

Looking for bipolar spectrum psychopathology: identification and expression in daily life

Molly A. Walsh^{a,*}, Amethyst Royal^a, Leslie H. Brown^{a,b},
Neus Barrantes-Vidal^{a,c,d,e}, Thomas R. Kwapil^a

^aUniversity of North Carolina at Greensboro, PO Box 26170, Greensboro, NC 27402-6170

^bWestern Psychiatric Institute and Clinic, Pittsburgh, PA 15213, USA

^cUniversitat Autònoma de Barcelona 08193 Barcelona, Spain

^dSant Pere Claver–Fundació Sanitària 08004 Barcelona, Spain

^eCIBERSAM, Spanish Ministry of Health, Instituto de Salud Carlos III

Abstract

Objectives: Current clinical and epidemiological research provides support for a continuum of bipolar psychopathology: a bipolar spectrum that ranges from subclinical manifestations to full-blown bipolar disorders. Examining subthreshold bipolar symptoms may identify individuals at risk for clinical disorders, promote early interventions and monitoring, and increase the likelihood of appropriate treatment. The present studies examined the construct validity of bipolar spectrum psychopathology using the Hypomanic Personality Scale.

Methods: Study 1 used interview and questionnaire measures of bipolar spectrum psychopathology in a sample of 145 nonclinically ascertained young adults. Study 2 assessed the expression of the bipolar spectrum in daily life using experience sampling methodology in the same sample.

Results: In study 1, Hypomanic Personality Scale scores were positively associated with clinical bipolar disorders, bipolar spectrum disorders, the presence of hypomania or hyperthymia, depressive symptoms, poor psychosocial functioning, cyclothymia, irritability, and symptoms of borderline personality disorder. In study 2, bipolar spectrum psychopathology was associated with negative affect, thought disturbance, risky behavior, and measures of grandiosity. These findings remained independent of clinical bipolar disorders.

Conclusions: In the present studies, bipolar-like disruptions in cognition, affect, and behavior were not limited to clinical diagnoses or mood episodes, providing further validation of the bipolar spectrum construct. The bipolar spectrum model appears to provide a conceptually richer basis for understanding and ultimately treating bipolar psychopathology than current diagnostic formulations.

© 2012 Elsevier Inc. All rights reserved.

Recent literature supports a broad spectrum of bipolar psychopathology [1–5]. This spectrum includes but extends beyond bipolar diagnoses listed in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR [6])*. The present studies examined the construct validity of bipolar spectrum psychopathology in a nonclinically ascertained sample of young adults. Study 1 used interview and questionnaire measures of bipolar spectrum psychopathology, and study 2 assessed the expression of the bipolar spectrum in daily life using experience sampling methodology (ESM).

1. A broader spectrum of bipolar psychopathology?

Recent reports of the lifetime prevalence of bipolar disorder estimate that 2% of the population qualify for bipolar I and II disorders [7]. Bipolar disorders are a leading cause of premature mortality (largely from suicide and accidental death) and are associated with significant impairment in functioning [8–11]. However, there is considerable epidemiological and clinical evidence to support a wider bipolar spectrum that extends beyond the boundaries of the *DSM-IV-TR* and is associated with impairment and distress. For example, Akiskal [4] proposed additional bipolar diagnoses including bipolar II 1/2 (major depression superimposed on cyclothymic temperament), bipolar III (major depression plus hypomania resulting from somatic treatment), and bipolar IV (major depression

* Corresponding author. Department of Psychology, University of North Carolina at Greensboro, PO Box 26170, Greensboro, NC 27402-6170, USA. Tel.: +1 336 256 0045; fax: +1 336 334 5066.

E-mail address: msarmist@uncg.edu (M.A. Walsh).

superimposed on hyperthymic temperament). Consistent with the *DSM-IV-TR*, the conditions of Akiskal represent discrete diagnostic categories.

