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Quality of Life among Patients with Bipolar Disorder

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Abstract

Background: Schizophrenic polar disorder (BD) is the most common chronic illness, that afflicting in adolescence or early adulthood people during their peak productive ages. **Aim:** assessing quality of life & drug attitude inventory among patients with bipolar disorder. **Setting:** The study was conducted on 100 patients attending follow-up outpatient clinic of the Institute of Psychiatry at Ain Shams University. **Tools:** 1) Interviewing questionnaire containing the following parts: A) Socio-demographic sheet. B) History of illness. 2) World Health Organization Quality of Life – BREF Questionnaire (WHOQOL- BREF) instrument .3) Drug attitude inventory (DAI-30 items). **Result:** there are highly statistically significant correlation found between educational level, marital status ,age, gender as regard overall quality of life and four domain of quality of life with bipolar disorder patient (P= .000, , .000 , .000, and .000) respectively. additionally, there is highly statistically significant correlation between side effect of medication as regard overall quality of life domain with BD patient (P= .000) respectively. as well as, there are (71%) had positive attitude towards drugs and there are highly statistically significant As well as, there are highly statistically significant correlation between gender, Age, and Adequacy of monthly income as regard drug attitude inventory(P= .000, .000, and.001) respectively. **Conclusion:** the assessment of QOL had a poor effect on overall QOL & psychological domain regarding bipolar disorder. **Recommendation:** incorporate non-drug therapy (psychosocial intervention) along with pharmacological therapies in BD management to improve quality of life of patients with BD.

Key words: Bipolar Disorder, Quality Of Life.

Introduction

Bipolar disorder (BD) is a chronic illness associated with severely debilitating symptoms that can have profound effects on both patients and their caregivers and can have life-long adverse effects on the patient's mental and physical health, educational ,occupational functioning ,and interpersonal relationships**(Strejilevich et al., 2013)**.

Bipolar disorder (BD) is currently thought to affect approximately 6 million American adults or about 2.6% of the U.S population in a given year**(NIMH,2013).** .In Egypt , BD represent 20.3% **(Asaad et al., 2014).**

As regards disease onset, it is most frequently in early adulthood, between 21 to 30 years of age, and it affects women equal as often as men **(varcarolis,2016) .** Patients with BD diagnosis whish have

recurrent episodes of pathologic mood states, characterized by manic or depressive symptoms, which are interspersed by periods of relatively normal mood**(varcarolis,2016) .**

BD clinical picture that include low self-esteem, decreased sleep, pressured speech, racing thoughts, activity at heightened levels, increase energy, depressed mood, loss of interest or pleasure, weight loss/ gain, agitation, fatigue, worthlessness, and suicidal ideation, as well as, impact on the individual's sense of self can result in functional limitations, disability and reduced quality of life (QoL) **(National institute for health and clinical excellence, 2014).**

The treatment of BD is divided into treatment of BD relapses, prevention of new relapses and disease progression ,and symptomatic treatment. Symptom management includes medications, and non pharmacological methods such as rehabilitation and psychosocial support **(Erika et al.,2015).**

Quality of life (QoL) is a wide-ranging concept that is affected not only by people`s health status, but also by their social settings, psychosocial state, level of independence, and their relationship to the environment in which they live **(Al-Tahan, et al., 2011).**

Quality of life has gained increasing attention as an important component of functional outcome in bipolar disorder. In fact, recovery in bipolar disorder shouldn't be defined merely by symptomatic remission or even syndromes remission; rather, it should include symptomatic recovery, syndrome recovery ,functional recovery, and return to an acceptable quality of life for the patient **(Rubio et al.,2013).**

The disabling nature of the disease significantly impacts the lives of individuals with the disease and their families. Symptoms that affect QOL include: cognitive impairment, emotional problems, impairment in work , family , social life , and impairment interpersonal relationships so, it is clear that, individuals with BD have lower overall and general health of QoL than general population **(Rubio et al.,2013).**

Significance of the Study:

Bipolar disorder is a prevalent and chronic disease that affects all aspects of patient's life. Bipolar disorder may challenge the individual's ability to maintain emotional well-being and, in some instances, may promote maladaptive reactions leading to poor psychological adjustment. In such chronic conditions; the goal of care is to make the patient's life as comfortable, functional and satisfying as possible.

