misdiagnosed prior depressive episodes even before the onset of first manic episode , to identify the time taken for correct diagnosis , to look for the presence of bipolar soft signs in prior depressive episodes and to look for other clinical correlates that could facilitate early diagnosis.

Materials and methods

This is a cross sectional study done at Department of Psychiatry, Government Medical College Hospital, Tirunelveli. This study was done for a period of one year from July 2016 - June 2017. Patients diagnosed for the first time as BPAD with current episode mania/hypomania/mixed features using ICD-10 criteria and those with antidepressant induced mania/ hypomania were included in this study. Patients receiving mood stabilizers for any other reason, organic affective disorders and schizoaffective disorder were excluded. The 60 patients eventually included were re-interviewed in detail using a Semi-structured proforma and screening for past depressive symptoms was done using Patient Health Questionnaire-9.

Results

Nearly one fourth (28%) of the bipolar patients had experienced prior depressive episodes before the onset of first manic episode. The common initial presentation in bipolar disorder is mania (63%). 82% of the bipolar patients with depression as initial presentation had developed manic episodes within 3 years. The time taken for 95% of the population to receive a correct diagnosis of bipolarity is 5 months to 8.7 years. (95% confidence interval was from 0.4019 to 8.656). Female bipolar patients are more likely to have depression as the initial presentation and hence more likely to be misdiagnosed (p value was

0.001). Patients with comorbid anxiety are also more likely to have depression as the initial presentation (p value was 0.016) .The soft signs of bipolarity such as family history of bipolarity(35%), switch with antidepressants (37.5%), early age of onset (76%), brief duration of depression (41%), anxious depression (52%), psychotic (65%), melancholic(41%) and atypical (41%) depression was present to a significant extent in the initial depressive episode. Also postpartum onset (23%), agitated depression (12%) & hyperthymic temperament (12%) was present to lesser extent but recurrent depressive episodes were not found in any patient in our study.

Conclusion

The presence of the soft signs poses a reason for reassessing a diagnosis of unipolar depression. Currently there is no guideline as to how many of the symptoms need to be present. But more symptoms increase the likelihood of bipolarity. Hence validating the bipolar spectrum concept would aid in the better diagnosis of bipolar disorder.