

The impact of marital status in hospitalized patients with bipolar disorder

O impacto da situação conjugal em pacientes internados com transtorno do humor bipolar

Dear Editor,

Many studies show that bipolar disorder (BD) causes ever-increasing distress to caregivers, which leaves many with a feeling of being overburdened. When caregivers believe that they are capable of controlling the patient's disease this feeling is reduced. This belief has been associated with good coping strategies, or coping style, which can in turn reduce rates of hospitalization.¹ In a recent study with BD patients, the authors demonstrated that when patients were substance abusers, and were also separated from their partner, they had a 100% risk of hospitalization. The presence of a partner reduced this risk on 52%, and the lowest risk of hospitalization was associated with the presence of a partner and absence of drug involvement.² It is also known that almost 40% of hospitalizations longer than 30 days are due to social and administrative factors beyond the psychiatrist's control, compared

Table 1 - Means for variables for groups with presence of spouse and absence of spouse

	Spouse	Mean	95% CI		p-value* corrected for		
					Sex	Age	Education
Mood episodes per year of disease	Yes	0.5753	-0.3547	0.0670	0.34	0.6	0.14
	No	0.7191					
Total number of mood episodes	Yes	5.72	-2.5790	1.102	0.31	0.14	0.56
	No	6.46					
Total time of hospitalization (days)	Yes	58.00	-95.6650	-13.1650	0.005	0.002	0.01
	No	112.41					
Number of overall hospitalizations	Yes	3.30	-3.2300	-0.0900	0.03	0.005	0.04
	No	4.96					

*ANCOVA

to 50% that are medically justified.³ In addition, hospitalization is considered an important indicator of greater severity and poorer outcomes for manic and mixed states in our country and in other regions of the world.⁴

Therefore, we conducted a retrospective case-control chart review study of patients that were hospitalized from January 1st 2004 to December 31st 2008, at the Psychiatric Unit of Santa Maria's University Hospital (a community public hospital). Of the 294 charts reviewed, we included 178 that fulfilled the inclusion criteria: 1) DSM-IV-TR diagnostic of BD, most recent episode manic with psychotic features; detailed descriptions about: 2) marital status, 3) length of disease, 4) number of mood episodes, 5) number of hospitalizations due to BD and 6) time of hospitalization due to BD. Subjects were divided into two groups: with (n = 43) or without spouse (n = 135). Results were analyzed using ANCOVA. Ethics committee approval was given.

The presence of a spouse was related to a lower total time of hospitalization, in days, in the patient's lifetime. Similarly, there were fewer hospitalizations in those patients that lived with a spouse. Curiously, disease related variables like total number of mood episodes and number of mood episodes per year of disease

were not related to the presence of a spouse (Table 1). Confounding factors, such as adherence to treatment, were not evaluated, being limitations of the study.

We can conclude, then, that for this particular type of BD patient, the presence of a spouse can reduce hospitalization rates, though does not reduce the number of episodes of the disease. Future studies should investigate whether brief hospitalizations are associated with the pattern of coping skills of caregivers.

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Disclosures

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* Modest

** Significant

*** Significant. Amounts given to the author's institution or to a colleague for research in which the author has participation, not directly to the author.

Note: UFSM = Universidade Federal de Santa Maria.

For more information, see Instructions for authors.

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