ANTICIPATING MANIC AND DEPRESSIVE SHIFTS

in patients with bipolar disorder using early warning signals

Fionneke Bos, M.Sc.
PhD Candidate University Medical
Center Groningen, NL

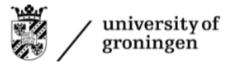
Bennard Doornbos, MD PhD Psychiatrist Lentis Groningen, NL

Marieke Schreuder, M.Sc

Sandip George, PhD Bennard Doornbos, MD PhD Prof. Richard Bruggeman, MD PhD Lian van der Krieke, PhD Benno Haarman, MD PhD Prof. Marieke Wichers, PhD Evelien Snippe, PhD

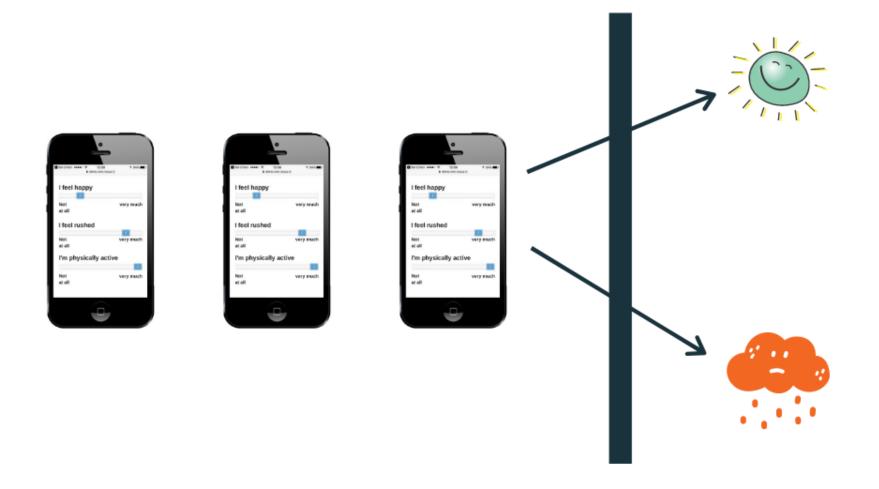






Can we anticipate transitions in bipolar disorder?

And does this have clinical utility?



Sample and ESM/EMA monitoring

20 patients with bipolar disorder type I/II (rapid cycling)



ESM/EMA questions on mood and symptoms



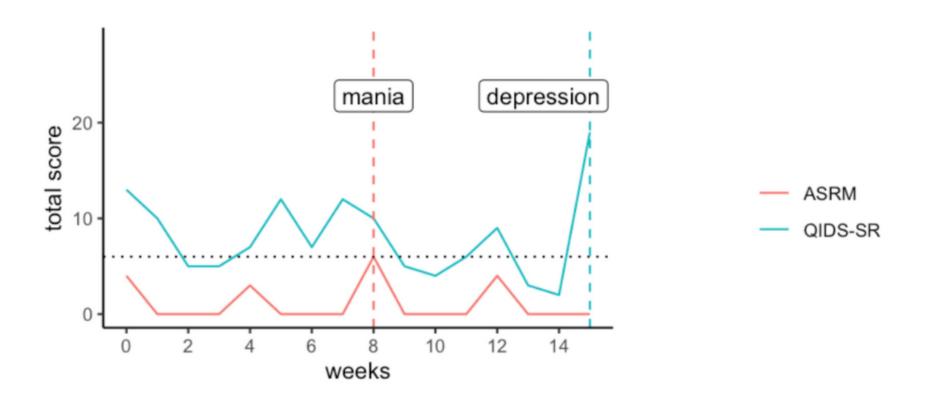
Depressive and manic symptom questionnaires



Bos et al., (2020). Recommendations for the use of longterm experience sampling in bipolar disorder care: Experiences of patients and clinicians. Int J of Bipolar Dis.

