

Hardnekkige bipolaire stoornissen & stageren als instrument

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8 september 2022



Samenvattingскаart zorgstandaard

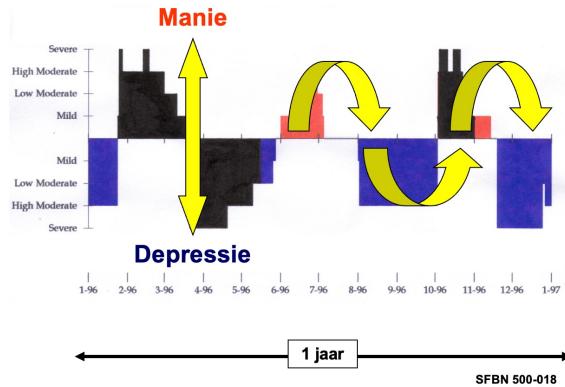
Bipolaire stoornissen

De stoornis

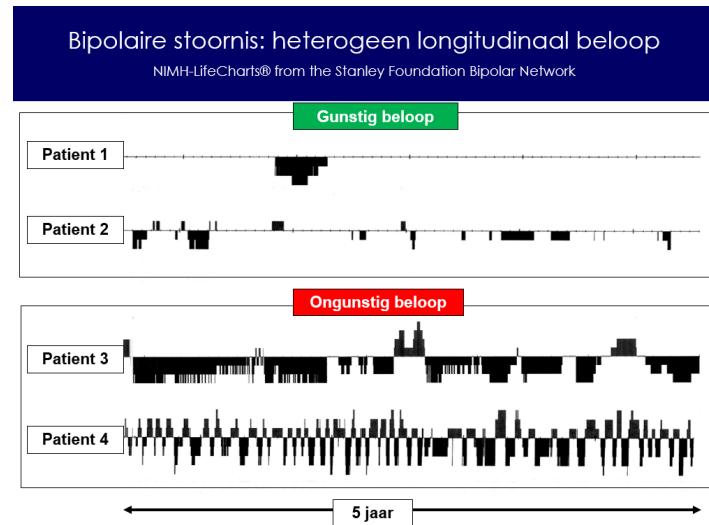
De bipolaire stoornis is een (meestal) terugkerende stemmingsstoornis. Manie, hypomanie en depressie wisselen elkaar af in afgebakende perioden (episoden). Tussendoor heeft iemand doorgaans perioden van een normale stemming. De aandoening kan zich individueel zeer verschillend uiten.

Hardnekkig

- Recidiverend

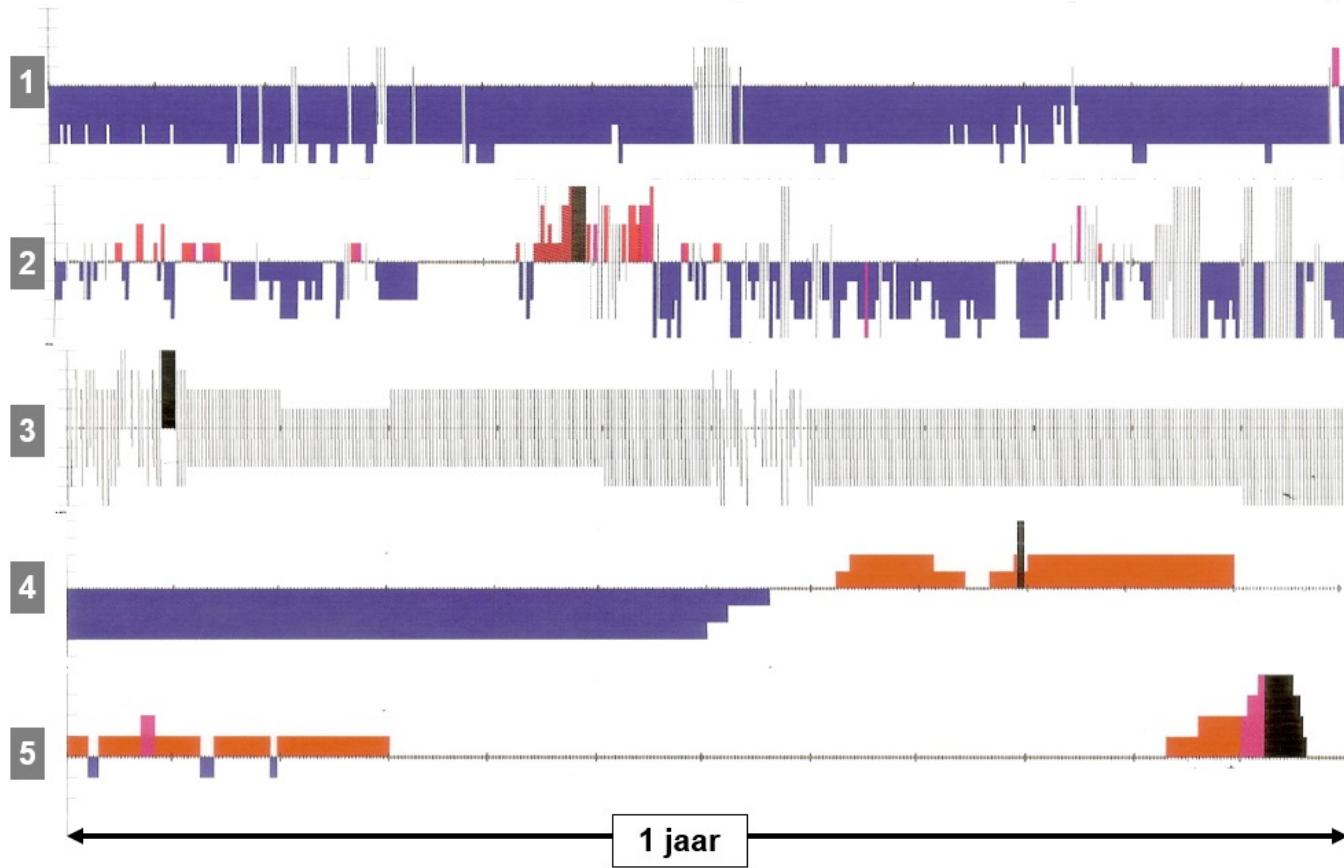


- Chronisch



Bipolair Stoornis: heterogeen longitudinaal beloop

NIMH-LifeCharts® from the Stanley Foundation Bipolar Network

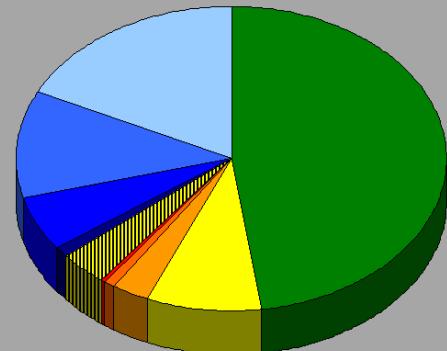


**Percentage time ill in N=507 treated patients with bipolar disorder:
one-year prospective follow-up with daily LCM mood ratings**

(Stanley Foundation Bipolar Network)

Depressed (36%)

Euthymic (48%)

