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Effectiveness of Individual Psychoeducation on Recurrence in Bipolar Disorder; A Controlled Study

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A B S T R A C T

This research was conducted as an controlled experimental study which aimed to determine the effectiveness of individual psychoeducation program on recurrence rate during 1 year follow up period. The study included eighty-two patients who had been diagnosed with bipolar disorder. There were no hospitalizations in intervention group, while 7.3% of control patients experienced hospitalizations; recurrence rates were 18.9% in the intervention group patients and 34.1% in the control group patients, but statistical significant difference between the groups was not found. Four sessions of individual psychoeducation may have some positive effects but seem to be ineffective for preventing recurrences in patients with bipolar disorder during one year prospective follow up.

Bipolar disorder (BD) is a life-long recurrent illness which has an increasingly negative impact on patients and their families by causing difficulties in social adjustment (Culver, Arnow, & Ketter, 2007; Post & Altshuler, 2007). The recurrence rate for mania and depression in BD is approximately 50% at one year and 70% at five years (Altshuler, Gitlin, Mintz, Leight, & Frye, 2002; Gitlin, Swendsen, Heller, & Hammen, 1995). Recurrence prevention teaches patients to recognize and management of early warning signs of mania and depression that can increase the time period between recurrences and reduce the hospitalization rates (Morriss et al., 2007).

Psychoeducation is defined as a systematic, structured and pedagogic approach to the illness and its treatment. Psychoeducation includes educational and psychosocial objectives which require the use of pedagogical methods and techniques to develop a permanent behavioral change in the patient. With structured psychoeducation programs, patients can increase the quality of their lives by developing their basic knowledge about BD, including information about the recurrence rate of the illness, medication and its adverse effects, triggering factors, the importance of adherence to drugs, how to control the symptoms, stress management, the risk of suicide, pregnancy, stigmatization, recognition of early recurrence symptoms, the avoidance of use of alcohol and other substances and the importance of leading a well-structured life (Colom, Vieta, & Martinez-Aran, 2003; Van Gent, 2000; Worley, 1997). Furthermore, psychoeducation is a relatively straightforward, cost-effective (Scott et al., 2009; Yatham et al., 2009) technique with a broad range of potential beneficiaries (Roso, Moreno, & Costa, 2005). Psychoeducation can be applied as group psychoeducation (Colom, Vieta, & Martinez-Aran, 2003; Colom et al., 2003) or individual psychoeducation (Perry, Tarrier, Morriss, McCarthy, & Limb, 1999).

Perry et al. (1999) found out that following individual psychoeducation given in 7 to 12 sessions, the number of recurrences of manic episodes decreased by 30%; and the duration of time before the first manic recurrence was longer; that hospitalization rates were decreased (Perry et al., 1999). Javadpour, Hedayati, Dehbozorgi, and Azizi (2013) showed that following individual psychoeducation given in 8 sessions, there was a decrease number of relapses, in the rates of hospitalization and medication compliance than it was evident in the control groups (Javadpour et al., 2013). Colom, Vieta, and Martinez-Aran (2003) demonstrated that patients taking psychoeducation experienced fewer recurrences of all periods of extreme mood during the two-year follow-up and that individual cases of hospitalization and its duration decreased, although the number of patients in need of hospitalization did not change (Colom, Vieta, & Martinez-Aran, 2003). Another study showed that sixteen sessions of group psychoeducation was ineffective in preventing mood episodes in a sample of bipolar patients (Pellegrinelli et al., 2012). Bauer et al. (2006) reported that group psychoeducation was related to shorter time periods in which manic episodes occurred (Bauer et al., 2006).

Within different studies, number of psychoeducation sessions vary from 6 (Cakir, Bensusan, Akca, & Yazici, 2009; Cam & Cuhadar, 2014; Colom & Vieta, 2006; Eker & Harkın, 2012; Parikh et al., 2012) to 21 (Kurdal, Tanriverdi, & Savas, 2014). Individual psychoeducation (Javadpour et al., 2013; Perry et al., 1999) is practiced in 7 or 8 sessions. Well-conducted studies have demonstrated the objective efficacy of group psychoeducation (Castle et al., 2010; Madigan et al., 2012; Michalak, Yatham, & Lam, 2005), but studies have reported a 25% drop out rate for 21 session courses (Colom & Vieta, 2006), a 36% dropout rate for 6 sessions (Parikh et al., 2012) and a 20.2% dropout rate for a

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6 sessions psychoeducation program (Cakir et al., 2009). High dropout rates may be related to having a large number of sessions and larger group settings. In order to minimize the dropout rates, the psychoeducation program here is delivered individually and in 4 sessions.

It is believed that if psychiatric nurses undertake education requirements of the patients and their families as a part of rehabilitation practice develop psychoeducation programs in this direction and put them into practice, will improve the outcome of BD (Gumus, 2006). This study aimed to examine the effectiveness of adds on individual psychoeducation in recurrence rate of the illness.

