Clinical Outcomes and Disease Burden of Bipolar and Schizoaffective Disorder in an Australian Cohort: Results After 12 Months

Abstract:

Background: The Bipolar Comprehensive Outcomes Study (BCOS) is a 2-year, observational study of participants with bipolar I or schizoaffective disorder.

Aims: The BCOS study aims to assess the clinical, functional, and economic outcomes associated with ‘real-life’ treatment and to determine predictors of these outcomes.

Methods: Participants (n=239) prescribed mood stabilisers were assessed every 3 months for a period of 12 months using various measures, including the Young Mania Rating Scale (YMRS), 21-item Hamilton Depression Rating scale (HAMD-21), and the Clinical Global Impressions-Bipolar Version scale (CGI-BP).

Results: The most commonly prescribed treatment was atypical antipsychotics combined with mood stabilisers (12.6%). At baseline, the majority of participants were moderately ill according to HAMD-21 (51% ≤13; 23% >13 & ≤19; 25% ≥19) and YMRS (81% <15) scores. After 12 months, most participants were mildly ill, with a significant reduction in CGI-BP overall scores ([mean+SE] 3.0±0.08 vs. 3.8±0.09 baseline, p=.044). HAMD-21 Total (11.5±0.56 vs. 13.4±0.55, p<.001) and CGI-BP Depression scores (2.8±0.08 vs. 3.2±0.09, p=.018) were reduced after 12 months. Mania scores were reduced as measured by CGI-BP Mania (2.2±0.08 vs. 3.0±0.10, p=.003) but not via YMRS Total (6.0±0.45 vs. 8.2±0.55, p=.094) scores. Predictors of mania and depression at study entry were also investigated. Overall, patients with clinical or subclinical depression (HAMD-21 >13) had poorer clinical and functional outcomes than asymptomatic patients (p<.001), although mania severity predicted fewer differences.

Conclusion: Clinical outcomes scores improved overall after 12 months observation, with depression severity associated with poorer outcomes.

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