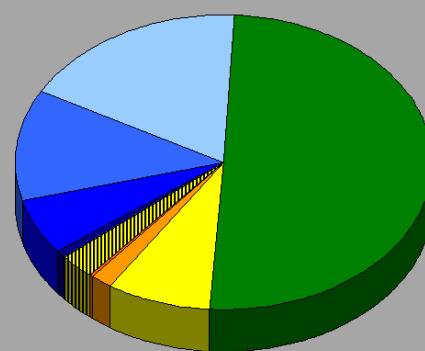


Manic / hypomanic
mixed / cycling (16%)

Bipolar I (N=405)

Depressed (37%)

Euthymic (50%)



Manic / hypomanic
mixed / cycling (13%)

Bipolar II (N=102)

Kupka et al, *Bipolar Disorders* 2007



Kraepelin

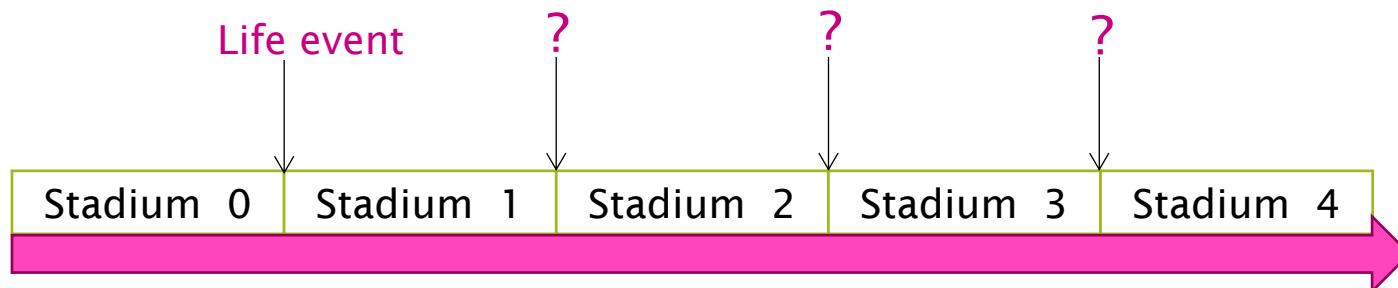
On chronicity, Kraepelin wrote: “*The duration of individual attacks is extremely varied. There are some which last only eight to fourteen days, indeed we sometimes see that states of moodiness or excitement, undoubtedly morbid, do not continue in these patients longer than one or two days or even only a few hours. For the most part, however, a simple attack usually lasts six to eight months. On the other hand, the cases are not at all rare, in which an attack continues for two, three or four years, and a double attack double that time.*”



A historical perspective on illness progression – editorial
A vd Markt et al. Bipolar Disorders. 2022;24:109-112.

Vat krijgen op stoornis: stageren

1. Gemeenschappelijke taal
2. Begrip van risicofactoren
3. Focus op prodromale symptomen
4. Prognose bieden
5. Passende behandeling



McGorry (2006)

Stageringsmodel

Stadium 0 Verhoogd risico

Stadium 1 Aspecifieke symptomen / ultra-high risk

Stadium 2 Drempel-episode

Stadium 3a Incomplete remissie

Stadium 3b Recidief

Stadium 3c Meerdere recidieven

Stadium 4 Chroniciteit



McGorry (2006)

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Stageringsmodellen voor BD

Aantal episodes

Berk et al. (2007)	
stadium 0	Risico
stadium 1	Aspecifieke symptomen / ultra high risk
stadium 2	Threshold episode
stadium 3a	Restsymptomen
stadium 3b	Recidief
stadium 3c	Meerdere recidieven
stadium 4	Chroniciteit

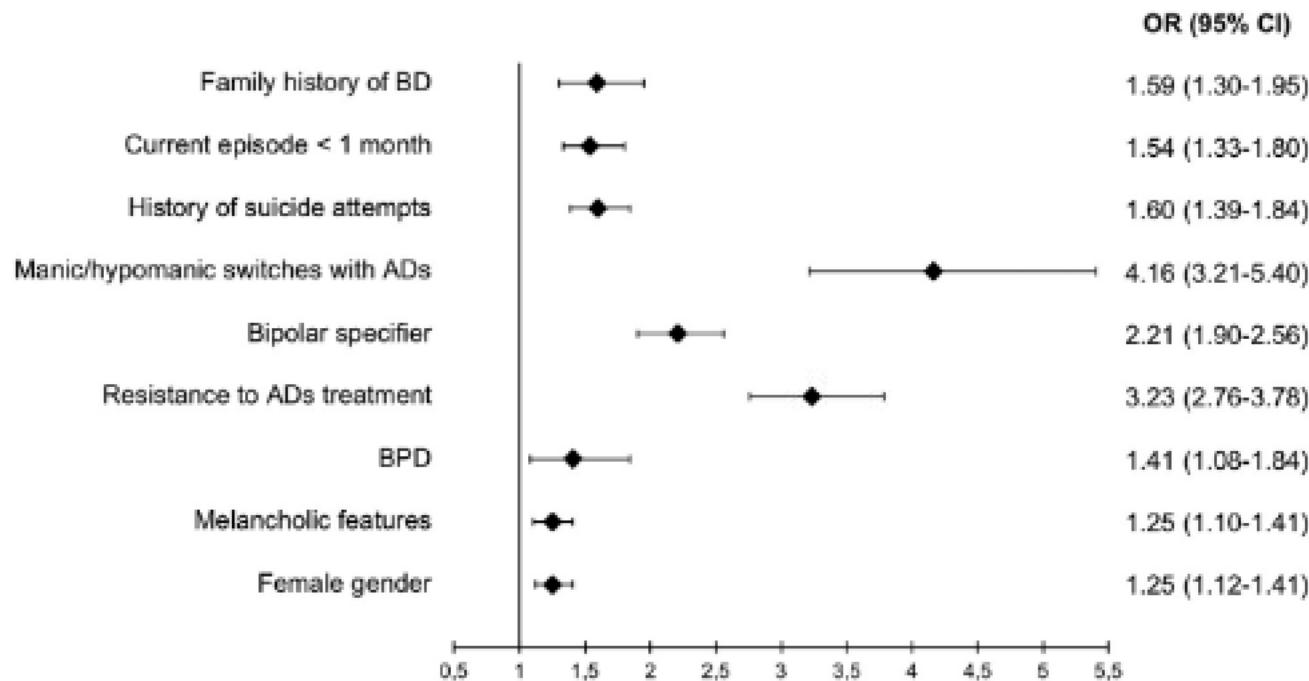
Aspecifiek-> specifiek

Duffy et al. (2014)	
stadium 0	Geen symptomen (familie)
stadium 1	Aspecifiek (familie)
stadium 2	Symptomen en eerste depressie (familie)
stadium 3	Recidief depressie
stadium 4	A) Klassieke bipolaire stoornis B) Bipolaire stoornis met restsymptomen

Klinische kenmerken van recidiverende depressie

n=7055 patiënten, >3 MDD, of >3 MDD/jaar

M. Barbuti, et al.



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stadium 3c	Meerdere recidieven
stadium 4	Chroniciteit