According to survey carried out by Egyptian researches including Prof.Dr. **Mohamed Ghanem**, this survey revealed that about 14640 people in the age group of 18 to 64 years where the proportion of mood disorders in Egypt about 6.43% **(Central Agency for Public Mobilization and Statistics, 2009).** this study will be beneficial in identifying and increasing nursing knowledge regarding quality of life among bipolar patients which may generate an attention and motivation for further researches and program in this area. So is essential in assessing patient's helping to develop quality of life among patients with bipolar disorder as well as enhancing life satisfaction, achieving independent daily social activities, assist community reintegration, enhancing psychosocial adjustment and ultimately improving the overall QOL of bipolar patients.

Aim of the study:

The aim of this study was to assess quality of life among patients with bipolar disorder.

Research Question:

1) What are the levels of quality of life among patients with bipolar disorder?

Working Definition:

Quality of life among patients with bipolar disorder in this study is limited to four domains:"physical health, psychological health, social relationship, and environment".

Subjects and Methods:

Research Design:

A descriptive explorative study design was used in this study to assess quality of life among patients with bipolar disorder.

Research Setting:

The study had been conducted in the outpatient clinic of Institute of Psychiatry at Ain Shams University.

Sampling;

-Sample type:

A convenient sample was indicated in this study

-Subjects of the study:

The subjects of the present study included 100 patients attending follow-up outpatient clinic of the Institute of Psychiatry at Ain Shams University , who agree to participate in the study.

Tools of the Study

Data were collected by using the following tools:

A-Interview questionnaire sheet:

This sheet was constructed by the investigator to assess patients socio-demographic characteristics**;** such as; age, gender, marital status, educational level, employment, residence, income, adequacy of monthly income, and cost of treatment.

B- History of illness among patient with BD:

Designed by the researcher ,it includes onset of symptoms, duration of symptoms, intensity of symptoms ,precipitating factors during episode "if present", previous history of psychiatric illness "if present", history of bipolar disorder , side effects of medication "if present", previous history of medical disorder "if present" and previous a psychiatric illness in their family member "if present".

C- World Health Organization Quality of Life – BREF Questionnaire (WHOQOL- BREF):1997

WHOQOL BREF forms are a comprehensive brief assessment package consisting of 26 items organized in to four domains:"physical health, psychological health, social relationship, and environment", and overall quality of life and general health. The four domain Scores are scaled in a positive direction with higher scores which each domain are as follows: **physical health** consists of 7 items but 2 items reverse before scoring, **psychological domain** consists of 6 items but 1 item reverse before scoring, **social relationships** consists of 3 items, and **environment** consists of 8 items, and overall quality of life and general health consists of 2 items, indicating a higher quality of life.

D- Drug attitude inventory Questionnaire : (DAI-30)

This questionnaire was designed by **Hogan (1983)**, is used to gain understanding of how people view the use of psychiatric medication and the nature of their experiences of these drugs.

The scale has 15 items that will be scored as **True** and 15 items that will be scored as **False** in the case of a fully compliant response. A correct answer to these items will be scored as plus 1.an incorrect answer will be scored as minus 1.the total score is the sum of pluses and minuses. A positive total score means a compliant response. A negative total score means a non- compliant response.

Pilot Study:

A pilot study was conducted for 10 psychiatric patients (10 % of total sample) to evaluate the applicability and reliability of the constructed tools .No modification was done to the tools.

Field Work:

The actual fieldwork for the process of the data collection has consumed six months started on the beginning of November (2015) and was completed by the mid of April (2016). Data were collected 4days/ week on Sunday ,Monday , Wednesday and Thursday from 9 a.m. to 2 p.m. Data were collected by the investigator.

