Psychiatry Research 220 (2014) 896–902

Contents lists available at ScienceDirect

Psychiatry Research

journal homepage: www.elsevier.com/locate/psychres

Brief psychoeducation for bipolar disorder: Impact on quality of life in young adults in a 6-month follow-up of a randomized controlled trial

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ARTICLE INFO

Article history:
Received 25 October 2013
Received in revised form
9 September 2014
Accepted 21 September 2014
Available online 28 September 2014

Keywords:
Randomized clinical trial
Bipolar disorder
Follow-up
Quality of Life

ABSTRACT

There are scarce follow-up studies evaluating the role of psychoeducation in the treatment of bipolar disorder, especially in a young sample, with a recent diagnosis and that probably received a few previous interventions. This was a randomized clinical trial with young adults aged 18–29 years, who had been diagnosed with bipolar disorder through the Structured Clinical Interview for DSM (SCID). The evaluation of quality of life was carried out using the Medical Outcomes Survey 36-Item Short-Form Health Survey (MOS SF-36). All participants were randomized into two groups: combined intervention (psychoeducation plus medication) and treatment-as-usual (medication). The sample consisted of 61 patients divided in two groups (29 usual treatment; 32 combined intervention). The quality of life domains did not reveal statistically significant differences when comparing baseline, post-intervention and 6-month follow-up evaluations, which indicates that there is no difference between combined intervention and usual intervention regarding quality of life improvement. Both groups presented improvements in quality of life domains, except General Health and Bodily Pain, at post-intervention. Moreover, this improvement persisted at 6-month follow-up, except for the Role Physical Health domain, which remained reduced. Combined Psychoeducation plus pharmacological intervention is so effective in improving quality of life perception as it is pharmacological only intervention.

1. Introduction

Bipolar disorder (BD) is chronic, recurrent and characterized by mood oscillation episodes. (Sadock and Sadock, 2007) It is considered an important public health problem, since it has been associated with impairments regarding socioeconomic matters, quality of life (Hilty et al., 1999; Goetzel et al., 2003), and elevated mortality rates (Angst et al., 2002).

Mood disorders are very prevalent in the population over 18 years of age. A multicenter study found a prevalence of mood disorders in the previous year of 24.7%, in a sample of individuals between 18 and 34 years of age, and 20.5% in developing countries (Kessler et al., 2010). A Brazilian study performed in the city of São Paulo, found a prevalence of lifetime mood disorders of 18.5%, in a sample of individuals aged 18 years or more (Andrade et al., 2002). Epidemiological studies indicate that the prevalence of bipolar disorder range from 1.1% to 3.8% (Hoertel et al., 2013; Kozloff et al., 2010; Subramaniam et al., 2013).

Quality of life is defined by the World Health Organization (WHO) as "an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (Fleck et al., 1999).

Moreover, quality of life is an important indicator of health and it may be significantly compromised even in populations of young individuals. This information is corroborated by one population-based study carried out with young adults in the south of Brazil, which revealed impairments on quality of life of patients with mood disorders (Jansen et al., 2013). A cohort study indicated lower quality of life scores in individuals with current psychiatric symptoms, including bipolar disorder, when compared to individuals without current symptoms (Rubio et al., 2013).

Psychoeducation for BD offers the patient the possibility of improving their awareness about the disorder, increases medication adherence, reduces the possibilities of new mood episodes, and improves quality of life (Figueiredo et al., 2009). In this sense, it aims to promote knowledge that will help the patient to better

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http://dx.doi.org/10.1016/j.psychres.2014.09.013
0165-1781/

understand and cope with the disorder, culminating in a better context for pharmacological and behavioral treatment.

Studies that tested the effect of 21 group sessions of psychoeducation demonstrate the effectiveness of this intervention. One study using this form of intervention with patients from 18 to 65 years old verified that, at one-year follow-up, there were lower indexes of hospitalization, as well as smaller numbers of hospitalization days in patients that had received the intervention, when compared to control patients (Candini et al., 2013). Another study using the same number of group sessions, with patients with a mean age of 40 years, indicates that patients who had been psychoeducated demonstrated less hypomanic and depressive episodes, lower duration (days) of episode and improved general functioning at 5-years follow-up, when compared to patients who had received psychoeducation (Colom et al., 2009).

Findings from a clinical trial with six sessions of group psychoeducation, with patients from 19 to 62 years of age, evidenced an improvement in medication adherence from 40% to 86.7% in patients who had received psychoeducation, whereas patients from the control group presented a diminishment in medication adherence from 38.9% to 24.2% (Eker and Harkın, 2012). To our knowledge, a few studies have tested the efficacy of individual psychoeducation. One study with eight sessions of individual psychoeducation with patients from 18 to 60 years of age verified that psychoeducated patients demonstrated better medication adherence, improvement in all levels of quality of life, and lower rates of relapse and hospitalization, when compared to control individuals, in a 18-months follow-up study (Javadpour et al., 2013).

