

IS SEVERE COURSE OF ILLNESS A RISK FACTOR FOR COGNITIVE IMPAIRMENT IN PATIENT WITH BIPOLAR AFFECTIVE DISORDER?

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Introduction: Bipolar patients show broad cognitive deficits during entire course of the illness.

Objective: To evaluate a possible relationship between a severe course of illness and cognitive impairment in bipolars.

Aim: Improving life quality of bipolar patients with cognitive deficits.

Methods: 75bipolar (depressive:Hamilton Depression Rating Scale score \geq 17, manic/hippomanic: Young Mania Rating Scale score \geq 12, euthymic:6month of remission, HAMDScore \leq 8, YMRSscore \leq 6) patients (DSMIVTR). All the patients were free of psychotic symptoms. Comparison group consisted of 25healthy subjects without history of neurological and/or psychiatric disorder. Cognitive battery included standardized test of IQ, attention, executive functioning, memory (working, visual, verbal). Demographic data, data about family history, psychiatric history, past/current treatment, psychosis history, duration of illness, age of onset were collected. We analyzed statistically these data and evaluate relationship between severe course of illness and cognitive impairment.

Results: Cognitive deficits are more frequent in bipolars with more severe course of illness, as indicated by: longer durations of mood disturbance (negatively correlated with executive function, psychomotor speed, attention, concentration and verbal memory-associated with a higher number of past manic episodes too), younger age at onset, history of multiple and frequent episodes (with manic episodes impacting neuropsychological impairment most extensively; attention and executive function deteriorated by the recurrence of episodes) and higher number of hospitalization (negatively correlated with visual and verbal memory, verbal fluency, spatial memory, psychomotor speed, executive function).

Conclusions: Severe course of illness influence cognitive status of bipolars. There's need for further clarification regarding the magnitude, clinical relevance and confounding variables of cognitive deficits in bipolars.