

Bipolar disorder, comorbidities and psychosocial consequences.

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Introduction

- Bipolar disorder is a mental illness characterized by episodic and lasting mental impairment of the personality. Most bipolar patients have at least one comorbid psychiatric or general medical illness, and many patients have multiple co-occurring illnesses, such as an anxiety disorder, substance use disorder, or an eating disorder.
- People with bipolar disorder have an increased chance of having thyroid disease, migraine headaches, heart disease, diabetes, obesity, and other physical illnesses.
- Across the world, the stigma of mental illness is associated with immense suffering related to various factors: stress and psychiatric morbidity, problems in relationships, restrictions or social participation and limitations in employment and educational opportunities.

Purpose

- Analysis and synthesis of contemporary scientific data in the field for the recognition and evaluation of evolving psychiatric and non-psychiatric comorbidities, their impact on the severity of bipolar affective disorder and psychosocial functioning.

Material and methods

- A systematic search of the literature was conducted to identify publications which investigated public attitudes and/or beliefs about psychiatric and general comorbidities in bipolar disorder or explored internalised stigma and social consequences in bipolar disorder.
- A critical, constructive analysis of the literature in psychiatry through summary, classification, analysis, comparison, studies. A scientific text relying on previously published literature or data.

Results

- Based on the structural analysis of the studied data, it was found that bipolar disorder is associated with a number of psychiatric and non-psychiatric pathologies. The most common psychiatric nosological units are anxiety disorders, alcohol abuse and addiction to psychoactive substances. (Figure 1). In the non-psychiatric field, endocrine and dysmetabolic pathologies (diabetes, obesity, thyroid diseases) are more common. (Figure 2).
- Stigma is a serious consequence for individuals with BD and their families. Stigma occurs within affected personality, families, social environments, work and school environments, and the healthcare industry. With stigma often come a loss of social support and occupational success, reduced functioning, higher symptom levels and lower quality of life. (Figure 3).