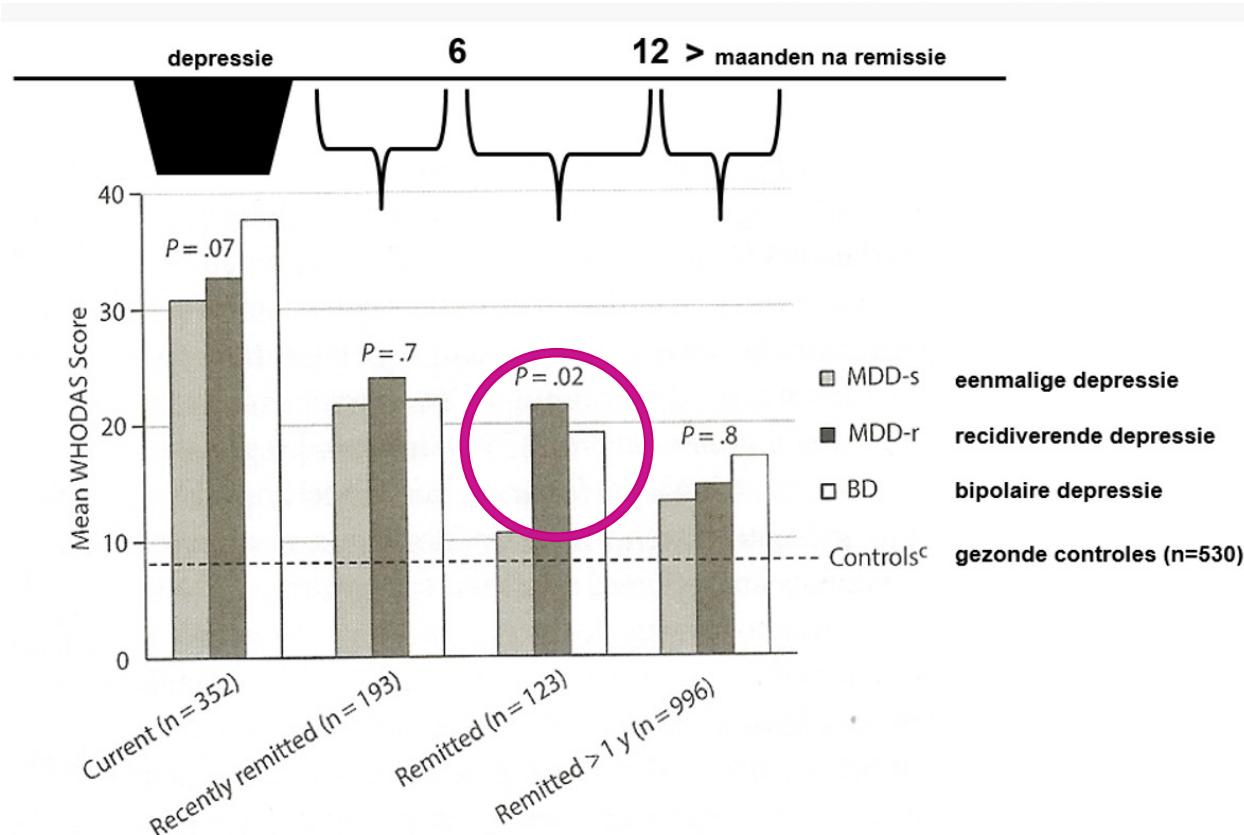
Functioneren

Kapczinski et al. (2009)	
Latent	Risico (pos familie-anamnese)
stadium I	Compleet herstel
stadium II	Milde symptomen (klachten)
stadium III	Niet werken
stadium IV	Afhankelijkheid anderen

Op niveau van functioneren

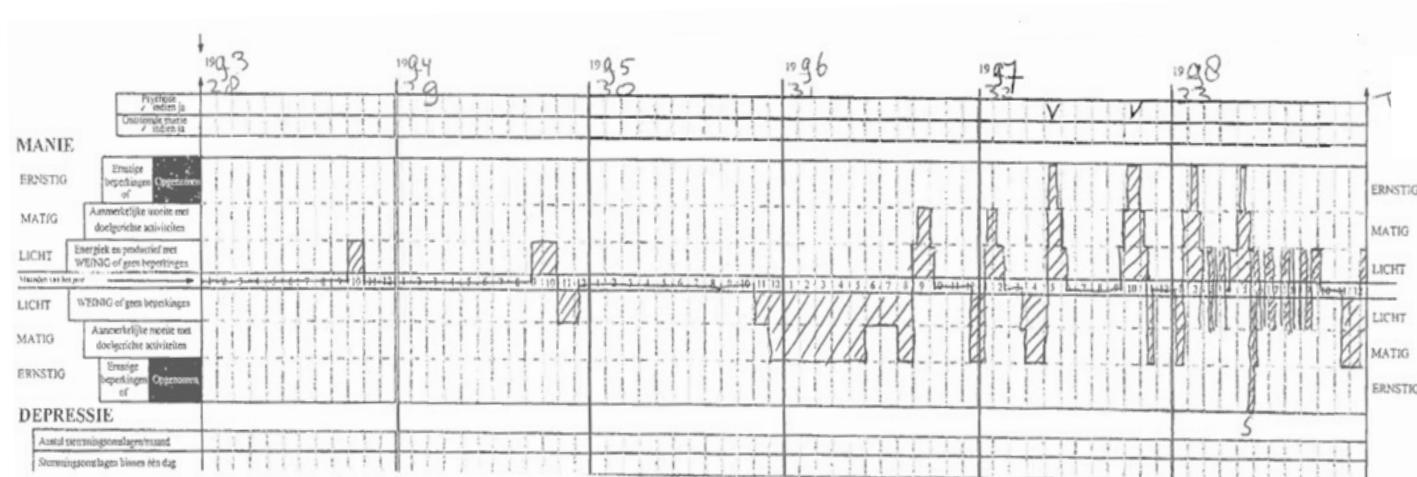
Functional Versus Syndromal Recovery in Patients With Major Depressive Disorder and Bipolar Disorder

Trijntje Y. G. van der Voort, MScN; Adrie Seldenrijk, PhD; Berno van Meijel, PhD;
Peter J. J. Goossens, PhD; Aartjan T. F. Beekman, MD, PHD;
Brenda W. J. H. Penninx, PhD; and Ralph W. Kupka, MD, PhD



