PRIMARY EPISODE OF BIPOLAR AFFECTIVE DISORDER

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Background. *Bipolar affective disorder (BAD) is a topical issue of contemporary psychiatry. The features of the primary episode (PE) of the disease are extremely important for prognosis, treatment and rehabilitation measures of BAD. Individual psychological features of the patients with PE of BAD are still unexplored that complicates development of new methods of prediction, treatment and prevention of BAD.*

Objective. *The aim of the study was to investigate individual psychological features of the patients with a primary episode of bipolar affective disorder, taking into account the gender factor and clinical variant of the BAD debut.*

Methods. *153 patients (65 men and 88 women) with a primary episode of bipolar affective disorder were examined. The patients were divided into three groups according to the clinical variant of the course of PE of BAD: depressive variant, manic variant and mixed variant. The examination was carried out using the Standardized multifactor method of personality research (SMMPR). Statistical processing of the data was performed using the non-parametric Mann-Whitney test.*

Results. *The most significant differences in the quantitative indicators of SMMPR were found when comparing depressive and manic, as well as depressive and mixed variants of PE of BAD, and lesser – when comparing manic and mixed variants. Most of all, these differences were expressed in terms of pessimism, impulsiveness, individualism and optimism.*

Conclusions. *Some peculiar features of male and female patients with depressive, manic and mixed variants of PE of BAD promoting to search for new methods of prediction, treatment and prevention of BAD have been defined.*

KEY WORDS: **bipolar affective disorder; individual-psychological features; depressive, manic and mixed variants.**

Introduction

Bipolar affective disorder (BAD) is one of the most topical matters of contemporary psychiatric science and practice. Its medical and social significance is associated with its relatively high prevalence: from 0.6% to 1.0% [1], relative stability over a long period of time [2, 3] and the presence of serious lifelong problems [4], i.e. severe affective disorders [5], cognitive disorders [6] and high mortality rates [7]. The features of the primary episode of the disease are extremely important for prognosis, treatment and rehabilitation measures of BAD; however, the initial characteristics of the disease are still poorly defined and the low prognostic value of the existing predictors requires improvement of prodromal identification means [8]. In many cases several years pass from the first manifestations of the disease to the diagnosis of BAD, despite the extreme importance of PE for prediction of the disorder severity, its functional consequences and therapeutic perspectives [9, 10]. In recent years, much attention was paid to the study of individual and psychological characteristics of the patients with BAD; these features are important predictors of the disease clinical course, treatment and rehabilitation perspectives [11]. It is established that bipolar disorder is associated with low self-esteem, paranoia and obsession [12]. At the same time, the individual-psychological features of the patients with PE of BAD are unexplored that complicates development of new methods of prediction, treatment and prevention of BAD.

The objective is to investigate the individual psychological features of the patients with a primary episode of bipolar affective disorder, taking into account gender factor and clinical variant of the BAD debut.

Methods

The study was performed in a continuous manner by examining all patients with fitting diagnoses, who sought medical care within a

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specified period. 153 patients (65 men and 88 women) with a primary episode of bipolar affective disorder treated at Ternopil Regional Psychoneurological Hospital in 2011–2016 were examined; according to biomedical ethics the patients' informed consent were received. The patients with other diagnoses were excluded from the study. The examination was performed using the Standardized multifactor method of personality research (SMMPR) [13].

Statistical data was processed using Microsoft Excel 2013 and Statistica 13 software packages. The statistical analysis included assessment of traits distribution for quantitative variables using the Shapiro-Wilk's W test, Kolmogorov-Smirnov test and Lilliefors test. The Shapiro-Wilk's W test was a reference. The non-parametric Mann-Whitney U test was used to analyze the differences between the groups taking into account the nature of the distribution (other than normal). The statistical significance of differences over 95.0% (p<0.05) was acceptable.

The mean age of the examined patients at the time of symptomatic onset was 21.3±6.5 years old (average 19.0 years, interquartile range 17.0-22.0 years): men 20.5±5.8 years old (18.0 years, 17.0-21.0 years), women 21.9±6.9 years old (18.5 years, 18.5-22.5 years); the age at the time of seeking medical advice and examination was 21.4± 6.4 years old (19.0 years, 18.0-22.0 years): 20.7±5.7 years old (18.0 years, 17.0-21.0 years) and 22.0±6.9 years old (19.0 years, 18.5-22.5 years), respectively.