Definition of transitions

• Abrupt transitions to mania or depression: 6-point increase in 1 week



Approach

- Focused on 17 EMA/ESM affective states and symptoms
- Early warning signals estimated in moving windows
 - Rises in the autocorrelation at lag-1
 - Rises in the variance

Preprocessing steps

- Outliers winsorized
- Detrending with Gaussian kernel smoothing function over the whole pre-transition period
- Missing data not imputed

EWS calculation

- Window size: 2 weeks (70 observations)
 - Sensitivity analyses at 1, 2, and 3 weeks: robust results
- EWS indicators calculated over residuals
- Kendall's tau to test for significant rise in last 2 weeks prior to transition
- Hamed-Rao correction to correct for dependency between nearby windows (Hamed & Rao, 1998)
- Correction for multiple testing with false discovery rate (Benjamini & Hochberg, 1995)

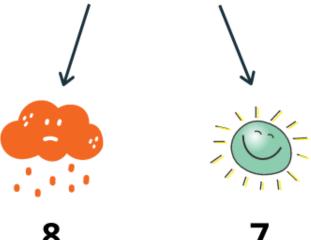
Clinical utility of EWS

- Positive and negative predictive values
 - PPV: probability of a transition given EWS
 - NPV: probability of no transition given no EWS
- Compared against the prevalence of transitions in this sample
 - 32% mania (no transition 68%)
 - 36% depression (no transition 64%)



