COMORBID SOMATIC ILLNESSES IN PATIENTS WITH BIPOLAR AFFECTIVE DISORDER

Authors: Srebrenka Bise, Dževad Begić, Biljana Kurtović, Omer Ćemalović
Psychiatric Hospital Sarajevo, Bosnia and Herzegovina

Background: Bipolar Affective Disorder (BAD) is a chronic, severe and disabling illness wich course and outcome may be worsened by comorbid conditions. It has been proven that affective disorder increases the risk of cardiovascular and cerebrovascular diseases through activation of the hypothalamic-hypophyseal-adrenal axis, sympatho-adrenal hyperactivation, vascular inflammation and increased aggregation of thrombocytes. Increased production of cortisol and inflammatory substances in depression and stress negatively impacts glikoneogenesis, dyslipidaemia, glycemic control and insulin resistance, and increases the risk of endocrine-metabolic disorders. BAD is an independent risk factor for obesity, diabetes mellitus, hypertension, cardiovascular diseases and metabolic syndrome. Fundamental biological processes relating to the pathophysiology of BAD and metabolic syndrome have common characteristics. Persons with BAD have a higher risk of premature death than the general population. Main causes of death, excluding suicide, are cardiovascular diseases end endocrine-metabolic disorders.

Purpose of the study: Research the frequency and types of somatic illnesses in patients with the BAD.
Method: Our research included 27 patients hospitalised during one year at the Cantonal Psychiatric Hospital with diagnosis Bipolar Affective Disorder, in accordance with ICD-10 diagnostic criteria. The following diagnosis was an excluding criterion: Organic Affective Disorder. The relationship between age and gender and incidence of somatic co-morbidity was analysed based on the first two diagnoses (statistical analysis by x2 and t-test).

Summary of results:
Among those patients there were 11 men (40.7%) and 16 (59.2%) women. (Figure 1.)
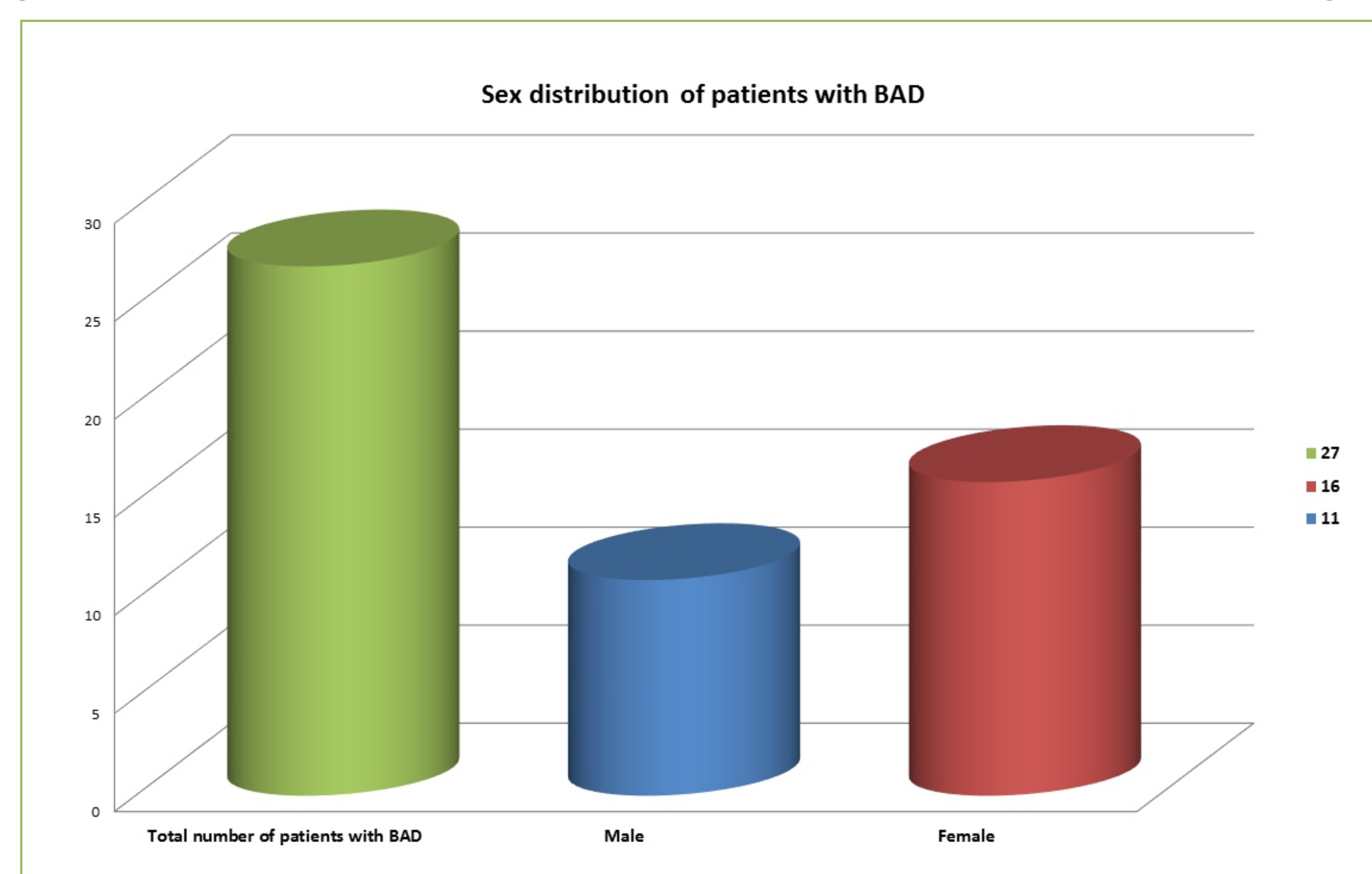

