Impact of Bipolar Depression Compared with Unipolar Depression

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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 mood symptoms can be debilitating regardless of their polarity, but depressive symptoms are generally the most impactful. A growing realization of the important role of depressive symptoms in determining bipolar disorder-associated morbidity and mortality has led to calls for increased efforts to improve recognition and treatment of bipolar depression in clinical practice.
- One of the primary barriers to improving the recognition and treatment of bipolar depression is its being misdiagnosed and consequently managed as unipolar depression. Over the past decade, significant progress has been made in delineating how bipolar depression differs from unipolar depression in physiological correlates, clinical manifestations, and response to treatment; however, little is known about the psychosocial impact of bipolar depression compared with that of unipolar depression.
- Information on the psychosocial impact of bipolar depression is necessary for understanding its personal, economic, and societal impacts; developing and implementing effective intervention strategies; and targeting those most in need of medical care.

OBJECTIVE

This US population-based study was conducted in 2002 to assess the psychosocial impact of bipolar depression compared with unipolar depression.

METHODS

- A self-administered survey was mailed in March/April 2002 to a sample (n=4810) of subjects who had previously participated in a population-based epidemiologic survey. Evaluable surveys were returned by 3191 respondents (66% response).
- The survey comprised the Mood Disorder Questionnaire (MDQ), the Center for Epidemiologic Studies Depression Scale, the Sheehan Disability Scale, the Social Adjustment Scale-Self-Report, and other questions regarding consultation patterns and mood symptoms.
- Respondents to the survey were categorized into one of three subgroups including bipolar depression-positive respondents, unipolar depression-positive respondents, and control respondents.
  - Bipolar depression-positive respondents (BD+) scored as being MDQ-positive for bipolar disorder or reported a physician diagnosis of bipolar disorder and depression.
  - Unipolar depression-positive respondents (UD+) were MDQ-negative for bipolar disorder, did not report a physician diagnosis of bipolar disorder, and reported a physician diagnosis of depression.
  - Controls were MDQ-negative and not diagnosed with bipolar disorder, depression, or other psychiatric conditions.
- Differences between subgroups were compared by using 2-tailed chi-square tests, analysis of variance (ANOVA), and odds ratios and 95% confidence intervals as appropriate. Because the subgroups differed in the demographic characteristics of age, sex, race, and household income, all analyses were controlled for these variables.

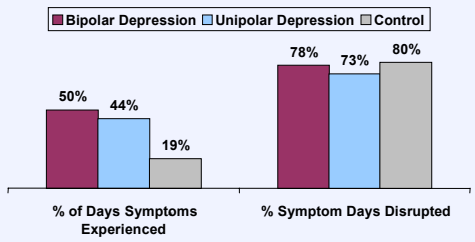
RESULTS

DATA FROM 3191 RESPONDENTS WERE ANALYZED.

	BD+ (n=395)	UD+ (n=794)	Control (n=1612)
% Male*	40	30	51
Ethnicity*			
White	91	90	87
Black	4	5	7
Other/Unknown	5	5	6
Years of Age,* %			
18 to 24	15	10	14
25 to 34	30	22	18
35 to 44	27	25	24
45 to 54	19	21	19
55 to 64	7	12	12
65 or Older	2	10	15
Region, %			
New England	5	6	5
Middle Atlantic	13	14	14
East North Central	16	16	16
West North Central	7	5	7
South Atlantic	17	20	19
East South Central	9	6	6
West South Central	13	12	11
Mountain	7	7	7
Pacific	14	15	16

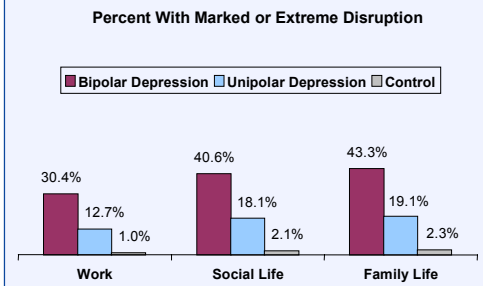
*p<0.05 among groups

BD+ RESPONDENTS EXPERIENCED DEPRESSIVE SYMPTOMS MORE OFTEN THAN UD+ RESPONDENTS DURING THE 4 WEEKS PRIOR TO THE SURVEY.



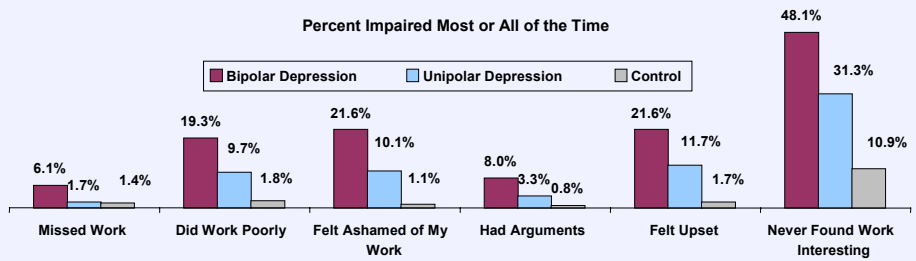
* p<0.05 for BD+ versus UD+ and controls and UD+ versus controls

BD+ RESPONDENTS WERE MORE LIKELY THAN UD+ RESPONDENTS TO REPORT MARKED OR EXTREME DISRUPTION DURING THE 4 WEEKS PRIOR TO THE SURVEY.



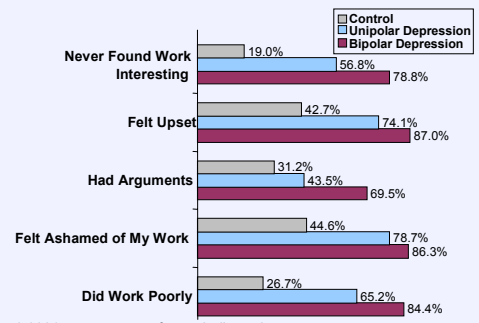
p<0.0001 among groups for each dimension

BD+ RESPONDENTS WERE MORE LIKELY THAN UD+ RESPONDENTS TO REPORT BEING IMPAIRED MOST OR ALL OF THE TIME DURING THE 4 WEEKS PRIOR TO THE SURVEY.



p<0.0001 among groups for each dimension except for missed work

MORE BD+ THAN UD+ RESPONDENTS ATTRIBUTED THEIR IMPAIRMENT TO DEPRESSIVE SYMPTOMS.



p<0.0001 among groups for each dimension

CONCLUSIONS

- According to patients' self-reports, bipolar depressive symptoms compared with unipolar depressive symptoms are more frequent, more severe, and cause significantly greater disruption of occupational, family, and social functioning.
- These findings underscore the importance of improving recognition and management of bipolar depression.

CONTACT INFORMATION

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