

Original article

Lifetime psychiatric disorders: A comparison study between offspring of parents with bipolar disorder type-I versus the offspring of community controls parents[☆]



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ABSTRACT

Introduction: Literature reports show that bipolar offspring (BO) present with a wide range of psychiatric disorders. Comparison between BO and control parent offspring (CPO) may help to identify which psychopathological findings are specific to this high-risk group.

Objective: To compare the psychopathological characteristics between a group of BO type-I and a group of CPO, by identifying the presence of psychiatric disorders according to the DSM-IV-TR.

Methods: A descriptive-correlational, cross-sectional and comparative study was conducted with 127 offspring of parents with bipolar disorder type-I from the multimodal intervention programme (PRISMA) and with 150 CPO between 6 and 30 years of age. Subjects were evaluated with validated diagnostic interviews (K-SADS-PL and DIGS).

Results: The BO group showed higher frequencies for bipolar disorder (prevalence ratio [PR] = 17.70; 95% confidence interval [CI]; 1.02–306.83), bipolar disorder not otherwise specified (PR = 23.07, 95% CI; 2.8–189.0, $p = 0.0001$), disorders due to psychoactive substance use (PR = 9.52, 95% CI; 2.93–30.90), oppositional defiant disorder (PR = 4.10, 95% CI; 1.70–9.89), post-traumatic stress disorder (PR = 3.90, 95% CI 1.30–11.66), disorder due to alcohol use (PR = 3.84, 95% CI; 1.28–11.48), attention deficit/hyperactivity disorder (PR = 2.26, 95% CI; 1.37–3.75), and major depressive disorder (PR = 2.25, 95% CI; 1.13–4.50). Statistically significant differences were also found in the CGAS and GAF functional scales, with lower scores for the BO group.

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Conclusion: These findings confirm previous literature reports showing that BO have higher rates of affective and non-affective psychiatric disorders than control subjects, and also a lower level of global functioning.

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Trastornos psiquiátricos a través de la vida: un estudio de comparación de hijos de padres con trastorno afectivo bipolar tipo I frente a hijos de padres controles de la comunidad

R E S U M E N

Palabras clave:

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Introducción: Reportes en la literatura muestran que los Hijos de Padres con Trastorno Bipolar tipo I (HPTB) manifiestan un amplio rango de trastornos psiquiátricos. La comparación entre los HPTB y los Hijos de Padres Control (HPC) permite establecer cuáles hallazgos psicopatológicos son específicos de este grupo de alto riesgo.

Objetivo: Comparar las características psicopatológicas entre un grupo de HPTB tipo I y un grupo de HPC, mediante la identificación de la presencia de trastornos psiquiátricos según el DSM-IV-TR.

Metodología: Se realizó un estudio descriptivo-correlacional, comparativo de corte transversal con 127 Hijos de Padres con TAB tipo I (HPTB-I) dentro de un programa de intervención multimodal (PRISMA) y 150 HPC, con edades entre los seis y 30 años. Los sujetos fueron evaluados con entrevistas diagnósticas validados (K-SADS-PL y DIGS).

Resultados: El grupo de HPTB mostró mayor frecuencias de trastorno bipolar (Razón de Prevalencia [RP] = 17,70; Intervalo de Confianza [IC] del 95%, 1,02-306,83), trastorno bipolar no especificado (RP = 23,07, IC 95% 2,8 -189, p = 0.0001), trastorno por uso de sustancias psicoactivas (RP = 9,52; IC 95%, 2,93-30,90), trastorno oposicionista desafiante (RP = 4,10; IC 95%, 1,70-9,89); trastorno de estrés postraumático (RP = 3,90; IC 95%, 1,30-11,66), trastorno por uso de alcohol (RP = 3,84; IC 95%, 1,2811,48), trastorno por déficit de atención e hiperactividad (RP = 2,26; IC 95%, 1,37-3,75) y trastorno depresivo mayor (RP = 2,25; IC 95%, 1,13-4,50). También se encontraron diferencias estadísticamente significativas en las escalas de funcionalidad CGAS y GAF, con menor puntaje en el grupo de HPB.

Conclusión: Estos hallazgos confirman reportes previos de la literatura que demuestran que los HPTB presentan mayores tasas de trastornos psiquiátricos afectivos y no afectivos, y una menor nivel de funcionalidad global, al ser comparados con sujetos controles de la comunidad.

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Introduction

Bipolar affective disorder (BAD) is a recurrent entity that affects aspects of the individual's behaviour and functioning.¹ It has a prevalence of 1.3% in the general population² and 1.8% in the Colombian population.³ Several authors have demonstrated its high heritability,⁴⁻⁹ thus indicating that studying the population of children of parents with bipolar disorder (CPBD) could be an opportunity to learn about the natural history and prodrome symptoms of this condition. Moreover, it would allow for the adoption of early management strategies and the achievement of better long-term psychosocial outcomes.

Descriptions in the literature show that CPBD have a higher risk of suffering mental disorders than children of control parents (CCP).^{10,11} In the CPBD group of their meta-analysis,

Lapalme et al. found a 2.7-fold increase in the risk of a psychiatric disorder and a 4-fold increase in the risk of an affective disorder.¹² Meanwhile, Birmaher et al. found that CPBD have a 13.4-fold increase in the risk of having a bipolar spectrum disorder (BAD I-II/NOS) compared to CCP.¹³ Likewise, higher prevalences of non-affective psychopathology, subthreshold psychiatric symptoms and reduced functionality have been reported in this population; anxiety disorders, disruptive disorders and substance use disorders are the most frequently encountered conditions. However, there is still no consensus on which is the most prevalent.¹³⁻²⁵ Although there are few reports outside the United States and Europe, studies in Latin America have shown some similar results.^{11,26}

Preliminary results from a local study on children of parents with BAD-I (CPBD-I), within a multimodal intervention programme (PRISMA) conducted by our research group, show that the most prevalent diagnoses are attention deficit

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