Figure 1

Among the 27 patients who were included, 18 (66.6%) had one or more illnesses. Comorbidity was registered in 8 (72.7%) men, with an average age of 47 years, and 10 (62.5%) women, with an average age of 51.3 years. (Figure 2)
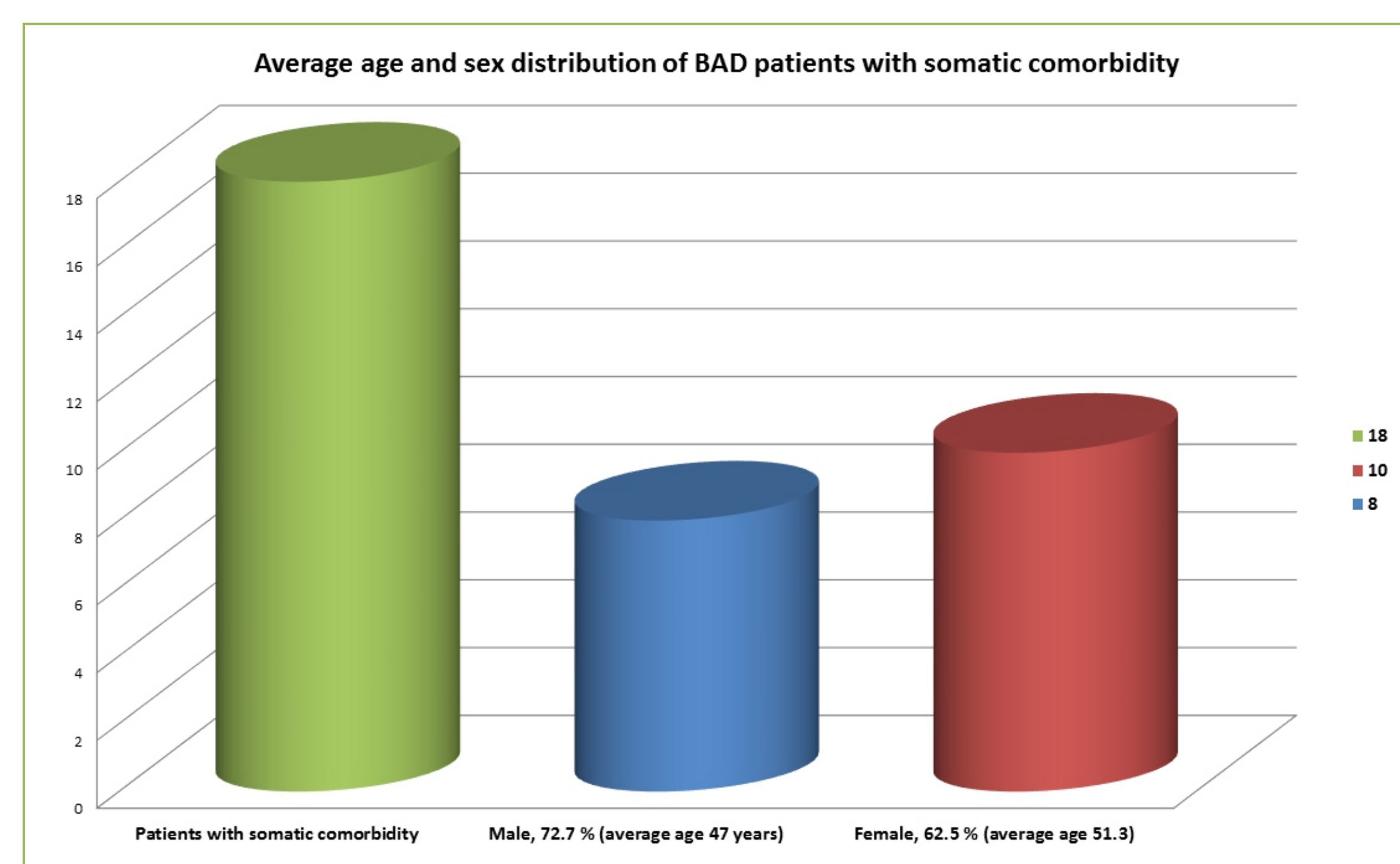