Statistical analysis:

The statistical analysis of data was done by using the Computer Software for Excel Program and Statistical Package for Social Science (SPSS) version 13.0. Data were presented using descriptive statistics in the form of frequencies and percentage for categorical data ,the arithmetic mean (X) and standard deviation (SD) for quantitative data. Qualitative variables were compared using chi square test $(X)^2$ and P-value to test association between two variables.

Degrees of significance of results were considered as follows:

- p-value > 0.05 Not significant (NS)
- p-value ≤ 0.05 Significant (S)
- p-value $\leq$ 0.001 Highly Significant (HS)

Results:

Results table (1) illustrate that, more than half of studied sample (51%) felt at age group between 25-31oyears old; and nearly half (48%) of the sample were divorced. Regards residence three fifth (60%) of the sample lived in urban areas, as well as more than two third (68%) of the sample had finished secondary education but only (5%) of the sample had illiterate. In addition three quarter of studied sample (75%) were unemployed, as well three fifth (60%) of the sample had monthly income enough to some extent. Most of the studied sample (90%) suffered from cost of the treatment & transportation. in addition the majority (80%) free cost of treatment with some expenses.

Table (2) reveals that, less than three quarter of the study sample (72%) were gradual onset of the symptoms; and less than three fifth (57%) were weekly duration of this symptoms. less than three fifth of the studied sample (59%) had predisposing factors during the episode while the majority of the studied sample (82%) had increase the intensity of symptoms. Regards psychiatric illness in their family the highest percentage (90%) of the sample without psychiatric illness in family member but only (10%) had psychiatric illness in family member.

Table (3) show that; the highest percentage (87%) of the studied sample had poor quality of life regarding Quality of Life and General Health Domain, and less than three quarter of them (57%) had good

Physical Health, and nearly half of them (45%) had poor scores regarding Psychological Domain, as regards Social Relationship Domain half of them had average scores, and the majority of them had average scores in Environment Domain.

Table (4) show that, less than three quarter of the study sample (71%) had positive attitude to DAI-30, while more than one quarter of the study sample (29%) had a negative attitude towards it.

Table (5) reveals that, there are highly statistically significant correlation between educational level, marital status and overall quality of life of patient with BD, in which r=.445, and .430 at P= .000, and .000 respectively.

As well as, there are highly statistically significant correlation between age, gender of patient with BD and overall quality of life, in which r=.592, and -.444 at P= .000, and .000 respectively.

Table (1): Distribution of Sociodemographic Characteristics of patients with BD under study ((No=100).

Gender		
Male	50	50%
Female	50	50%
Age		
18:24 years	10	10%
25:31 years	51	51%
32:40 years	25	25%
41:50 years	14	14%
Marital status		
Single	20	20%
Married	20	20%
Divorced	48	48%
Widow	12	12%
Educational level		
Illiterate	5	5%
Read & write	20	20%
Secondary education	68	68%
University education	7	7%
Employment		
Employed	25	25%
Un employed	75	75%
ence		
Urban	60	60%
Rural	40	40%
Income		
Monthly	90	90%
Daily	10	10%
Adequacy of monthly income		
Enough =adequate	5	5%
Enough to some extent	60	60%
Not enough=inadequate	35	35%
Suffer from cost of treatment & transportation		
Yes	90	90%
No	10	10%
Cost of treatment		
Free	20	20%
Free with some expenses	80	80%

Table (2): Quality of life of patients with bipolar disorder (n=100)

Items	Poor %	Average %	Good %	Mean ± SD
Quality of Life and General Health Domain	87%	10%	3%	**38.13± 18.410**
Physical Health Domain	1%	42%	57%	**70.93± 6.830**
Psychological Domain	45%	50%	5%	**52.5000± 10.51094**
Social Relationship Domain	40%	50%	10%	**43.33± 19.855**
Environment Domain	1%	97%	2%	**63.03± 5.775**

Table (3) : Drug attitude inventory of patient with BD (N=100)

DAI-30	N	%
Non- compliant	**29**	**29%**
compliant	**71**	**71%**

Discussion:

