Background

Bipolar disorder is a severe, chronic mental health disorder associated with impaired quality of life (QoL), a person’s perceived wellbeing across a variety of domains, compared to the general population.1,2 QoL in patients with bipolar disorder (BD) is shown to be markedly impaired during times of mood episodes and euthymia.3,4,5 Patient psycho-education (PE), defined as teaching to enhance patients’ understanding of their disease and treatment, is an effective adjunct in the treatment of bipolar disorder associated with decreased rates of relapses, time spent ill and hospitalizations.6,7 In comparison, much less is known about how PE impacts upon QoL in BD. A single study has shown an association between time-limited, structured group PE and improved QoL in euthymic BD patients.8

Objective

Determine impact of time-limited, structured group PE program on self-reported QoL for adults with diagnosis of BD I and II.

Primary Outcome

Self-reported QoL following participation in Victoria Mental Health Centre’s (VMHC) Bipolar Education Group (BEG), as measured using the CREST.BD team’s disorder specific QoL BD Tool.

Methods

Study design was pre-post intervention. Baseline demographics and clinical characteristics were obtained via self-report questionnaire. Pre- and post-intervention participants completed: a 56-item QoL BD Tool to assess QoL; the 16-question QIDS-SR to screen for presence and severity of depressive symptoms; and the 5-question Altman Self-Rating Mania Scale (ASRM) to screen for manic symptoms.

Study Population

Female and male adults aged 19 years to 74 years with a clinical diagnosis of BD I or II and under the care of a VMHC psychiatrist. All participants continued to be treated by their treating psychiatrist. Exclusion criteria were limited to no spoken English and active psychosis as determined by referring psychiatrist. Participants were not excluded by active mood symptoms, phase of illness, or by presence of psychiatric comorbidities.

Results

Please note that recruitment was halted by the SARS-CoV-2 pandemic, as such only 13 participants were recruited with 12 completing study between 2018-19. Baseline clinical characteristics of participants are summarized in Table 1. The majority (85%) of participants had a diagnosis of BD 1 and many (46%) had another psychiatric diagnosis.

Scores from self-report screening tools, outlined in Table 2, indicated that depressive symptoms were common both at baseline and upon completion of the BEG. Manic symptoms were less common and seen pre-intervention only. Mean QoL BD Tool scores by psychosocial domain are shown in Table 3. A higher score represents greater participant-perceived life satisfaction in this area, and there are no absolute cut off levels in scoring. Although there was no statistically significant difference observed between pre- and post-BEG, mean scores in all QoL domains except leisure were modestly higher after completion of the BEG.

Discussion

Although trends towards improvement was seen in most domains, we are not able to infer the impact of psychoeducation on patient-perceived QoL in BD as results did not reach significance and participant recruitment was halted. We did not analyze confounding factors, such as active mood symptoms and comorbidities, due to limited sample size. We hope to complete a similar study in the future with the now virtual BEG and a larger sample size.

References