Figure 2

There were 9 (33.3%) patients with a single diagnosis, 9 (33.3%) with two diagnoses and 9 (33.3%) without somatic illnesses. (Figure 3)
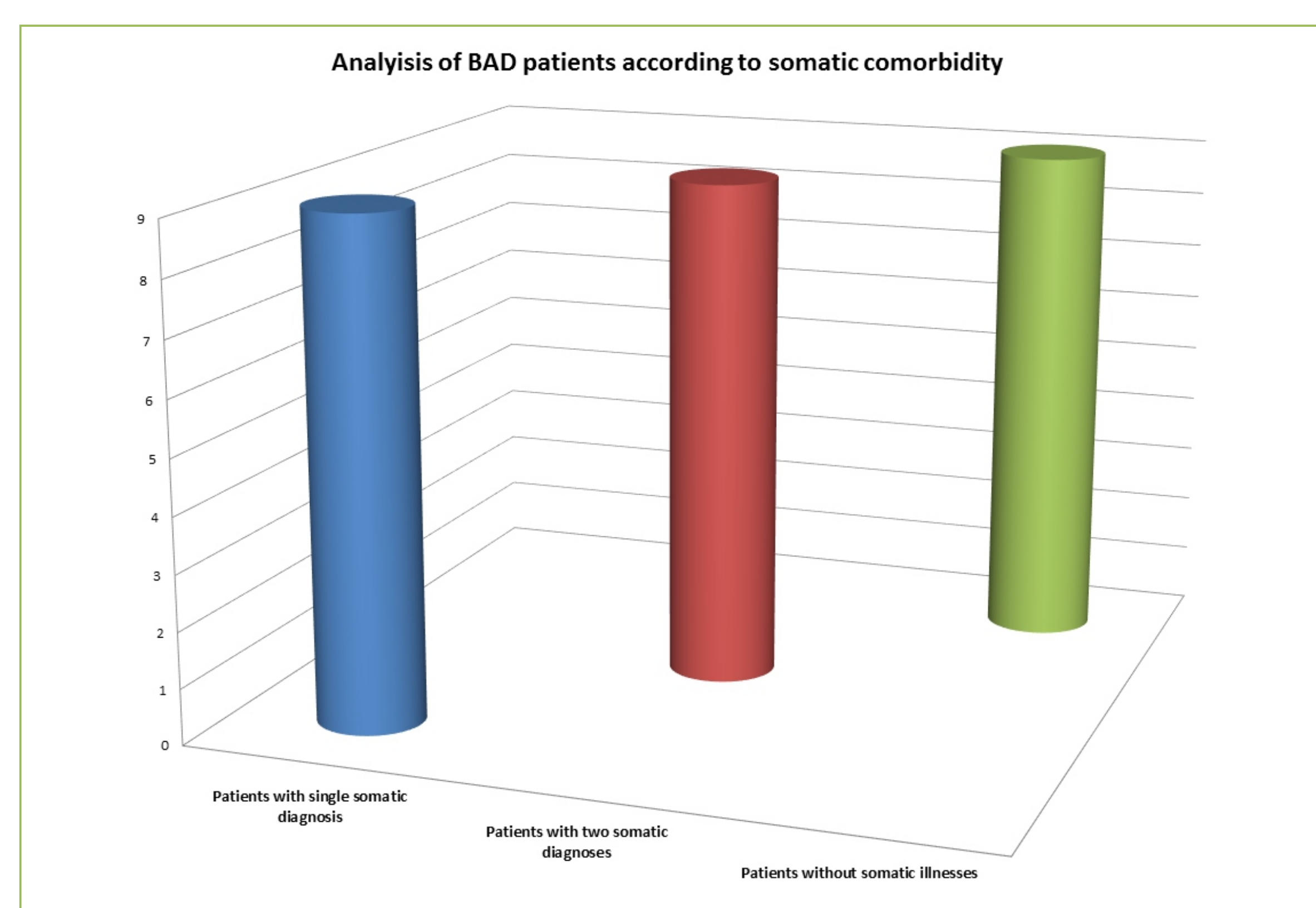

