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Clinical characteristics of depressive episodes in Bipolar I and Bipolar II disorders

S. Linotte[1], M. Barreto[1], N. Van Geit[2], H. D'haenen[2], P. Vanderkelen[3], N. Schepers[3], G. Scantamburlo[4], W. Pitchot[4], M. Ansseau[4], K. Van der Auwera[5], J. Bollen[5], D. Souery[1], J. Mendlewicz[1]

[1]University Clinics of Brussels, Erasme Hospital, Universite Libre de Bruxelles, Department of Psychiatry, Brussels, Belgium;
[2]Academic Hospital Free University of Brussels, Department of Psychiatry, Brussels, Belgium;
[3]Vincent Van Gogh Hospital, Charleroi, Belgium;
[4]Centre Hospitalier Universitaire, Liège, Belgium;
[5]Psychiatrisch Ziekenhuis Sancta Maria v.z.w., Belgium

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Differences between Bipolar Depression (BD) and Unipolar Depression (UD) have been studied for years with controversial results. Bipolar Disorder is often misdiagnosed as Unipolar Depression when exploration of symptoms is not adequate enough. The objective of our study was to investigate a number of variables, which could differentiate UD and BD in a sample of patients assessed by the same methodology within the framework of a belgian multicenter study. All the patients were assessed with the COPE-Bipolar.COM software. It consists of a computerized tool for Clinical Outcome Measures and is part of the COPE-Bipolar program (Clinical Outcome and Psycho Education in Bipolar Disorders) and is intended to be used to improve the quality of management and treatment of Bipolar and Unipolar Disorders. COPE-Bipolar.COM is composed of the following modules: Demographic Data, the MINI International Neuropsychiatric Interview, Current and Previous Psychotropic Treatment, Side Effects, Somatic Comorbidity, Family History of Psychiatric Disorders, Severity Scales, Quality of Life and Functioning and New Mood Episode. Baseline and outcome interviews appear as structured assessments. Data has in consequence a definite and highly organized structure. All the acquired data are been gathered and automatically exported to an Excel data sheet and then analyzed by using the SPSS statistical software. The current sample consists of 303 patients: 120 Unipolar patients (UP), 141 Bipolar patients Type I (BPI) and 42 Bipolar patients type II (BPII) for whom the complete structured interview was performed. Bipolar Depression (BD) is more severe and more recurrent than Unipolar Depression (UD). We found that the mean age of onset for the first depressive episode lifetime was earlier in BPI (25.63, sd = 12.10) and BPII (24.17, sd = 11.51) than in UP (29.43, sd = 14.1), $p = 0.023$. We also found differences in recurrence of depressive episodes (mean number of episodes): 6.35 (sd = 3.4) in BPI, 7.37 (sd = 3.6) in BPII and 4.49 (sd = 3.5) in UP; $p < 0.000$. We noticed a difference in the severity of the depressive episode for those patients who were depressed at baseline interview: a severe depressive episode was observed in 89.9% in BPI patients, 80% in BPII and 66.7% in UP; $p < 0.000$. BD patients were more melancholic: 71.7% in BPI, 76.2% in BPII and 54.2% in UP and more psychotic: 65.7% in BPI, 30% in BPII and 13.9% in UP; $p < 0.000$. Quantitative evaluation of the severity of the depression assessed by the Hamilton Scale (HAM-17) and the Montgomery and Asberg Depression Rating Scale (MADRS) shows that UD would be more "sad" than BD. 50.6% of UP had a score >3 on the item 1 of the HAM-17 (sad mood; $p = 0.035$). 69.9% had a score of at least 4 on the MADRS item "apparent sadness" ($p = 0.047$). These results confirm that BD have an earlier age of onset and a higher rate of recurrence for depressive episodes which are more severe, melancholic and psychotic. These data confirm the burden of depression in BD both for severity and long term outcome.