Psychosocial Impact, Work, and Legal Complications Among Antidepressant Non-Responders Who Screen Positive for Bipolar Disorder

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ABSTRACT (Revised)

Objective

To assess impairment associated with undetected bipolar disorder (BPD) risk among patients currently in treatment for unipolar depression.

Method

Psychiatrists from community and private practice clinic settings randomly selected patients with unipolar depression that have failed one or more antidepressant (AD) medication trials. Patients with a prior diagnosis of BPD, OCD, or schizophrenia were excluded. Patients who screened positive on the Mood Disorder Questionnaire (MDQ) were considered "undetected" BPD. Medical record abstraction obtained patient history as well as current and prior AD medication use. A self-administered survey collected patient demographics, Quality of Life Enjoyment and Satisfaction data (QLESQ-SF), work and social and family life disruption via Sheehan Disability Scale (SDS), work impairment via Work and Social Adjustment Scale (WSAS) and legal complications via the legal status section of the Addiction Severity Index (Legal).

Results

Data were collected from 602 patients. A total of 18.6% (112 patients) were MDQ positive. Compared with MDQ negative patients, MDQ positive patients had lower QLESQ-SF (F=3.7, p<.055), more SDS disruption in work (F=6.5, p<.011) social (F=8.2, p<.004) and family (F=12.1, p<.001) domains, more WSAS work impairment (F=14.4, p<.0001), more past legal complications (chi=5.7, p<.017) as well as risk of legal complications (chi=10.2, p<.001) if caught.

Conclusions

These findings suggest that patients with depression with undetected BPD risk were impaired in a variety of functional areas and should be carefully evaluated for BPD so that appropriate treatments can be offered.

INTRODUCTION

The recognition, diagnosis and treatment of bipolar disorder has received a lot of attention in the recent years. The depressive phase of bipolar disorder is often difficult to characterize clinically and to differentiate from unipolar major depression. Consequently, it is increasingly recognized that bipolar disorder is often misdiagnosed as unipolar depression, and patients suffering from bipolar disorder often receive inappropriate treatment. A number of studies have recorded significant delays in the correct diagnosis of bipolar disorder, with up to 10 years typically passing from the first onset of symptoms to the correct diagnosis of bipolar disorder [1,2,3].

As more depressed patients are being treated in primary care settings without specialized psychiatric care, the need for correct diagnosis of bipolar disorder and differentiation from unipolar depression has become particularly important[4]. The misdiagnosis of bipolar disorder as unipolar depression has clinically significant consequences. Antidepressant monotherapy treatment without concomitant mood stabilizers may lead to the induction of mania and rapid cycling and delaying appropriate treatment may lead to the worsening of the course of bipolar disorder and the development of treatment resistance [5,6].

It is important that clinicians become fully aware of the psychosocial impact of undetected bipolar disorder. In the present study we assessed the impact of undetected bipolar disorder risk, as identified by the MDQ, in a sample of patients taking antidepressants for the treatment of major depression in psychiatric outpatient settings.

METHODS

Selection of Subjects

- Psychiatrists from private practice and clinic settings (N=63) were asked to identify their next 10 patients with major depression who had experienced one or more prior medication failure (defined as a change in their depression medication or regimen).
- Patient eligibility criteria:
  - Aged 18+, currently in treatment for major depression
  - Not diagnosed with BPD, OCD, schizophrenia or schizoaffective disorder
  - They had received treatment for major depression for at least three months and had one or more medication changes during their current episode, or
  - If treated less than three months, they had changed medications at least three times

