Prevalence Of Subclinical Depressive Symptoms In Clinically Stable Bipolar Patients (SIN-DEPRES STUDY)

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INTRODUCTION

Bipolar Disorder (BD) is a serious mental condition with prevalence rates of around 1.6%. Depressive symptoms have been described during clinical stability in BD. The aim of this study was to describe the prevalence of subclinical depressive symptoms in BD stable outpatients.

METHODS

Cross-sectional, prospective, 16-week study of a cohort of 761 stable BD patients under treatment, included by 56 investigators. Clinical stability was assessed with the Clinical Global Impression Scale for BD (CGI-BP-M), depressive symptoms at baseline with the Hamilton Depression Rate Scale (HDRS), and with the Montgomery-Asberg Scale (MADRS). Depressive symptoms at baseline with the Hamilton Depression Rate Scale (HDRS) and with the Montgomery-Asberg Scale (MADRS). A subclinical depressive symptoms were identified by a HDRS cut-off score of 5.

RESULTS

Subclinical depressive symptoms were detected in 17.4% patients (95% CI: 14.7-20.1). Similar prevalence was obtained when estimated by CES-D, 15.5% (95% CI: 12.8-18.2). The Kappa coefficient between both tests was 0.07, indicating an overall prevalence of 26% when both tools were considered. The SDS group scored in all HDRS items and was associated with shorter clinical stability periods, rapid cycling, poorer treatment compliance and higher use of health services, resources and costs.

CONCLUSION

The identification of subclinical symptoms is very important to improve the health condition, ensure treatment compliance, avoid disorder relapse and predict the medical requirements of bipolar patients. To detect subclinical depressive symptoms could be useful in the implementation of new therapeutic strategies. Moreover, the use of two types of evaluation tools (self and hetero-applied) to detect subclinical symptoms should be considered.

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REFERENCES

For details, please refer to the original paper or the references section of the study report.