Figure 3

Analysis of somatic illnesses showed that cardiovascular diseases (11 patients or 40.7%) and endocrine-metabolic disorders (14 patients or 51.8%) had the highest prevalence. (Figure 4)
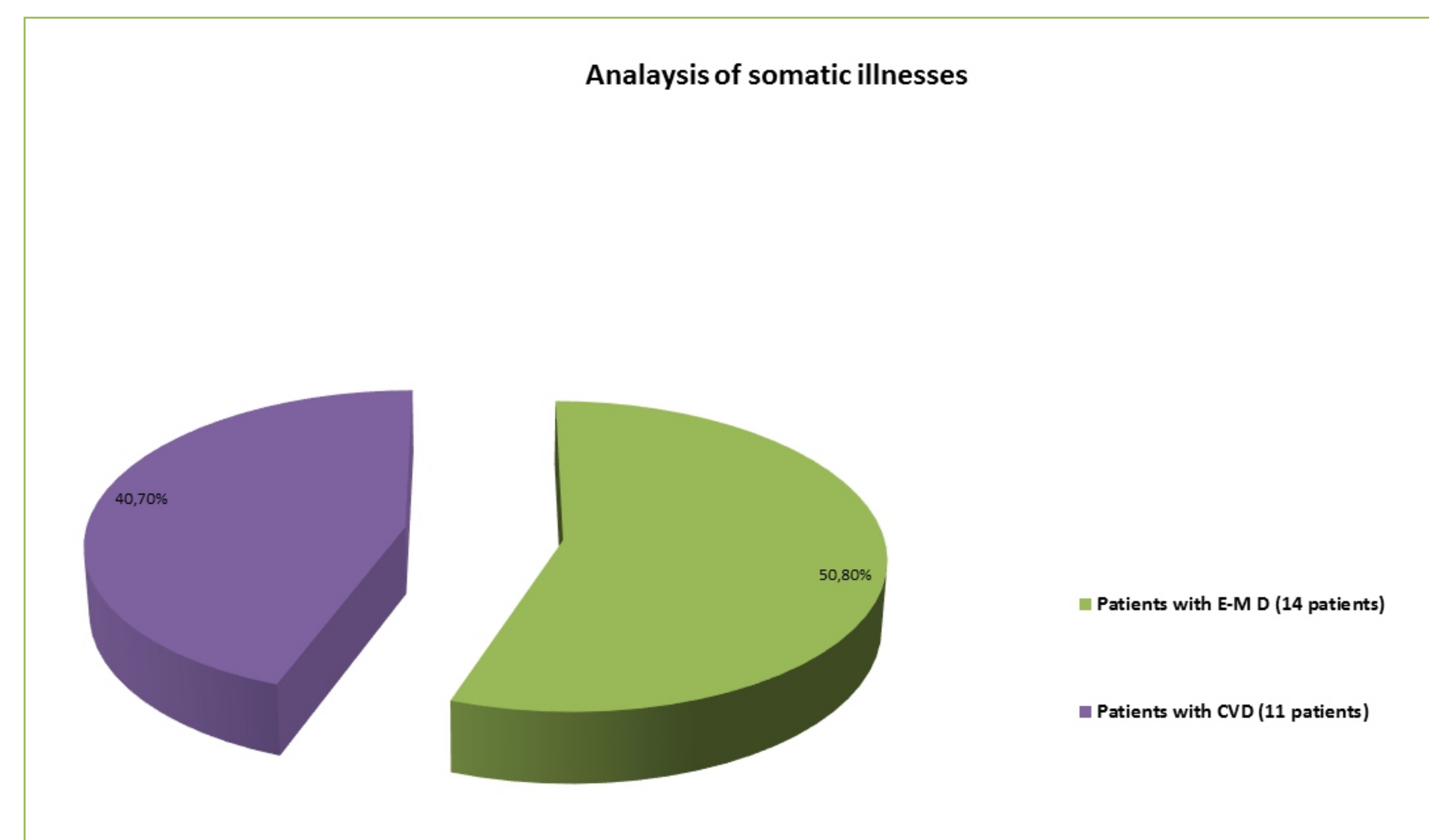