Validatie stageringsmodel mbv lifecharts

Beloop vijf jaar na diagnose



Mogelijke transities

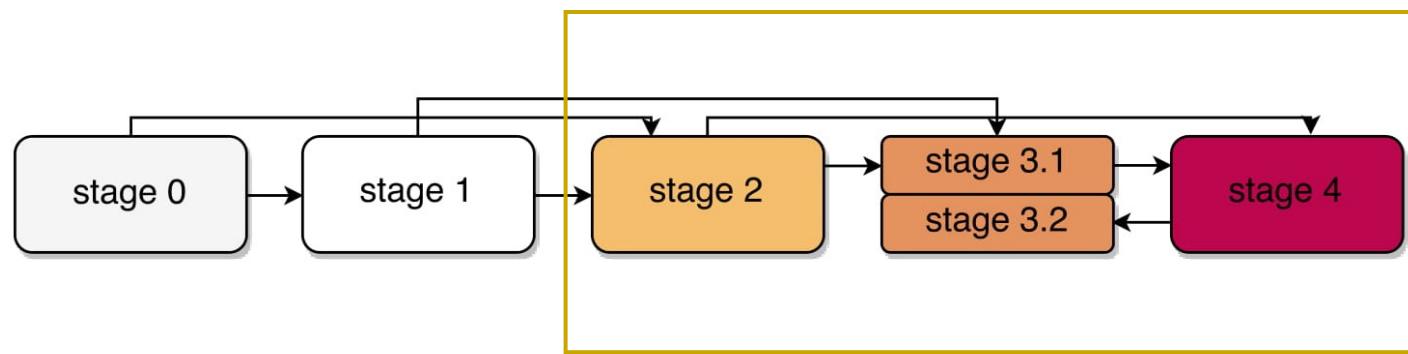


TABLE 1 Sociodemographic and clinical characteristics of participants (n = 99)

Descriptives ^a	n (%) [range]
Gender	
Female	55 (55.6)
Male	44 (44.4)
Parental diagnosis bipolar disorder	22 (22.2)
Marital status	
Married or living together	46 (46.5)
Single	34 (34.3)
Divorced or widowed	19 (19.2)
Educational level	
≤high school	46 (26.4)
>high school	53 (53.6)
Working status	86 (86.9)
Diagnosis	
Bipolar I	88 (88.9)
Bipolar II	11 (11.1)
Childhood abuse	
Physical	7 (7.1)
Sexual	9 (9.1)
Comorbidity	
Anxiety disorder	40 (40.4)
Alcohol abuse or dependence	22 (22.2)
Drug abuse	9 (9.1)
Pharmacotherapy bipolar disorder	83 (83.8)
Suicide attempts, prevalence	22 (22.2)
During 5 years under study	
Age at onset, years (SD)	29.17 (10.2) [14.0-53.0]
Number of mood episodes	
Depressed, median	2 (0-16)
Manic/hypomanic, median	2 (1-15)

^aUp to inclusion.

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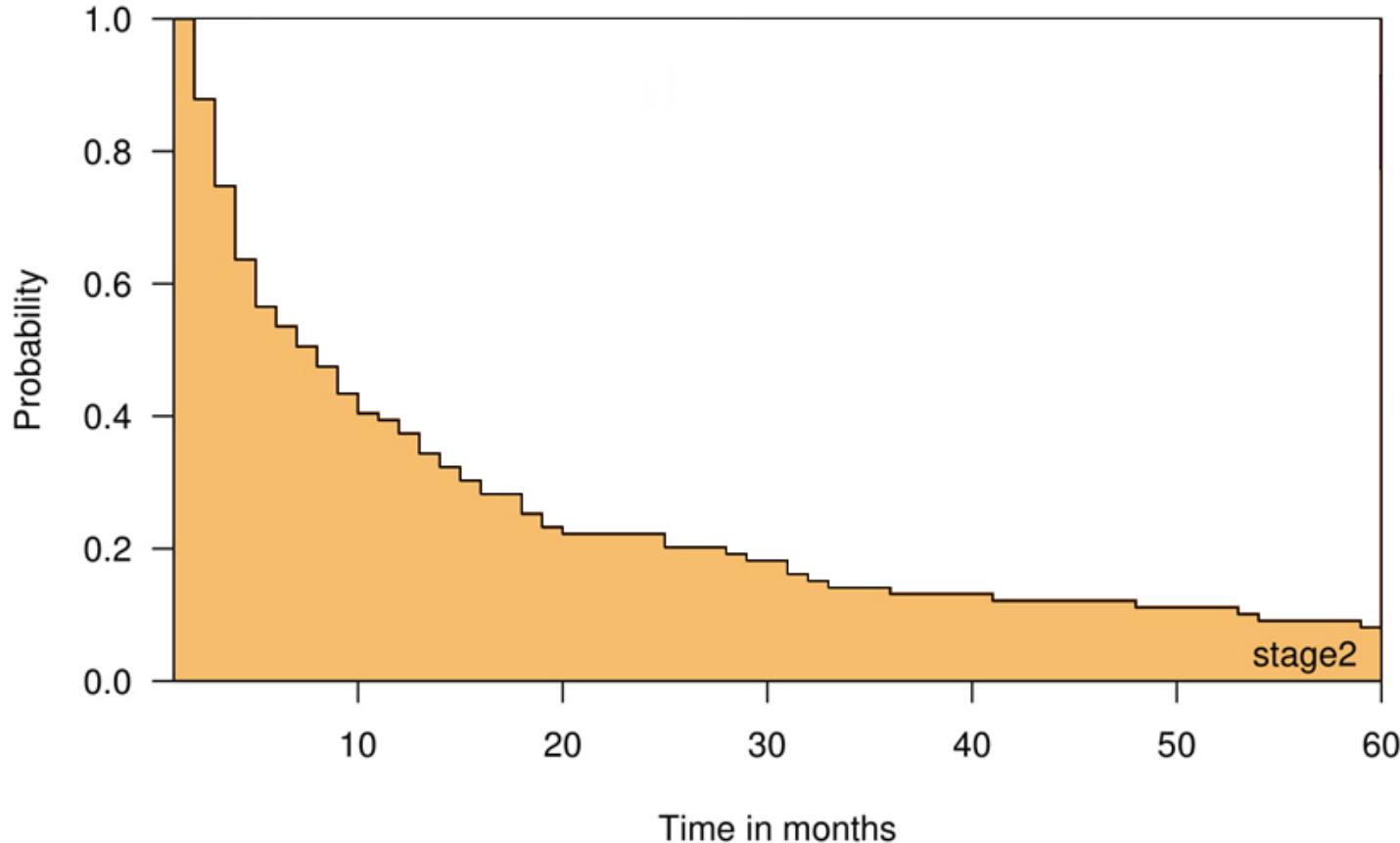
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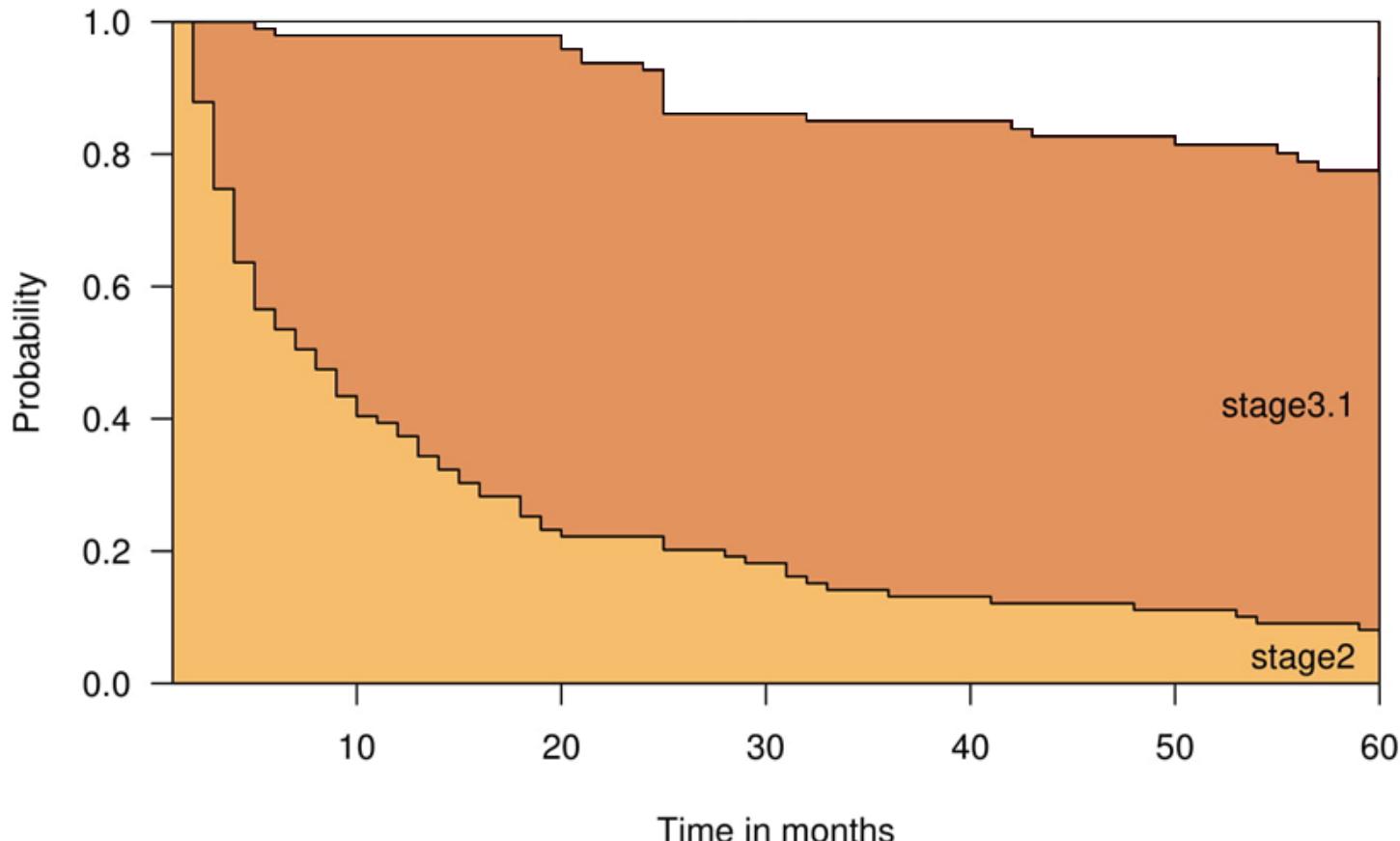
Kans per stadium



