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Title: **Predictors and outcomes of somatization in bipolar I disorder: A latent class mixture modeling approach**

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Abstract

Background: Mood disorders are often associated with somatic symptoms. The role of somatic symptoms on disease progression in unipolar depression is substantially better characterized than that role in bipolar disorder. Moreover, the contribution of comorbid anxiety disorders and medical illness is not well understood.

Method: We investigated 527 patients with bipolar I disorder clustered within 102 families using a latent class approach. Predictors were added stepwise into the model. Anxiety and commonly associated medical illnesses were added as covariates.

Results: The rate of somatic symptoms in this sample was 73% (mean 1.7 symptoms), and 27.3% had a comorbid anxiety disorder. A two-class model, with a subgroup at high-risk for somatization, gave the best fit to the data. Multilevel mixture modeling accounted for family clusters. Somatic symptoms were independently associated with disease severity, defined as earlier age of first seeking psychiatric help ($x=21.7$ vs $x=24.7$, $p=0.005$) and first psychiatric hospitalization ($x=25.7$ vs $x=28.2$, $p=0.03$), greater probability of attempting suicide ($x=0.41$ vs $x=0.32$, $p=0.047$), and rapid-cycling disease course ($x=0.57$ vs $x=0.36$, $p<0.001$). Persons with few or no somatic symptoms were more likely to be hospitalized for severe mania ($x=0.63$ vs $x=0.51$; $p=0.013$), but did not significantly differ in hospitalization for severe depression.

Limitations: The study is correlational. Information on pharmacologic interventions and comorbid diseases was limited.

Conclusions: Somatic symptoms in bipolar disorder could be an independent indicator for disease severity, suicidality, and rapid-cycling disease course. In severe mental illness, somatic and psychological symptoms must be jointly addressed.

Keywords

bipolar disorder, somatic, somatization, medical, physical symptoms, anxiety

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