Figure 4

Among cardiovascular diseases, hypertension (9 patients or 37%) and stroke (2 patients or 9%) were the most frequent. (Figure 5)
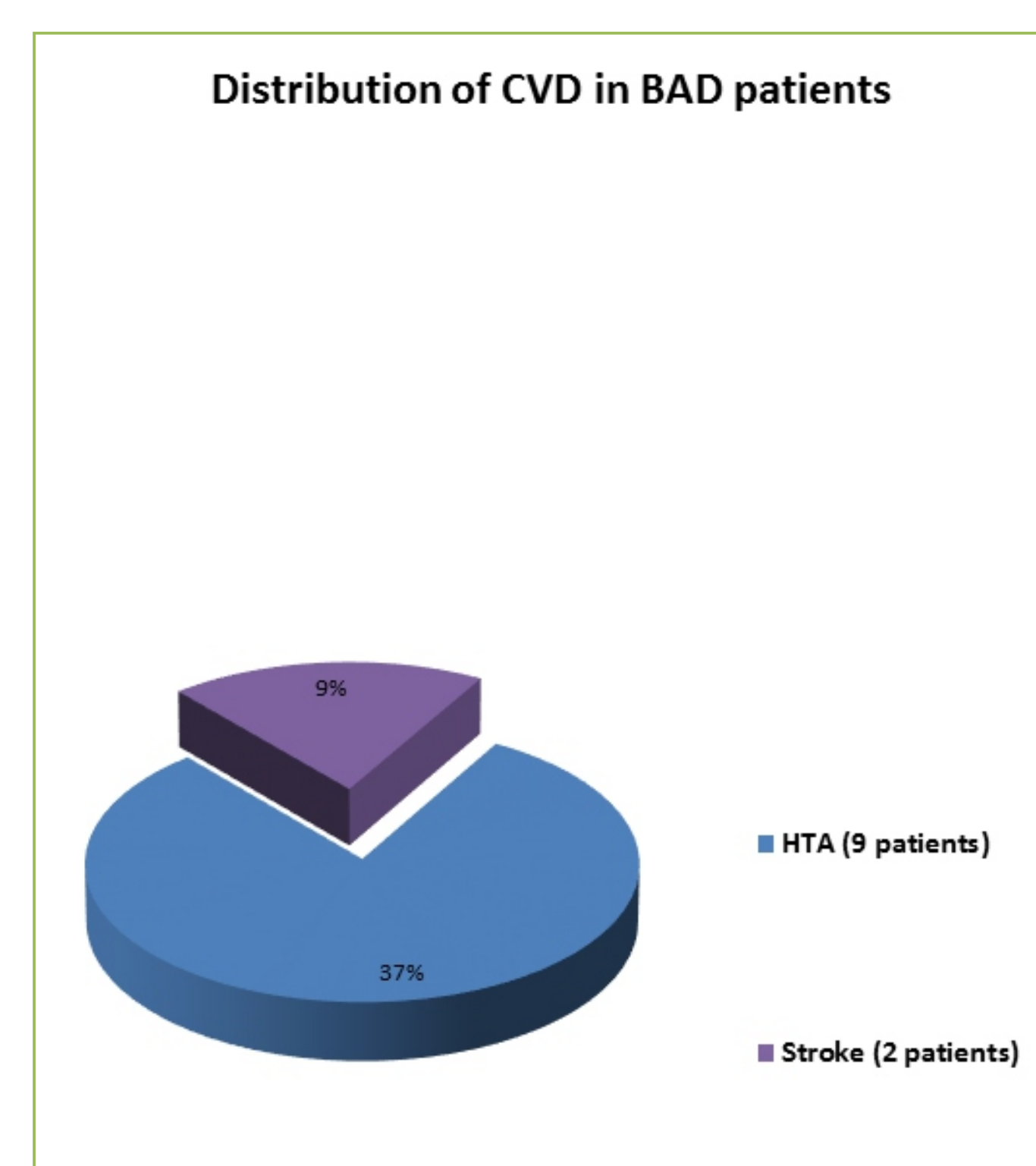