11 patients

with transitions



transitions transitions

Depression

Mania



9 patients

No transition









*p*atients

Stable

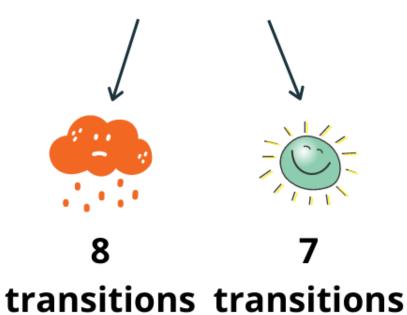
patients

Unstable



11 patients

with transitions



Depression

Mania



9 patients

No transition







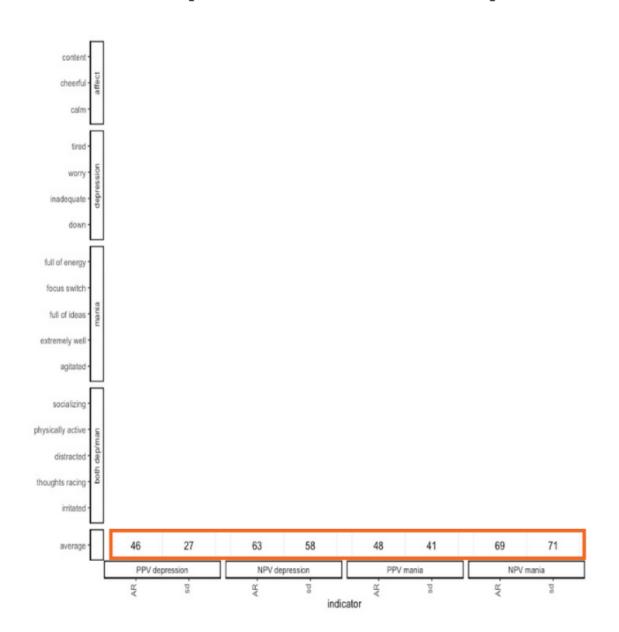


7
patients
Stable

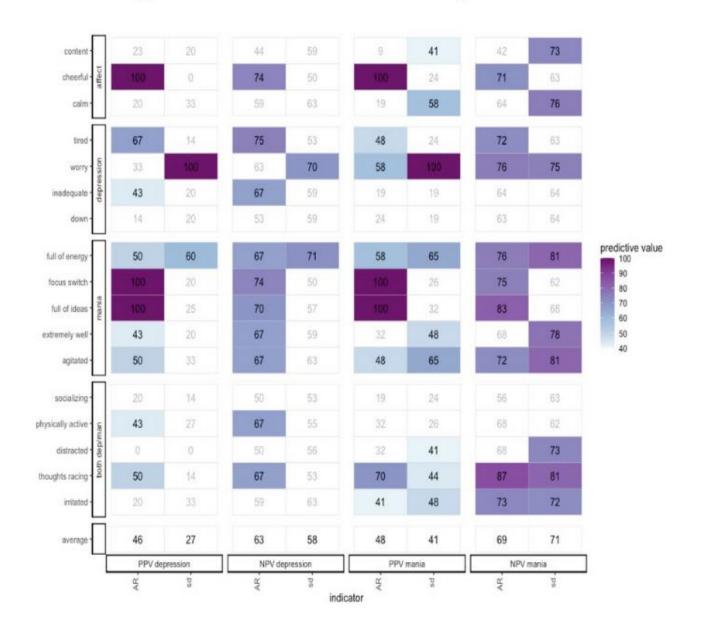
patients

Unstable

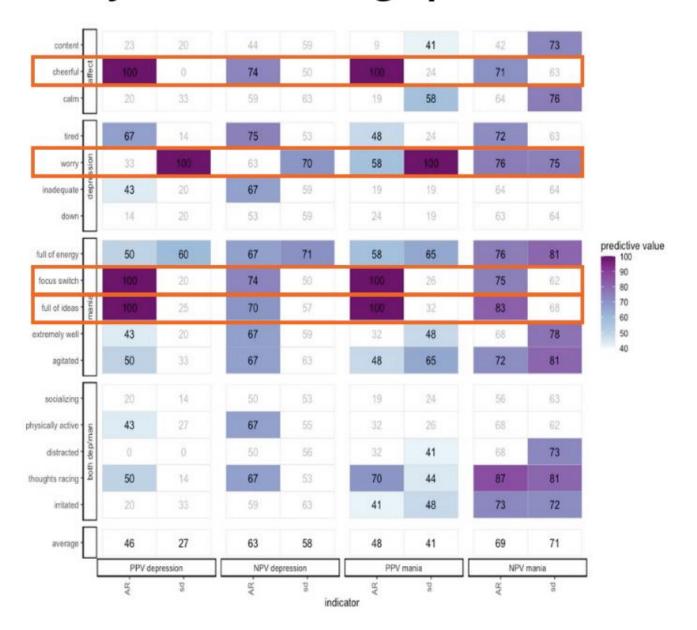
Can EWS anticipate a manic or depressive transition?



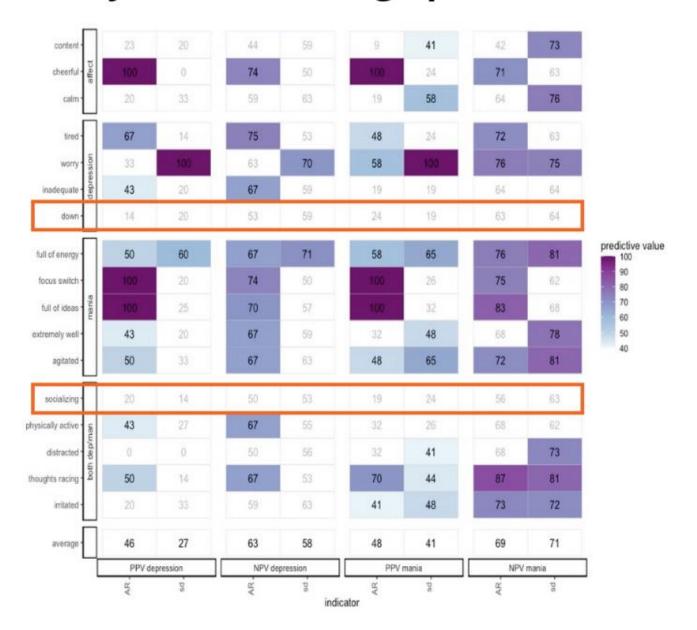
Can EWS signal a manic or depressive transition?



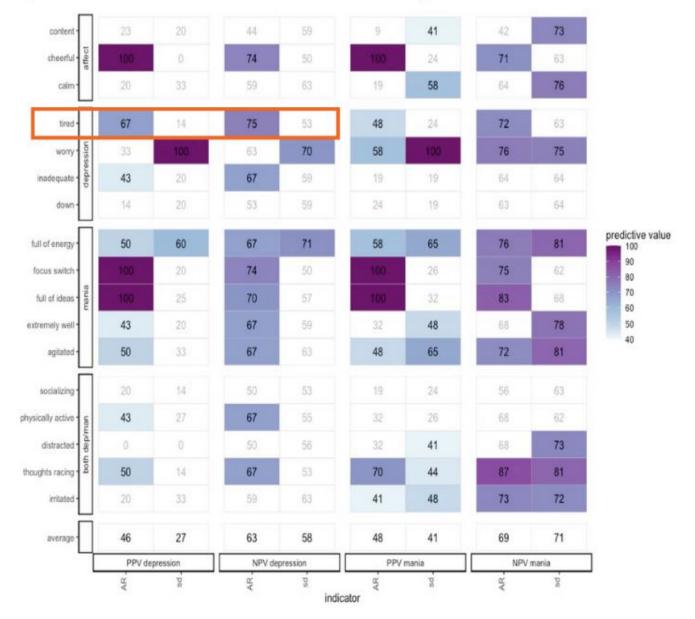
Momentary states with high predictive value