A vd Markt et al., Bipolar Disorders.
2019;21:228-234

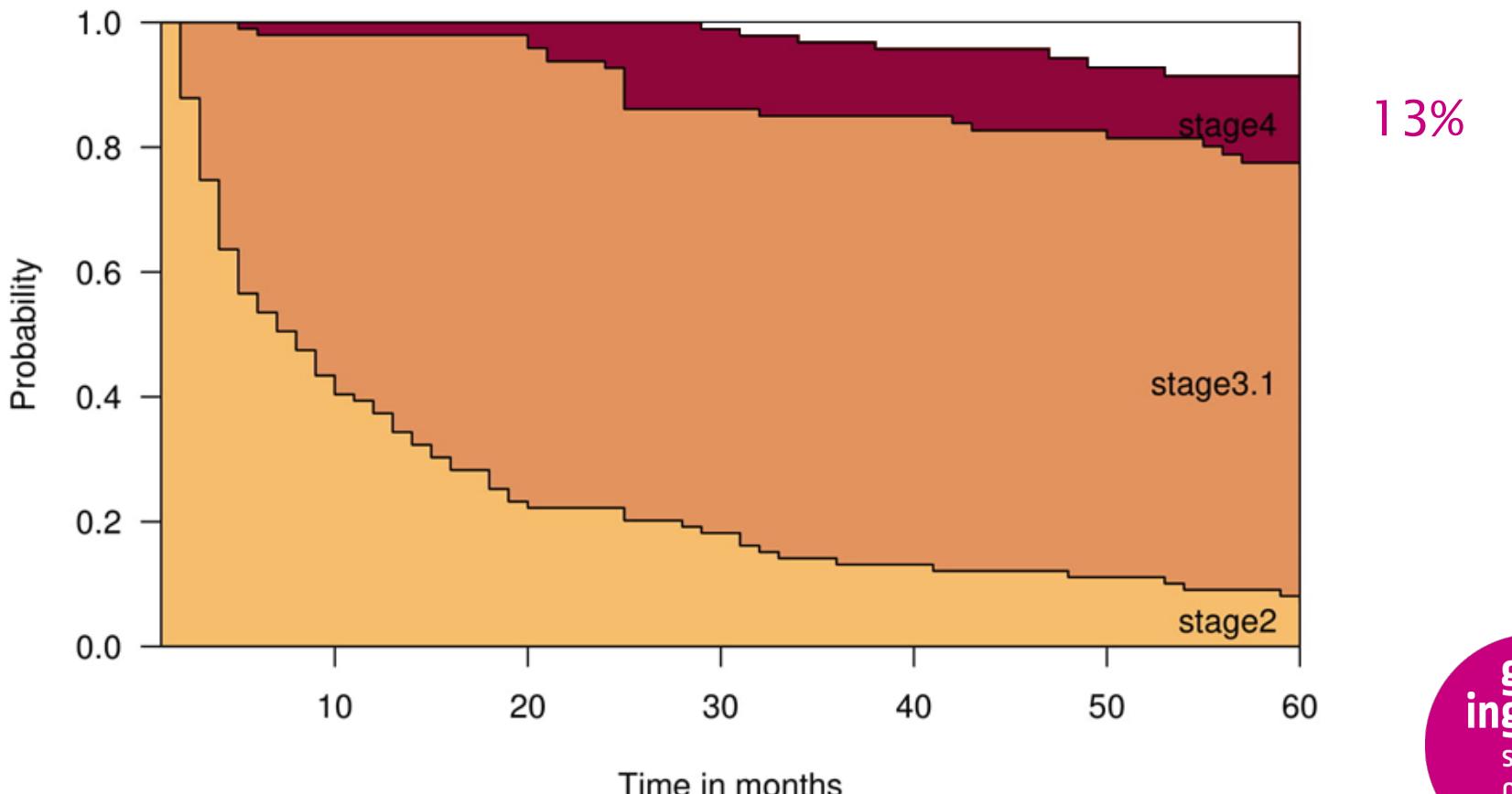
7%

Kans per stadium

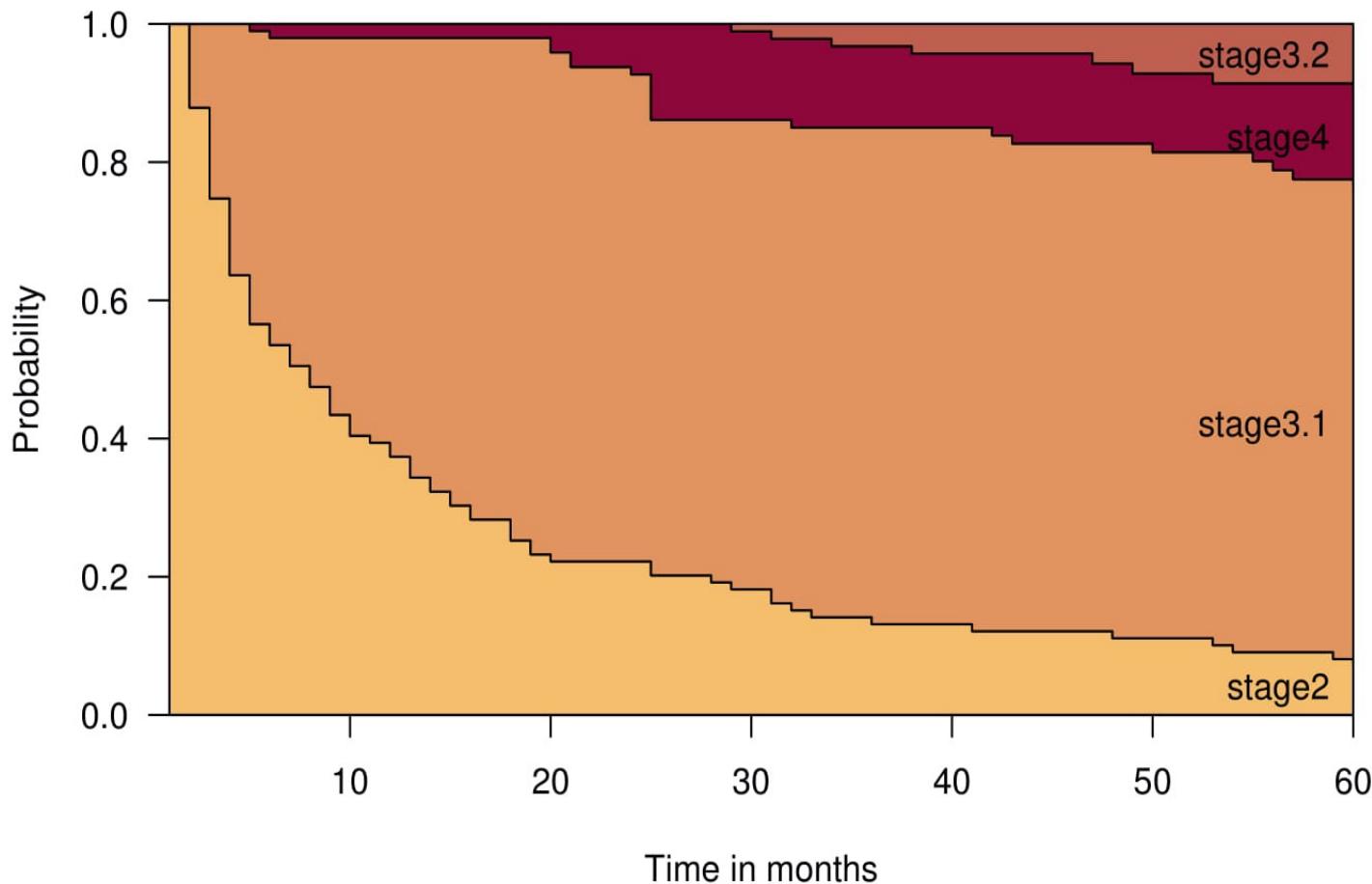


72%

Kans per stadium



Kans per stadium



21-13 = 8%

Diagnose -> recidiveren

TABLE 3 Influence of covariates on the transition hazards

	Hazard	95% confidence	P
Transition stage 2 to 3			
Parent with BD: y vs n	0.90	[0.54-1.52]	0.70
Prodromal: y vs n	1.05	[0.59-1.87]	0.87
Onset: Mono vs MD	2.68	[1.50-4.80]	<0.01 ^a
Onset: Mono vs DM	3.34	[1.85-6.03]	<0.01 ^a
Age of onset: ≤18 vs >18	0.75	[0.44-1.27]	0.28
Sex: m vs f	1.78	[1.14-2.77]	0.01 ^a
Transition stage 2 to 4			
Parent with BD: y vs n	0.00	[0.00-∞]	>0.99
Prodromal: y vs n	0.00	[0.00-∞]	>0.99
Onset: Mono vs MD	0.00	[0.00-∞]	>0.99
Onset: Mono vs DM	4.01×10^6	[0.00-∞]	>0.99
Age of onset: ≤18 vs >18	0.15	[0.01-2.82]	0.21
Sex: m vs f	0.00	[0.00-∞]	>0.99
Transition stage 3 to 4			
Parent with BD: y vs n	0.36	[0.08-1.59]	0.17
Prodromal: y vs n	0.48	[0.13-1.79]	0.27
Onset: Mono vs MD	0.68	[0.18-2.56]	0.57
Onset: Mono vs DM	1.61	[0.44-5.94]	0.47
Age of onset: ≤18 vs >18	0.53	[0.20-1.41]	0.21
Sex: m vs f	1.16	[0.45-2.97]	0.76
Transition stage 4 to 3			
Parent with BD: y vs n	2.74	[0.08-94.37]	0.58
Prodromal: y vs n	0.24	[0.01-5.02]	0.35
Onset: Mono vs MD	0.43	[0.04-4.41]	0.48
Onset: Mono vs DM	0.16	[0.00-5.62]	0.31
Age of onset: ≤18 vs >18	2.39	[0.16-36.83]	0.53
Sex: m vs f	0.46	[0.08-3.80]	0.54

-mannen
-bifasische onset

A vd Markt et al., Bipolar Disorders. 2019;21:228-234

