

Bipolar disorder: from genetics to psychosocial rehabilitation

The concept that we currently define as bipolar disorder dates from the 19th century and is intimately related to the appearance of one or more episodes of mania over the course of a lifetime. As early as 1854, Falret described patients with folie circulaire ("circular insanity") and emphasized the significance of predisposing hereditary factors, course, prognosis, and adaptability of patients to society. Since this milestone elucidation, 150 years have passed, and we continue to seek a more profound understanding of the disease. We currently know that the prevalence of bipolar disorder type I is between 1% and 1.6% of the population. Despite being less prevalent than unipolar depressive disorder, bipolar disorder is associated with earlier onset and greater patient incapacitation, as well as higher rates of recurrence and chronicity. The direct costs (diagnosis and treatment) are immense, as are the indirect costs such as loss of work productivity and suicide - not to mention the suffering endured by individuals and their families.

Over the course of the last 10 years, we have seen increased awareness of the fact that bipolar disorder is an ailment that represents a public health concern of great significance, as recognized by the World Health Organization in 1990. Information concerning diagnosis and treatment has been, and continues to be, widely distributed in specialized publications. In July of this year, the *New England Journal of Medicine*, one of the most influential journals in the area of clinical medicine, published a review article dealing with bipolar disorder.¹ Therefore, nothing could have been more timely than the decision made by the editorial commission of the *Revista Brasileira de Psiquiatria* (Brazilian Journal of Psychiatry) to publish a supplement on the subject.

Given the freedom to define the themes of this supplement, we decided to publish a far-reaching issue that would go beyond the themes of recent supplements published by international periodicals,

which have focused on new drugs for treating mania and mood disorders. Therefore, we delineated six fundamental areas:

- 1- Diagnosis (concept and mixed states)
- 2- Etiopathogenesis (genetics and pathophysiology)
- 3- Life cycle characteristics (infancy and old age)
- 4- Comorbidity
- 5- Treatment (pharmacotherapy, cognitive-behavioral therapy, psychosocial intervention and multidisciplinary approaches)
- 6- Transcultural aspects

We invited contributions from our colleagues (Brazilian and American) who work in these specific areas, and they promptly heeded the call. The selection of the 12 articles included was made with an eye toward addressing these six broad topics. We requested that the collaborators write critical and systematic reviews on the proposed themes. Whenever possible, the implications of the patient management data is presented. We hope that this supplement will call the attention of Brazilian psychiatrists to the importance of updating their knowledge regarding the diagnosis, etiopathogenesis and treatment of bipolar disorder. Our primary objective is to aid our colleagues in reducing the overly elevated rates of morbidity and mortality seen in bipolar disorder.

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1. *Belmaker RH. Bipolar Disorder. New Engl J Med. 2004; 351:476-89.*