The examined men and women were divided into three groups depending on the clinical variant of the course of PE of BAD: with the prevalence of depressive symptoms (depressive variant), 119 people (44 men and 75 women); with prevalence of manic or hypomanic symptoms (manic variant), 23 persons (15 men and 8 women); and with simultaneous presence of depressive and manic symptoms, or with rapid phase change (mixed version), number of 11 persons (6 men and 5 women).

Results

Individual-psychological profile of patients with depressive variant of PE of BAD is characterized by dominance of signs of depression in combination with symptoms of anxiety and fatigue (Fig. 1).

The average values of the indicators were: by the scale of overcontrol – 67.61±8.56 points: 65.30±9.51 points in men and 68.97±7.69 points in women (p<0.05); pessimism – 83.40±4.08 points; 82.32±3.87 points and 84.04±4.09 points (p<0.05), respectively; emotional lability – 59.33±7.88 points: 57.84±8.25 points and 60.20±7.57 points (p<0.05) respectively; impulsivity – 55.92±6.12 points: 54.82±5.27 points and 56.57±6.51 points (p>0.05) respectively; masculinity-femininity – 46.48±8,88 points: 56.05±2.97 points and 40.87±5.86 points (p<0.01) respectively; rigidity – 57.84±5.44 points: 59.41±5.04 points and 56.92±5.49 points (p<0.05) respectively; anxiety – 77.25±6.50 points: 74.86±7.85 points and 78.65±5.12 points (p<0.05) respectively; individuality – 72.09±1.03 points: 71.82±0.84 points and 72.25±1.10 points (p>0.05) respectively; optimism – 39.27±5.91 points: 40.98±9.42 points and 38.27±1.13 points

1 – Overcontrol; 2 – Pessimism; 3 – Emotional lability; 4 – Impulsivity; 5 – Masculinity-femininity;
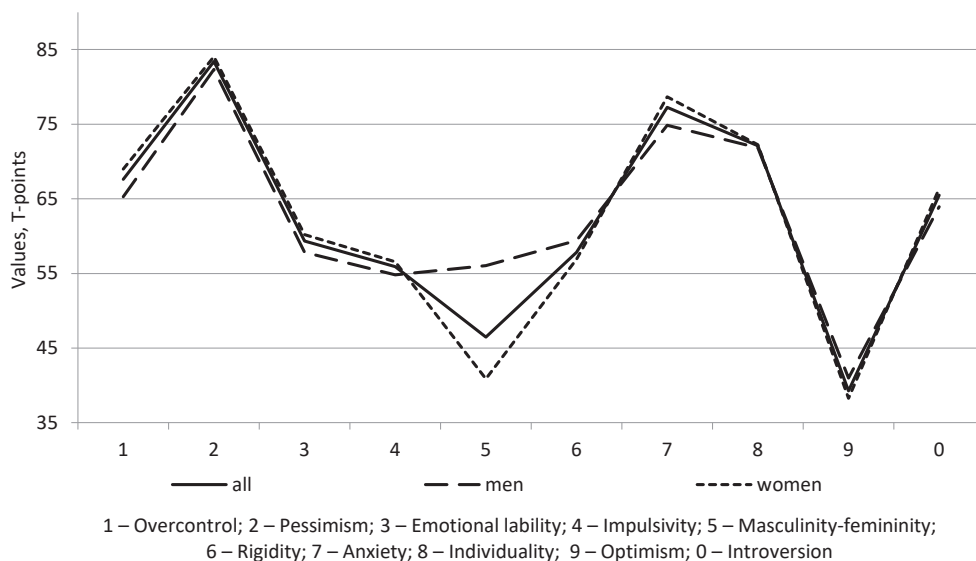6 – Rigidity; 7 – Anxiety; 8 – Individuality; 9 – Optimism; 0 – Introversion

Fig. 1. Standardized multifactor method of personality research profiles for Men and Women with depressive primary episode of bipolar affective disorder.

(p<0.05) respectively; introversion – 65.48±3.99 points: 63.95±4.01 points and 66.37±3.72 points (p<0.01) respectively.

