CONCLUSIONS

Among people with bipolar disorder who require hospitalisation, many have relapses, switches, and limited functional recovery.

Commentary

The classical description of affective disorders as episodic illnesses with full symptomatic and functional recovery between episodes is no longer valid. Kruep's conceptualisation of functional decline as being pathognomonic of schizophrenia, and not affective disorders, no longer holds true.1 Many people with mood disorders, whether their symptoms persist or not, never return to their premorbid level of functioning after becoming ill.2 3 Even with adequate care, the long term course of bipolar I disorder appears to be one of chronicity, with recurrent or subsyndromal symptoms of mania or depression frequently present.4

By monitoring changes in functioning, Tóhen et al have found that in spite of syndromal recovery following hospitalisation for a manic or mixed episode, many patients continue to exhibit subsyndromal symptoms (especially depression) and functional decline. Even when euthymic, compared with people without mood disorders, people with bipolar disorder have cognitive impairment, with the greatest impairment found in verbal and visual-spatial memory.5 This may in part explain why previously able people decline in their functioning.6

Advances in psychopharmacological treatments of acute bipolar mood episodes have come swiftly, and this study underscores the near term success of these agents in reducing mood symptoms. Successes at obtaining complete euthymia and at preventing relapse to new episodes have been fewer.7 Importantly, symptomatic recovery does not guarantee return of functioning, and newer agents have not yet had a positive impact on this problem.8 Because the rate of psychosis in this study (87%) is higher than expected, the participants in this study may be somewhat more ill than the average bipolar I patient.

Although 69% of subjects in this study were discharged from inpatient treatment on lithium, only 39% remained on that drug at two year follow up. Although antipsychotic and anticonvulsant use was less frequent at the time of the study, the use of those drugs remained more stable over the first two years of follow up. The difference may be due not only to effectiveness, but to tolerability. As the adverse cognitive effects of lithium and valproate are well known, it will be interesting to note whether newer drugs will have an impact on the likelihood of return to functioning.

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1 Kruep E. Manic Depressive Insanity and Paranoia. E&S Livingstone: Edinburgh, 1921.