Bipolar disorder is a recurrent and long term mental illness that usually affects young adults and linked with a broad spectrum of physical and social impairments that can seriously affect the lives of the patients. The combination of a progressive and unpredictable disease process creates an uncommonly stressful illness which powerfully impacts upon the quality of life (QoL): physical, psychosocial emotional, and financial of both the patients and their relatives throughout its course**(Alvares et al., 2015;Outhred et al., 2014; and Valenza et al., 2014).**

The role of the nurse for a patient with bipolar disorders are help them to promote physical needs and improve psychosocial aspects as well as support their family during the process of adaptation to alterations in mood, behavior and self esteem. So, the need for psychiatric mental health nursing is essential in helping to develop quality of life among patients with bipolar disorders as well as modifying patient's maladaptive behaviors **(Mary ANN, 2014).**

Major part of demographic data was parallel to the demographic data of the study carried out by **Cudney, et al., (2016); Xiao, et al., (2015); Amini &Sharifi, (2012); and Meijel, et al., (2015),** in which permissive inclusion criteria allowed gathering information across males and females with different BD types.

Concerning the socio-demographic characteristics of patients with bipolar disorder, the present study findings shows that, the ratio between female and male patients in the current study was (1:1).

This result is similar to a study carried out by Xiao, et al., (2015) , who illustrated that, the percentages between females and males were (51% : 49%) and the ratio was (1.1:1).

The finding of the present study reveals that, more than half of subjects felt at age group between 25- 31years old, and nearly half of the subjects were divorced. As well as more than two third of the subjects had finished secondary education.

This result is similar to a study carried out **by Sim, Sum,and Ho, (2015),** who mentioned that, bipolar disorder diagnosis is typically between the ages of 20-40 years and more than two third of the subjects had finished secondary education.

This results is supported by **National Institute of Mental Health (2013),** who reported that, the onset of bipolar disorder usually occurs during the peak productive ages of 25 years.

The finding of the present study reveals that, residence of the studied subjects was three fifth lived in urban areas and nearly half of the subjects was lived in rural regions.

This result was similar to a carried out by **Javadpour et al ., (2015**), who analyze that, the majority percentages of patients were 70% live in the big city and 30% live in the village.

The finding of the present study clear that, three quarter of studied sample were unemployed, as well three fifth of the sample had monthly income enough to some extent.

This result is similar to a study carried out by Wingo et al., (2009), who reported that, the highest percentages of unemployment up to 60%.

The finding of the present study clarifies that, less than three quarter were gradual onset of the symptoms of bipolar disorder , less than three fifth were weekly duration of this symptoms, less than three fifth of the subjects had predisposing factors during the episodes and the majority of the subjects had increase the intensity of symptoms.

This result was similar to carried out by Goossens et al.,(2012), who studied collaborative care for patients with bipolar disorder: effects on functioning and quality of life, and stated that, (51%) the duration of symptoms occurred weekly.

This result is congruent with **Mosqueiro, Rocha, and Fleck(2015),** who studied intrinsic , religiosity, resilience, quality of life, and suicidal risk in depressed inpatients, and stated that, three fifth of the subjects had increase severity of symptoms with bipolar disorder.

The finding of the present study shows that, the highest percentage (90%) of the subjects without psychiatric illness in their family member but only (10%) had psychiatric illness in family member.

In the same line this result is identical with **Xiao, et al., (2015),** who asserted that, the majority of subjects were 90% hadn't psychiatric illness but 10% had psychiatric illness with their families' members.

The finding of the present study shows that, the mean of overall QOL & general health (38.13± 18.410), physical health (70.93± 6.830), psychological domain (52.5000± 10.51094), social Relationship domain (43.33± 19.855), and environment domain (63.03± 5.775).

This result was similar to carried out by **Sharifi & Amini (2012),** who

assessed quality of life in bipolar type I disorder in a one-year follow up, and observed that, there were the mean score of life quality after intervention in the test of physical health domain (79.43 ± 16.79), psychological domain (69.58 ± 23.52), social domain (61.11 ± 23.89), and environmental domain (62.19 ± 19.29).