However, clinical and research findings suggest that categorical diagnostic systems may be too stringent to detect bipolar psychopathology in the general population, particularly among adolescents and young adults (eg, Angst et al [5]). Using data from a prospective 20-year community study of young adults, Angst et al [5] found that 9% of their sample met criteria for subthreshold bipolar symptoms, indicating that there are clinically relevant symptoms of bipolar disorder that do not fall within current diagnostic nomenclature and, therefore, may not be recognized or treated in clinical practice. Angst [12] described hypomanic episodes lasting shorter than the 4-day duration in the *DSM-IV-TR* that were associated with impairment and risk for developing bipolar disorders. Furthermore, Judd and Akiskal [13] found that individuals with histories of manic episodes, hypomanic episodes, or subthreshold symptoms exhibited impaired functioning and increased use of mental health services compared with control participants. Merikangas et al [7] included subthreshold bipolar disorder as part of the National Comorbidity Replication Study. Of the 9282 adults surveyed, 2% met criteria for lifetime subthreshold bipolar disorder. Moreover, 46% of the subthreshold group reported impairment in the past year. Thus, subthreshold bipolarity is a significant public health concern and heralds risk for the development of bipolar disorders.

Akiskal [4] suggested that 30% to 70% of patients with unipolar depression fall within his extended range of bipolar disorders. This finding, albeit controversial, suggests that bipolar disorders are more common than expected and often misdiagnosed as unipolar depression. Broadening the diagnostic criteria has important implications for understanding etiology, developmental trajectories, and treatment of mood disorders. Examining subthreshold bipolar symptoms may identify individuals at risk for clinical disorders, promote early intervention, and increase the likelihood of patients receiving appropriate treatment [14].

2. Characteristics of bipolar spectrum psychopathology

Whether defined narrowly (eg, *DSM-IV-TR*) or broadly (eg, the current subclinical and clinical conceptualizations), bipolar spectrum psychopathology involves dysregulation in mood, cognition, and behavior. With regard to mood, bipolar spectrum psychopathology is characterized by extreme manifestations of euphoria, dysphoria, and irritability as well as lability of affect [6]. Disruptions in cognition include changes in form of thought, such as racing thoughts and fullness of thought, as well as in content of thought, such as grandiosity and numerous (often unrealistic) plans. Behavioral and somatic changes include increased energy and sociability, behavioral disinhibition and impulsivity, and decreased need for sleep.

Research has also considered the extent to which bipolar symptoms are episodic or trait like. Akiskal et al suggested that 4 affective temperaments underlie bipolar spectrum psychopathology [15–17]: hyperthymia, dysthymia, cyclothymia, and irritability. The *DSM-IV-TR* partially recognizes the expression of cyclothymia and dysthymia (although the diagnoses do not map on perfectly to the formulations of Akiskal et al). The inclusion of these diagnoses suggests that some people are likely to experience trait-like mood symptoms—although the *DSM-IV-TR* classifies cyclothymia and dysthymia as episodic Axis I disorders rather than temperaments. The irritable temperament per se is not included in the *DSM-IV-TR*, although it is associated with both bipolar and borderline personality disorders [17–19].

Angst [20] included borderline personality disorder as part of the bipolar spectrum, suggesting that it is an intermediate step between subthreshold bipolar disorders and affective temperaments. Angst contended, however, that the relation of personality disorders to bipolar disorders remains unclear and warrants further study. A review of the phenomenology of borderline personality and bipolar disorders suggests that they are overlapping yet distinct constructs, sharing features of affective dysregulation and impulsivity [21].

3. Assessment of bipolar spectrum psychopathology

Assessment and validation of a broader spectrum of bipolar psychopathology have proven difficult, in part, due to a lack of reliable instruments. The self-report Hypomanic Personality Scale (HPS [22]) offers a promising point of entry for studying the construct. The scale, which was designed to identify individuals at risk for bipolar disorders, assesses mild, trait-like manic functioning. Eckblad and Chapman [22] indicated that 77% of high HPS scorers met criteria for a hypomanic episode compared with none of the control participants. A 13-year follow-up of this sample [23] reported that 28% of the HPS group met criteria for a hypomanic episode within the past 2 years, compared with 3% of the control group. Furthermore, 25% of the HPS group and none of the control group met criteria for bipolar disorders. Subsequent studies (eg, Meyer and Hautzinger [24], Hofmann and Meyer [25], and Johnson and Jones [26]) have supported the validity of the HPS as a screening measure of bipolar spectrum psychopathology.

4. Expression of bipolar spectrum psychopathology in daily life

One way to enhance understanding of bipolar spectrum psychopathology is to examine its expression in daily life. Researchers have recently begun using ESM to examine the expression of clinical and subclinical psychopathology in daily life (eg, Myin-Germeys et al [27] and Brown et al [28]). Experience sampling methodology is a widely used, within-

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات