
DURATION OF UNTREATED ILLNESS PREDICTING A MORE SEVERE COURSE OF ILLNESS IN BIPOLAR DISORDER

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Introduction: Longer duration of untreated bipolar disorder (DUB) can lead to a prolonged exposure to inflammatory and neurodegenerative processes, that are believed to underlie etiopathogenesis of bipolar affective disorder (BAD), and thus cause a more severe course of illness as well as difficulties in the maintenance of remission.

Aim: The aim was to determine the relationship between DUB and socio-demographic characteristics, along with clinical characteristics related to the course of illness, applied psychopharmacotherapy and the ability to maintain an adequate remission over 24 months period following hospital treatment.

Methods: The study used retrospective design and included patients with BAD (n = 127), hospitalized between 2006 and 2010. We acquired data on socio-demographic and clinical characteristics, previous treatment and the information on posthospital period between 0 and 24 months.

Results: The average DUB was 130.59 ± 108.44 months. Patients with longer DUB presented with higher number of mood episodes of BAP, higher number of inpatient treatments, and required a significantly higher dose of lithium in the remission period. Female patients and those with metabolic syndrome more frequently failed to maintain remission for more than 24 months.

Conclusions: Interventions for monitoring of DUB, its diminishing duration, early detection and recognition, and timely treatment, would be useful for fewer relapses and therefore a better course and outcome of BAP. Furthermore, the results of the study strongly imply that a systematic, longitudinal monitoring of the course of illness and potential inflammatory, endocrine and metabolic markers that underlie its systemic nature is recommended.