The impact of psycho-educational group program on drug attitude and global functioning of real patients with bipolar disorder

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Poster number: P.2.d.041

KEYWORDS: Bipolar disorder, psycho-educational intervention, drug attitude

Background

Bipolar disorder is a potentially lifelong and disable condition. It is often comorbid with other psychiatric disorders and causes substantial psychosocial morbidity. Even during periods of euthymia, patients may experience impairments in psychosocial functioning [1]. Poor treatment compliance is one of the main challenges to control the symptoms and prevent relapsing episodes. The insight, the disease awareness and the patient's attitude towards medication are believed to affect the adherence to treatment [2].
Although the evidence of specific psychosocial interventions for bipolar disorder is slowly building, there are studies showing positive effects of psychoeducation on enhancing bipolar patients' medication adherence [3]. In 2003, Colom F et al. published a randomized controlled study of recurrence prevention using group psychoeducation. They reported efficacy of this intervention in preventing mania and hypomania, depression and mixed episodes by decreasing the rates of rehospitalization and enhancing adherence [5].
However, in psychological treatment trials the recruited participants are usually euthymic, with no comorbidity associated and had moderate levels of bipolar disorder. Therefore, samples often exclude many of the individuals comprising the largest proportion of clinical caseload and are not representative of the cases that are most difficult to manage. The aim of this study is to assess the impact of psycho-educational group program on the attitude towards medication and global functioning of real-world patients with bipolar disorder.

Methods

We performed a non-randomized controlled trial, pre-post intervention study. The sample was selected from patients being treated at a public community mental health center attached to INAD (Neuropsychiatric and Addiction Institute) located in a socioeconomic depressed area of Barcelona. Inclusion criteria were have received a diagnosis of bipolar disease type I or type II based on a psychiatric structured interview and have signed a written informed consent. No exclusion criteria were taking into account. We obtain a sample of 14 patients. All subjects were assessed at baseline, one month and three months after the end of the psychoeducative program using The Drug Attitude Inventory (DAI) and The Functioning Assessment Short Test (FAST). We based our program in the shortened version of the Psychoeducation Manual for Bipolar Disorder developed by F. Colom and E. Vieta [4]. Patients received standard psychiatric care and were enrolled in a weekly psychoeducative program composed of 8 sessions of 90 minutes, each aimed at improving illness awareness, treatment compliance, early detection of prodromal symptoms and recurrences and life-style regularity. The structure of each session consisted of a 30 to 40 min speech on the topic of the day, followed by an exercise related to the issue. The program was performed in a 8-15 group setting, conducted by two psychiatrist and a social worker who had previous experience with bipolar patients and group conduction. Number of hospitalizations, consultations to the emergency department and history of past attempted suicides were also recorded. Four of the cases were lost during the follow-up and not included in the results. As the sample size is extremely low we could only performed a descriptive analyses of data.

Results

The results obtained are shown in the following figures and tables. A description of the sample characteristics is summarized in table 3. Among the patients who discontinued the group sessions, two were admitted to a psychiatric unit for presenting acute affective episode (depression and mania), one for laboral incompatibility and four people without any reason.

Fig. 1. Boxplot of the Drug Attitude Inventory score at baseline, one month and three months

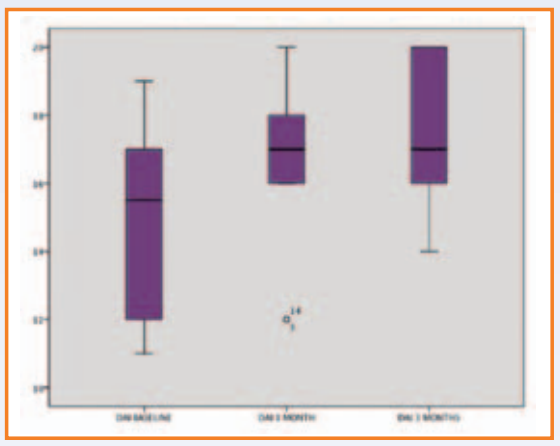

Fig. 2. Boxplot of the Functioning Assessment Short Test score at baseline, one month and three months

