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Risk factors for suicide behaviors in bipolar disorder: A closer look

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Introduction Suicide behaviors (suicide acts and suicide attempts) are a major concern for clinicians treating patients with psychiatric disorders. Among them, patients with bipolar disorder (BD) have the highest prevalence of suicide behaviors, accounting for up to one-quarter of all completed suicides. Additionally, suicide remains the leading cause of avoidable death in patients with BD.
Aims This work aims to review the main risk factors for suicide behaviors in patients with BD.
Methods The MEDLINE/Pubmed database was searched using the keywords "bipolar disorder" with: "suicide"; "suicide attempt"; and "suicide risk factors". Articles published in the last 10 years were considered.
Results It is estimated that 25% to 50% of patients with BD will attempt suicide at least once in their lifetime and, that 10% to 15% will die. The risk factors for suicide behaviors in patients with BD have been widely studied and their knowledge is crucial for identifying patients at risk.
The main risk factors include previous suicide attempts, family history of suicide and hopelessness. Other risk factors have also been identified: depressive polarity of first mood episode; rapid cycling; increasing severity of affective episodes; depressive polarity of the latest mood episode; mixed affective states; early age of onset; and comorbid anxiety disorders, substance use disorders and cluster B personality disorders.
Conclusions Prevention of suicide behaviors is crucial when treating patients with BD. Therefore, the knowledge of these risk factors is of extreme importance in order to promptly identify patients at risk and adopt the proper preventive therapeutic interventions.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Mindfulness effects on cognition: Preliminary results

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Background Mindfulness-based cognitive therapy (MBCT) is a psychotherapeutic intervention that has been shown effective in several clinical conditions. Nevertheless, research is still needed on its effectiveness on cognition.
Objective To analyze possible effects on cognition of the addition of MBCT intervention versus a brief structured group psychoeducation to the standard treatment of subsyndromal bipolar depression. Our hypothesis was that MBCT could improve some aspects of cognitive function to a higher degree than psychoeducation and treatment as usual (TAU).
Methods/design A randomized, multicenter, prospective, versus active comparator, evaluator-blinded clinical trial was conducted. Forty patients with BD and subclinical or mild depressive symptoms were randomly allocated to:
– MBCT added to psychopharmacological treatment ($n = 16$);
– a brief structured group psycho-educational intervention added to psychopharmacological treatment ($n = 17$);
– standard clinical management, including psychopharmacological treatment ($n = 7$).
Assessments were conducted at screening, baseline, post-intervention (8 weeks) and 4-month follow-up.
Results Cognition results point to significant improvement in Stroop Color test as well as processing speed in TMT A test ($P < 0.05$) in the two psychological intervention groups versus TAU.
Conclusion These preliminary findings suggest that the addition of MBCT or psycho-education to usual treatment could improve some cognitive dimensions in subsyndromal bipolar depressive patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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The blue-eyed man: A case of Waardenburg syndrome type 1 associated with mania and autistic spectrum disorder

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Waardenburg syndrome (WS) is a rare genetic disorder characterised by varying degrees of sensorineural deafness, dystopia canthorum, musculokeletal defects, pigmentation anomalies such as bright blue iris, greying hair and in some cases intestinal pathology.
A 21-year-old Chinese gentleman, diagnosed with WS type 1 (Figs. 1 and 2) at the age of two, presented at the emergency unit with manic symptoms for the past one month such as irritability, grandiosity, flight of ideas and reduced need for sleep. With regards to social integration, he had features suggestive of autism spectrum disorder (ASD). He often played by himself and was fixated on particular toys. He was eventually admitted to the psychiatric ward for acute management of mania. He was stabilised on olanzapine 10 mg BD and sodium valproate 600 mg BD. His sodium valproate was cross-titrated with lithium in the ward and his manic features gradually subsided. He was discharged well after 2 weeks of admission with lithium 300 mg BD and olanzapine 10 mg BD. WS type 1 has been localised to the locus 2q35 and researchers have identified that a tetranucleotide repeat marker on 2q35 is strongly associated with recurrent mood symptoms.
In conclusion, it is important to note that individuals with WS may be at higher risk to develop ASD and mood disorders.

Fig. 1

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