

Professor Jayashri KULKARNI

M Berk^{1,6,7}, PB Fitzgerald², AR de Castella², S Folia², K Folia², S Dodd¹, L Berk¹, F Biffin², K Kelin³, M Smith⁴, A Brnabic⁵, RE Granger⁵, W Montgomery³ & J Kulkarni². ¹Department of Clinical and Biomedical Sciences: Barwon Health, The University of Melbourne, VIC, ²Alfred Psychiatry Research Centre, The Alfred and Monash University, School of Psychology, Psychiatry & Psychological Medicine, Melbourne, VIC, ³Eli Lilly Australia Pty Ltd, West Ryde, NSW, ⁴School of Social Sciences, University of Western Sydney, NSW, ⁵Intercontinental Information Sciences, Eli Lilly Australia Pty Ltd, Macquarie Park NSW, ⁶Orygen Research Centre, Parkville, VIC, ⁷Mental Health Research Institute, Parkville, VIC.

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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