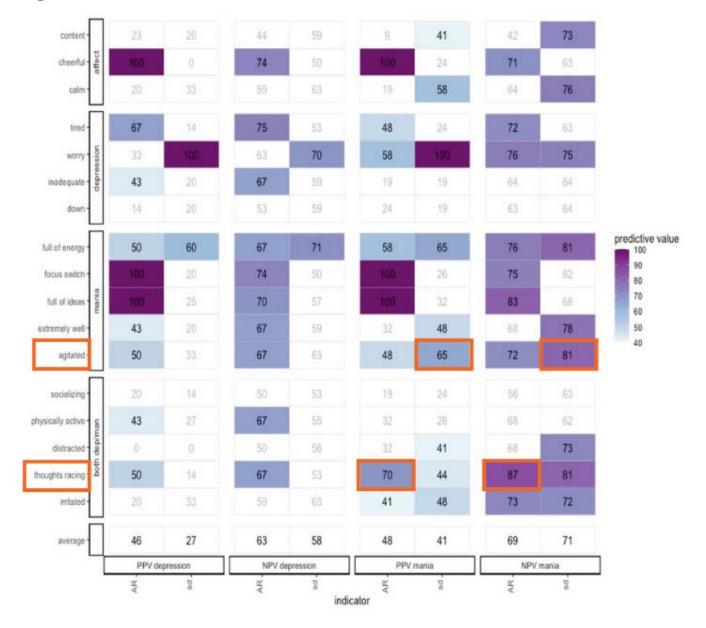
Momentary states with high predictive value



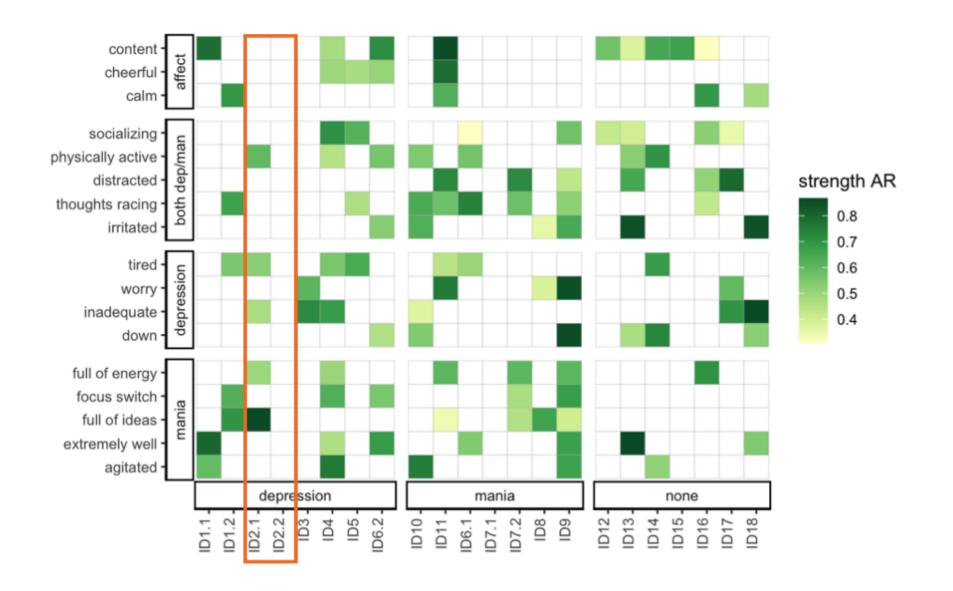
High predictive value for depression



High predictive value for mania



Individual differences in EWS



DISCUSSION & CONCLUSION

- Early warning signals might have clinical utility
- Symptoms/mood states differ in their predictive value
- Large (inter- and intra-)individual differences
- Are EWS detectable in rapid cycling?
- Generalizability to more stable bipolar patients?



Fionneke Bos

f.m.bos01@umcg.nl www.fionnekebos.com



@fionnekebos



Bennard Doornbos



Marieke Schreuder

UNIVERSITY MEDICAL CENTER GRONINGEN | UNIVERSITY OF GRONINGEN | ROB GIEL RESEARCH CENTER | GGZ DRENTHE GRONINGEN. THE NETHERLANDS



SANDIP GEORGE



PROF. DR. RICHARD BRUGGEMAN



LIAN VAN DER KRIEKE



BENNO HAARMAN



PROF. DR. MARIEKE WICHERS



EVELIEN SNIPPE

Individual differences in EWS