Chronisch -> recidiverend

TABLE 3 Influence of covariates on the transition hazards

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Age of onset: ≤18 vs >18	0.75	[0.44-1.27]	0.28
Sex: m vs f	1.78	[1.14-2.77]	0.01 ^a
Transition stage 2 to 4			
Parent with BD: y vs n	0.00	[0.00-∞]	>0.99
Prodromal: y vs n	0.00	[0.00-∞]	>0.99
Onset: Mono vs MD	0.00	[0.00-∞]	>0.99
Onset: Mono vs DM	4.01×10^6	[0.00-∞]	>0.99
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Onset: Mono vs DM	1.61	[0.44-5.94]	0.47
Age of onset: ≤18 vs >18	0.53	[0.20-1.41]	0.21
Sex: m vs f	1.10	[0.45-2.77]	0.70
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A vd Markt et al., Bipolar Disorders. 2019;21:228-234

ns

Data BIG-studie

TABLE 1 Descriptives

	Model A (N = 1217) Mean (SD) [range] or N(%)	Model B (N = 1203) Mean (SD) [range] or N(%)
Age in years	49.1 (12.2) [18.6–80.3]	49.2 (12.3) [18.6–78.3]
Sex, m/f	521/696 (42.8%/57.2%)	526/677 (43.7%/56.3%)
Education ^a		
Primary school	25 (2.1%)	24 (2.0%)
Secondary school	598 (49.5%)	597 (49.7%)
Higher education	585 (48.4%)	580 (48.3%)
Previous depressive episodes ^b		
0	26 (2.9%)	28 (3.2%)
1–5	568 (64.2%)	566 (64.3%)
6–10	156 (17.6%)	157 (17.8%)
11–20	93 (10.5%)	90 (10.2%)
>20	42 (4.8%)	40 (4.5%)
Previous manic/hypomanic episodes ^b		
0	0 (0%)	0 (0%)
1–5	855 (78.7%)	846 (78.6%)
6–10	138 (12.7%)	139 (12.9%)
11–20	65 (6.0%)	65 (6.0%)
>20	28 (2.6%)	27 (2.5%)
Familial loading ^c		
None	563 (50.5%)	566 (51.1%)
One parent	322 (28.9%)	320 (28.9%)
Two parents	229 (20.6%)	221 (20.0%)