METHODS

Study Design

The study was designed as an experimental design: with a pretest-posttest control group and repeated measures.

Participants

The project was conducted between June 2011–April 2013 with 82 outpatients in outpatient mental health clinic of an university hospital. Patients were assigned equally into two groups: an intervention group (IG) and a control group (CG). For various reasons, 4 patients from the IG discontinued the psychoeducation sessions, but all the patients in the CG took part in the study (Fig. 1). Thus, the final study was completed with a total of 78 patients, 37 from the IG and 41 from the CG. The power calculations suggested that 37 IG and 37 CG would be sufficient based on a power calculation of 95% and a significance level of 5%.

In order to ensure homogeneity between the IG and CG in terms of characteristics, randomization methods were used in the study. Systematic sampling is an often used sampling strategy and cost effective. For this reason, it was used for randomization. First, the numbers of patients who met the criteria to participate in the research were saved in a computer and the population (N = 200) was divided by sample size (n = 82). The sampling interval (K) was calculated (K = N/n) as K = 2.44.

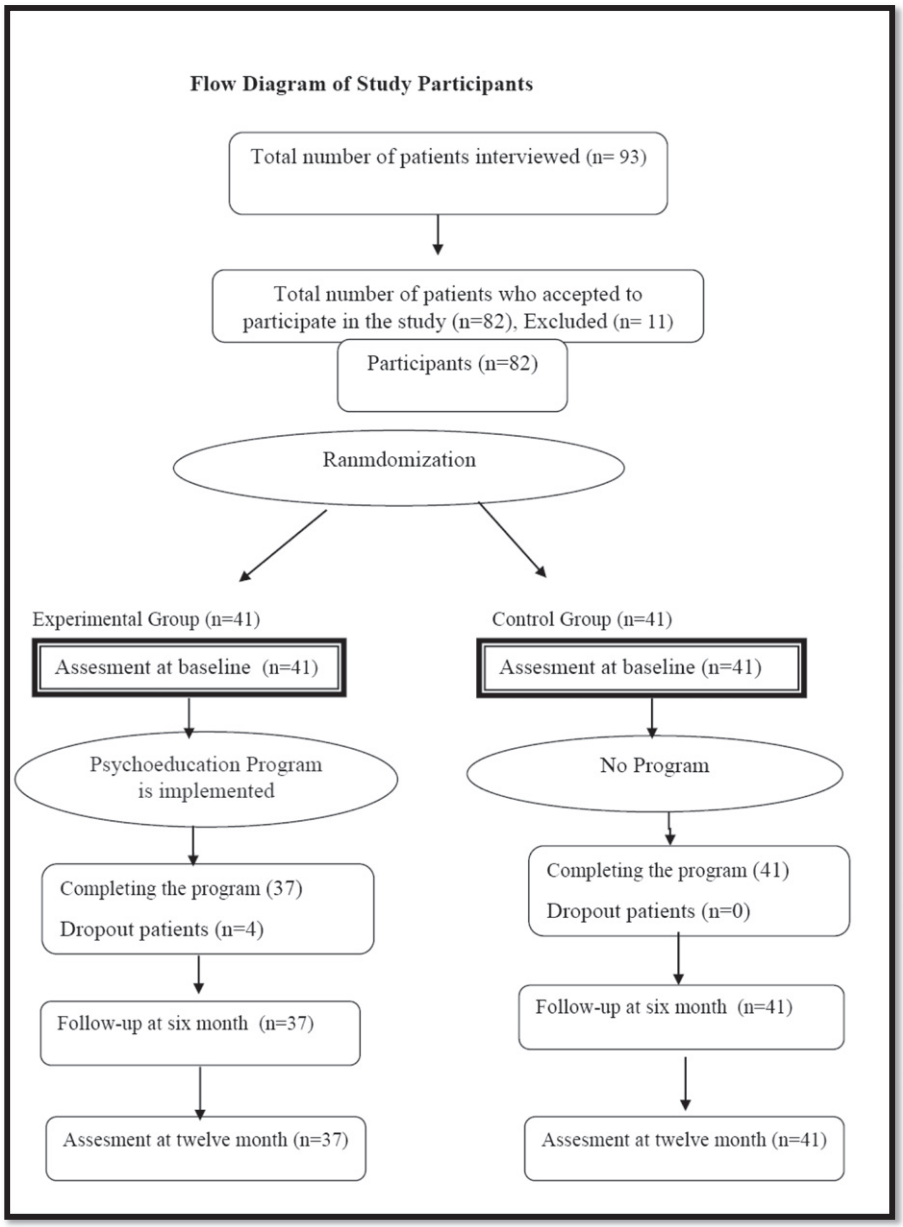

Fig. 1. Flow diagram of study participants.