Comparative Study Between Rapid-cycling and Non-rapid-cycling Bipolar Disorder: Clinical, Psychological and Sociodemographic Factors

H. El-Boraie

ABSTRACT

Objectives: To assess sociodemographic, clinical and psychological features of subjects with rapid-cycling bipolar disorder (RC) that differentiate them from those with non-rapid-cycling bipolar disorder. Subjects and methods: The study has been done in psychiatry department in Mansoura University hospital. In this work, 40 patients diagnosed as rapid cycling bipolar disorder according to DSM-IVTR (2000) criteria were compared with 40 patients diagnosed as non rapid cycling bipolar disorder. Both groups had undergone demographic, clinical assessment, psychometric assessment using: A- Manic State Rating Scale (Biegel etal 1971) for manics. B- Hamilton Depression Rating Scale (Hamilton, 1960) for depression. C- Personality Assessment Form (Shea et al., 1987). D- Life Events Questionnaire (Horowitz et al., 1977) and EEG. Results: The RC patients had significantly more episodes during last year before assessment than the non-RC patients. No difference was found regarding the age of onset of illness or type of disorder whether bipolar I or II in both RC and non-RC. The onset of illness began in most of RC cases with depression while it began with mania or hypomania in most of non-RC cases. Most of RC cases were exposed to stressors before 1st episode and being females RC group had significant more family history of bipolar mood disorder and major depressive disorder than non-RC group. Life stressors and borderline personality disorder was more common in RC than the non-RC. RC cases showed evidence of epileptogenic dysfunction more than non-RC cases. Conclusion: Rapid-cycling among patients with bipolar affective disorders is important because of its implications for long-term prognosis and for the use of anti-depressants and mood stabilizers. Psychiatrists must be alert to features that make the patient liable to RC with aim of intervention.

Introduction:

Bipolar disorder may be more prevalent than previously believed. Because a substantial number of patients with bipolar disorder present with an index depressive episode, it is likely that many are misdiagnosed with unipolar major depression. Even if a correct diagnosis is made, depressive symptoms in bipolar disorder are notoriously difficult to treat. Patients are often treated with antidepressants, which if used improperly, are known to induce mania and provoke rapid cycling (Goldberg, 2003). Maj et al. (1994) noted that there was no difference in switch rates between TCAs and SSRIs in a bipolar RC population. Although Peet (1994) suggested that SSRIs induce a manic switch less often than TCAs. However, Kupka et al, (2003) mentioned that in 46% of cases, a rapid cycling course was preceeded by treatment with antidepressants, but systematic data on their causal role are laking. Bipolar affective disorder (BPAD) is a multifactorial disorder with various clinical presentations. Etiologic heterogeneity may partly underlie the phenotypic heterogeneity. Efforts to dissect BPAD have been based on the course of the disorders (BPI versus BPII or rapid cycling), differences between the sexes and clinical patterns (Leboyer et al, 2005). The rapid cycling (RC) pattern of mood disorder is characterized by at least four affective episodes (manic, hypomanic or major depressive) during the last year, different episodes must be demarcated by a switch to an episode of opposite polarity or a period of remission of at least two months (Calabrese, 2005). Cycle frequency of mood variation in bipolar disorder varies in a range from illness free spells of many years duration, to mood variations of an extreme form occurring over the course of hours or minutes (Goodwin & Jamison, 1990). A subclassification has been developed, determined by the cycle frequency variation