FACTORS ASSOCIATED WITH A DELAY IN THE DIAGNOSIS OF BIPOLAR DISORDER

Research Objectives:
Bipolar Disorder (BD) is a lifelong condition that typically emerges during adolescence and early adulthood and is the 4th leading cause of disability worldwide among the 10–24 year age group. There is usually a significant delay between the onset of the illness and the accurate diagnosis of BD which can lead to inappropriate treatment and poor clinical outcomes. In this study, we aimed to examine the clinical and demographic factors associated with delayed diagnosis of BD using data from a Canadian multicentre naturalistic study.

Methods:
The sample included 192 patients with Bipolar I disorder (BD-I) and 127 Bipolar II disorder (BD-II). Sociodemographic characteristics and clinical features that had been previously associated with delayed diagnosis of BD were included in this analysis.

Results:
The median delay in diagnosis was 5.0 years in BD-I and 11.0 years in BD-II. Paediatric-onset BD was associated with a significantly longer delay compared to adult-onset BD. Clinical factors such as lifetime suicide attempts and comorbid anxiety disorders were associated with a longer delay, whereas the presence of lifetime psychotic symptoms and psychiatric hospitalisations were associated with shorter delay. Quantile regression analyses showed older age of first professional help and younger age of onset as predictors of increased delay in diagnosis of BD-I and BD-II. Depression as first episode was a predictor of longer delay in diagnosis of BD-I but not BD-II.

Conclusion:
Our findings highlight the need for implementation of strategies for early identification and interventions in BD.