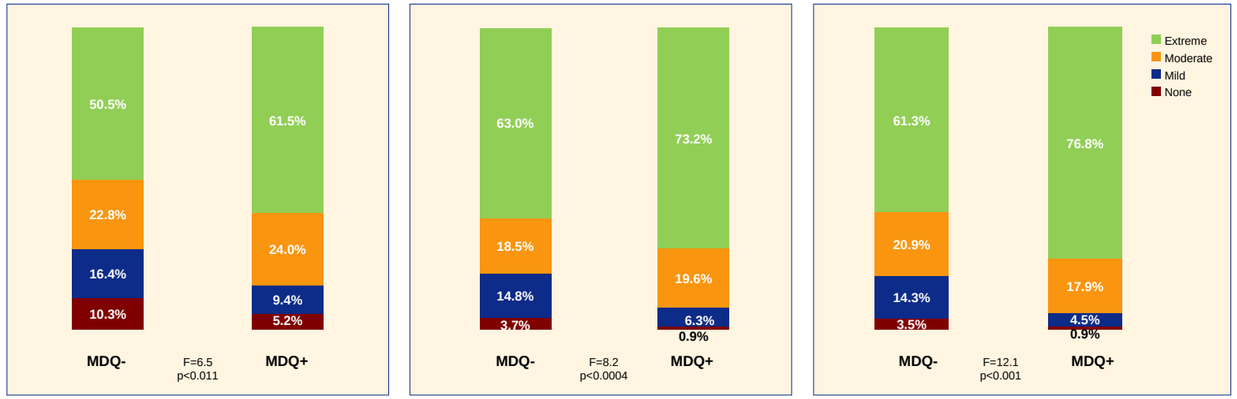
Instruments

- **Patient survey:** Patient demographic and family history; the Mood Disorder Questionnaire (MDQ); Work and Social Adjustment Scale (WSAS); Quality of Life Enjoyment and Satisfaction Questionnaire Short Form (QLESQ-SF); Sheehan Disability Scale (SDS); legal problems were assessed with the legal status section of the Addiction Severity Index (ASI)
- **A medical records abstraction form:** Patient and family health history; lifetime history of major depression; current episode of major depression; prescription drug treatment history; number of prior antidepressant medication failures; health care resource use; and outcomes of treatment

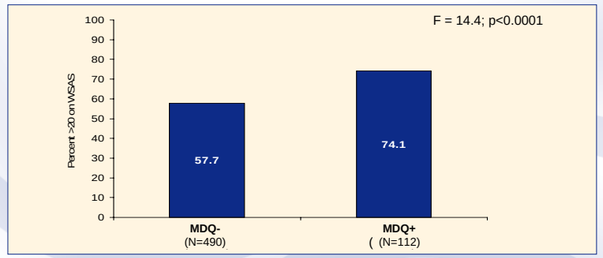
RESULTS

Patients Demographics	N (%)	MDQ Positive %
Total	**602 (100%)**	**18.60**
Gender		
Females	462 (76.74)	18.83
Age (Mean = 47.9, Median = 48.0)		
18-24	22 (3.67)	27.27
25-44	212 (35.33)	22.64
45-64	316 (52.67)	16.46
65+	50 (8.33)	12.00
Ethnic Background		
African American	51 (8.5)	17.65
Caucasian	512 (86.39)	17.69
Other	31 (5.1)	37.9
Of Spanish or Hispanic Heritage	20 (3.4)	15.00
Marital Status		
Single	102 (17)	20.59
Married	298 (49.67)	21.14
Divorced	128 (21.33)	16.41
Separated	29 (4.83)	13.79
Widowed	43 (7.17)	6.98
Income		
<$20,000	254 (43.2)	15.75
$20,000 to $39,999	130 (22.11)	26.15
$40,000 to $59,999	104 (17.69)	13.46
$60,000 to $79,999	46 (7.82)	26.09
$80,000 to $99,999	16 (2.72)	6.25
$100,000 to $119,999	11 (1.87)	9.09
$120,000+	27 (4.59)	25.93
Employment Status		
Currently Employed	254 (42.83)	18.90%
Retired	58 (9.78)	17.24%
Homemaker	44 (7.42)	18.18%
Student	9 (1.52)	33.3%
Disabled	165 (27.82)	19.39%
Unemployed	58 (9.78)	13.79%
Other	5 (0.84)	20.00%

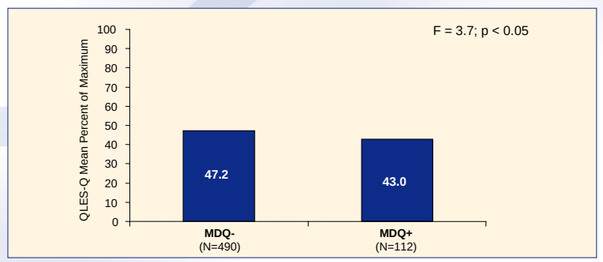
MDQ+ cases reported significantly more disruption in Work/School, Social and Family domains due to depressive symptoms



Significantly more work-related impairment was seen among the MDQ+ group on the WSAS (using >20 point cut score)



Significantly lower quality of life was seen among MDQ+ cases on QLESQ-SF



Significantly more legal problems (ASI) are seen among the MDQ+ cases (based on legal status section of Addiction Severity Index)

	MDQ-	MDQ+	Chi Square	P Value
Net of Any Serious Legal Problems Mentioned	42.4%	55.1%	5.74	.017
Risk of Legal Problems	20.5%	34.9%	10.24	.001

DISCUSSION

- Nearly one in five (18.6%) study patients with depression who had ≥1 prior antidepressant failures screened positive on the MDQ.
- Patients currently in treatment for unipolar depression should be carefully evaluated for clinical signs of bipolar disorder.
- Study results indicated that bipolar disorder risk (MDQ+) in this sample of currently treated patients with depression was associated with:
  - More work/school disruption
  - More social disruption
  - More family disruption
  - Greater impairment in work functioning
  - Worse quality of life
  - Greater risk of legal complications

CONCLUSION

- This study confirms that the presence of bipolar disorder risk among people with unipolar depression has significant consequences in the areas of work, social and family functioning.
- Clinicians should carefully evaluate depression patients for BPD – in particular those with a prior AD medication failure - so that appropriate treatments can be offered.

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