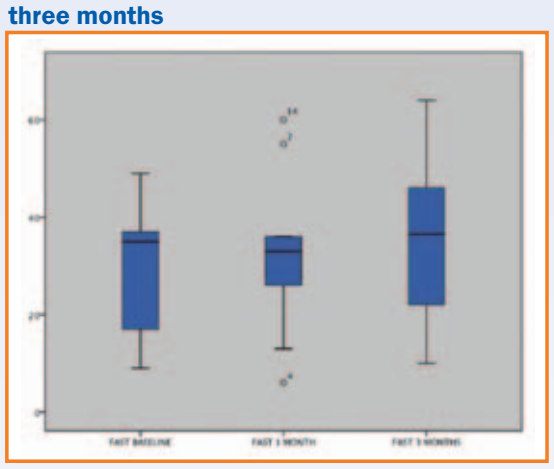

Table 1. Descriptive overview of the key results

	mean (X)	standard deviation (SD)	Total (n)
DAI baseline	15,64	2,94	11
DAI 1 month	16,91	2,81	11
DAI 3 months	17,67	2,31	12

Table 2. Descriptive overview of the key results

	mean (X)	standard deviation (SD)	Total (n)
FAST baseline	26,82	15,01	11
FAST 1 month	31,55	15,83	11
FAST 3 months	32,50	15,42	12

Table 3. Characteristics of the sample (n=14)

	frequency	percent (%)	cumulative percent (%)
Age (mean=46,9; SD 13,6)			
Sex			
Male	5	35,7	35,7
Female	9	64,3	100
Civil status			
Single	5	35,7	35,7
Married	5	35,7	71,4
Divorced	3	21,4	92,9
Widow	1	7,1	100
Educational level			
Primary studies	8	57,1	57,1
Secondary studies	6	42,9	100
Employment			
Unemployed	5	35,7	35,7
Active	3	21,4	57,1
Disability pension	4	28,6	85,7
Retired	2	14,3	100
Family background of BD	0		
Medical conditions	6	42,9	
Actual drug use	9	64,3	
Psychiatric comorbidities	6	42,9	
Nº hospitalizations (mean=2,5; SD=3,3)			
Consultations to emergency department (mean=2,5; SD= 3,3)			
Attempted suicides (mean=1; SD=2,7)			
Attended sessions (mean=4,6; SD= 2,9)			

Conclusions

Our preliminary results do not clearly support previous evidence of the effectiveness of psycho-educational therapies for improving medications adherence and global functioning in bipolar patients. There is a tendency for treatment adherence to improve in DAI scores, however we are aware that limitations of the study may affect the results. This tendency is not observed in FAST scores which tend to rise, it is therefore getting worse. Patients who discontinued the group sessions without any reason have comorbid personality disorders. This supports the fact that these patients may disrupt the normal functioning of the group and be in need of additional attention and support by the therapist. No medication withdrawals were observed among patients who had to be hospitalized during the treatment. The small size, the sample's heterogeneity and the degree of bipolar disorder severity may act as biases and confounding factors difficult to control in clinical practice. Nonetheless, we have expectations of this study to be continued over time and we are hopeful that with a larger number of patients the results may become statistical significant.

REFERENCES

1. Hirschfeld RM, Charles Bowden CL, Gitlin MJ, Keck PE, Suppes T, Thase ME, et al. Practice Guideline for the Treatment of Patients With Bipolar Disorder. 2010, Second Edition. APA Practice Guidelines.
2. Gonzalez-Pinto A, Reed C, Novick D, Bertsch J, Haro JM. Assessment of medication adherence in a cohort of patients with bipolar disorder. Pharmacopsychiatry. 2010;43(7):263–70.
3. Bahredar MJ, Asgharnejad Farid AA, Ghanizadeh A, Birashk B. The efficacy of psycho-educational group program on medication adherence and global functioning of patients with bipolar disorder type I. Int J community based Nurs midwifery. 2014 Jan [cited 2017 Mar 31];2(1):12–9.
4. HUNT N. Psychoeducation Manual for Bipolar Disorder. By F. Colom and E. Vieta. Cambridge University Press: Cambridge. 2007. Psychol Med. 2009 May 6 [cited 2017 Apr 1];39(05):875.
5. Colom F, Vieta E, Martinez-Aran A, Reinares M, Goikolea JM, Benabarre A, et al. A randomized trial on the efficacy of group psychoeducation in the prophylaxis of recurrences in bipolar patients whose disease is in remission. Arch Gen Psychiatry2003;60:402–7.

The authors have no conflicts of interest to disclose concerning the presentation

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