Follow-up studies that evaluate the impact of psychoeducation on the quality of life of patients with bipolar disorder are scarce (Javadpour et al., 2013). Even though studies have verified impairments associated to the age of onset of the disorder, and identified that the early onset of the disorder implicates in a higher number of episodes, suicide attempts, panic attacks, higher duration of depressive episode, substance abuse, and severe mania with psychotic symptoms (Azorin et al., 2013; Coryell et al., 2013), we did not find any study in literature that evaluated the effect of psychoeducation in a young population. Therefore, it is considered necessary to study the efficacy of interventions targeting bipolar disorder in a sample with small exposition time to the disorder.

Thus, the aim of this study was to evaluate the impact of psychoeducation on quality of life in young adults from 18 to 29 years of age, presenting bipolar disorder, both at post-intervention and at 6-month follow-up.

2. Method

2.1. Design

This is a randomized clinical trial that aims to test the efficacy of a combined medication plus psychoeducation intervention on bipolar disorder patients, when compared to the usual (medication only) treatment. Sample was conveniently selected. The study was advertised at Health Basic Units, at the *Centros de Atenção Psicossociais (CAPS)* and at local communication means.

2.2. Participants

The inclusion criteria were: to have aged 18–29 years and to have been diagnosed with bipolar disorder by the Structured Clinical Interview for DSM (SCID). In general, the translated and adapted Portuguese version presents good reliability coefficients, besides an excellent Kappa coefficient for mood disorders (0.87), and an also excellent Kappa coefficient for bipolar disorder, specifically (0.88) (Del-Bem et al., 2001). Young adults were excluded from the study if the following criteria were met: (a) presented a risk of suicide and (b) used a psychoactive substance (except for tobacco and alcohol). The interviews occurred at the *Hospital Universitário São Francisco de Paula* and were performed by three well-trained and supervised Psychologists.

From the 282 young adults evaluated, 221 did not fulfill the inclusion criteria for participating in the clinical trial and were referred to other health services. Thus, the sample consisted of 61 patients divided in two groups (29 usual treatment; 32 combined intervention).

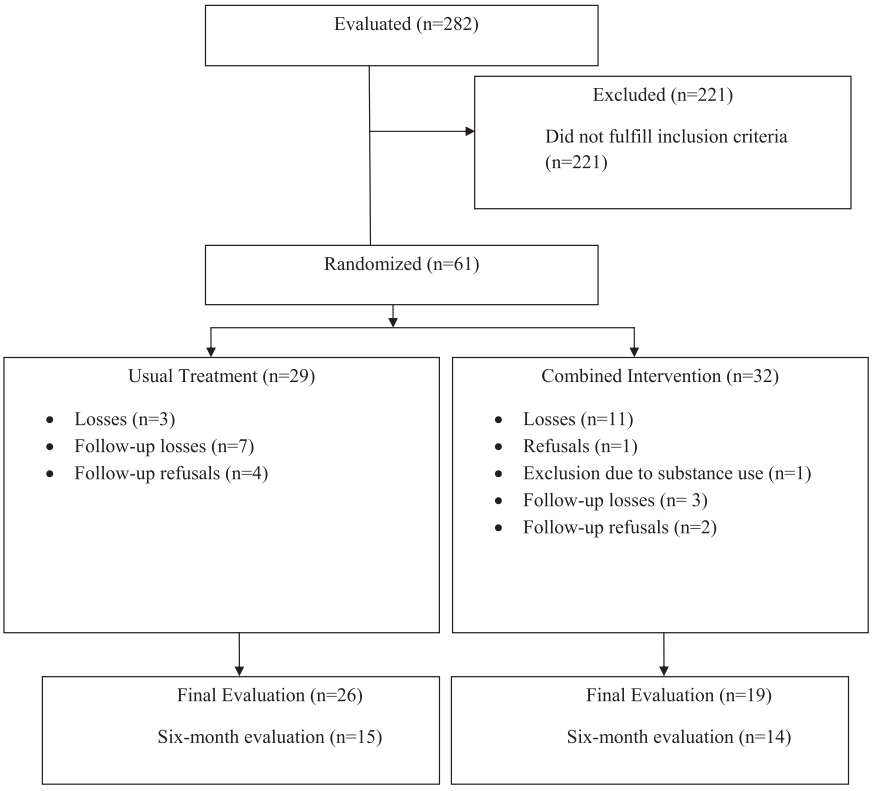

Fig. 1. Patients' flow chart.