Research paper

Psychosocial functioning in patients with psychotic and non-psychotic bipolar I disorder. A comparative study with individuals with schizophrenia

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ARTICLE INFO

Keywords:
Bipolar disorder  Schizophrenia  Psychosis  Psychosocial functioning

ABSTRACT

Background: More than 50% of individuals with bipolar disorder (BD) do not reach full psychosocial functioning, even during periods of euthymia. It has been suggested that history of psychotic symptoms is one of the factors which are associated with a worse functional outcome. The objective was to compare psychosocial functioning between patients with BD, with (BD-P), and without (BD-NP) a history of psychotic symptoms, and to examine whether the history of psychotic symptoms, or other clinical or neurocognitive variables predict psychosocial functioning.

Methods: Psychosocial functioning and neurocognition were examined in 100 euthymic patients with bipolar I disorder (50 BD-P, and 50 BD-NP), compared to 50 stabilised patients with schizophrenia (SZ), and 51 healthy controls (HC).

Results: 1) There were no differences between BD-P and BD-NP in the GAF-F score or in the FAST total score. 2) The two groups of patients with BD had better scores than SZ both in the GAF-F, and in all measures of the FAST, except for the subscale leisure time. 3) The neurocognitive composite index, verbal memory and subclinical depressive symptoms were the variables which explained a higher percentage of the variance of functional outcome.

Limitations: The cross-sectional design, and the relatively small sample size are the main limitations.

Conclusions: A history of psychotic symptoms has no relevant impact on the level of psychosocial functioning in BD. Neurocognitive dysfunction and subclinical depressive symptoms are the variables that best explain the functional impairment. These findings have important clinical implications.

1. Introduction

Functional impairment is commonly encountered among patients with bipolar disorder (BD) (Huxley and Baldessarini, 2007). Even during periods of remission, more than 50% of individuals with BD do not reach full psychosocial functioning (Goldberg et al., 1995; Tohen et al., 2003). Functional impairment affects overall functioning (Gitlin and Miklowitz, 2017), entailing high rates of work disability and unemployment (Peters et al., 2016). BD has been ranked fifth among the causes of the global burden of disease linked to mental and substance use disorders (Ferrari et al., 2016). The causes of functional impairment in BD are not well known. It has been associated, among others, with social and academic premorbid adjustment (MacQueen et al., 2001; Ratheesh et al., 2017), baseline disability status (Deckersbach et al., 2016), or different clinical variables, such as early age at onset, comorbidity, current antipsychotic use, sleep disturbance, or body mass index (Baune and Malhi, 2015; Comes et al., 2017; Dell’Osso et al., 2017; Gitlin and Miklowitz, 2017). Importantly, the number of manic episodes has been correlated with the severity of cognitive dysfunction (Cavanagh, 2002; Eric et al., 2013), especially in BD type I (Saito et al.,...
Patients with BD experience a decreased neurocognitive function in a variety of domains (Martínez-Arán et al., 2004; Quraishi and Frangou, 2002; Sánchez-Morla et al., 2009; Santos et al., 2014; Soni et al., 2017). Numerous studies have supported that neurocognitive impairment has a negative effect on social functioning (Baune and Malhi, 2015; Deppe et al., 2012; Duarte et al., 2016; Levy and Manove, 2012). Moreover, some specific domains such as verbal memory (Altschuler et al., 2008; Bonnín et al., 2010), executive function (Altschuler et al., 2007, 2008; O'Donnell et al., 2017; Soni et al., 2017), attention (Bearden et al., 2011; Martino et al., 2009), working memory (Bearden et al., 2011; Martínez-Arán et al., 2007), or speed of processing (Mur et al., 2009) have been specifically associated with functional impairment. However, the effect of neurocognition on functional outcome has been modest (Aparicio et al., 2017; Deppe et al., 2012; Wingo et al., 2009). Moreover, this effect could be mediated by other cognitive measures such as emotion processing (Aparicio et al., 2017; Van Rheenen and Rossell, 2014a), or theory of mind (Konstantakopoulou et al., 2016).

The presence of a history of psychotic symptoms (BD-P) has been related to a greater impairment on psychosocial functioning both in adults (Canuso et al., 2008; Dell'Ossò et al., 2017; Goes et al., 2007; MacQueen et al., 2001), and in youth with bipolar disorder (Hua et al., 2011), although some studies have found discrepant (Simonsen et al., 2010; Soni et al., 2017) or mixed results (Correll et al., 2001). In addition, the differences between patients with BD-NP from those with BD-P could be circumscribed only to certain areas of functioning, such as interpersonal relationships, or recreational area (Calderiero et al., 2017). Therefore, the predictive capability of psychotic symptoms in patients with bipolar disorder on functional outcome is inconclusive.

Schizophrenia (SZ) is also a relatively common disorder (Saha et al., 2005) which is associated with high levels of psychosocial impairment (Chen et al., 2017; Schennach et al., 2012; Spellmann et al., 2012). Comparing the functional outcome of patients with SZ and BD is, at least, clinically relevant, especially with a view to establishing if specific functional remediation programmes are needed for each disorder. In general, it is assumed that patients with schizophrenia have a worse psychosocial functioning than patients with a mood disorder. However, few studies have compared the psychosocial functioning of patients with SZ and BD, providing differing results. Some studies have found that patients with BD have a functional impairment which is smaller than that observed in patients with SZ (Laes and Sponheim, 2006; Mancuso et al., 2015; Velthorst et al., 2016). However, contradictory results have also been found. In the study of Dickerson et al. (2001), differences were not observed on most of the measures related to psychosocial functioning and quality of life. Similarly, Yasuyama et al. (2016) have not found differences in the level of psychosocial functioning between patients with BD and SZ, while Bellack et al. (1989) only observed these differences in patients with SZ who had prominent negative symptoms.

This study has three objectives: 1) To examine whether there are differences in the psychosocial functioning between patients with BD-P and BD-NP; 2) To examine if there are differences in the level of psychosocial functioning between patients with BD and patients with SZ; 3) To identify which factors (especially clinical and neurocognitive) explain the functional outcome in patients with BD, establishing whether the existence of a history of psychotic symptoms affects significantly the functional outcome.

We hypothesised that patients with BD-P have worse functioning than patients with BD-NP. Likewise, patients with SZ have worse functioning than both groups of patients with BD. Furthermore, neurocognition, and the presence of a history of psychotic symptoms constitute the most important factors explaining the functional impairment of patients with BD.
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