This result was similar to carried out by **Kasimahanti & Boorla (2015),** who assessed quality of life and comorbid anxiety disorder in persons with schizophrenia, schizo-affective and bipolar affective disorder under remission, who concluded that, The average mean of WHO-QOL-BREF scale domains of physical health, psychological health, social relations, and environmental health were 55.29, 55.90, 60.16 & 65.14 respectively.

The finding of the present study shows that, the physical health domain less than three fifth of the subjects was good level and the majority of the environmental domain was adequate level with bipolar disorder.

This result is contradicting with **Miller et al., (2013)** was studied quality of life among patients with bipolar disorder in primary care versus community mental health setting consistent with previous research, who reported that depressive symptoms were associated with lower mental HRQoL, and medical comorbidities were associated with lower physical HRQoL.

The finding of the present study illustrates that, there are highly statistically significant correlation between educational level, marital status ,age, and gender as regards overall quality of life of patient with BD, in which r =.445, .430 , .592, and -.444 at P= .000, .000, .000, and .000respectively.

This result was similar to **Abraham, et al., (2013),** who studied self-efficacy and quality of life among people with bipolar disorder and mentioned that , a statistically significant relationship between marital status , and age regarding; and mental , and physical HRQOL.

The finding of the present study clears that, there are highly statistically significant correlation between educational level and overall QOL ,physical health domain, psychological domain and environmental domain of patient with BD, in which r =.445, -.482,.449 and .260 at P= .000, .000,.000 and .009 respectively.

This result is similar to a study carried out by **Aydemir (2016),**to study functioning and quality of life in bipolar disorder , and stated that , level of education was significantly associated with Qol and four domains (P< 0.005).

The finding of the present study illustrates that, there are highly statistically significant correlation between unemployment as regard overall QOL ,physical health domain, social domain and environmental domain of patient with BD, in which r =-.374, .261,.701 and -.386 at P= .000, .009,.000 and .000respectively.

This result is congruent with **Harris et al., (2010),** to assess functioning and quality of life in bipolar disorder , and stated that was highly statistically significant correlation associated with unemployment and lower QOL on health and functioning , and overall QOL (P<0.01) and significant correlation with lower QOL on family domain (P=0.046).

The finding of the present study clears that, less than three quarter of the

subjects had compliance attitude towards drugs.

This result was similar to **Sajatovic et al., (2009),** who studied the predictors of non adherence among individual with bipolar disorder receiving treatment in common mental health clinic, was reported that, 80.7% of the samples had good compliance.

As well as, this result in the same line with **Shabani et al., (2015),** who studied non compliance & relational factors in patients with bipolar I disorder, who concluded that, the medication compliance increased successively (p= 0.045) to DAI-10.

This result is contraindicating with **Sajatovic et al.,(2014),** was reported that, the absence of a relationship between the patient's sex, marital status and the treatment adherence. one of the reasons for non-compliance is being divorced or widowed.

Conclusion and Recommendation:

Based on the results of the current study, it can be concluded that:

There are ratio between female and male patients in the current study was (1:1).

There are more than half of subjects felt at age group between 25- 31years old, and nearly half of the subjects were divorced. As well as more than two third of the subjects had finished secondary education.

There are highly statistically significant correlation between gender, age, and adequacy of monthly income as regard drug attitude inventory, as well as, there is statistically significant correlation between marital status and drug attitude inventory.

The assessment of QOL had a poor effect on overall QOL & psychological domain regarding bipolar disorder.

The researcher recommended the following:

- Replication of this study on a larger sample size is recommended as the statistical significance of this study may be related to the small sample size.

- A further research is needed to carry out qualitative studies about the physical, emotional, social, and, spiritual consequences of BD especially in Egypt and in Arabic Nation.

- Examination of the role of comorbidities such as anxiety disorders and substance abuse disorders on QOL in bipolar disorder.

- Construction of family interventions designed to support family members‘ efforts to cope with the intrusion of BD into the household.

- The provision of health care personnel specialized in BD to provide care; health education; and physical, psychosocial, and spiritual support.

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