Fig. 1 shows that the profiles of men and women with the depressive variant of PE of BAD are similar, although statistical and mathematical analysis of indicators proves significant differences on the main scales. The profiles of both men and women are dominated by 2 scales ('pessimistic'), with its average values exceeding 80 T-points, which indicates a psychotic level of depressive manifestations. High values on the pessimistic scale are depressive manifestations, expressiveness of affiliative need with its frustration, blocking of activity with refusal of self-realization. It should be noted that high scores on the pessimistic scale are not only an indicator of the current depressive state of a situational or endogenous character, but also as a predictive factor for a depressive response as a universal pattern of psychological response of an individual in situations of stration, distress or disadaptation. Tendencies revealed by high quantitative values on the pessimistic scale are exacerbated by high (over 70 T-points) values on the scale 7 ('anxiety') and extremely low (about 40 T-points) indicators on the scale 9 ('optimism'). Such a profile can be interpreted as a manifestation of anxious-thinking tendencies against the acutely reduced mood (in this contingent – endogenous character) with inhibition of activity, desire to stop all activities, lack of energy and increase of feeling of exhaustion and fatigue. The parallel rise on the scale 8 ('individuality') fits into the psychological pattern of hypoactivity, with a predominance of concentration on internal experiences and feelings over external activity, internal tension and anxiety, fixation on problems and the expectation of deterioration. It is also worth mentioning a rather high (over 65 T-points) indicators on the scale 1 ('overcontrol'), which reflect the fixation on unpleasant somatic sensations, which quite often accompanies depression development. In the profile of patients with depressive variant of PE of BAD the described tendencies are combined with high rates on the scale 0 ('introversion') that evidences of hypostenic manifestations, passivity of personal position, fixation on internal experiences, decrease of involvement in social environment, decrease in the number of social contacts; high scores on this scale can also be an indicator of response to current difficulties and displaying escapism.

Low rates on scale 4 ('impulsivity') of the profile of patients with depressive variant appropriately reflects the decrease of motivation achievement, developing manifestations of inhibition, reducing overall energy potential, and demonstrates intensive formation of vital apathy, depressive and asthenic-depressive pattern rather than agitated or dysphoric. In the profile of patients with depressive PE of BAD, they are combined with low scores the scale 3 ('emotional lability'), which reflects the staticness of depressive tendencies, desire to decrease activity focus on internal experiences, general inhibition. Increasing rates on the scale 5 ('masculinity-femininity') in men can be interpreted as suppression of sexual activity under the influence of depression, sentimentality, sensitivity, vulnerability. In women with depressive PE of BAD, the SMMPR scores on the scale 5 are reduced, indicating a decrease in libido, high sensitivity, desire to be protected, asthenic-depressive mood.

The SMMPR profile of patients with the manic variant of PE of BAD is significantly different from that inherent in the patients with a depressive variant (Fig. 2). The mean values of the indicators on the scales were: over control – 55.22±3.29 points, 53.93±2.49 points and 57.63±3.38 points (p<0.05) respectively; pessimism – 42.30±6.10 points, 40.40±5.46 points and 45.88±5.91 points (p<0.05) respectively; emotional lability – 55.61±4.60 points, 53.93±3.20 points and 58.75±5.37 points (p<0.05) respectively; impulsivity – 78.48±4.45 points, 79.87±4.02 points and 75.88±4.26 points (p<0.05) respectively; masculinity-femininity – 55.43±14.94 points, 45.13±3.68 points and 74.75±4.53 points (p<0.01) respectively; rigidity – 67.61±5.69 points, 69.60±5.80 points and 63.88±3.18 points (p<0.05) respectively; anxiety – 52.87±4.41 points, 51.47±4.09 points and 55.50±3.96 points (p<0.05) respectively; individuality – 53.52±9.46 points, 53.87±9.33 points and 52.88±10.32 points (p>0.05) respectively; optimism – 75.57±3.89 points, 76.73±3.49 points and 73.38±3.85 points (p<0.05) respectively; introversion – 52.83±8.49 points, 50.33±7.20 points and 57.50±9.21 points (p<0.05) respectively.

