PURPOSE
In bipolar disorder (BD) outpatients during stable periods, it is important to determine the impact of depressive symptoms on functional aspects to meet their treatment requirements. The aim of this study is to describe the functional impact and social adjustment in stable BD patients, due to sub-clinical depressive symptoms.

METHODS
Cross-sectional, prospective, 16-week study of a cohort of BD patients. A control group was recruited as healthy subjects (HS) to test the validity of the symptoms recorded. Clinical stability of BD was assessed at baseline and at week 16, with the Clinical Global Impression scale for BD (CGI-BP-M). Depressive symptoms were assessed at baseline with the Hamilton Depression Rating Scale (HDRS-17), the Montgomery-Asberg Scale (MADRS) and the self-applied instrument Center for Epidemiologic Studies-Depression Scale (CES-D). Functional status was evaluated with the Social and the Occupational Functioning Assessment Scale (SOFAS) and Social Adaptation Self-Evaluation Scale (SASS).

RESULTS
- In BD stable patients depressive symptoms were detected. Mean HDRS score was 3.7 (SD 3.1), MADRS score 4.9 (SD 4.5) and CES-D score 15.2 (SD 9.5) (Figures 2-4). BD patients also showed higher depression scores on HDRS than HS (Figures 9-10). BD patients also showed some social impairment according to clinicians’ judgment, SOFAS mean score was 79.5 (SD 12.7), SASS mean score was 37.5 (SD 7.9).
- Associated factors to depressive symptoms at baseline were:
  - Time since last episode that showed an inverted relationship with baseline HDRS total score (p<0.0001). For each month elapsed prior to baseline assessment a reduction of 0.04 points was associated on HDRS total score.
  - Type of most recent episode. Manic episode showed a lower association with high HDRS scores. For BD patients with a previous manic episode, basal HDRS scores were 0.86 points lower (p<0.0001).
  - Based on clinicians’ ratings in stable patients, 6.1% of these, 95% CI 4.5 – 8.1 showed both mild depression on HDRS scores and difficulties on social functioning.
- The presence of depressive symptoms was related to a negative impact on social-labor function and on social adjustment. The highest correlation coefficients were seen between SOFAS and MADRS (n = 0.54, p<0.0001) and between SASS and CES-D (r = 0.47, p<0.0001).

CONCLUSIONS
Depressive symptoms on BD clinically stable outpatients may result in a decline in social-labor functionality and social maladjustment. Self-applied tests performed during follow-up visits provide complementary information about patient’s mood status and daily functionality.

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