Childhood abuse ^d		
None	501 (41.4%)	508 (42.3%)
Verbal	196 (16.2%)	187 (15.6%)
Physical	44 (3.6%)	46 (3.8%)
Sexual	75 (6.2%)	75 (6.2%)
Verbal + Physical	175 (14.5%)	170 (14.2%)
Verbal + Sexual	96 (7.9%)	94 (7.8%)
Physical + Sexual	11 (0.9%)	11 (0.9%)
Verbal + Physical + Sexual	112 (9.3%)	110 (9.2%)
Age at onset of mood symptoms ^e		
Depressive symptoms	24.4 (11.1) [0–70]	24.8 (11.3) [0–70]
Manic symptoms	28.9 (11.1) [2–64]	29.1 (11.3) [2–64]
Illness duration ^f	24.9 (12.8) [0–64.6]	24.8 (12.7) [0–64.6]
Psychiatric comorbidity ^g		
No comorbidity	774 (64.2%)	784 (65.9%)
Anxiety disorders	87 (7.2%)	83 (7.0%)
OCD	15 (1.2%)	14 (1.2%)
Psychotic disorders	6 (0.5%)	6 (0.5%)
PTSD	28 (2.3%)	27 (2.3%)
Other axis 1	271 (22.5%)	251 (21.1%)
Personality disorders	24 (2.0%)	25 (2.0%)
Addiction ^h	73 (13.1%)	77 (14.3%)
Medication ⁱ		
Any	1175	1155
Lithium	1084 (92.3%)	1064 (92.1%)
Valproic acid	332 (28.3%)	307 (26.6%)
Antipsychotics	875 (74.5%)	850 (73.6%)
Antidepressants	621 (52.9%)	600 (51.9%)
IQ ^j	106.4 (9.6)[69–130]	106.3(9.7)[69–130]