Profile analysis proves predominance of individually-psychological characteristics of the patients with manifestations of mania and impulsivity. High (70 T-points) figures on the scales of optimism and impulsiveness reflect elevated mood, bright emotions high level of activity (usually chaotic and spontaneous),

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1 – Overcontrol; 2 – Pessimism; 3 – Emotional lability; 4 – Impulsivity; 5 – Masculinity-femininity;
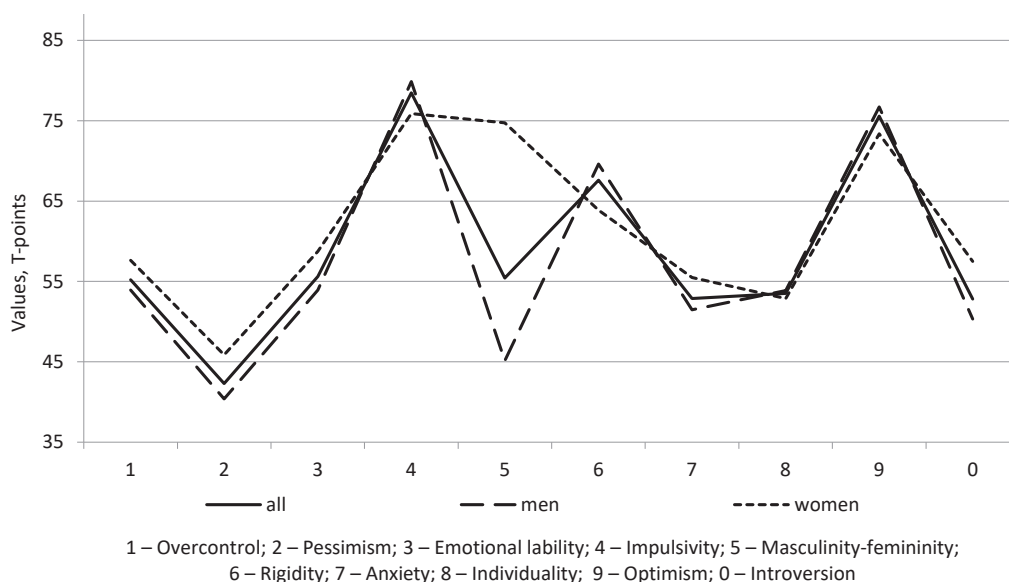6 – Rigidity; 7 – Anxiety; 8 – Individuality; 9 – Optimism; 0 – Introversion

Fig. 2. Standardized multifactor method of personality research profiles for Men and Women with Manic primary episode of bipolar affective disorder.

inflated self-esteem, ease decision making promiscuous intercourse, arrogance in communication, impaired control, easy conflict, reduction of criticality to one's condition, readiness to act impulsively and hastily. Such a profile is associated with coping strategies for displacing unpleasant information, combined with intolerance and aggression towards its source, with difficulty in self-control. It should be noted that in the examined patients high scores on the scales of impulsivity and optimism are combined with high (over 60 points) indicators on the scale 6 ('rigidity') that might be an indicator of explosive type of reaction with a tendency to uncontrolled reactions of aggression, domination, rejection of opposition from the environment, beliefs in their own right and exclusivity up to a delusion of grandeur. In the profiles of patients with a manic variant of PE of BAD, the peak increase of indicators on the scales of impulsivity, optimism and rigidity is accompanied by a significant decrease in indicators on the scales of pessimism, overcontrol, anxiety, emotional lability and introversion. Relatively, in the psychological pattern of response, the signs of sensitivity to other people's thoughts are suppressed, attention to one's own state of health is not typical (even to the complete disregard of existing problems), lengthy reflections with situation analysis, reflection and introspection. Such trends create a favorable ground for deviant behavior, first of all addictive and delinquent ones. The decreased scores on the scale 5 for Men is a manifestation of sexual aggravation and increased sex drive associated with a manic state, indiscriminate sexual contact, ignoring commonly accepted moral rules and regulations.

Moreover, the individual psychological profile in the patients with mixed variant of PE of BAD is characterized by originality and differs from the profiles of patients with depressive and manic variants (Fig. 3). The average values on the scales in the patients with mixed variant of PE of BAD were: over control – 60.36±10.98 points, 54.67±10.33 points and 67.20±7.82 points (p>0.05) respectively; pessimism – 68.09±8.25 points, 62.50±2.81 points and 74.80±7.56 points (p<0.05) respectively; emotional lability – 60.91±6.61 points, 56.67±4.59 points and 66.00±4.85 points (p<0.05) respectively; impulsivity – 66.09±7.08 points, 70.50±3.56 points and 60.80±6.72 points (p<0.05) respectively; masculinity-femininity – 54.91±13.88 points, 46.17±5.88 points and 65.40±13.65 points (p<0.05) respectively; rigidity – 60.82±5.33 points, 64.33±4.50 points and 56.60±2.19 points (p<0.05) respectively; anxiety – 63.27±11.23 points, 56.67±7.20 points and 71.20±10.31 points (p<0.05) respectively; individuality – 65.82±6.71 points, 66.67±6.59 points and 64.80±7.46 points (p>0.05) respectively; optimism – 56.64±14.38 points, 65.17±9.33 points and 46.40±12.97 points (p<0.05) respectively; introversion – 58.27±9.55 points, 52.33±8.33 points and 65.40±4.98 points (p<0.05) respectively.

