Rapid cycling is equivalently prevalent in bipolar I and bipolar II disorder, and is associated with female gender and greater severity of illness


How prevalent is rapid cycling in people with bipolar disorder and do demographic and clinical variables differ between rapid cyclers and non-rapid cyclers?

19.3 v 12.8, p = 0.0001; mean YMRS score: 8.6 v 4.8, p<0.0001; mean GAFS score: 58.3 v 63.2 for non-rapid cyclers, p = 0.004).

CONCLUSIONS
Rapid cycling is equally prevalent in bipolar I and bipolar II disorder. Rapid cyclers are more likely to be women, and to have a greater severity of illness than those without rapid cycling.

MAIN RESULTS
Twenty per cent of bipolar participants (91/456) had rapid cycling bipolar disorder. There was no significant difference between people with bipolar I or bipolar II disorder in the prevalence of rapid cycling (20% (69/345) in bipolar I disorder v 19.8% (22/111) in bipolar II disorder; p = 0.97). Women were more likely to be rapid cyclers than men (23% (61/271) of women v 16% (30/185) of men; p<0.04). Rapid cyclers had an earlier onset of illness than non-rapid cyclers (mean age at first depression: 16.7 years rapid cyclers v 20.0 years non-rapid cyclers, p = 0.01; mean age at first hypomania/mania: 18.8 years rapid cyclers v 22.1 years non-rapid cyclers, p<0.02). Rapid cyclers had more severe depression and mania, and had lower global functioning (rapid cyclers v non-rapid cyclers: mean MADRS score: 52.6 v 39.8, p = 0.004; mean YMRS score: 19.3 v 12.8, p = 0.0001; mean GAFS score: 58.3 v 63.2, p = 0.004).

For correspondence: Dr C D Schneck, Department of Psychiatry, University of Colorado Health Sciences Center, 4455 East 12th Ave., Box A011–15, Denver, CO 80220, USA; christopher.schneck@uchsc.edu
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