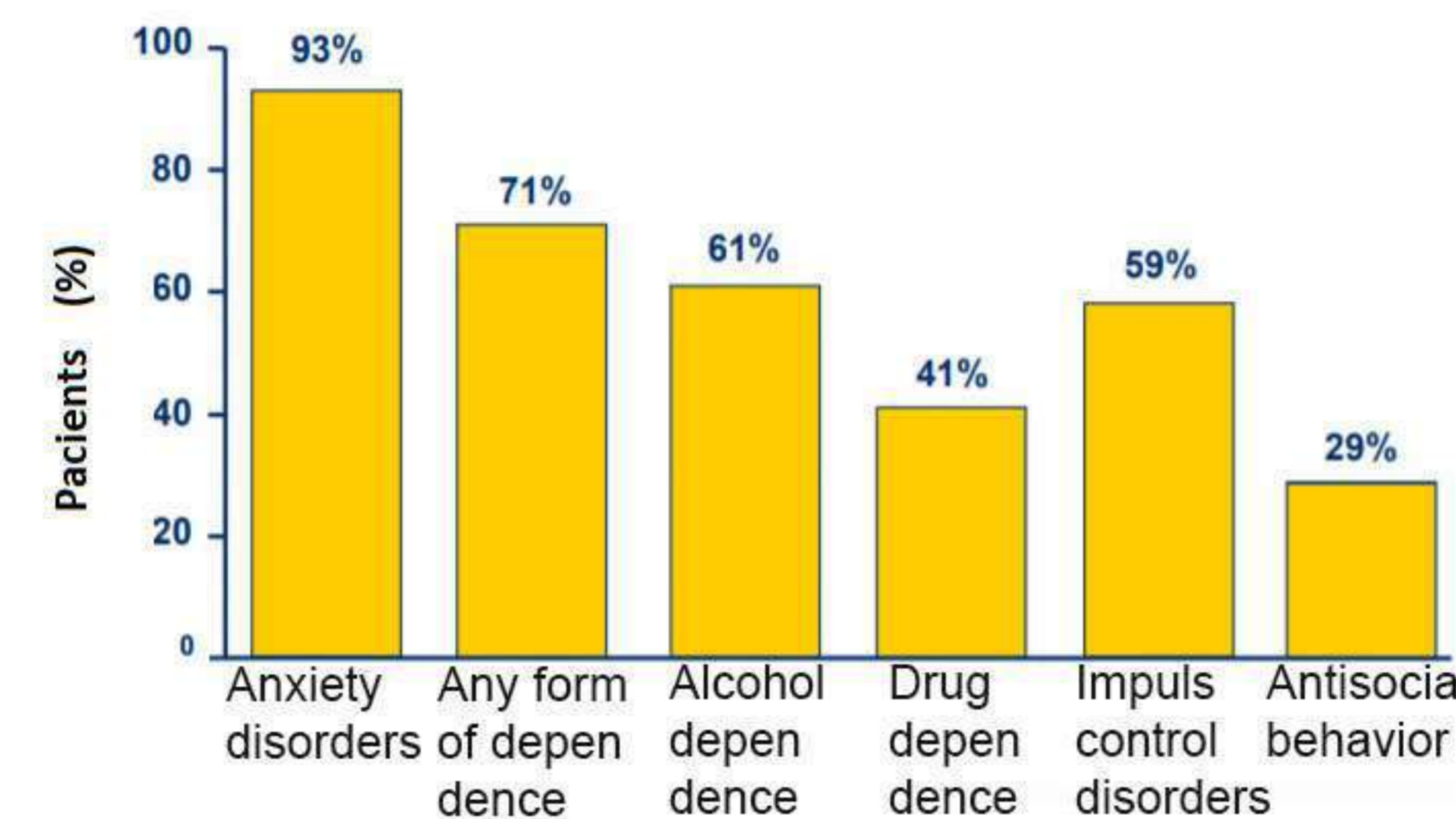


Figure 1: Comorbid psychiatric disorders

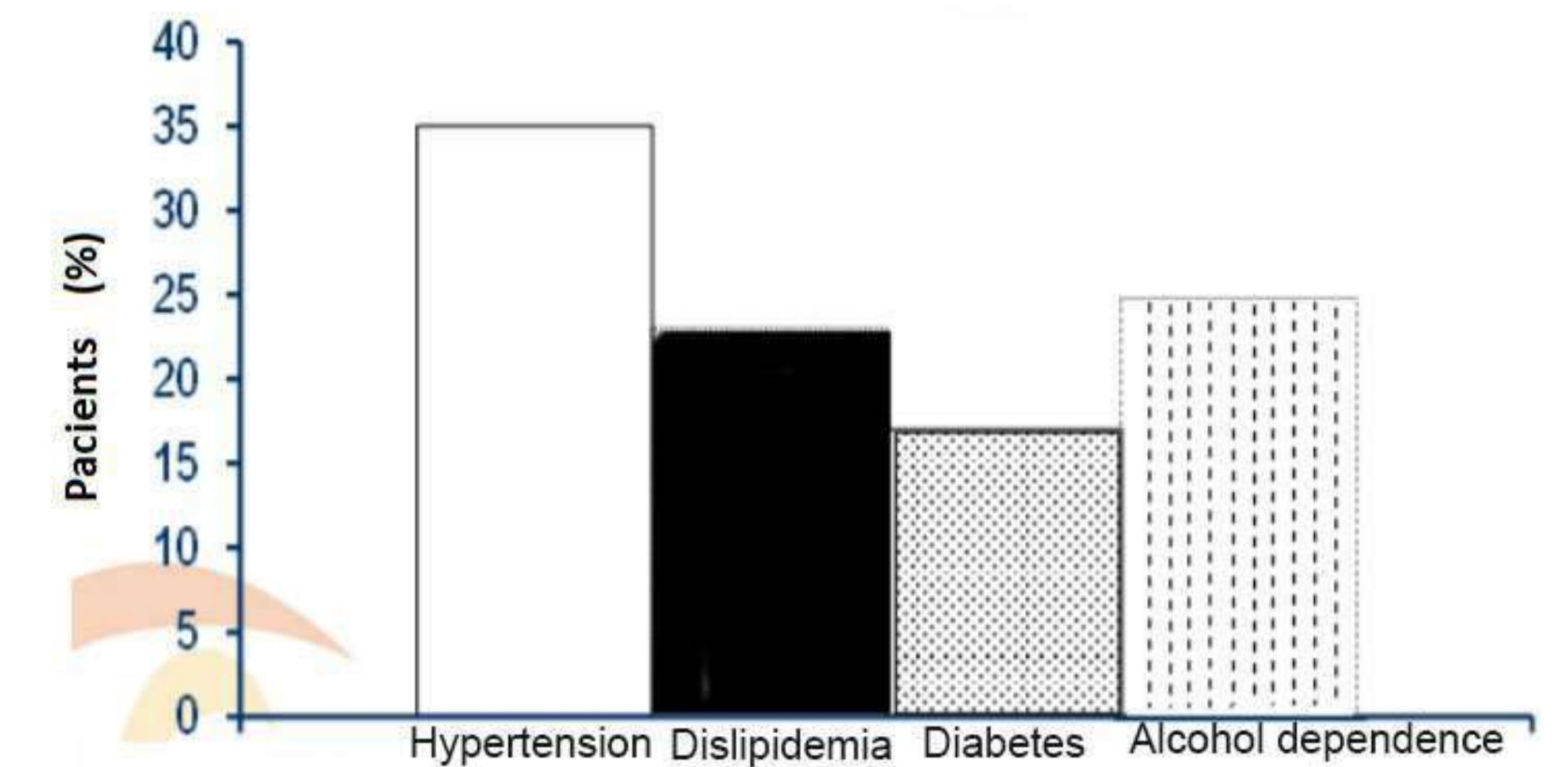


Figure 2: Comorbid general medical illnesses

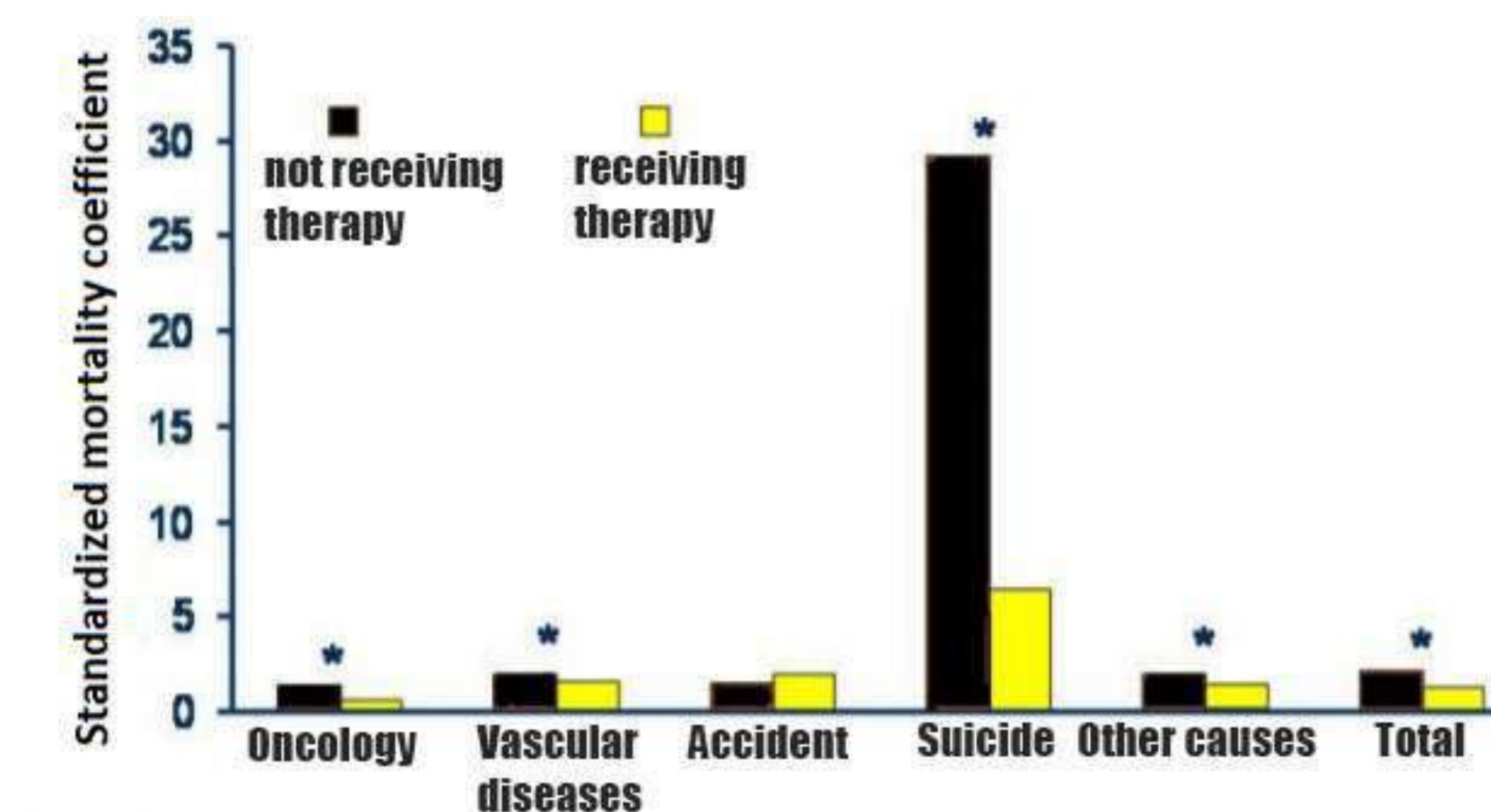


Figure 3: Mortality rate in bipolar disorder (*p<0,001 in comparison with patients receiving therapy)

Conclusions

- The presence of medical comorbidities correlates with an unfavorable evolution of bipolar disorder. Proper treatment to remove comorbidities and the application of appropriate interventions can contribute to improving the mental state and social functioning of patients with bipolar disorder.
- Mortality from chronic diseases (coronary heart disease, chronic obstructive pulmonary disorder, and diabetes) is lower for bipolar patients who were already diagnosed with chronic disease than bipolar patients without a prior diagnosis. Thus, identifying and treating chronic diseases in bipolar patients may reduce premature mortality.
- Stigma toward BD is ubiquitous and has insidious consequences for affected individuals and their families. Stigma reduction initiatives should target individuals living with BD, their families, workplaces, and the healthcare industry, taking into account the experiences and impacts of BD stigma to improve social support, course of illness, and quality of life.

Keywords

- Bipolar disorder, comorbidity, social.