In the profile of men with mixed PE of BAD impulsiveness (4 scales) predominates,

1 – Overcontrol; 2 – Pessimism; 3 – Emotional lability; 4 – Impulsivity; 5 – Masculinity-femininity;
6 – Rigidity; 7 – Anxiety; 8 – Individualism; 9 – Optimism; 0 – Introversion
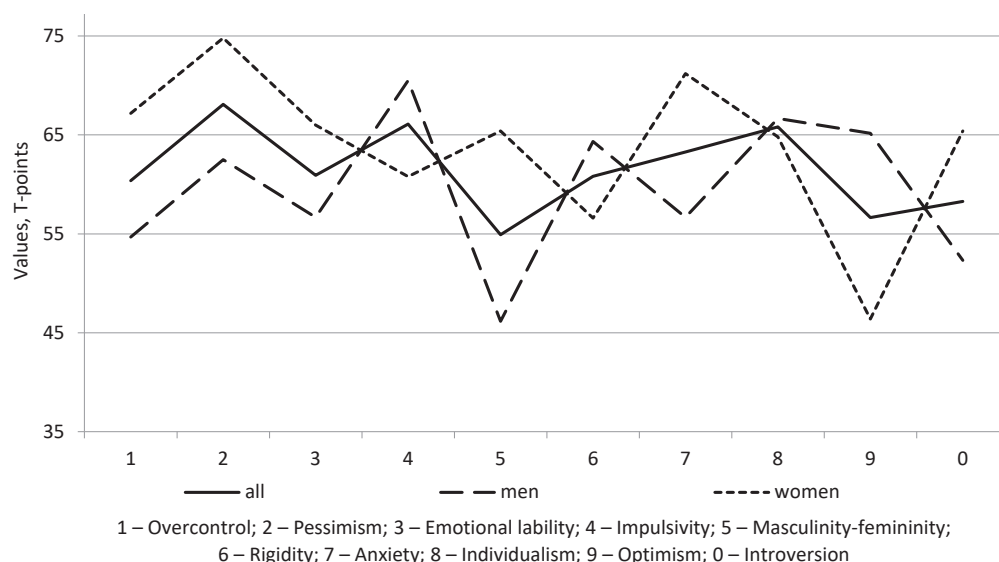
Fig. 3. Standardized multifactor method of personality research profiles for Men and Women with mixed primary episode of bipolar affective disorder.

although the quantitative values of the indicators are smaller than in the manic variant of PE of BAD. In men, increased (more than 65 T-points) indicators on the impulsivity scale are combined with increased indicators on the scales of individuality, hypomania and rigidity. Such a pattern is a manifestation of the instability of the emotional state, a tendency to mood swings, unconformity, originality and non-template reactions to external challenges, a tendency to impulsiveness, conflict, psychopathization of personality traits. At the same time, the combination of contradictory traits is a constant source of intrapsychic conflicts, which is manifested by high excitability and dynamism combined with inertness and instability of behavior. High activity in such individuals is combined with rapid fatigue and self-doubt, which, under certain conditions, can create an addictive predisposition. They are characterized by increased irritability and offensiveness, hostility combined with conflict and hostility to others, especially expressed in frustration of urgent needs. In the men's profiles with the mixed version of PE of BAD, repressive positions occupy the scales of masculinity-femininity, overcontrol, emotional lability, anxiety and introversion, which are indicators of sexual behavior disorders, inhibition, loss of control over impulsivity, weakness of the emotional state. In general, it can be argued that the individual-psychological profiles of SMMPR in men with mixed PE of BAD are more closely related to the profiles of the patients with manic variant than with depressive one, although they have specific features.

Discussion

In recent years, much attention is paid to the restoration of social functioning and the quality of life of the mentally ill. Quality of life, which reflects the main aspects of the mental, social and physical functioning of the patient, is a key criterion for evaluation of the effectiveness of the health care in psychiatry [14]. Thus, longitudinal studies revealed a significant decrease in quality of life in the patients with BAD; it is established that the patients with 25 years of disease without adequate treatment can lose 9 years of life [15]. Numerous studies have established significant social disadaptation of the patients with BAD, i.e. reduced levels of social functioning, reduced professional status and material level, difficulties in personal and professional life [16].