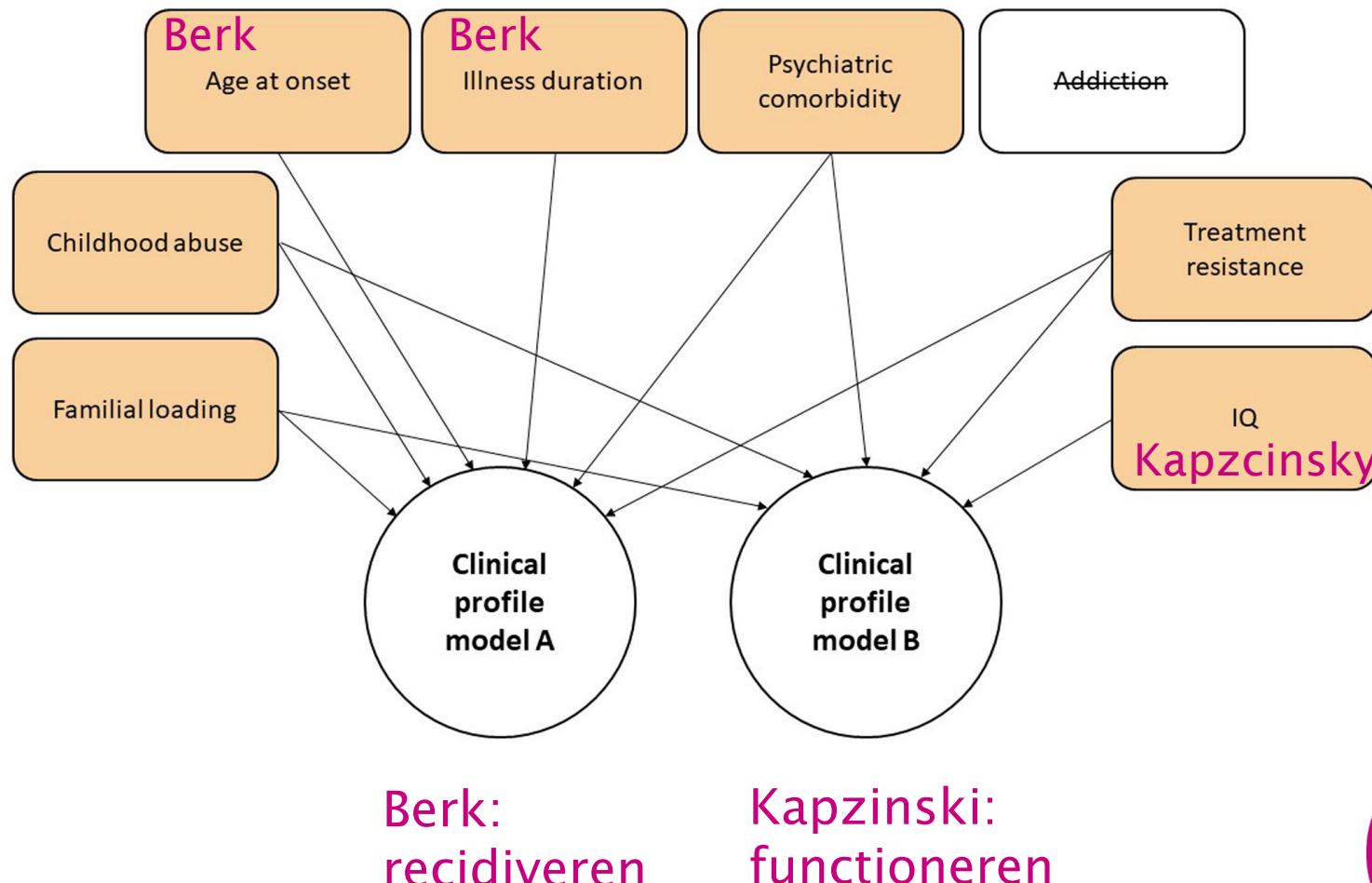
Verdeling over de 2 modellen

TABLE 3 Dispersion over two models

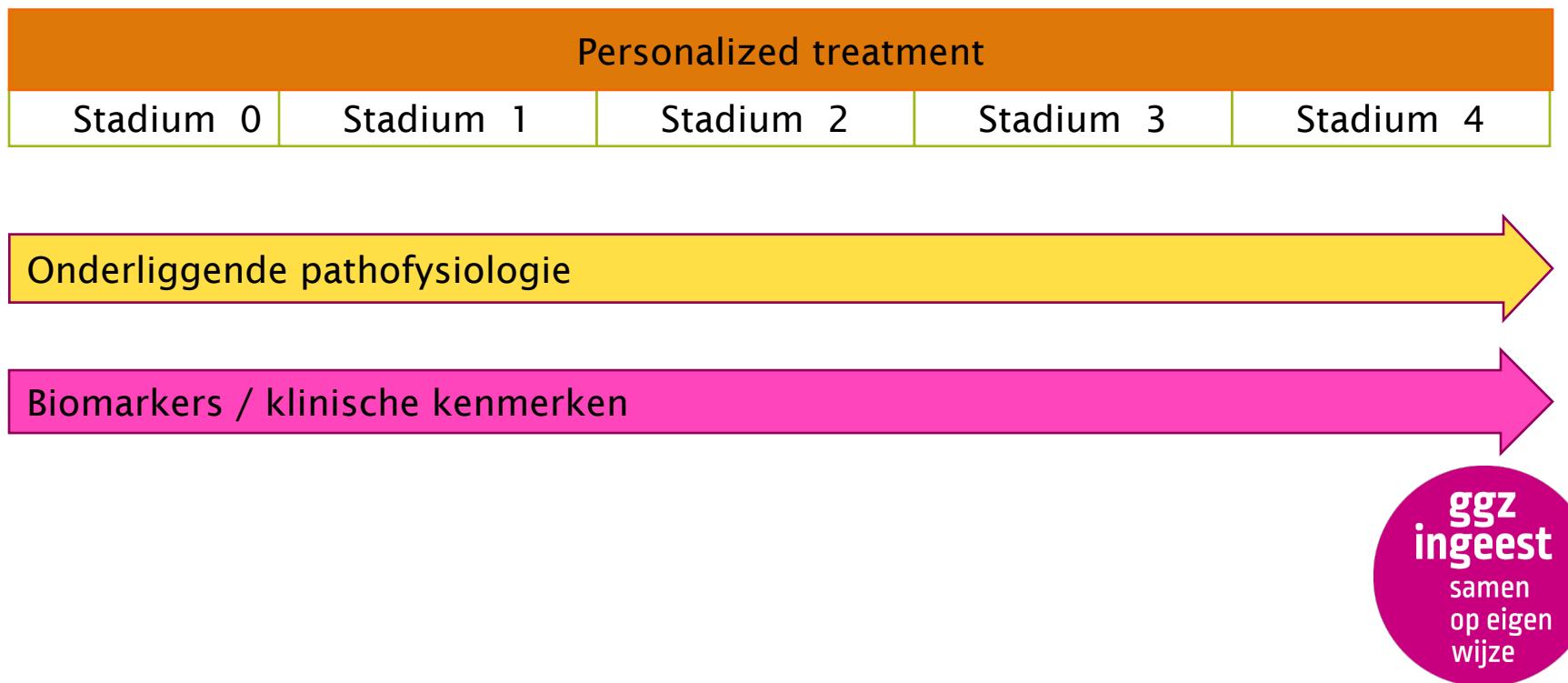
		Staging Model B (Kapczinski et al, 2009 ¹⁹)				
		Latent	Stage I	Stage II	Stage III	Stage IV
Staging Model A (Berk et al, 2007 ¹⁵)		At risk	Full recovery	Inter-episodic symptoms	Inter-episodic Impairment	Inability living autonomously
Stage 0	Increased risk	0	0	0	0	0
Stage 1	Nonspecific	0	0	0	0	0
Stage 2	Threshold episode	0	0	4	2	0
Stage 3a	Subthreshold recurrence	0	6	3	4	0
Stage 3b	Recurrence	0	8	25	12	2
Stage 3c	Multiple recurrences	0	56	348	433	80
	<5 episodes	0	19	114	70	13
	6-10 episodes	0	24	167	203	34
	> 10 episodes	0	13	67	160	33
Stage 4	Unremitting illness	0	3	16	0	0
Total		0	73	396	451	82
						1002

p: Spearman's rank correlation 0.21 (P < .05).

Klinische kenmerken (profiling) voorspellend voor transitie stadiering



Potentieel stageren



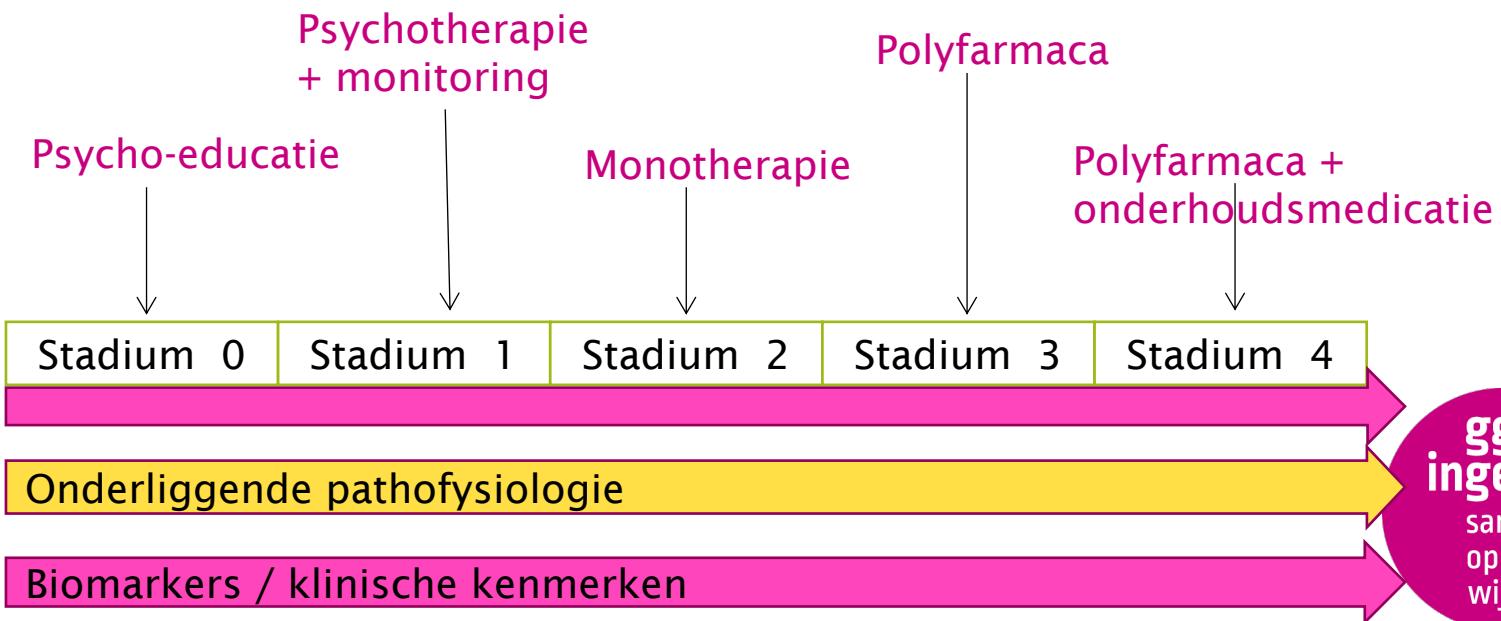
Voordelen van stageren



Ketamine?

rTMS?

Nieuwe
psychotherapie vormen



Dank voor uw
aandacht !

Anyone
interested in
staging?