Among endocrine-metabolic disorders, dyslipidaemia (9 patients or 33.3%), diabetes mellitus (3 patients or 14%) and disorder of the thyroid gland (2 patients or 9%) were the most frequent. (Figure 6)
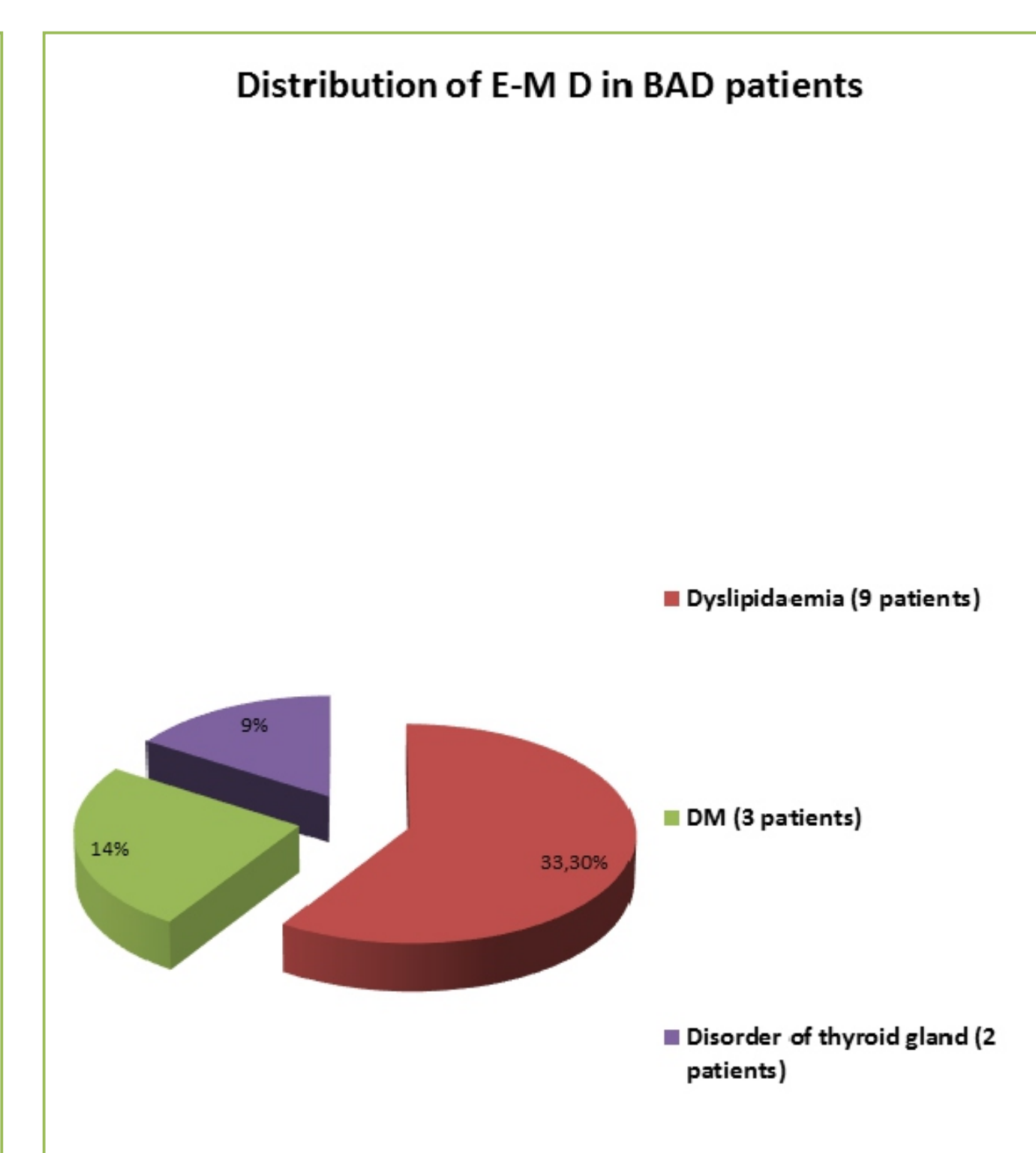

