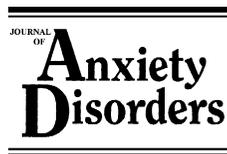




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Social anxiety disorder comorbidity in patients with bipolar disorder: A clinical replication

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Abstract

Background: The authors investigated frequency, clinical correlates and onset temporal relationship of social anxiety disorder (SAD) in adult patients with a diagnosis of bipolar I disorder.

Methods: Subjects were 189 patients whose diagnoses were assessed by the Structured Clinical Interview for DSM-III-R—Patient Version.

Results: Twenty-four patients (12.7%) met DSM-III-R criteria for lifetime SAD; of these, 19 (10.1% of entire sample) had SAD within the last month. Significantly more bipolar patients with comorbid SAD also had substance use disorders compared to those without. On the HSCL-90, levels of interpersonal sensitivity, obsessiveness, phobic anxiety and paranoid ideation were significantly higher in bipolar patients with SAD than in those without. Bipolar patients with comorbid SAD recalled separation anxiety problems (school refusal) more frequently during childhood than those without. Lifetime SAD comorbidity was associated with an earlier age at onset of syndromal bipolar disorder. Pre-existing OCD tended to delay the onset of bipolarity.

Conclusions: Social anxiety disorder comorbidity is not rare among patients with bipolar disorder and is likely to affect age of onset and phenomenology of bipolar disorder. These

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findings may influence treatment planning and the possibility of discovering a pathophysiological relationship between SAD and bipolarity.

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1. Introduction

Data from the US National Comorbidity Survey (NCS) evidenced a strong association between lifetime social anxiety disorder (SAD) and bipolar I disorder (odds ratio 5.9) (Kessler, Stang, Wittchen, Stein, & Walters, 1999). In addition, the time-lagged effects of temporally primary SAD predicted subsequent onset of bipolar disorder with an odds ratio (OR) of 2.6 (Kessler et al., 1999). The Hungarian National Epidemiologic Survey observed 7.8% of persons with bipolar disorder plus lifetime SAD (Szadoczky, Papp, Vitrai, Rihmer, & Fűrdei, 1998).

In clinical settings, Cassano, Pini, Sacttoni, and Dell'Osso (1999) investigated 77 inpatients with bipolar I or schizoaffective disorder and found SAD present in 8.2% ($N = 14$) of the sample. Bipolar I outpatients strictly defined as remitted ($N = 129$) had an overall rate of psychiatric comorbidity of 31%, but only 1.6% also had SAD (Vieta et al., 2001). McElroy et al. (2001) reported on 288 patients with bipolar I or II disorder: among the 239 outpatients with bipolar I disorder, lifetime rate of SAD was 17% and among the 49 bipolar II the lifetime rate was 12%. In a sample of 318 bipolar I patients, Henry et al. (2003) found an 11% of phobia (including agoraphobia without panic disorder, social phobia and other specific phobias). More recently, Simon et al. (2004) examined anxiety comorbidity and its correlates in a cross-sectional sample from the first 500 patients with bipolar I or bipolar II disorder enrolled in the Systematic Treatment Enhancement Program for Bipolar Disorder. Of the 360 subjects with bipolar I disorder, 23.2% fulfilled a DSM-IV diagnosis of social anxiety disorder. These last four studies were carried out in large clinical populations. However, none of these studies examined the impact of SAD on bipolar disorder. Mick, Biederman, Faraone, Murray, and Wozniak (2003) examined the effect of age at onset of bipolar disorder in a sample of 44 non-referred adults and found that an earlier age at onset of bipolar disorder predicted a higher risk for anxiety disorders, suggesting that age at onset of bipolar disorder was a modifier of the risk for anxiety disorders in bipolar subjects. Perlis et al. (2004) found that social phobia was significantly associated with early-onset bipolar disorder. In particular, they found a significantly greater likelihood of association in the <13 years bipolar onset group (31.2%, OR = 2.8) and in the 13–18 years bipolar onset group (23.4%, OR = 2.0) respect to the >18 years bipolar onset group (13.3%).

The present study explores the frequency and correlates of SAD comorbidity in a sample of 189 patients with a principal diagnosis of bipolar I disorder.

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