A thorough study is needed for the clinical and psychopathological phenomenology of the primary episode of BAD to determine the features of different variants of its course and to develop a system for predicting its clinical course.

Improving the system of diagnostic measures in the primary episode of BAD in order to improve the quality of treatment, ensure a stable remission and reduce disease recurrence, restore social functioning and quality of life for patients is of a topical scientific and practical matter [17].

Thus, the most significant differences in the quantitative indicators of SMMPR are established when comparing depressive and manic, as well as depressive and mixed variants of PE of BAD, and lesser – when comparing manic

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and mixed variants. Most of all, these differences are expressed in pessimism, impulsiveness, individualism and optimism. Understanding personal features of the patients with a primary episode of BAR is an effective way of solving the problem of BAR and is of great scientific and practical importance for its predicting, treating and preventing.

Conclusions

Patients with primary episode of bipolar affective disorder have some individual psychological characteristic features that have significant gender differences, as well as differ in different variants of the debut of the disease. In the depressive variant of primary episode of bipolar affective disorder, individually psychological pattern is characterized by a tendency to asthenic variant of reaction with prevalence of affiliation, anxiety, pessimism, desire for escapism and minimization of activity. In the manic version of primary episode of BAD, the personality profile is characterized primarily by impulsivity, low level of reflectivity, aggressiveness and intolerance to the opinion of others. The mixed variant is characterized by the most complex and contradictory characteristics, reflecting the instability of emotional state with predominance of manifestations of impulsiveness and rigidity in men, and depressive and anxious traits in women. Gender differences are more significant in women with signs of pessimism, emotional lability, anxiety and introversion, and in men – of impulsiveness, rigidity and optimism.

ІНДИВІДУАЛЬНО-ПСИХОЛОГІЧНІ ОСОБЛИВОСТІ ХВОРИХ З ПЕРВИННИМ ЕПІЗОДОМ БІПОЛЯРНОГО АФЕКТИВНОГО РОЗЛАДУ

Ю.І. Мисула
ТЕРНОПІЛЬСЬКИЙ НАЦІОНАЛЬНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ ІМЕНІ І. Я. ГОРБАЧЕВСЬКОГО, ТЕРНОПІЛЬ, УКРАЇНА

Вступ. *Біполярний афективний розлад (БАР) – надзвичайно актуальна проблема сучасної психіатрії. Особливості первинного епізоду (ПЕ) захворювання надзвичайно важливі для прогнозування та планування лікувально-реабілітаційних заходів БАР. Індивідуально-психологічні особливості хворих на ПЕ БАР залишаються невивченими, що ускладнює розробку сучасних методів прогнозування, лікування та профілактики даного розладу.*

Мета. *Дослідити індивідуально-психологічні особливості хворих з первинним епізодом біполярного афективного розладу з урахуванням гендерного фактору і клінічного варіанту дебюту БАР.*

Методи. *Обстежено 153 пацієнта (65 чоловіків і 88 жінок) з ПЕ БАР. Обстежуваних пацієнтів розділили на три групи залежно від клінічного варіанту перебігу ПЕ БАР: депресивний, маніакальний варіант та змішаний варіант. Обстеження проведено з використанням Стандартизованого багатофакторного методу дослідження особистості (СМДО). Статистична обробка отриманих даних проводилася з використанням непараметричного тесту Манна-Уітні.*

Результати. *Найбільші відмінності при порівнянні кількісних показників СМДО виявлені при порівнянні депресивного і маніакального, та депресивного і змішаного варіантів ПЕ БАР, і менші – при порівнянні маніакального та змішаного варіантів. Найбільшою мірою ці відмінності виражені для проявів песимістичності, імпульсивності, індивідуалістичності та оптимістичності.*

Висновки. *Були знайдені особливості пацієнтів чоловіків та жінок з депресивними, маніакальними та змішаними варіантами ПЕ БАР, які можуть допомогти знайти методи прогнозування, лікування та профілактики БАР.*

КЛЮЧОВІ СЛОВА: **біполярний афективний розлад; індивідуально-психологічні особливості; депресивний, маніакальний та змішаний варіанти.**

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