Figure 5

Figure 6

There was no statistically significant difference in the frequency of somatic illnesses and Bipolar Affective Disorder depending on gender (p=0.641) or age (p=0.183). There was no statistically significant difference among patients with somatic comorbidity (p=0.448) and patients without somatic illnesses.

Conclusions: BAD is accompanied by somatic illnesses in a significant percentage of cases, but there is no statistically significant difference depending on gender and age. Cardiovascular diseases and endocrine-metabolic disorders are the most frequent somatic illnesses. It is necessary to treat BAD on time and adequately with a multidisciplinary approach to patients with BAD and continuous monitoring of waist measurements, blood pressure, BMI, glycemia and lipidaemia, along with education about lifestyle changes.

References:

1. Watson S, Gallagher P, Ritchie JC, et al. Hypothalamic-pituitary-adrenal axis function in patients with bipolar disorder. Br J Psychiatry 2004; 184: 496–502

2. Krishnan KR. Psychiatric and medical comorbidities of bipolar disorder. Psychosom Med 2005; 67(1): 1–8

3. Thompson WK, Kupfer DJ, Fagiolini A, et al. Prevalence and clinical correlates of medical comorbidities in patients with bipolar I disorder: analysis of acute-phase data from a randomized controlled trial. J Clin Psychiatry 2006; 67(5): 783–8

No potential conflict of interest