

EPP0037

Psychosocial functioning in euthymic bipolar patients

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Introduction: Bipolar disorder (BD) is a chronic, recurring illness that can lead to serious disruptions in functioning.

Objectives: To evaluate functioning in this population and to explore the relationship with socio-demographic and clinical features of BD.

Methods: This is a descriptive and analytical cross-sectional study including patients with BD (DSM V) in euthymia, followed on an ambulatory basis to the Mood Disorders Unit of the Psychiatry A Department at Hedi Chaker Hospital University of Sfax between January and April 2019. Patients were considered euthymic if they scored less than 7 on the Young Mania (YMRS) rating scale and less than 8 on the Hamilton Depression scale (HDRS-17). The Short Function Evaluation Test (FAST scale) was used to evaluate functioning. Global functional impairment is defined by a total FAST score >11.

Results: We recruited 62 patients with a mean age of 45.65 years (SD=13.3) and a sex ratio of 1.13. 88.7% of patients were followed for BD I and 11.3% for BD II. The mean age of onset was 29.37 years (SD=11.6). The mean numbers of manic and depressive episodes were respectively 3.73 (SD=3.8) and 2.48 (SD=2.9). The mean FAST score was 28.97 (SD=15). Overall impairment was observed in 85.5% of patients. Impaired functioning was significantly more frequent in patients with a history of surgery ($p=0.046$), in those with a higher number of depressive episodes ($p<0.001$) and in subjects with partial remission ($p=0.01$).

Conclusions: Thus, the treatment should target not only the improvement of symptoms but also the reduction of the incapacity of patients.

Keywords: quality of life; bipolar disorder; FAST scale; euthymia

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Impact of residual thymic symptoms in quality of life in bipolar patients in euthymia

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Introduction: Several studies have shown that residual mood symptoms affect the psychosocial functioning of patients with bipolar disorder (BD) in euthymia.

Objectives: To evaluate specific areas of functioning in this population and to explore the relationship with residual mood symptoms.

Methods: This is a descriptive and analytical cross-sectional study including patients with BD (DSM V) in euthymia followed on

ambulatory basis to the Mood Disorders Unit of the Psychiatry A Department at Hedi Chaker Hospital in Sfax between January and April 2019. Patients were considered euthymic if they scored below 7 on the Young Mania Assessment Scale (YMRS) and under 8 on the Hamilton Depression scale (HDRS-17). Residual manic and depressive mood symptoms were assessed using YMRS and HDRS-17. The Short Function Evaluation Test (FAST) was used to evaluate the overall and specific functioning domains. The alteration of the domain-specific functioning is defined by the following thresholds: autonomy >1, professional functioning >1, cognitive functioning >2, financial problems >1, interpersonal relations >3 and leisure time >3.

Results: We recruited 62 patients with a mean age of 45.65 years (SD = 13.3) and a sex ratio 1.13. The medians of YMRS and HDRS scores were respectively 2[0-5] and 2[0-7]. Global functioning impairment was observed in 85.5% of patients. Marked impairment of professional and cognitive functioning was observed in 98.4% and 77.4%, respectively. Alteration of the relational sphere was significantly more frequent in patients with residual depressive symptoms ($p=0.009$); impairment of autonomy was significantly more frequent in subjects with manic residual symptoms ($p=0.005$).

Conclusions: Residual symptoms should be considered as specific targets of treatment to improve functioning.

Keywords: euthymia; bipolar disorder; FAST scale; thymic residual symptoms

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Comorbid adult adhd and bipolar affective disorder – assessment challenges

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Introduction: Attention deficit and hyperactivity disorder (ADHD) and bipolar disorder (BD) are two of the most prevalent psychiatric disorders presenting in children and adults, respectively. Reported co-occurrence of ADHD and BD in adulthood is higher than would be expected by chance, with great impact on prognosis and treatment. Since features of both entities can overlap, careful assessment of these patients is crucial.

Objectives: To understand the relation between BD and ADHD, and how co-occurrence impacts clinical evaluation.

Methods: Bibliographic research was made through the PubMed/NCBI database. No time limit was specified on the search. Pertinent manuscripts were individually reviewed for additional relevant citations.

Results: ADHD influences the course and manifestations of BD, regardless of its presence later in adulthood. There is a 3-fold increase of ADHD co-occurrence in individuals with BD when compared to normal population, and ADHD seems to co-occur in about 20% of BD patients (even after correction for overlapping symptoms). Features which may suggest simultaneous diagnosis are: earlier occurrence of BD-related symptoms (especially manic or hypomanic states), more severe course of the mood disorder, less adherence to treatment and higher functioning impact. This makes for a worse prognosis, with increased suicidal risk in these patients.